

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 _____ in the State of _____

5. Covering Period 07 01 2007 through 12 31 2007

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 Todd Plott

Signature of Treasurer Electronically Filed by Todd Plott Date 01 07 2008

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									
-----------------	--	--	--	--	--	--	--	--	--

FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
TENET HEALTHCARE CORPORATION PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		11147.99
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	9098.28									
(c) Total Receipts (from Line 19)	36782.41	71732.70								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	45880.69	82880.69								
7. Total Disbursements (from Line 31)	19900.00	56900.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	25980.69	25980.69								
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
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	32914.91	59290.20
(i) Itemized (use Schedule A)	3867.50	12442.50
(ii) Unitemized	36782.41	71732.70
(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)	36782.41	71732.70
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))	36782.41	71732.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	36782.41	71732.70

DETAILED SUMMARY PAGE
of Disbursements

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.....	15000.00	41000.00
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.....	4900.00	15900.00
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))..	19900.00	56900.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19900.00	56900.00

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)	36782.41	71732.70
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	36782.41	71732.70
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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

A. Full Name (Last, First, Middle Initial)
KEM M MULLINS

Mailing Address 10101 FRENCH SPRINGS RD

City State Zip Code
LAKELAND TN 38002-8425

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

Name of Employer SAINT FRANCIS HOSPITAL-BA-RTLETT Occupation CEO

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: MM / DD / YYYY
07 / 20 / 2007

Transaction ID: 26274361

Amount of Each Receipt this Period: 400.00

B. Full Name (Last, First, Middle Initial)
ELIZABETH LAMKIN

Mailing Address 31 WICKLOW DRIVE

City State Zip Code
HILTON HEAD SC 29928-3354

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

Name of Employer HILTON HEAD HOSPITAL Occupation CEO

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY

Transaction ID: PR1025760418273

Amount of Each Receipt this Period: 260.00

P/R Deduction (\$20.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
DALE ARMSTRONG

Mailing Address 1135 CARTHAGE ST

City State Zip Code
SANFORD NC 27330-4162

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

Name of Employer CENTRAL CAROLINA HOSPITAL Occupation CEO

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: MM / DD / YYYY

Transaction ID: PR1025775818273

Amount of Each Receipt this Period: 120.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **780.00**

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 42
	<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

A.	Full Name (Last, First, Middle Initial) MITCH EDGEWORTH	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 2613 RANCHVIEW DRIVE	Transaction ID: PR1026318818273
	City RICHARDSON State TX Zip Code 75082-5200	Amount of Each Receipt this Period 260.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
	Name of Employer DOCTORS HOSPITAL-DALLAS Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) JENNIFER DALEY	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 5 CANDLEWICK CLOSE	Transaction ID: PR1039838818273
	City LEXINGTON State MA Zip Code 02421-4307	Amount of Each Receipt this Period 1536.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$192.00 Bi-Weekly)
	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 ▼ 2616.00	

C.	Full Name (Last, First, Middle Initial) JOHN J FERRELLI	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 43 CAMINO REAL	Transaction ID: PR1240924718273
	City RANCHO MIRAGE State CA Zip Code 92270-4138	Amount of Each Receipt this Period 260.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
	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 ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	2056.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 42	
	<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

A.	Full Name (Last, First, Middle Initial) SHELLEY GILES		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 3803 STOCKTON LN		Transaction ID: PR1479664418273
	City DALLAS	State TX	Zip Code 75287-4919
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 260.00
	Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation DIR	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 ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) STEPHEN M MOONEY		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 4619 BRIAR OAKS CR		Transaction ID: PR1481199218273
	City DALLAS	State TX	Zip Code 75287-7503
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 260.00
	Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation SVP	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 ▼ 380.00		

C.	Full Name (Last, First, Middle Initial) JANIS THAYER		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 1735 CRIMSON TERRACE		Transaction ID: PR1481210618273
	City BRENTWOOD	State CA	Zip Code 94513-2618
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.00
	Name of Employer OTHER EXECUTIVES	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 ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	650.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 42
(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

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

A.

Full Name (Last, First, Middle Initial)
THOMAS RICE

Mailing Address **15126 FERDINAND DR**

City **DALLAS** State **TX** Zip Code **75248-6437**

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

Name of Employer **TENET HEALTHCARE CORPORAT-ION** Occupation **SVP**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **760.00**

Date of Receipt M M / D D / Y Y Y Y Y

Transaction ID: PR1592856018273

Amount of Each Receipt this Period **494.00**

P/R Deduction (\$38.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
CHARLES CONKLIN

Mailing Address **3901 HEARST CASTLE WAY**

City **PLANO** State **TX** Zip Code **75025-2011**

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

Name of Employer **TENET HEALTHCARE CORPORAT-ION** Occupation **VP**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt M M / D D / Y Y Y Y Y

Transaction ID: PR1592857218273

Amount of Each Receipt this Period **260.00**

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
RICKY JOHNSTON

Mailing Address **404 N.CHURCH ST**

City **MCKINNEY** State **TX** Zip Code **75069**

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

Name of Employer **TENET HEALTHCARE CORPORAT-ION** Occupation **VP**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1110.00**

Date of Receipt M M / D D / Y Y Y Y Y

Transaction ID: PR1592858218273

Amount of Each Receipt this Period **390.00**

P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **1144.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 42
(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
							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

A.

