

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
TENET HEALTHCARE CORPORATION PAC

ADDRESS (number and street) 13737 Noel Road, Suite 100
 Check if different than previously reported. (ACC)
Dallas TX 75240

2. **FEC IDENTIFICATION NUMBER** C00119354
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 12 11 2006 in the State of _____

5. Covering Period 10 19 2006 through 11 27 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Todd Plott

Signature of Treasurer Electronically Filed by Mr. Todd Plott Date 01 22 2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only								
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
TENET HEALTHCARE CORPORATION PAC

Report Covering the Period: From:

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		26410.20
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	-392.34									
(c) Total Receipts (from Line 19)	4268.78	37791.24								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	3876.44	64201.44								
7. Total Disbursements (from Line 31)	500.00	60825.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3376.44	3376.44								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
TENET HEALTHCARE CORPORATION PAC

Report Covering the Period: From:

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	3931.28	18552.40
(i) Itemized (use Schedule A)	337.50	19238.84
(ii) Unitemized	4268.78	37791.24
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	4268.78	37791.24
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	4268.78	37791.24
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4268.78	37791.24

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500.00	38250.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	22575.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	500.00	60825.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	500.00	60825.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	4268.78	37791.24
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4268.78	37791.24
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial) A. ELIZABETH LAMKIN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1025760415957	
Mailing Address 31 WICKLOW DRIVE		Amount of Each Receipt this Period 60.00	
City HILTON HEAD IS.	State SC	Zip Code 29928	P/R Deduction (\$20.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 480.00	
Name of Employer HILTON HEAD HOSPITAL	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. DALE ARMSTRONG		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1025775815957	
Mailing Address 1135 CARTHAGE ST		Amount of Each Receipt this Period 60.00	
City SANFORD	State NC	Zip Code 27330	P/R Deduction (\$20.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 480.00	
Name of Employer CENTRAL CAROLINA HOSPITAL	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. JENNIFER DALEY		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1039838815957	
Mailing Address 5 CANDLEWICK CLOSE		Amount of Each Receipt this Period 117.00	
City LEXINGTON	State MA	Zip Code 02421-4307	P/R Deduction (\$39.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 936.00	
Name of Employer TENET HEALTHCARE CORPORAT-ION-HQ	Occupation SVP,CLINICAL QUALITY/CMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	237.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial) A. JOHN J FERRELLI		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address RANCHO MIRAGE		Transaction ID: PR1240924715957	
City Rancho Mirage	State CA	Zip Code 92270-4138	Amount of Each Receipt this Period _____ 60.00
FEC ID number of contributing federal political committee. C			
Name of Employer JOHN F. KENNEDY MEMORIAL HOSPITAL	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 480.00	P/R Deduction (\$20.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. SHELLEY GILES		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 3803 STOCKTON LN		Transaction ID: PR1479664415957	
City DALLAS	State TX	Zip Code 75287-4919	Amount of Each Receipt this Period _____ 60.00
FEC ID number of contributing federal political committee. C			
Name of Employer TENET HEADQUARTERS OFFICE	Occupation DIR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 480.00	P/R Deduction (\$20.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. JANIS THAYER		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1735 CRIMSON TERRACE		Transaction ID: PR1481210615957	
City BRENTWOOD	State CA	Zip Code 94513-2618	Amount of Each Receipt this Period _____ 30.00
FEC ID number of contributing federal political committee. C			
Name of Employer OTHER EXECUTIVES	Occupation DIR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00	P/R Deduction (\$10.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 150.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial) A. CHARLES CONKLIN		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 3901 HEARST CASTLE WAY		Transaction ID: PR1592857215957
City State Zip Code PLANO TX 75025-2011	Amount of Each Receipt this Period _____ 60.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Occupation TENET HEADQUARTERS OFFICE VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 480.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. RICKY JOHNSTON		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 404 N.CHURCH ST		Transaction ID: PR1592858215957
City State Zip Code MCKINNEY TX 75069	Amount of Each Receipt this Period _____ 180.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Occupation TENET HEADQUARTERS OFFICE VP, INFO SYSTEMS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1440.00	P/R Deduction (\$60.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. Daniel WALDMANN		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 2001 19th Street, NW, #5		Transaction ID: PR1814798515957
City State Zip Code Washington DC 20009-1346	Amount of Each Receipt this Period _____ 240.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Occupation TENET HEALTHSYSTEM-TEXAS VP Government Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1920.00	P/R Deduction (\$80.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 480.00
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial) A. LINDA P MCNEILL		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 3901 S. POST OAK AVE		Transaction ID: PR403500715957
City State Zip Code NEW ORLEANS LA 70131-8413	Amount of Each Receipt this Period _____ 30.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Occupation MEADOWCREST HOSPITAL DIR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00	P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. MICHAEL HALTER		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 111 RIGHTERS MILL RD		Transaction ID: PR406763215957
City State Zip Code ALLENTOWN PA 19072	Amount of Each Receipt this Period _____ 57.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Occupation HAHNEMANN UNIVERSITY HOSPITAL CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 456.00	P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. EDILBERTO EVANGELISTA		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 4605 WINNETKA CIRCLE		Transaction ID: PR407173115957
City State Zip Code WOODLAND HILLS CA 91364-4618	Amount of Each Receipt this Period _____ 30.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Occupation TENET HEALTHSYSTEM SR REIMBURSEMENT SPEC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00	P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 117.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial) A. LEONARD ROSENFELD		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 12213 PARK BEND DR		Transaction ID: PR407201315957	
City DALLAS	State TX	Zip Code 75230-2364	Amount of Each Receipt this Period _____ 60.00
FEC ID number of contributing federal political committee. C			
Name of Employer TENET HEADQUARTERS OFFICE	Occupation VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 480.00	P/R Deduction (\$20.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. ROBERT J SCHWEBEL		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 5331 E. MOCKINGBIRD 613		Transaction ID: PR407203415957	
City DALLAS	State TX	Zip Code 75206-0911	Amount of Each Receipt this Period _____ 30.00
FEC ID number of contributing federal political committee. C			
Name of Employer TENET HEADQUARTERS OFFICE	Occupation VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00	P/R Deduction (\$10.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. THOMAS WOLF		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2613 MILLINGTON DRIVE		Transaction ID: PR407205115957	
City PLANO	State TX	Zip Code 75093-3560	Amount of Each Receipt this Period _____ 48.00
FEC ID number of contributing federal political committee. C			
Name of Employer TENET HEADQUARTERS OFFICE	Occupation MGR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 384.00	P/R Deduction (\$16.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 138.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

