

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 2006 through 07 31 2006

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

Type or Print Name of Treasurer Mr. Todd Plott

Signature of Treasurer Electronically Filed by Mr. Todd Plott Date 08 09 2006

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

**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 | 7 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 7 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 6 | | 26410.20 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 6 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 14944.58 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 3154.52 | 24513.90 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 18099.10 | 50924.10 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 9500.00 | 42325.00 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 8599.10 | 8599.10 | | | | | | | | |
| 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 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 7 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | 2023.52 | 8178.56 |
| (i) Itemized (use Schedule A) | 1131.00 | 16335.34 |
| (ii) Unitemized | 3154.52 | 24513.90 |
| (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) | 3154.52 | 24513.90 |
| 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)) | 3154.52 | 24513.90 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 3154.52 | 24513.90 |

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..... | 3500.00 | 27250.00 |
| 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..... | 6000.00 | 15075.00 |
| 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)).. | 9500.00 | 42325.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 9500.00 | 42325.00 |

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) | 3154.52 | 24513.90 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 3154.52 | 24513.90 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

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

| | | |
|--|---|-------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 / 21 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. ELIZABETH LAMKIN | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1025760414734 |
| Mailing Address 4005 BELLINGRATH BLVD. | | Amount of Each Receipt this Period 40.00 |
| City ROSWELL State GA Zip Code 30076-1398 | | |
| FEC ID number of contributing federal political committee. C | | |
| 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 ▼ 300.00 | P/R Deduction (\$20.00 Bi-Weekly) |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. DALE ARMSTRONG | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1025775814734 |
| Mailing Address 1135 CARTHAGE ST | | Amount of Each Receipt this Period 40.00 |
| City SANFORD State NC Zip Code 27330-4162 | | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer CENTRAL CAROLINA HOSPITAL Occupation CEO | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | P/R Deduction (\$20.00 Bi-Weekly) |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. JENNIFER DALEY | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1039838814734 |
| Mailing Address 5 CANDLEWICK CLOSE | | Amount of Each Receipt this Period 78.00 |
| City LEXINGTON State MA Zip Code 02421-4307 | | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer TENET HEALTHCARE CORPORATION-HQ Occupation SVP,CLINICAL QUALITY/CMO | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 585.00 | P/R Deduction (\$39.00 Bi-Weekly) |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 158.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 / 21 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. JOHN J FERRELLI | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1240924714734 |
| Mailing Address RANCHO MIRAGE | | Amount of Each Receipt this Period 40.00 |
| City Rancho Mirage | State CA | Zip Code 92270-4138 |
| 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 ▼ 300.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. SHELLEY GILES | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1479664414734 |
| Mailing Address 3803 STOCKTON LN | | Amount of Each Receipt this Period 40.00 |
| City DALLAS | State TX | Zip Code 75287-4919 |
| FEC ID number of contributing federal political committee. C | | P/R Deduction (\$20.00 Bi-Weekly) |
| Name of Employer TENET HEADQUARTERS OFFICE | Occupation DIR | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. CHARLES CONKLIN | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1592857214734 |
| Mailing Address 3901 HEARST CASTLE WAY | | Amount of Each Receipt this Period 40.00 |
| City PLANO | State TX | Zip Code 75025-2011 |
| FEC ID number of contributing federal political committee. C | | P/R Deduction (\$20.00 Bi-Weekly) |
| Name of Employer TENET HEADQUARTERS OFFICE | Occupation VP | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