Full Name (Last, First, Middle Initial)
PETER URBANOWICZ JR

Mailing Address 5711 REDWOOD LANE

City State Zip Code
DALLAS TX 75209-2421

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

Name of Employer Occupation
TENET HEALTHCARE CORPORATION GENERAL COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3456.00

Date of Receipt
M M / D D / Y Y Y Y Y Y

Transaction ID: PR1735904718273

Amount of Each Receipt this Period 2496.00

P/R Deduction (\$192.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
DANIEL WALDMANN

Mailing Address 2001 19TH STREET NW #5

City State Zip Code
WASHINGTON DC 20009-1346

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

Name of Employer Occupation
TENET HEALTHSYSTEM VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y

Transaction ID: PR1814798518273

Amount of Each Receipt this Period 1040.00

P/R Deduction (\$80.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
ROBERT J CUNNAH

Mailing Address 163 VILLAGIO WEST

City State Zip Code
PALM SPRINGS CA 92262-6395

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

Name of Employer Occupation
DESERT REGIONAL MEDICAL CENTER CMO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y Y

Transaction ID: PR2174361618273

Amount of Each Receipt this Period 650.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **4186.00**

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 42						
	(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

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

A.	Full Name (Last, First, Middle Initial) DENNIS M LITOS		Date of Receipt
	Mailing Address 3204 GREENGATE DR		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	MODESTO	CA	95355-8446
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer DOCTORS MEDICAL CENTER-MO-DESTO		Occupation CEO	Transaction ID: PR2174541518273
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 340.00	
		Amount of Each Receipt this Period	<input type="text"/> 260.00
		P/R Deduction (\$20.00 Bi-Weekly)	

B.	Full Name (Last, First, Middle Initial) CATHRYN H FRASER		Date of Receipt
	Mailing Address 272 ENCLAVES COURT		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	COPPELL	TX	75019-2125
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer TENET HEALTHCARE CORPORAT-ION		Occupation SVP	Transaction ID: PR2174559918273
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 760.00	
		Amount of Each Receipt this Period	<input type="text"/> 494.00
		P/R Deduction (\$38.00 Bi-Weekly)	

C.	Full Name (Last, First, Middle Initial) JEFFERY FLOCKEN		Date of Receipt
	Mailing Address 27 NEW DAWN		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	IRVINE	CA	92620-1976
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer TENET HEALTHSYSTEM		Occupation SVP	Transaction ID: PR2174567318273
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 2000.00	
		Amount of Each Receipt this Period	<input type="text"/> 1300.00
		P/R Deduction (\$100.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2054.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 42		
	<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

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

A.	Full Name (Last, First, Middle Initial) LARRY J AUSTIN		Date of Receipt
	Mailing Address 14342 CLUB CIRCLE		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	ALPHARETTA	GA	30004-4361
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer NORTH FULTON REGIONAL HOSPITAL		Occupation CEO	Transaction ID: PR2202087218273
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 300.00	Amount of Each Receipt this Period <input type="text"/> 260.00
			P/R Deduction (\$20.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) MICHAEL HALTER		Date of Receipt
	Mailing Address 111 RIGHTERS MILL RD		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	PENN VALLEY	PA	19072-1312
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer HAHNEMANN UNIVERSITY HOSPITAL		Occupation CEO	Transaction ID: PR406763218273
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 475.00	Amount of Each Receipt this Period <input type="text"/> 247.00
			P/R Deduction (\$19.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) EDILBERTO EVANGELISTA		Date of Receipt
	Mailing Address 4605 WINNETKA CIRCLE		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	WOODLAND HILLS	CA	91364-4618
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer TENET HEALTHSYSTEM		Occupation SPEC-REIMBURSEMENT SR	Transaction ID: PR407173118273
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 230.00	Amount of Each Receipt this Period <input type="text"/> 110.00
			P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 617.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 42
	<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

A.	Full Name (Last, First, Middle Initial) HAROLD O ANDERSON	Date of Receipt
	Mailing Address 4623 STANFORD AVE	<input type="text"/> / <input type="text"/> / <input type="text"/>
	City State Zip Code DALLAS TX 75209-3115	Transaction ID: PR407185018273
	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 494.00
Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation SVP	P/R Deduction (\$38.00 Bi- Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 760.00	

B.	Full Name (Last, First, Middle Initial) LEONARD ROSENFELD	Date of Receipt
	Mailing Address 12213 PARK BEND DR	<input type="text"/> / <input type="text"/> / <input type="text"/>
	City State Zip Code DALLAS TX 75230-2364	Transaction ID: PR407201318273
	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 260.00
Name of Employer TENET HEALTHCARE CORPORAT- ION	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 ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) ROBERT J SCHWEBEL	Date of Receipt
	Mailing Address 5331 E. MOCKINGBIRD 613	<input type="text"/> / <input type="text"/> / <input type="text"/>
	City State Zip Code DALLAS TX 75206-0911	Transaction ID: PR407203418273
	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 130.00
Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation VP	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 ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	884.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 42
	<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

A.	Full Name (Last, First, Middle Initial) THOMAS WOLF		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 2613 MILLINGTON DRIVE		Transaction ID: PR407205118273
	City PLANO	State TX	Zip Code 75093-3560
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.00
	Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation MGR	P/R Deduction (\$16.00 Bi- Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