A. Full Name (Last, First, Middle Initial) HANK D IRICK JR. Mailing Address 3305 ELAM CT City PLANO State TX Zip Code 75093-8087 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407205815957 Amount of Each Receipt this Period 30.00 P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer: TENET HEADQUARTERS OFFICE Occupation: SR DIR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		

B. Full Name (Last, First, Middle Initial) WILLIAM R WATTS Mailing Address 7504 DANFIELD CT City DALLAS State TX Zip Code 75252-6823 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407209415957 Amount of Each Receipt this Period 30.00 P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer: TENET HEADQUARTERS OFFICE Occupation: SR DIR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		

C. Full Name (Last, First, Middle Initial) CRAIG E SIMS Mailing Address 4515 MANNING LANE City DALLAS State TX Zip Code 75220-6434 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407211615957 Amount of Each Receipt this Period 57.69 P/R Deduction (\$19.23 Bi-Weekly)
Name of Employer: TENET HEALTHSYSTEM-TEXAS Occupation: Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 461.52		

SUBTOTAL of Receipts This Page (optional)	▶	117.69
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial) A. JOHN F BEALLE		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 7817 PENCROSS LANE		Transaction ID: PR407214515957
City DALLAS	State TX	Zip Code 75248-3108
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer TENET HEADQUARTERS OFFICE	Occupation VP	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) B. JOHN B MCDONALD		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 2016 PEMBROKE AVE.		Transaction ID: PR407215815957
City FORT WORTH	State TX	Zip Code 76110-1236
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer TENET HEADQUARTERS OFFICE	Occupation ASST GENERAL COUNSEL	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) C. WAYNE E COBB		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 4001 ORCHID LANE		Transaction ID: PR407216415957
City MANSFIELD	State TX	Zip Code 76063-5577
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer TENET HEADQUARTERS OFFICE	Occupation MGR	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	150.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial) A. ROBERT SMITH		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2723 LAKERIDGE		Transaction ID: PR407220015957	
City CARROLLTON	State TX	Zip Code 75006-4723	Amount of Each Receipt this Period _____ 75.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer TENET HEALTHSYSTEM-TEXAS	Occupation VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 850.00		
		P/R Deduction (\$25.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. JOE D THOMASON		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 4006 RAMSGATE CT		Transaction ID: PR407222115957	
City COLLEYVILLE	State TX	Zip Code 76034-4473	Amount of Each Receipt this Period _____ 30.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer RHD MEMORIAL MEDICAL CENT-ER	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00		
		P/R Deduction (\$10.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. ROBERT S HENDLER		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 11122 W RICKS CIRCLE		Transaction ID: PR407222815957	
City DALLAS	State TX	Zip Code 75230-3032	Amount of Each Receipt this Period _____ 150.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer TENET HEADQUARTERS OFFICE	Occupation REGIONAL CMO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1200.00		
		P/R Deduction (\$50.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 255.00
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial) A. RHONDA ROGERS		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 261 CR 2153		Transaction ID: PR407224415957	
City NACOGDOCHES	State TX	Zip Code 75965	Amount of Each Receipt this Period _____ 30.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer NACOGDOCHES MEDICAL CENTER	Occupation CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00		
		P/R Deduction (\$10.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) B. CONLEY S CERVANTES		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 819 CAMBRIDGE MANOR LANE		Transaction ID: PR407224715957	