| | |
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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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 / 21 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. RICKY JOHNSTON | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1592858214734 |
| Mailing Address 404 N.CHURCH ST | | Amount of Each Receipt this Period 120.00 |
| City MCKINNEY State TX Zip Code 75069 | | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer TENET HEADQUARTERS OFFICE | Occupation VP, INFO SYSTEMS | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 900.00 | P/R Deduction (\$60.00 Bi-Weekly) |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Daniel WALDMANN | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1814798514734 |
| Mailing Address 2001 19th Street, NW, #5 | | Amount of Each Receipt this Period 160.00 |
| City Washington State DC Zip Code 20009-1346 | | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer TENET HEALTHSYSTEM-TEXAS | Occupation VP Government Relations | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1200.00 | P/R Deduction (\$80.00 Bi-Weekly) |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. RICHARD FREEMAN | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR406760914734 |
| Mailing Address 1423 WESLEYS RUN | | Amount of Each Receipt this Period 40.00 |
| City GLADWYNE State PA Zip Code 19035-1049 | | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer TENET HEALTHCARE CORPORATION-HQ | Occupation CEO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | P/R Deduction (\$20.00 Bi-Weekly) |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 320.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 / 21 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. MICHAEL HALTER | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR406763214734 |
| Mailing Address 111 RIGHTERS MILL RD | | Amount of Each Receipt this Period 38.00 |
| City State Zip Code PENN VALLEY PA 19072-1312 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$19.00 Bi-Weekly) |
| Name of Employer Occupation HAHNEMANN UNIVERSITY HOSP-ITAL CEO | Aggregate Year-to-Date ▼ 285.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. LEONARD ROSENFELD | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407201314734 |
| Mailing Address 12213 PARK BEND DR | | Amount of Each Receipt this Period 40.00 |
| City State Zip Code DALLAS TX 75230-2364 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$20.00 Bi-Weekly) |
| Name of Employer Occupation TENET HEADQUARTERS OFFICE VP | Aggregate Year-to-Date ▼ 300.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. THOMAS WOLF | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407205114734 |
| Mailing Address 2613 MILLINGTON DRIVE | | Amount of Each Receipt this Period 32.00 |
| City State Zip Code PLANO TX 75093-3560 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$16.00 Bi-Weekly) |
| Name of Employer Occupation TENET HEADQUARTERS OFFICE MGR | Aggregate Year-to-Date ▼ 240.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 110.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. ROBERT SMITH | | Date of Receipt M M / D D / Y Y Y Y Y _____ |
| Mailing Address 2723 LAKERIDGE | | Transaction ID: PR407220014734 |
| City State Zip Code CARROLLTON TX 75006-4723 | Amount of Each Receipt this Period _____ 50.00 | |
| FEC ID number of contributing federal political committee. C _____ | | |
| Name of Employer Occupation TENET HEALTHSYSTEM-TEXAS VP | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 625.00 | P/R Deduction (\$25.00 Bi-Weekly) |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. ROBERT S HENDLER | | Date of Receipt M M / D D / Y Y Y Y Y _____ |
| Mailing Address 11122 W RICKS CIRCLE | | Transaction ID: PR407222814734 |
| City State Zip Code DALLAS TX 75230-3032 | Amount of Each Receipt this Period _____ 100.00 | |
| FEC ID number of contributing federal political committee. C _____ | | |
| Name of Employer Occupation TENET HEADQUARTERS OFFICE REGIONAL CMO | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 750.00 | P/R Deduction (\$50.00 Bi-Weekly) |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. GARY ROBINSON | | Date of Receipt M M / D D / Y Y Y Y Y _____ |
| Mailing Address 3412 DREXEL DRIVE | | Transaction ID: PR407225814734 |
| City State Zip Code HIGHLAND PARK TX 75205-2904 | Amount of Each Receipt this Period _____ 40.00 | |
| FEC ID number of contributing federal political committee. C _____ | | |
| Name of Employer Occupation TENET HEADQUARTERS OFFICE DEPUTY GENERAL COUNSEL | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 300.00 | P/R Deduction (\$20.00 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 / 21 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

| | | | |
|---|--|---|---|
| Full Name (Last, First, Middle Initial) A. DEBRA L ANDONIE-WALL | | Date of Receipt M M / D D / Y Y Y Y Y _____ | |
| Mailing Address 2687 CLEAR SPRINGS CT | | Transaction ID: PR407226214734 | |
| City RICHARDSON | State TX | Zip Code 75082-4210 | Amount of Each Receipt this Period _____ 40.00 |
| FEC ID number of contributing federal political committee. C _____ | | | |
| Name of Employer TENET HEADQUARTERS OFFICE | Occupation SR DIR | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 300.00 | | |
| | | P/R Deduction (\$20.00 Bi-Weekly) | |

| | | | |
|---|--|---|---|
| Full Name (Last, First, Middle Initial) B. STEPHANIE SLOGGETT-O'DELL | | Date of Receipt M M / D D / Y Y Y Y Y _____ | |
| Mailing Address 779 SOUTH BELLFLOWER DR | | Transaction ID: PR407227014734 | |
| City SPRINGFIELD | State MO | Zip Code 65809-1109 | Amount of Each Receipt this Period _____ 40.00 |
| FEC ID number of contributing federal political committee. C _____ | | | |
| Name of Employer TENET HEADQUARTERS OFFICE | Occupation VP | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 300.00 | | |
| | | P/R Deduction (\$20.00 Bi-Weekly) | |

| | | | |
|---|--|---|---|
| Full Name (Last, First, Middle Initial) C. DOUGLAS E RABE | | Date of Receipt M M / D D / Y Y Y Y Y _____ | |
| Mailing Address 9923 CAPRIDGE DR | | Transaction ID: PR407227314734 | |
| City DALLAS | State TX | Zip Code 75238-3469 | Amount of Each Receipt this Period _____ 40.00 |
| FEC ID number of contributing federal political committee. C _____ | | | |
| Name of Employer TENET HEADQUARTERS OFFICE | Occupation VP | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 300.00 | | |
| | | P/R Deduction (\$20.00 Bi-Weekly) | |