B.	Full Name (Last, First, Middle Initial) HANK D IRICK JR.		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 3305 ELAM CT		Transaction ID: PR407205818273
	City PLANO	State TX	Zip Code 75093-8087
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.00
	Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation SR 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 ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) WILLIAM R WATTS		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 7504 DANFIELD CT		Transaction ID: PR407209418273
	City DALLAS	State TX	Zip Code 75252-6823
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.00
	Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation SR 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 ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	468.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 42
	<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

A.	Full Name (Last, First, Middle Initial) STEVE BROWN		Date of Receipt
	Mailing Address 16 SARAH NASH CT		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	DALLAS	TX	75225-2072
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer TENET HEALTHCARE CORPORAT- ION		Occupation EVP	Transaction ID: PR407210618273
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 1800.00	<input type="text"/> 1300.00
			P/R Deduction (\$100.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) CRAIG E SIMS		Date of Receipt
	Mailing Address 4515 MANNING LANE		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	DALLAS	TX	75220-6434
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer TENET HEALTHCARE CORPORAT- ION		Occupation VP	Transaction ID: PR407211618273
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 480.75	<input type="text"/> 249.99
			P/R Deduction (\$19.23 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) JOHN F BEALLE		Date of Receipt
	Mailing Address 7817 PENCROSS LANE		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	DALLAS	TX	75248-3108
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer TENET HEALTHCARE CORPORAT- ION		Occupation VP	Transaction ID: PR407214518273
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 400.00	<input type="text"/> 160.00
			P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1709.99
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 42
	<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

A.	Full Name (Last, First, Middle Initial) JOHN B MCDONALD	Date of Receipt
	Mailing Address 2016 PEMBROKE AVE.	<input type="text"/> / <input type="text"/> / <input type="text"/>
	City State Zip Code FORT WORTH TX 76110-1236	Transaction ID: PR407215818273
	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 260.00
	Name of Employer Occupation TENET HEALTHCARE CORPORAT-ION VP & amp Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	P/R Deduction (\$20.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) WAYNE E COBB	Date of Receipt
	Mailing Address 4001 ORCHID LANE	<input type="text"/> / <input type="text"/> / <input type="text"/>
	City State Zip Code MANSFIELD TX 76063-5577	Transaction ID: PR407216418273
	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 130.00
	Name of Employer Occupation TENET HEALTHCARE CORPORAT-ION MGR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	P/R Deduction (\$10.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) ROBIN L MALLETT	Date of Receipt
	Mailing Address 616 STONE CANYON	<input type="text"/> / <input type="text"/> / <input type="text"/>
	City State Zip Code IRVING TX 75063-6327	Transaction ID: PR407218318273
	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 130.00
	Name of Employer Occupation TENET HEALTHCARE CORPORAT-ION MGR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	520.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 42
	<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

A.	Full Name (Last, First, Middle Initial) TERESA L HUSKEY	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 4333 PERSHING AVE	Transaction ID: PR407218618273
	City State Zip Code FT WORTH TX 76107-4243	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
	Name of Employer Occupation TENET HEALTHCARE CORPORAT- SR DIR ION Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) SHERRY J HENDERSON	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 25 NIGHT HERON PL	Transaction ID: PR407219718273
	City State Zip Code HICKORY NC 28601-8806	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
	Name of Employer Occupation FRYE REGIONAL MEDICAL CEN- CFO TER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) ROBERT SMITH	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 2723 LAKERIDGE	Transaction ID: PR407220018273
	City State Zip Code CARROLLTON TX 75006-4723	Amount of Each Receipt this Period 325.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Bi-Weekly)
	Name of Employer Occupation TENET HEALTHCARE CORPORAT- VP ION Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 625.00	

SUBTOTAL of Receipts This Page (optional)	585.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 42
	<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

A.	Full Name (Last, First, Middle Initial) JOE D THOMASON	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 4006 RAMSGATE CT	Transaction ID: PR407222118273
	City State Zip Code COLLEYVILLE TX 76034-4473	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. C	
Name of Employer TENET HEALTHCARE CORPORAT- ION	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 ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) ROBERT S HENDLER	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 11122 W RICKS CIRCLE	Transaction ID: PR407222818273
	City State Zip Code DALLAS TX 75230-3032	Amount of Each Receipt this Period 650.00
	FEC ID number of contributing federal political committee. C	
Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation REGIONAL CMO	P/R Deduction (\$50.00 Bi- Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

C.	Full Name (Last, First, Middle Initial) RHONDA ROGERS	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 261 CR 2153	Transaction ID: PR407224418273
	City State Zip Code NACOGDOCHES TX 75965	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. C	
Name of Employer NACOGDOCHES MEDICAL CENTER	Occupation CFO	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 ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	910.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 42
	<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

