

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 05 01 2008 through 05 31 2008

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 06 19 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							
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FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
TENET HEALTHCARE CORPORATION PAC

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		25980.69
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	27004.44									
(c) Total Receipts (from Line 19)	4246.52	26513.97								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	31250.96	52494.66								
7. Total Disbursements (from Line 31)	9750.00	30993.70								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	21500.96	21500.96								
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	5

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	3157.52	11919.63
(i) Itemized (use Schedule A)		
(ii) Unitemized	1089.00	14594.34
(iii) TOTAL (add Lines 11(a)(i) and (ii)	4246.52	26513.97
(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)	4246.52	26513.97
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))	4246.52	26513.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4246.52	26513.97

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.....	6750.00	18750.00
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.....	3000.00	12243.70
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))..	9750.00	30993.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9750.00	30993.70

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)	4246.52	26513.97
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4246.52	26513.97
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: (check only one)	PAGE 6 / 25
	<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) ELIZABETH LAMKIN		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 31 WICKLOW DRIVE		Transaction ID: PR1025760419479
	City HILTON HEAD	State SC	Zip Code 29928-3354
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer HILTON HEAD HOSPITAL	Occupation CEO	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

B.	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: PR1026318819479
	City RICHARDSON	State TX	Zip Code 75082-5200
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer DOCTORS HOSPITAL-DALLAS	Occupation CEO	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

C.	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: PR1479664419479
	City DALLAS	State TX	Zip Code 75287-4919
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	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 ▼ 220.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 25
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

A.	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: PR1481199219479
	City DALLAS State TX Zip Code 75287-7503	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
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 ▼ 220.00	

B.	Full Name (Last, First, Middle Initial) THOMAS RICE	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 15126 FERDINAND DR	Transaction ID: PR1592856019479
	City DALLAS State TX Zip Code 75248-6437	Amount of Each Receipt this Period 76.00
	FEC ID number of contributing federal political committee. C	
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 ▼ 418.00	

C.	Full Name (Last, First, Middle Initial) CHARLES CONKLIN	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 3901 HEARST CASTLE WAY	Transaction ID: PR1592857219479
	City PLANO State TX Zip Code 75025-2011	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
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 ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	156.00
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 8 / 25
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

A.

Full Name (Last, First, Middle Initial)
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 CORPORATION** Occupation **VP**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt / /

Transaction ID: PR1592858219479

Amount of Each Receipt this Period **60.00**

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

B.

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

Mailing Address **2001 19TH STREET NW #5**

City **WASHINGTON** State **DC** Zip Code **20009-1346**

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

Name of Employer **TENET HEALTHSYSTEM** Occupation **VP**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **880.00**

Date of Receipt / /

Transaction ID: PR1814798519479

Amount of Each Receipt this Period **160.00**

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

C.

Full Name (Last, First, Middle Initial)
MARK P LISA

Mailing Address **391 E MILGEO AVE**

City **RIPON** State **CA** Zip Code **95366-2120**

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

Name of Employer **DOCTORS HOSPITAL OF MANTE-CA** Occupation **CEO**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt / /

Transaction ID: PR2174141219479

Amount of Each Receipt this Period **50.00**

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

SUBTOTAL of Receipts This Page (optional) ► **270.00**

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 9 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

A.	Full Name (Last, First, Middle Initial) ROBERT J CUNNAH	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 163 VILLAGIO WEST	Transaction ID: PR2174361619479
	City State Zip Code PALM SPRINGS CA 92262-6395	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation DESERT REGIONAL MEDICAL CENTER CMO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00	P/R Deduction (\$50.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) DENNIS M LITOS	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 3204 GREENGATE DR	Transaction ID: PR2174541519479
	City State Zip Code MODESTO CA 95355-8446	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation DOCTORS MEDICAL CENTER-MODESTO CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00	P/R Deduction (\$20.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) JEFFERY FLOCKEN	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 27 NEW DAWN	Transaction ID: PR2174567319479
	City State Zip Code IRVINE CA 92620-1976	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation TENET HEALTHSYSTEM SVP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00	P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	340.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