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

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

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

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

NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. GARRY M OLNEY | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407234314734 |
| Mailing Address 2708 ISLAND LEDGE COVE | | Amount of Each Receipt this Period 40.00 |
| City State Zip Code AUSTIN TX 78746-1982 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$20.00 Bi-Weekly) |
| Name of Employer Occupation TENET HEADQUARTERS OFFICE VP | Aggregate Year-to-Date ▼ 300.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. BARRY G WEINBAUM | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407235314734 |
| Mailing Address 2670 HIDDEN VALLEY ROAD | | Amount of Each Receipt this Period 40.00 |
| City State Zip Code LA JOLLA CA 92037-4025 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$20.00 Bi-Weekly) |
| Name of Employer Occupation TENET HEALTHSYSTEM CEO | Aggregate Year-to-Date ▼ 300.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. WILLIAM C HENNING | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR407244714734 |
| Mailing Address 2735 LONG GROVE DRIVE | | Amount of Each Receipt this Period 40.00 |
| City State Zip Code MARIETTA GA 30062-8721 | FEC ID number of contributing federal political committee. C | P/R Deduction (\$20.00 Bi-Weekly) |
| Name of Employer Occupation CENTENNIAL MEDICAL CENTER CEO | Aggregate Year-to-Date ▼ 300.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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

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

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

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. RALPH ALEMAN | | Date of Receipt M M / D D / Y Y Y Y Y _____ |
| Mailing Address 7588 NW 51ST PLACE | | Transaction ID: PR407245314734 |
| City CORAL SPRINGS | State FL | Zip Code 33067-2053 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period _____ 40.00 |
| Name of Employer TENET HEALTHSYSTEM | Occupation MARKET VICE PRESIDENT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 300.00 | |
| | | P/R Deduction (\$20.00 Bi-Weekly) |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. AURELIO M FERNANDEZ | | Date of Receipt M M / D D / Y Y Y Y Y _____ |
| Mailing Address 8540 N.LAKE DASHA DRIVE | | Transaction ID: PR407247414734 |
| City PLANTATION | State FL | Zip Code 33324 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period _____ 40.00 |
| Name of Employer FLORIDA MEDICAL CENTER | Occupation CEO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 300.00 | |
| | | P/R Deduction (\$20.00 Bi-Weekly) |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. EDWARD SCHRECK | | Date of Receipt M M / D D / Y Y Y Y Y _____ |
| Mailing Address 1500 San Pablo Street | | Transaction ID: PR407248214734 |
| City Los Angeles | State CA | Zip Code 90033-5313 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period _____ 40.00 |
| Name of Employer USC UNIVERSITY HOSPITAL | Occupation CEO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 320.00 | |
| | | P/R Deduction (\$20.00 Bi-Weekly) |

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

| | | | |
|---|---|---|-----------------------------------|
| Full Name (Last, First, Middle Initial) A. DAVID L ARCHER | | Date of Receipt M M / D D / Y Y Y Y Y _____ | |
| Mailing Address 2594 HOCKETT COVE | | Transaction ID: PR407250414734 | |
| City State Zip Code GERMANTOWN TN 38139-6655 | Amount of Each Receipt this Period _____ 80.00 | | |
| FEC ID number of contributing federal political committee. C _____ | | | |
| Name of Employer Occupation SAINT FRANCIS HOSPITAL MARKET CEO | Aggregate Year-to-Date ▼ _____ 600.00 | | P/R Deduction (\$40.00 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|---|-----------------------------------|
| Full Name (Last, First, Middle Initial) B. DENNIS R BRUNS | | Date of Receipt M M / D D / Y Y Y Y Y _____ | |
| Mailing Address 16 HEATHER LANE | | Transaction ID: PR407251814734 | |
| City State Zip Code HILTON HEAD ISL SC 29926-4206 | Amount of Each Receipt this Period _____ 40.00 | | |
| FEC ID number of contributing federal political committee. C _____ | | | |
| Name of Employer Occupation HILTON HEAD HOSPITAL CEO | Aggregate Year-to-Date ▼ _____ 300.00 | | P/R Deduction (\$20.00 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|---|-----------------------------------|
| Full Name (Last, First, Middle Initial) C. STEPHEN L NEWMAN MD, M.D. | | Date of Receipt M M / D D / Y Y Y Y Y _____ | |
| Mailing Address 13 NEWCASTLE LANE | | Transaction ID: PR407257714734 | |
| City State Zip Code LAGUNA NIGUEL CA 92677-9328 | Amount of Each Receipt this Period _____ 80.00 | | |
| FEC ID number of contributing federal political committee. C _____ | | | |
| Name of Employer Occupation OTHER EXECUTIVES CEO-TENET CALIFORNIA | Aggregate Year-to-Date ▼ _____ 240.00 | | P/R Deduction (\$40.00 Bi-Weekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|---------------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | _____ 200.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