A.	Full Name (Last, First, Middle Initial) CONLEY S CERVANTES		Date of Receipt
	Mailing Address 819 CAMBRIDGE MANOR LANE		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	COPPELL	TX	75019-6105
	FEC ID number of contributing federal political committee. C		Transaction ID: PR407224718273
Name of Employer TENET HEALTHCARE CORPORAT- ION		Occupation DIR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	156.00
			P/R Deduction (\$12.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) GARY ROBINSON		Date of Receipt
	Mailing Address 3030 MCKINNEY AVE #1701		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	DALLAS	TX	75204-7410
	FEC ID number of contributing federal political committee. C		Transaction ID: PR407225818273
Name of Employer TENET HEALTHCARE CORPORAT- ION		Occupation DEPUTY GENERAL COUNSEL	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	60.00
			P/R Deduction (\$20.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) DEBRA L ANDONIE-WALL		Date of Receipt
	Mailing Address 2687 CLEAR SPRINGS CT		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	RICHARDSON	TX	75082-4210
	FEC ID number of contributing federal political committee. C		Transaction ID: PR407226218273
Name of Employer TENET HEALTHCARE CORPORAT- ION		Occupation SR DIR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	260.00
			P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	476.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 42
	(check only one)
<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"/>	<input type="checkbox"/> 16
<input type="checkbox"/>	<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

A.	Full Name (Last, First, Middle Initial) STEPHANIE SLOGGETT-O'DELL	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 779 SOUTH BELLFLOWER DR	Transaction ID: PR407227018273
	City SPRINGFIELD State MO Zip Code 65809-1109	Amount of Each Receipt this Period 260.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
	Name of Employer TENET HEALTHCARE CORPORAT-ION Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) DOUGLAS E RABE	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 9923 CAPRIDGE DR	Transaction ID: PR407227318273
	City DALLAS State TX Zip Code 75238-3469	Amount of Each Receipt this Period 260.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
	Name of Employer TENET HEALTHCARE CORPORAT-ION Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) MICHAEL S HONGOLA	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 6704 WESTMONT DRIVE	Transaction ID: PR407227618273
	City COLLEYVILLE State TX Zip Code 76034-7263	Amount of Each Receipt this Period 260.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
	Name of Employer TENET HEALTHCARE CORPORAT-ION Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

SUBTOTAL of Receipts This Page (optional)	780.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 42
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

A.

Full Name (Last, First, Middle Initial)
WILLIAM T MOORE

Mailing Address 3014 CASTLE PINES DRIVE

City State Zip Code
DULUTH GA 30097-2039

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

Name of Employer Occupation
ATLANTA MEDICAL CENTER MARKET CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y

Transaction ID: PR407231818273

Amount of Each Receipt this Period
260.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
MAXINE T COOPER

Mailing Address 19401 SANDPEBBLE CR

City State Zip Code
HUNTINGTON BEACH CA 92648-2110

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

Name of Employer Occupation
GARDEN GROVE HOSPITAL CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
M M / D D / Y Y Y Y Y Y

Transaction ID: PR407233318273

Amount of Each Receipt this Period
260.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
GARRY M OLNEY

Mailing Address 5301 ALPHA RD#126

City State Zip Code
DALLAS TX 75240-4317

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- ION VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y

Transaction ID: PR407234318273

Amount of Each Receipt this Period
260.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **780.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 42
	<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

A.	Full Name (Last, First, Middle Initial) BARRY G WEINBAUM	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 2670 HIDDEN VALLEY ROAD	Transaction ID: PR407235318273
	City LA JOLLA State CA Zip Code 92037-4025	Amount of Each Receipt this Period 160.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
	Name of Employer TENET HEALTHSYSTEM Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

B.	Full Name (Last, First, Middle Initial) JOHN QUINN	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 1138 PINE VALLEY ROAD	Transaction ID: PR407236018273
	City GRIFFIN State GA Zip Code 30224-4953	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
	Name of Employer SPALDING REGIONAL HOSPITAL Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) WALT MICKENS	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 116 DOCKSIDE CIRCLE	Transaction ID: PR407237618273
	City WESTON State FL Zip Code 33327-1100	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
	Name of Employer WEST BOCA MEDICAL CENTER Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	420.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 42
	<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

A.	Full Name (Last, First, Middle Initial) ANDREA L WOZNIAK	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 3181 SAND MARSH LN	Transaction ID: PR407239418273
	City State Zip Code MT PLEASANT SC 29466-9091	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
	Name of Employer EAST COOPER REGIONAL MEDICAL CENTER Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) CHARLES MILLER	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 1519 CURETON DRIVE	Transaction ID: PR407241418273
	City State Zip Code ROCK HILL SC 29732-7753	Amount of Each Receipt this Period 260.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
	Name of Employer PIEDMONT MEDICAL CENTER Occupation MARKET CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) WILLIAM C HENNING	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 5415 STONE CANYON DR	Transaction ID: PR407244718273
	City State Zip Code FRISCO TX 75034-2220	Amount of Each Receipt this Period 260.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
	Name of Employer CENTENNIAL MEDICAL CENTER Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	650.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 42
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

A.