A. Full Name (Last, First, Middle Initial)
LARRY J AUSTIN

Mailing Address 14342 CLUB CIRCLE

City State Zip Code
ALPHARETTA GA 30004-4361

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

Name of Employer Occupation
NORTH FULTON REGIONAL HOSPITAL CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 220.00

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

Transaction ID: PR2202087219479

Amount of Each Receipt this Period
40.00

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

B. Full Name (Last, First, Middle Initial)
MICHAEL HALTER

Mailing Address 111 RIGHTERS MILL RD

City State Zip Code
PENN VALLEY PA 19072-1312

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

Name of Employer Occupation
HAHNEMANN UNIVERSITY HOSPITAL CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 209.00

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

Transaction ID: PR406763219479

Amount of Each Receipt this Period
38.00

P/R Deduction (\$19.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
HAROLD O ANDERSON

Mailing Address 4623 STANFORD AVE

City State Zip Code
DALLAS TX 75209-3115

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

Name of Employer Occupation
TENET HEALTHCARE CORPORATION SVP

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 418.00

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

Transaction ID: PR407185019479

Amount of Each Receipt this Period
76.00

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

SUBTOTAL of Receipts This Page (optional) ► 154.00

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 11 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

A. Full Name (Last, First, Middle Initial)
LEONARD ROSENFELD

Mailing Address 12213 PARK BEND DR

City DALLAS State TX Zip Code 75230-2364

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt / /

Transaction ID: PR407201319479

Amount of Each Receipt this Period 40.00

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

B. Full Name (Last, First, Middle Initial)
STEVE BROWN

Mailing Address 16 SARAH NASH CT

City DALLAS State TX Zip Code 75225-2072

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation EVP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt / /

Transaction ID: PR407210619479

Amount of Each Receipt this Period 200.00

P/R Deduction (\$100.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
CRAIG E SIMS

Mailing Address 4515 MANNING LANE

City DALLAS State TX Zip Code 75220-6434

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 211.53

Date of Receipt / /

Transaction ID: PR407211619479

Amount of Each Receipt this Period 38.46

P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 278.46

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 12 / 25
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

A.

Full Name (Last, First, Middle Initial)
JOHN B MCDONALD

Mailing Address 2016 PEMBROKE AVE.

City State Zip Code
FORT WORTH TX 76110-1236

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- VP & Asst. General Council
ION

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
Transaction ID: PR407215819479

Amount of Each Receipt this Period
40.00

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

B.

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

Mailing Address 2723 LAKERIDGE

City State Zip Code
CARROLLTON TX 75006-4723

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- VP
ION

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
Transaction ID: PR407220019479

Amount of Each Receipt this Period
50.00

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

C.

Full Name (Last, First, Middle Initial)
ROBERT S HENDLER

Mailing Address 11122 W RICKS CIRCLE

City State Zip Code
DALLAS TX 75230-3032

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- REGIONAL CMO
ION

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
Transaction ID: PR407222819479

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ► **190.00**

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 13 / 25
	<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 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 <input type="text"/>
Name of Employer TENET HEALTHCARE CORPORAT-ION		Occupation DEPUTY GENERAL COUNSEL	Transaction ID: PR407225819479
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 220.00	Amount of Each Receipt this Period <input type="text"/> 40.00
			P/R Deduction (\$20.00 Bi-Weekly)

B.	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 <input type="text"/>
Name of Employer TENET HEALTHCARE CORPORAT-ION		Occupation SR DIR	Transaction ID: PR407226219479
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 220.00	Amount of Each Receipt this Period <input type="text"/> 40.00
			P/R Deduction (\$20.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) DOUGLAS E RABE		Date of Receipt
	Mailing Address 9923 CAPRIDGE DR		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	DALLAS	TX	75238-3469
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer TENET HEALTHCARE CORPORAT-ION		Occupation VP	Transaction ID: PR407227319479
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 220.00	Amount of Each Receipt this Period <input type="text"/> 40.00
			P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 120.00
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 14 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