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

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

| | | | | |
|---|---|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) A. MICHELE C MEYER | | Date of Receipt M M / D D / Y Y Y Y Y _____ | | |
| Mailing Address 230 GRIMSLEY N. BLUFF | | Transaction ID: PR407268514734 | | |
| City State Zip Code ST LOUIS MO 63129 | Amount of Each Receipt this Period _____ 38.00 | | P/R Deduction (\$19.00 Bi-Weekly) | |
| FEC ID number of contributing federal political committee. C _____ | | Aggregate Year-to-Date ▼ _____ 285.00 | | |
| Name of Employer DES PERES HOSPITAL | Occupation CEO | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |

| | | | | |
|---|---|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) B. PAUL D ECHELARD | | Date of Receipt M M / D D / Y Y Y Y Y _____ | | |
| Mailing Address 1167 HILLSBORO MILE#614 | | Transaction ID: PR407270914734 | | |
| City State Zip Code HILLSBORO BCH FL 33062 | Amount of Each Receipt this Period _____ 38.46 | | P/R Deduction (\$19.23 Bi-Weekly) | |
| FEC ID number of contributing federal political committee. C _____ | | Aggregate Year-to-Date ▼ _____ 288.45 | | |
| 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) ▼ | | | | |

| | | | | |
|---|---|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) C. CRAIG C ARMIN | | Date of Receipt M M / D D / Y Y Y Y Y _____ | | |
| Mailing Address 23510 BERDON STREET | | Transaction ID: PR407274114734 | | |
| City State Zip Code WOODLAND HILLS CA 91367-3004 | Amount of Each Receipt this Period _____ 50.00 | | P/R Deduction (\$25.00 Bi-Weekly) | |
| FEC ID number of contributing federal political committee. C _____ | | Aggregate Year-to-Date ▼ _____ 375.00 | | |
| Name of Employer TENET HEALTHSYSTEM | Occupation VP | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | |

| | |
|--|---------------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | _____ 126.46 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 / 21 |
| | <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"/> | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. CANDACE L MARKWITH | | Date of Receipt M M / D D / Y Y Y Y Y _____ |
| Mailing Address 5657 E THE TOLEDO | | Transaction ID: PR407280314734 |
| City State Zip Code LONG BEACH CA 90803-4046 | Amount of Each Receipt this Period _____ 40.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer SIERRA VISTA REGIONAL MEDICAL CENTER | Occupation CEO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 300.00 | P/R Deduction (\$20.00 Bi-Weekly) |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. MICHELE M FINNEY | | Date of Receipt M M / D D / Y Y Y Y Y _____ |
| Mailing Address 3751 Katella Avenue | | Transaction ID: PR407283914734 |
| City State Zip Code Los Alamitos CA 90720-3164 | Amount of Each Receipt this Period _____ 40.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer LOS ALAMITOS MEDICAL CENTER | Occupation CEO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 300.00 | P/R Deduction (\$20.00 Bi-Weekly) |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. STEVE CORBEIL | | Date of Receipt M M / D D / Y Y Y Y Y _____ |
| Mailing Address 2063 KINGSPONTE DRIVE | | Transaction ID: PR413940414734 |
| City State Zip Code CLARKSON VALLEY MO 63005-4484 | Amount of Each Receipt this Period _____ 40.00 | |
| FEC ID number of contributing federal political committee. C | | |
| 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 ▼ _____ 300.00 | P/R Deduction (\$20.00 Bi-Weekly) |