Full Name (Last, First, Middle Initial)
JAMES D DORIS

Mailing Address PO BOX 2009

City State Zip Code
SANFORD NC 27331-2009

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

Name of Employer Occupation
CENTRAL CAROLINA HOSPITAL CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt
M M / D D / Y Y Y Y Y Y

Transaction ID: PR407244818273

Amount of Each Receipt this Period 455.00

P/R Deduction (\$35.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
RALPH ALEMAN

Mailing Address 6301 COLLINS AVE #2608

City State Zip Code
MIAMI BEACH FL 33141-4645

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

Name of Employer Occupation
TENET HEALTHSYSTEM MARKET VICE PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y

Transaction ID: PR407245318273

Amount of Each Receipt this Period 260.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
ALEX CONTRERAS-SOTO

Mailing Address 3363 SW 180 WAY

City State Zip Code
MIRAMAR FL 33029-1639

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

Name of Employer Occupation
PALMETTO GENERAL HOSPITAL COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y

Transaction ID: PR407246918273

Amount of Each Receipt this Period 130.00

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

SUBTOTAL of Receipts This Page (optional) ► **845.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 / 42
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<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

A.	Full Name (Last, First, Middle Initial) EDWARD SCHRECK		Date of Receipt
	Mailing Address 245 HILLSIDE RD.		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	SOUTH PASADENA	CA	91030-1611
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer USC UNIVERSITY HOSPITAL		Occupation CEO	Transaction ID: PR407248218273
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 460.00	Amount of Each Receipt this Period <input type="text"/> 260.00
			P/R Deduction (\$20.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) GARRY L GAUSE		Date of Receipt
	Mailing Address 1150 LAKE COLANY LANE		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	VESTAVIA HILLS	AL	35242-7423
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer BROOKWOOD MEDICAL CENTER		Occupation CEO	Transaction ID: PR407248718273
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 250.00	Amount of Each Receipt this Period <input type="text"/> 130.00
			P/R Deduction (\$10.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) DAVID L ARCHER		Date of Receipt
	Mailing Address 2594 HOCKSETT COVE		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	GERMANTOWN	TN	38139-6655
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer SAINT FRANCIS HOSPITAL		Occupation MARKET CEO	Transaction ID: PR407250418273
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 1000.00	Amount of Each Receipt this Period <input type="text"/> 520.00
			P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 910.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 42
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

A.

Full Name (Last, First, Middle Initial)
DENNIS R BRUNS

Mailing Address 980 18TH AVE CIRCLE NW

City State Zip Code
HICKORY NC 28601-1200

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

Name of Employer Occupation
FRYE REGIONAL MEDICAL CENTER CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y

Transaction ID: PR407251818273

Amount of Each Receipt this Period 260.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
SUELLEN SMITH

Mailing Address 84 TIERRA VISTA LANE

City State Zip Code
PASO ROBLES CA 93446-9702

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

Name of Employer Occupation
TENET HEALTHSYSTEM SR DIR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y

Transaction ID: PR407254518273

Amount of Each Receipt this Period 130.00

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

C.

Full Name (Last, First, Middle Initial)
PAMELA J BUXTON

Mailing Address 77-532 BURRUS COURT

City State Zip Code
PALM DESERT CA 92211-0485

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

Name of Employer Occupation
JOHN F. KENNEDY MEMORIAL HOSPITAL CNO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y

Transaction ID: PR407255318273

Amount of Each Receipt this Period 130.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **520.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

A. Full Name (Last, First, Middle Initial)
STEPHEN L NEWMAN MD, M.D.
Mailing Address 11034 TIBBS STREET

City State Zip Code
DALLAS TX 75230-3450

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

Name of Employer: TENET HEALTHCARE CORPORATION
Occupation: CHIEF OPERATING OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3264.00

Date of Receipt: [M M] / [D D] / [Y Y Y Y Y]
Transaction ID: PR407257718273
 Amount of Each Receipt this Period: 2496.00
 P/R Deduction (\$192.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
ALAN E HODGES
Mailing Address 231 COIN DU LESTIN

City State Zip Code
SLIDELL LA 70460-3509

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

Name of Employer: NORTHSHORE REGIONAL MEDICAL CENTER
Occupation: CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: [M M] / [D D] / [Y Y Y Y Y]
Transaction ID: PR407262118273
 Amount of Each Receipt this Period: 130.00
 P/R Deduction (\$10.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
ALAN R CASON
Mailing Address 112 GOLDEN PHEASANT ST

City State Zip Code
SLIDELL LA 70461-3116

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

Name of Employer: NORTHSHORE REGIONAL MEDICAL CENTER
Occupation: CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt: [M M] / [D D] / [Y Y Y Y Y]
Transaction ID: PR407263518273
 Amount of Each Receipt this Period: 260.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 2886.00

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 42
	(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

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

A.	Full Name (Last, First, Middle Initial) GARY L HONTS	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 95030	Transaction ID: PR407266418273
	City 1855 SILVERWINGS C State MO Zip Code CA	Amount of Each Receipt this Period 260.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
	Name of Employer COMMUNITY HOSPITAL OF LOS GATOS Occupation 402 596-0551	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00	

B.	Full Name (Last, First, Middle Initial) MICHELE C MEYER	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 230 GRIMSLEY N. BLUFF	Transaction ID: PR407268518273
	City ST LOUIS State MO Zip Code 63129	Amount of Each Receipt this Period 247.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.00 Bi-Weekly)
	Name of Employer DES PERES HOSPITAL Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

C.	Full Name (Last, First, Middle Initial) DAVID ANDERSON	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 4195 AVONDALE LANE	Transaction ID: PR407270718273
	City CUMMING State GA Zip Code 30041-1937	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
	Name of Employer NORTH FULTON REGIONAL HOSPITAL Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	637.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 42		
	<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

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

A.	Full Name (Last, First, Middle Initial) PAUL D ECHELARD		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 1167 HILLSBORO MILE#614		Transaction ID: PR407270918273
	City HillsBORO BEACH	State FL	Zip Code 33062-1618
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 249.99
	Name of Employer GOOD SAMARITAN MEDICAL CE- NTER	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 ▼ 480.75		