A.	Full Name (Last, First, Middle Initial) MICHAEL S HONGOLA	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 6704 WESTMONT DRIVE	Transaction ID: PR407227619479
	City State Zip Code COLLEYVILLE TX 76034-7263	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation TENET HEALTHCARE CORPORAT-ION VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00	P/R Deduction (\$20.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) WILLIAM T MOORE	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 3014 CASTLE PINES DRIVE	Transaction ID: PR407231819479
	City State Zip Code DULUTH GA 30097-2039	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ATLANTA MEDICAL CENTER MARKET CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00	P/R Deduction (\$20.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) MAXINE T COOPER	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 19401 SANDPEBBLE CR	Transaction ID: PR407233319479
	City State Zip Code HUNTINGTON BEACH CA 92648-2110	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation GARDEN GROVE HOSPITAL CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00	P/R Deduction (\$20.00 Bi-Weekly)

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

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

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

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

A.	Full Name (Last, First, Middle Initial) GARRY M OLNEY		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 2708 ISLAND LEDGE COVE		Transaction ID: PR407234319479
	City AUSTIN	State TX	Zip Code 78746-1982
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	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 ▼ 220.00
---	------------------------------------

B.	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: PR407235319479
	City LA JOLLA	State CA	Zip Code 92037-4025
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer TENET HEALTHSYSTEM	Occupation CEO	P/R Deduction (\$20.00 Bi- Weekly)

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00
---	------------------------------------

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: PR407244719479
	City FRISCO	State TX	Zip Code 75034-2220
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer CENTENNIAL MEDICAL CENTER	Occupation CEO	P/R Deduction (\$20.00 Bi- Weekly)

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00
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SUBTOTAL of Receipts This Page (optional)	▶	120.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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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 **SANFORD** State **NC** Zip Code **27331-2009**

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 ▼ **385.00**

Date of Receipt M M / D D / Y Y Y Y Y
Transaction ID: PR407244819479

Amount of Each Receipt this Period 70.00

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

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

Mailing Address **6301 COLLINS AVE #2608**

City **MIAMI BEACH** State **FL** Zip Code **33141-4645**

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

Name of Employer **HIALEAH HOSPITAL** Occupation **CEO**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt M M / D D / Y Y Y Y Y
Transaction ID: PR407245319479

Amount of Each Receipt this Period 40.00

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

C. Full Name (Last, First, Middle Initial)
EDWARD SCHRECK

Mailing Address **245 HILLSIDE RD.**

City **SOUTH PASADENA** State **CA** Zip Code **91030-1611**

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

Name of Employer **USC UNIVERSITY HOSPITAL** Occupation **CEO**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt M M / D D / Y Y Y Y Y
Transaction ID: PR407248219479

Amount of Each Receipt this Period 40.00

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

SUBTOTAL of Receipts This Page (optional) ► 150.00

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

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

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

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

A.	Full Name (Last, First, Middle Initial) DAVID L ARCHER		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 2594 HOCKETT COVE		Transaction ID: PR407250419479
	City GERMANTOWN	State TN	Zip Code 38139-6655
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
	Name of Employer SAINT FRANCIS HOSPITAL	Occupation MARKET CEO	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00		

B.	Full Name (Last, First, Middle Initial) STEPHEN L NEWMAN MD, M.D.		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 11034 TIBBS STREET		Transaction ID: PR407257719479
	City DALLAS	State TX	Zip Code 75230-3450
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 384.00
	Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation CHIEF OPERATING OFFICER	P/R Deduction (\$192.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2112.00		

C.	Full Name (Last, First, Middle Initial) ALAN R CASON		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 112 GOLDEN PHEASANT ST		Transaction ID: PR407263519479
	City SLIDELL	State LA	Zip Code 70461-3116
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer NORTHSHORE REGIONAL MEDIC- AL CENTER	Occupation CEO	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