City COPPELL	State TX	Zip Code 75019-6105	Amount of Each Receipt this Period _____ 36.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer TENET HEADQUARTERS OFFICE	Occupation DIR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 288.00		
		P/R Deduction (\$12.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) C. GARY ROBINSON		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 3412 DREXEL DRIVE		Transaction ID: PR407225815957	
City HIGHLAND PARK	State TX	Zip Code 75205-2904	Amount of Each Receipt this Period _____ 60.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer TENET HEADQUARTERS OFFICE	Occupation DEPUTY GENERAL COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 480.00		
		P/R Deduction (\$20.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 126.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial) A. DEBRA L ANDONIE-WALL		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407226215957
Mailing Address 2687 CLEAR SPRINGS CT		Amount of Each Receipt this Period 60.00
City RICHARDSON	State TX	Zip Code 75082-4210
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer TENET HEADQUARTERS OFFICE	Occupation SR DIR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) B. STEPHANIE SLOGGETT-O'DELL		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407227015957
Mailing Address 779 SOUTH BELLFLOWER DR		Amount of Each Receipt this Period 60.00
City SPRINGFIELD	State MO	Zip Code 65809-1109
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer TENET HEADQUARTERS OFFICE	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) C. DOUGLAS E RABE		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407227315957
Mailing Address 9923 CAPRIDGE DR		Amount of Each Receipt this Period 60.00
City DALLAS	State TX	Zip Code 75238-3469
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer TENET HEADQUARTERS OFFICE	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

SUBTOTAL of Receipts This Page (optional) ▶	180.00
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial) A. GARRY M OLNEY		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407234315957
Mailing Address 2708 ISLAND LEDGE COVE		Amount of Each Receipt this Period 60.00
City State Zip Code AUSTIN TX 78746-1982	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Occupation TENET HEADQUARTERS OFFICE VP	Aggregate Year-to-Date ▼ 480.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. BARRY G WEINBAUM		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407235315957
Mailing Address 2670 HIDDEN VALLEY ROAD		Amount of Each Receipt this Period 60.00
City State Zip Code LA JOLLA CA 92037-4025	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Occupation TENET HEALTHSYSTEM CEO	Aggregate Year-to-Date ▼ 480.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. JOHN QUINN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407236015957
Mailing Address 1138 PINE VALLEY ROAD		Amount of Each Receipt this Period 30.00
City State Zip Code GRIFFIN GA 30224	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer Occupation SPALDING REGIONAL HOSPITAL CEO	Aggregate Year-to-Date ▼ 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	150.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial) A. WALT MICKENS		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 116 DOCKSIDE CIRCLE		Transaction ID: PR407237615957
City CORAL SPRINGS	State FL	Zip Code 33327
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer WEST BOCA MEDICAL CENTER	Occupation CEO	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. ANDREA L WOZNAK		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 3181 SAND MARSH LN		Transaction ID: PR407239415957
City AWENDAW	State SC	Zip Code 29466
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer EAST COOPER REGIONAL MEDICAL CENTER	Occupation CEO	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. WILLIAM C HENNING		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 2735 LONG GROVE DRIVE		Transaction ID: PR407244715957
City MARIETTA	State GA	Zip Code 30062-8721
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer CENTENNIAL MEDICAL CENTER	Occupation CEO	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