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 / 21 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION PAC

| | | | |
|---|--|---|---|
| Full Name (Last, First, Middle Initial) A. EDWARD MESCO | | Date of Receipt M M / D D / Y Y Y Y Y _____ | |
| Mailing Address 7365 NW 54TH STREET | | Transaction ID: PR839477814734 | |
| City LAUDERHILL | State FL | Zip Code 33319-6346 | Amount of Each Receipt this Period _____ 50.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer TENET HEALTHSYSTEM | Occupation DIR | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 375.00 | | |
| | | P/R Deduction (\$25.00 Bi-Weekly) | |

| | | | |
|---|--|---|---|
| Full Name (Last, First, Middle Initial) B. VIOLETA L MAZZELLA | | Date of Receipt M M / D D / Y Y Y Y Y _____ | |
| Mailing Address 8816 CANYON LANDS DRIVE | | Transaction ID: PR841454314734 | |
| City PLANO | State TX | Zip Code 75025-4221 | Amount of Each Receipt this Period _____ 32.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer TENET HEADQUARTERS OFFICE | Occupation MGR | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 240.00 | | |
| | | P/R Deduction (\$16.00 Bi-Weekly) | |

| | | | |
|---|--|---|---|
| Full Name (Last, First, Middle Initial) C. ANASTASIA B HUINER | | Date of Receipt M M / D D / Y Y Y Y Y _____ | |
| Mailing Address 614 EAST ALAMAR AVE. | | Transaction ID: PR841557814734 | |
| 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 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ _____ 280.00 | | |
| | | P/R Deduction (\$20.00 Bi-Weekly) | |

| | |
|--|---------------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | _____ 122.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 19 / 21 |
| | (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)
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 MGR, REG TPS CLINICS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 289.50

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

Transaction ID: PR843980414734

Amount of Each Receipt this Period
38.60

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

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

Mailing Address 2001 No. Oregon Street

City State Zip Code
El Paso TX 79902-3368

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

Name of Employer Occupation
PROVIDENCE MEMORIAL HOSPITAL COO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

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

Transaction ID: PR846339314734

Amount of Each Receipt this Period
40.00

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

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 78.60 |
| TOTAL This Period (last page this line number only) | ▶ | 2023.52 |

**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 20 / 21

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Lincoln Diaz-Balart For Congress Committee | | Transaction ID: 24245267 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 0 6 |
| Mailing Address 8770 Sunset Dr. #355 | | Amount of Each Disbursement this Period 1000.00 |
| City Miami State FL Zip Code 33173 | Lincoln Diaz-Balart, US Congress, 21st - FL | |
| Purpose of Disbursement Lincoln Diaz-Balart, US Congress, 21st - | | 011 Category/Type |
| Candidate Name Rep. Lincoln Diaz-Balart | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Lincoln Diaz-Balart, US Congress, 21st - FL |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 21 | | |
| Full Name (Last, First, Middle Initial) B. Rangel For Congress | | Transaction ID: 24245270 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 0 6 |
| Mailing Address PO Box 5577 Manhattanville Sta | | Amount of Each Disbursement this Period 2500.00 |
| City New York State NY Zip Code 10027 | Charles Rangel, US Congress, 15 th, NY | |
| Purpose of Disbursement Charles Rangel, US Congress, 15 th, NY | | 011 Category/Type |
| Candidate Name Rep. Charles Rangel | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Charles Rangel, US Congress, 15 th, NY |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15 | | |

SUBTOTAL of Disbursements This Page (optional) ►

3500.00

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

3500.00

**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 21 / 21

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Health Alliance PAC (HAPAC) - NonFederal State PAC | | Transaction ID: 24244841 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 0 6 |
| Mailing Address P.O. Box 8600 | | Amount of Each Disbursement this Period 5000.00 |
| City Harrisburg State PA Zip Code 17105 | 011 Category/ Type Health Alliance PAC (HAPA- C) - NonFederal State PAC | |
| Purpose of Disbursement Health Alliance PAC (HAPAC) - NonFederal | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Bredesen for Governor | | Transaction ID: 24245272 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 0 6 |
| Mailing Address 223 8th Avenue N, Suite 201 | | Amount of Each Disbursement this Period 1000.00 |
| City Nashville State TN Zip Code 37203 | 011 Category/ Type Phil Bredesen, GOVERNOR TN | |
| Purpose of Disbursement Phil Bredesen, GOVERNOR TN | | |
| Candidate Name Governor Phil Bredesen | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

SUBTOTAL of Disbursements This Page (optional) ►

6000.00

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

6000.00