SUBTOTAL of Receipts This Page (optional)	504.00
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 18 / 25
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

A.	Full Name (Last, First, Middle Initial) GARY L HONTS	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 1855 SILVERWINGS CT	Transaction ID: PR407266419479
	City MORGAN HILL State CA Zip Code 95037-9002	Amount of Each Receipt this Period 40.00
	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 CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

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 STAT BLUFF	Transaction ID: PR407268519479
	City SAINT LOUIS State MO Zip Code 63129-5030	Amount of Each Receipt this Period 38.00
	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 ▼ 209.00	

C.	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: PR407270919479
	City HILLSBORO BEACH State FL Zip Code 33062-1618	Amount of Each Receipt this Period 38.46
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.23 Bi-Weekly)
	Name of Employer GOOD SAMARITAN MEDICAL CE- NTER Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.53	

SUBTOTAL of Receipts This Page (optional)	116.46
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 / 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

A.	Full Name (Last, First, Middle Initial) CRAIG C ARMIN	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 23510 BERDON STREET	Transaction ID: PR407274119479
	City WOODLAND HILLS State CA Zip Code 91367-3004	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Bi-Weekly)
	Name of Employer TENET HEALTHSYSTEM Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

B.	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: PR407278119479
	City NEWPORT BEACH State CA Zip Code 92660-4266	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
	Name of Employer PLACENTIA LINDA HOSPITAL Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

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: PR407280319479
	City SAN LUIS OBISPO State CA Zip Code 93405-6186	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
	Name of Employer SIERRA VISTA REGIONAL MEDICAL CENTER Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	130.00
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 20 / 25		
	<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

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

A.	Full Name (Last, First, Middle Initial) MICHELE M FINNEY		Date of Receipt
	Mailing Address 21521 TURTLEDOVE STREET		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	TRABUCO CANYON	CA	92679-3486
	FEC ID number of contributing federal political committee. C		Transaction ID: PR407283919479
Name of Employer LOS ALAMITOS MEDICAL CENTER		Occupation CEO	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 ▼ 220.00	<input type="text"/> 40.00
			P/R Deduction (\$20.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) EDWARD MESCO		Date of Receipt
	Mailing Address 7365 NW 54TH STREET		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	LAUDERHILL	FL	33319-6346
	FEC ID number of contributing federal political committee. C		Transaction ID: PR839477819479
Name of Employer TENET HEALTHSYSTEM		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 ▼ 275.00	<input type="text"/> 50.00
			P/R Deduction (\$25.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) AUDREY T ANDREWS		Date of Receipt
	Mailing Address 702 PENFOLDS		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	COPPELL	TX	75019-4544
	FEC ID number of contributing federal political committee. C		Transaction ID: PR840566919479
Name of Employer TENET HEALTHCARE CORPORATION		Occupation VP	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 ▼ 220.00	<input type="text"/> 40.00
			P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 130.00
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 21 / 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

A.	Full Name (Last, First, Middle Initial) ANASTASIA B HUINER	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 614 EAST ALAMAR AVE.	Transaction ID: PR841557819479
	City SANTA BARBARA State CA Zip Code 93105-2946	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
Name of Employer TENET HEALTHCARE CORPORAT- ION-HQ	Occupation VICE PRESIDENT	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 ▼ 220.00	

B.	Full Name (Last, First, Middle Initial) SUZANNE KOZEL	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 161 MEADOW RIDGE LN	Transaction ID: PR843980419479
	City CHAPEL HILL State NC Zip Code 27517-8847	Amount of Each Receipt this Period 38.60
	FEC ID number of contributing federal political committee. C	
Name of Employer ATLANTA MEDICAL CENTER	Occupation DIR	P/R Deduction (\$19.30 Bi- Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.30	

C.	Full Name (Last, First, Middle Initial) PATRICIA L BRAINERD	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 5412 GLENSHIRE DR	Transaction ID: PR844644419479
	City PLANO State TX Zip Code 75093-2800	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation SR DIR	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 ▼ 550.00	

SUBTOTAL of Receipts This Page (optional)	178.60
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 22 / 25
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

A.