SUBTOTAL of Receipts This Page (optional)	120.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial) A. RALPH ALEMAN		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 7588 NW 51ST PLACE		Transaction ID: PR407245315957
City State Zip Code CORAL SPRINGS FL 33067-2053	Amount of Each Receipt this Period _____ 60.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer TENET HEALTHSYSTEM	Occupation MARKET VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 480.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. ALEX CONTRERAS-SOTO		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 3363 SW 180 WAY		Transaction ID: PR407246915957
City State Zip Code CAROL CITY FL 33029	Amount of Each Receipt this Period _____ 30.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer PALMETTO GENERAL HOSPITAL	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00	P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. AURELIO M FERNANDEZ		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 8540 N.LAKE DASHA DRIVE		Transaction ID: PR407247415957
City State Zip Code MARGATE FL 33324	Amount of Each Receipt this Period _____ 60.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer FLORIDA MEDICAL CENTER	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 480.00	P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 150.00
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 32
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial) A. GARRY L GAUSE		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1150 LAKE COLANY LANE		Transaction ID: PR407248715957	
City State Zip Code VESTAVIA HILLS AL 35242-7423	Amount of Each Receipt this Period _____ 30.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$10.00 Bi-Weekly)		
Name of Employer Occupation BROOKWOOD MEDICAL CENTER CEO	Aggregate Year-to-Date ▼ _____ 240.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. WILLIAM SEED		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2503 MASON OAKS DRIVE		Transaction ID: PR407250215957	
City State Zip Code VALRICO FL 33594-6498	Amount of Each Receipt this Period _____ 30.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$10.00 Bi-Weekly)		
Name of Employer Occupation TENET HEALTHSYSTEM DIR	Aggregate Year-to-Date ▼ _____ 240.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. DAVID L ARCHER		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2594 HOCKSETT COVE		Transaction ID: PR407250415957	
City State Zip Code GERMANTOWN TN 38139-6655	Amount of Each Receipt this Period _____ 120.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$40.00 Bi-Weekly)		
Name of Employer Occupation SAINT FRANCIS HOSPITAL MARKET CEO	Aggregate Year-to-Date ▼ _____ 960.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	_____ 180.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial) A. DENNIS R BRUNS		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 980 18TH AVE CIRCLE NW		Transaction ID: PR407251815957
City State Zip Code HICKORY NC 28601	Amount of Each Receipt this Period _____ 60.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Occupation HILTON HEAD HOSPITAL CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 480.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. SUELLEN SMITH		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address PASO ROBLES		Transaction ID: PR407254515957
City State Zip Code Paso Robles CA 93446-9702	Amount of Each Receipt this Period _____ 30.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Occupation TWIN CITIES COMMUNITY HOSPITAL COO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00	P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. PAMELA J BUXTON		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address PALM DESERT		Transaction ID: PR407255315957
City State Zip Code Palm Desert CA 92211-0485	Amount of Each Receipt this Period _____ 30.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Occupation JOHN F. KENNEDY MEMORIAL HOSPITAL CNO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00	P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 120.00
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 / 32
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial) A. STEPHEN L NEWMAN MD, M.D.		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 13 NEWCASTLE LANE		Transaction ID: PR407257715957	
City State Zip Code LAGUNA NIGUEL CA 92677-9328	Amount of Each Receipt this Period _____ 120.00		P/R Deduction (\$40.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C _____	Name of Employer Occupation OTHER EXECUTIVES CEO-TENET CALIFORNIA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 600.00		

Full Name (Last, First, Middle Initial) B. ALAN E HODGES		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 231 COIN DU LESTIN		Transaction ID: PR407262115957	
City State Zip Code SLIDELL LA 70460-3509	Amount of Each Receipt this Period _____ 30.00		P/R Deduction (\$10.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C _____	Name of Employer Occupation NORTSHORE REGIONAL MEDICAL CENTER CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00		