B.	Full Name (Last, First, Middle Initial) SAMUEL G HARRIS		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 933 HAVENHURST		Transaction ID: PR407271118273
	City WEST HOLLYWOOD	State CA	Zip Code 90046-6919
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.00
	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 ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) CRAIG C ARMIN		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 23510 BERDON STREET		Transaction ID: PR407274118273
	City WOODLAND HILLS	State CA	Zip Code 91367-3004
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 325.00
	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 ▼ 625.00		

SUBTOTAL of Receipts This Page (optional)	704.99
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 42
	<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

A.	Full Name (Last, First, Middle Initial) KENT G CLAYTON	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 3 TURTLE BAY DRIVE	Transaction ID: PR407278118273
	City State Zip Code NEWPORT BEACH CA 92660-4266	Amount of Each Receipt this Period 260.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
	Name of Employer Occupation PLACENTIA LINDA HOSPITAL CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) KAREN GULBENKIAN	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 2847 CALLE HERALDO	Transaction ID: PR407278718273
	City State Zip Code SAN CLEMENTE CA 92673-3534	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
	Name of Employer Occupation GARDEN GROVE HOSPITAL COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) CANDACE MARKWITH	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 980 ISABELLA WAY	Transaction ID: PR407280318273
	City State Zip Code SAN LUIS OBISPO CA 93405-6186	Amount of Each Receipt this Period 260.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
	Name of Employer Occupation SIERRA VISTA REGIONAL MEDICAL CENTER CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	650.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 31 / 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

A. Full Name (Last, First, Middle Initial)
MICHELE M FINNEY
 Mailing Address 21521 TURTLEDOVE STREET
 City State Zip Code
 TRABUCO CANYON CA 92679-3486
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 LOS ALAMITOS MEDICAL CENTER CEO
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
Transaction ID: PR407283918273
 Amount of Each Receipt this Period
 260.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
STEVE CORBEIL
 Mailing Address 2063 KINGSPONTE DRIVE
 City State Zip Code
 CLARKSON VALLEY MO 63005-4484
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 TENET HEALTHSYSTEM SVP
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 832.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
Transaction ID: PR413940418273
 Amount of Each Receipt this Period
 288.00
 P/R Deduction (\$96.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
RICK LYONS
 Mailing Address 2425 BATTERING ROCK RD
 City State Zip Code
 TEMPLETON CA 93465-8371
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 TWIN CITIES COMMUNITY HOSPITAL CEO
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
Transaction ID: PR413941918273
 Amount of Each Receipt this Period
 130.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 678.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 42
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

A.

Full Name (Last, First, Middle Initial)
MONICA FRAZER

Mailing Address 3913 STANFORD

City State Zip Code
DALLAS TX 75225-7111

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT-ION VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR839292218273

Amount of Each Receipt this Period 180.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
EDWARD MESCO

Mailing Address 7365 NW 54TH STREET

City State Zip Code
LAUDERHILL FL 33319-6346

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

Name of Employer Occupation
TENET HEALTHSYSTEM DIR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR839477818273

Amount of Each Receipt this Period 325.00

P/R Deduction (\$25.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
AUDREY T ANDREWS

Mailing Address 702 PENFOLDS

City State Zip Code
COPPELL TX 75019-4544

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT-ION VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR840566918273

Amount of Each Receipt this Period 260.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **765.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 42
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

A.

Full Name (Last, First, Middle Initial)
VIOLETA L MAZZELLA

Mailing Address 8816 CANYON LANDS DRIVE

City PLANO State TX Zip Code 75025-4221

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation MGR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: M M / D D / Y Y Y Y Y

Transaction ID: PR841454318273

Amount of Each Receipt this Period: 208.00

P/R Deduction (\$16.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
TREVOR FETTER

Mailing Address 3821 BEVERLY DRIVE

City DALLAS State TX Zip Code 75205-2807

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation CEO AND PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3846.20

Date of Receipt: M M / D D / Y Y Y Y Y

Transaction ID: PR841482518273

Amount of Each Receipt this Period: 2500.03

P/R Deduction (\$192.31 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
ANASTASIA B HUINER

Mailing Address 614 EAST ALAMAR AVE.

City SANTA BARBARA State CA Zip Code 93105-2946

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

Name of Employer TENET HEALTHCARE CORPORATION-HQ Occupation VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M / D D / Y Y Y Y Y

Transaction ID: PR841557818273

Amount of Each Receipt this Period: 260.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **2968.03**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 42

(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

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

A.