Full Name (Last, First, Middle Initial)
IRENE CHAVEZ

Mailing Address 1340 LOMA VERDE

City State Zip Code
EL PASO TX 79936-7811

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

Name of Employer PROVIDENCE MEMORIAL HOSPITAL
Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

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

Transaction ID: PR846339319479

Amount of Each Receipt this Period
40.00

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

B.

Full Name (Last, First, Middle Initial)
JAMES CLEMENTS

Mailing Address 30313 Golf Crest Lane

City State Zip Code
Woodstock GA 30344

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

Name of Employer SOUTH FULTON MEDICAL CENTER
Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

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

Transaction ID: PR849790219479

Amount of Each Receipt this Period
40.00

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

SUBTOTAL of Receipts This Page (optional)	▶	80.00
TOTAL This Period (last page this line number only)	▶	3157.52

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 23 / 25

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

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

A. Full Name (Last, First, Middle Initial)
Ben Nelson for US Senate Committee

Mailing Address P.O. Box 8666

City Omaha State NE Zip Code 68108

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: NE District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 27833396
Date of Disbursement

05 / 12 / 2008

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
McConnell for Senate

Mailing Address P.O. Box 1496

City Louisville State KY Zip Code 40201

Purpose of Disbursement

Candidate Name
Mitch McConnell

Office Sought: House
 Senate
 President
State: KY District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 27833397
Date of Disbursement

05 / 12 / 2008

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
McConnell for Senate

Mailing Address P.O. Box 1496

City Louisville State KY Zip Code 40201

Purpose of Disbursement
event held 5/5/08

Candidate Name
Mitch McConnell

Office Sought: House
 Senate
 President
State: KY District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 27833398
Date of Disbursement

05 / 12 / 2008

Amount of Each Disbursement this Period

2500.00

event held 5/5/08

SUBTOTAL of Disbursements This Page (optional) ►

6000.00

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)

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

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

A. Full Name (Last, First, Middle Initial) Friends of Dan Maffei <hr/> Mailing Address P.O. Box 74 <hr/> City Syracuse State NY Zip Code 13214 <hr/> Purpose of Disbursement event held 4/30/08 Candidate Name Dan Maffei <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 27833414 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 8
	Amount of Each Disbursement this Period 250.00
	event held 4/30/08
	Category/ Type 011
B. Full Name (Last, First, Middle Initial) Friends of Joe Pitts <hr/> Mailing Address P.O. Box 775 <hr/> City Unionville State PA Zip Code 19375 <hr/> Purpose of Disbursement Joe Pitts, US House, 16 Candidate Name Joe Pitts <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 27833428 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 8
	Amount of Each Disbursement this Period 500.00
	Joe Pitts, US House, 16
	Category/ Type 011

SUBTOTAL of Disbursements This Page (optional) ►

750.00

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

6750.00

**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)

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<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

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

A. Full Name (Last, First, Middle Initial) Citizens for Sam Smith <hr/> Mailing Address 826 Ridge Road <hr/> City Punxsutawney State PA Zip Code 15767 Purpose of Disbursement Sam Smith, STATE HOUSE PA Candidate Name Sam Smith Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 27935587 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 8
	Amount of Each Disbursement this Period 1500.00 Sam Smith, STATE HOUSE PA
B. Full Name (Last, First, Middle Initial) Friends of Joseph Scarnati <hr/> Mailing Address PO Box 177 <hr/> City Brockway State PA Zip Code 15824 Purpose of Disbursement Joseph Scarnati, STATE SENATE PA Candidate Name Joseph Scarnati Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 27935621 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 8
	Amount of Each Disbursement this Period 1500.00 Joseph Scarnati, STATE SE-NATE PA

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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

3000.00