Full Name (Last, First, Middle Initial) C. DENISE DANNA		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 355 LAKE WORTH DR		Transaction ID: PR407264015957	
City State Zip Code BATON ROUGE LA 70810-2737	Amount of Each Receipt this Period _____ 20.00		P/R Deduction (\$10.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C _____	Name of Employer Occupation MEADOWCREST HOSPITAL CNO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 230.00		

SUBTOTAL of Receipts This Page (optional) ▶	_____ 170.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial) A. GARY L HONTS		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 29 OGLETHORPE LN		Transaction ID: PR407266415957
City State Zip Code HILTON HEAD SC 29926-4724	Amount of Each Receipt this Period _____ 30.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Occupation HILTON HEAD HOSPITAL COO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00	P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. MICHELE C MEYER		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 230 GRIMSLEY N. BLUFF		Transaction ID: PR407268515957
City State Zip Code ST LOUIS MO 63129	Amount of Each Receipt this Period _____ 57.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Occupation DES PERES HOSPITAL CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 456.00	P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. DAVID ANDERSON		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 44021 GARDNER DR		Transaction ID: PR407270715957
City State Zip Code ROSWELL GA 30004	Amount of Each Receipt this Period _____ 30.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Occupation NORTH FULTON REGIONAL HOSPITAL INTERIM-CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00	P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 117.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial) A. PAUL D ECHELARD		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 1167 HILLSBORO MILE#614		Transaction ID: PR407270915957
City WEST PALM BEACH	State FL	Zip Code 33062
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period _____ 57.69
Name of Employer GOOD SAMARITAN MEDICAL CENTER	Occupation CEO	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 461.52	

Full Name (Last, First, Middle Initial) B. SAMUEL G HARRIS		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 933 HAVENHURST		Transaction ID: PR407271115957
City WEST HOLLYWOOD	State CA	Zip Code 90046-6919
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period _____ 30.00
Name of Employer TENET HEALTHSYSTEM	Occupation DIR	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00	

Full Name (Last, First, Middle Initial) C. CRAIG C ARMIN		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 23510 BERDON STREET		Transaction ID: PR407274115957
City WOODLAND HILLS	State CA	Zip Code 91367-3004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period _____ 75.00
Name of Employer TENET HEALTHSYSTEM	Occupation VP	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 600.00	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 162.69
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial) A. KAREN GULBENKIAN		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address SAN CLEMENTE		Transaction ID: PR407278715957
City San Clemente	State CA	Zip Code 92673-3534
Amount of Each Receipt this Period _____ 30.00		
FEC ID number of contributing federal political committee. C		
Name of Employer GARDEN GROVE HOSPITAL	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00	P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. MITCHELL ZEVIN		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address PACIFIC PALISAD		Transaction ID: PR407279215957
City Pacific Palisad	State CA	Zip Code 90272-3123
Amount of Each Receipt this Period _____ 30.00		
FEC ID number of contributing federal political committee. C		
Name of Employer ENCINO-TARZANA REGIONAL MEDICAL CENTER	Occupation Dir Bus Dev	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00	P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. CANDACE L MARKWITH		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 5657 E THE TOLEDO		Transaction ID: PR407280315957
City LONG BEACH	State CA	Zip Code 90803-4046
Amount of Each Receipt this Period _____ 60.00		
FEC ID number of contributing federal political committee. C		
Name of Employer SIERRA VISTA REGIONAL MEDICAL CENTER	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 480.00	P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 120.00
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

A. Full Name (Last, First, Middle Initial) MICHELE M FINNEY Mailing Address 3751 Katella Avenue City Los Alamitos State CA Zip Code 90720-3164 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407283915957 Amount of Each Receipt this Period 60.00
Name of Employer LOS ALAMITOS MEDICAL CENTER Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	P/R Deduction (\$20.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial) KEN WHEAT Mailing Address PALM DESERT City Palm Desert State CA Zip Code 92211-8934 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407288715957 Amount of Each Receipt this Period 30.00
Name of Employer DESERT REGIONAL MEDICAL CENTER Occupation CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	P/R Deduction (\$10.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial) STEVE CORBEIL Mailing Address 2063 KINGSPONTE DRIVE City CLARKSON VALLEY State MO Zip Code 63005-4484 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR413940415957 Amount of Each Receipt this Period 60.00
Name of Employer TENET HEALTHSYSTEM Occupation SVP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	150.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