Full Name (Last, First, Middle Initial)
SUZANNE KOZEL

Mailing Address 161 MEADOW RIDGE LN

City State Zip Code
CHAPEL HILL NC 27517-8847

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

Name of Employer Occupation
ATLANTA MEDICAL CENTER DIR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 482.50

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR843980418273

Amount of Each Receipt this Period
250.90

P/R Deduction (\$19.30 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
PATRICIA L BRAINERD

Mailing Address 5412 GLENSHIRE DR

City State Zip Code
PLANO TX 75093-2800

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

Name of Employer Occupation
TENET HEALTHCARE CORPORATION SR DIR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 950.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR844644418273

Amount of Each Receipt this Period
650.00

P/R Deduction (\$50.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
LYNNE SCROGGINS

Mailing Address 3777 PEACHTREE RD NE 632

City State Zip Code
ATLANTA GA 30319-5209

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

Name of Employer Occupation
ATLANTA MEDICAL CENTER ASSOCIATE ADMINISTRATOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR844786218273

Amount of Each Receipt this Period
130.00

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

SUBTOTAL of Receipts This Page (optional)

1030.90

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 42
	<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

A.	Full Name (Last, First, Middle Initial) IRENE CHAVEZ		Date of Receipt
	Mailing Address 1340 LOMA VERDE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	EL PASO	TX	79936-7811
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer PROVIDENCE MEMORIAL HOSPITAL		Occupation CEO	Transaction ID: PR846339318273
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 500.00	Amount of Each Receipt this Period <input type="text"/> 260.00
			P/R Deduction (\$20.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) TERRY MURPHY		Date of Receipt
	Mailing Address 179 NIBLICK RDPMB348		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	PASO ROBLES	CA	93446-4845
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer TWIN CITIES COMMUNITY HOSPITAL		Occupation CNO	Transaction ID: PR849021418273
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 250.00	Amount of Each Receipt this Period <input type="text"/> 130.00
			P/R Deduction (\$10.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) JAMES CLEMENTS		Date of Receipt
	Mailing Address 3013 GOLF CREST LANE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	WOODSTOCK	GA	30189-8197
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer SOUTH FULTON MEDICAL CENTER		Occupation CEO	Transaction ID: PR849790218273
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 380.00	Amount of Each Receipt this Period <input type="text"/> 260.00
			P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 650.00
TOTAL This Period (last page this line number only)	<input type="text"/> 32914.91

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)

<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

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

<p>A. Full Name (Last, First, Middle Initial) Friends Of John Tanner</p> <p>Mailing Address Post Office Box 1994</p> <p>City Union City State TN Zip Code 38281</p> <p>Purpose of Disbursement Congressman John Tanner, US -TN - dist 8</p> <p>Candidate Name Rep. John Tanner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 26206550 Date of Disbursement 07 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Congressman John Tanner, US -TN - dist 8</p>
<p>B. Full Name (Last, First, Middle Initial) John Lewis For Congress</p> <p>Mailing Address 2015 Wallace Rd.</p> <p>City Atlanta State GA Zip Code 30331</p> <p>Purpose of Disbursement John Lewis, US Rep, GA, Dist 05</p> <p>Candidate Name Rep. John Lewis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 05</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 26618711 Date of Disbursement 10 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>John Lewis, US Rep, GA, Dist 05</p>
<p>C. Full Name (Last, First, Middle Initial) New Republican Majority Fund</p> <p>Mailing Address PO Box 22824</p> <p>City Jackson State MS Zip Code 39225</p> <p>Purpose of Disbursement Trent Lott, US Sen., MS (New Republican Majority Fund)</p> <p>Candidate Name Sen. Trent Lott</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2012 U.S. PRIMARY EL</p>	<p>Transaction ID: 26618732 Date of Disbursement 10 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Trent Lott, US Sen., MS (New Republican Majority Fund)</p>

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

TOTAL This Period (last page this line number only) ►

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 37 / 42

<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

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

<p>A. Full Name (Last, First, Middle Initial) Cong. Waxman Campaign Comm.</p> <p>Mailing Address 10990 Wilshire Blvd. Suite 920</p> <p>City Los Angeles State CA Zip Code 90024</p> <p>Purpose of Disbursement Henry Waxman, US House, 30th, CA (Dan couldn't attend - attending event on 12/13/07)</p> <p>Candidate Name Henry Waxman</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 29</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 26687388 Date of Disbursement 10 / 11 / 2007</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Henry Waxman, US House, 30th, CA (Dan couldn't attend - attending event on 12/13/07)</p>
<p>B. Full Name (Last, First, Middle Initial) Larson For Congress</p> <p>Mailing Address 29 Ruff Circle</p> <p>City Glastonbury State CT Zip Code 06033</p> <p>Purpose of Disbursement John Larson, US Congress -01-CT</p> <p>Candidate Name Congressma John Larson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CT District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 26788926 Date of Disbursement 11 / 06 / 2007</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>John Larson, US Congress - 01-CT</p>
<p>C. Full Name (Last, First, Middle Initial) Chambliss For Senate</p> <p>Mailing Address Post Office Box 12469</p> <p>City Atlanta State GA Zip Code 30355</p> <p>Purpose of Disbursement Senator Saxby Chambliss, US -Dist 1 - GA</p> <p>Candidate Name Sen. Saxby Chambliss</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: GA District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 26882113 Date of Disbursement 11 / 27 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Senator Saxby Chambliss, US -Dist 1 - GA</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

TOTAL This Period (last page this line number only) ▶

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 38 / 42

<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

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

A.	Full Name (Last, First, Middle Initial) Dave Camp For Congress 2008	Transaction ID: 26894068 Date of Disbursement 12 / 03 / 2007
	Mailing Address 5915 Eastman Ave. Suite 100	Amount of Each Disbursement this Period 1000.00
	City Midland State MI Zip Code 48640	
	Purpose of Disbursement David Camp, US Congress, Dist 4, MI	011 Category/ Type
	Candidate Name Rep. David Camp	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		David Camp, US Congress, Dist 4, MI

B.	Full Name (Last, First, Middle Initial) Pat Roberts for Senate	Transaction ID: 26899835 Date of Disbursement 12 / 05 / 2007
	Mailing Address P.O. Box 433	Amount of Each Disbursement this Period 2500.00
	City Great Bend State KS Zip Code 67530	
	Purpose of Disbursement Pat Roberts, US Senate, KS	011 Category/ Type
	Candidate Name Pat Roberts	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Pat Roberts, US Senate, KS

C.	Full Name (Last, First, Middle Initial) Klein For Congress	Transaction ID: 26899832 Date of Disbursement 12 / 05 / 2007
	Mailing Address 21301 Powerline Road Suite 204	Amount of Each Disbursement this Period 1000.00
	City Boca Raton State FL Zip Code 33433	
	Purpose of Disbursement Ron Klein, US Congressman, Dist 22, FL	011 Category/ Type
	Candidate Name Congressma Ronald Klein	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Ron Klein, US Congressman, Dist 22, FL

SUBTOTAL of Disbursements This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

**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 39 / 42

<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

Any Information copied from such Reports and Statements and 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

A. Full Name (Last, First, Middle Initial) Price For Congress Mailing Address PO Box 425 City Roswell State GA Zip Code 30077 Purpose of Disbursement Tom Price, US House, Dist 6 GA Candidate Name Senator Thomas Price, M.D. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 27005498 Date of Disbursement 12 / 17 / 2007
	Amount of Each Disbursement this Period 1000.00
	Tom Price, US House, Dist 6 GA
	011 Category/Type

B. Full Name (Last, First, Middle Initial) Federation of American Hospitals PAC (FedPAC) Mailing Address 801 Pennsylvania Avenue, NW Suite 425 City Washington State DC Zip Code 20004 Purpose of Disbursement FedPAC, General Purpose Committee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 27024350 Date of Disbursement 12 / 20 / 2007
	Amount of Each Disbursement this Period 2500.00
	FedPAC, General Purpose Committee
	011 Category/Type

SUBTOTAL of Disbursements This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	15000.00

**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 40 / 42

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) Friends of Senator Nelson</p> <p>Mailing Address P.O. Box 270389</p> <p>City Flower Mound State TX Zip Code 75027-0389</p> <p>Purpose of Disbursement Jane Nelson, STATE SENATE 9th TX</p> <p>Candidate Name Jane Nelson</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 09</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 26618733 Date of Disbursement: 10 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Jane Nelson, STATE SENATE 9th TX</p>
<p>B. Full Name (Last, First, Middle Initial) Committee to Re-Elect Keith McCall</p> <p>Mailing Address P.O. Box 545</p> <p>City Harrisburg State PA Zip Code 17108</p> <p>Purpose of Disbursement Keith McCall, STATE HOUSE 122nd PA</p> <p>Candidate Name Representa Keith McCall</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 22</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 26618742 Date of Disbursement: 10 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Keith McCall, STATE HOUSE 122nd PA</p>
<p>C. Full Name (Last, First, Middle Initial) Representative Aaron Pena Campaign</p> <p>Mailing Address P.O. Box 1637</p> <p>City Edinburg State TX Zip Code 78540</p> <p>Purpose of Disbursement Aaron Pena, STATE HOUSE 40th TX</p> <p>Candidate Name TX Rep. Aaron Pena</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 40</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 26663660 Date of Disbursement: 10 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Aaron Pena, STATE HOUSE 40th TX</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

TOTAL This Period (last page this line number only) ▶

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 41 / 42

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Thomas Latham Campaign Mailing Address 126 Jobson Road City Sunnyvale State TX Zip Code 75182 Purpose of Disbursement Thomas Latham, STATE HOUSE 101st TX Candidate Name TX Rep. Thomas Latham Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 26663682 Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 500.00 Thomas Latham, STATE HOUSE 101st TX	011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Representative Van Arsdale Campaign Mailing Address 55 Waugh Drive, Suite 610 City Houston State TX Zip Code 77007 Purpose of Disbursement Corbin Van Arsdale, STATE HOUSE 130th TX Candidate Name TX Rep. Corbin Van Arsdale Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 30 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 26663685 Date of Disbursement 10 / 10 / 2007 Amount of Each Disbursement this Period 500.00 Corbin Van Arsdale, STATE HOUSE 130th TX	011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Friends of Dwight Evans Mailing Address P.O. Box 9097 City Philadelphia State PA Zip Code 19138 Purpose of Disbursement Dwight Evans, STATE HOUSE 203rd PA Candidate Name Representa Dwight Evans Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03 Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 26788923 Date of Disbursement 11 / 06 / 2007 Amount of Each Disbursement this Period 750.00 Dwight Evans, STATE HOUSE 203rd PA	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

**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 42 / 42

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.

Full Name (Last, First, Middle Initial)
Debbie Riddle Campaign

Transaction ID: 26793740

Date of Disbursement

Mailing Address 4201 FM 1960, Suite 550

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	8	/	2	0	0	7

City State Zip Code
Houston TX 77068

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Debbie Riddle, STATE HOUSE 150th TX

011

Category/
Type

Candidate Name
TX Rep. Debbie Riddle

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: TX District: 50

Debbie Riddle, STATE HOUSE
150th TX

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

TOTAL This Period (last page this line number only) ▶

4750.00