A. Full Name (Last, First, Middle Initial) RICK LYONS Mailing Address AGOURA City Agoura State CA Zip Code 91301 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR413941915957 Amount of Each Receipt this Period 30.00 P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer TWIN CITIES COMMUNITY HOSPITAL Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		

B. Full Name (Last, First, Middle Initial) MONICA FRAZER Mailing Address 3913 STANFORD City DALLAS State TX Zip Code 75225-7111 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR839292215957 Amount of Each Receipt this Period 30.00 P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer TENET HEADQUARTERS OFFICE Occupation VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		

C. Full Name (Last, First, Middle Initial) EDWARD MESCO Mailing Address 7365 NW 54TH STREET City LAUDERHILL State FL Zip Code 33319-6346 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR839477815957 Amount of Each Receipt this Period 75.00 P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer TENET HEALTHSYSTEM Occupation DIR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		

SUBTOTAL of Receipts This Page (optional)	135.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial) A. VIOLETA L MAZZELLA		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 8816 CANYON LANDS DRIVE		Transaction ID: PR841454315957
City State Zip Code PLANO TX 75025-4221	Amount of Each Receipt this Period _____ 48.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer TENET HEADQUARTERS OFFICE	Occupation MGR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 384.00	P/R Deduction (\$16.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. ANASTASIA B HUINER		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 614 EAST ALAMAR AVE.		Transaction ID: PR841557815957
City State Zip Code SANTA BARBARA CA 93105-2946	Amount of Each Receipt this Period _____ 60.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer TENET HEALTHCARE CORPORAT-ION-HQ	Occupation VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 460.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. KATHLEEN FARRELL		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 2585 FURLONG STREET		Transaction ID: PR843355315957
City State Zip Code BRISTOL PA 18901	Amount of Each Receipt this Period _____ 30.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer WARMINSTER HOSPITAL	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 240.00	P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 138.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial) A. SUZANNE KOZEL		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR843980415957
Mailing Address 161 MEADOW RIDGE LN		Amount of Each Receipt this Period 57.90
City State Zip Code JONESBORO NC 27517	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.30 Bi-Weekly)
Name of Employer Occupation ATLANTA MEDICAL CENTER MGR	Aggregate Year-to-Date ▼ 463.20	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. LYNNE SCROGGINS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR844786215957
Mailing Address 3777 PEACHTREE RD NE 632		Amount of Each Receipt this Period 30.00
City State Zip Code DECATUR GA 30319	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer Occupation ATLANTA MEDICAL CENTER ASSOCIATE ADMINISTRATOR	Aggregate Year-to-Date ▼ 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. IRENE CHAVEZ		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR846339315957
Mailing Address 2001 No. Oregon Street		Amount of Each Receipt this Period 60.00
City State Zip Code El Paso TX 79902-3368	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Occupation PROVIDENCE MEMORIAL HOSPITAL COO	Aggregate Year-to-Date ▼ 480.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	147.90
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 30 / 32	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

A. Full Name (Last, First, Middle Initial)
TERRY MURPHY

Mailing Address PASO ROBLES

City	State	Zip Code
Paso Robles	CA	93446-4845

FEC ID number of contributing federal political committee. **C**

Name of Employer TWIN CITIES COMMUNITY HOSPITAL	Occupation CNO
--	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Transaction ID: PR849021415957

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	30.00
TOTAL This Period (last page this line number only)	▶	3931.28

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 / 32

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

A. Full Name (Last, First, Middle Initial)
John Spratt for Congress Comm.

Mailing Address P.O. Box 830

City York State SC Zip Code 29745

Purpose of Disbursement
John Spratt, US Congress - SC #05

Candidate Name
John Spratt

Office Sought: House
 Senate
 President

State: SC District: 5

Disbursement For: 2006
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 24879997

Date of Disbursement

10 / 20 / 2006

Amount of Each Disbursement this Period

500.00

John Spratt, US Congress -
SC #05

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

500.00

Image# 27940064739

Form/Schedule: **F3XA** See memo - Amended FEC Report - 9/30/06 - filed 1/16/07
Transaction ID:
