

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

	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>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		62272.29
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	110050.44									
(c) Total Receipts (from Line 19)	5509.80	115570.80								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	115560.24	177843.09								
7. Total Disbursements (from Line 31)	20500.00	82782.85								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	95060.24	95060.24								
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

Write or Type Committee Name

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: To:

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		
(i) Itemized (use Schedule A)	4791.30	84934.60
(ii) Unitemized	718.50	30636.20
(iii) TOTAL (add Lines 11(a)(i) and (ii)	5509.80	115570.80
(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)	5509.80	115570.80
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))	5509.80	115570.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	5509.80	115570.80

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	14000.00	66750.00
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.....	6500.00	16032.85
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))..	20500.00	82782.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20500.00	82782.85

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)	5509.80	115570.80
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5509.80	115570.80
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 / 50
	<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 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) SUE E HAAGA	Date of Receipt MM / DD / YYYY 10 / 05 / 2010
	Mailing Address 6822 BRIARMEADOWS DR	Transaction ID: 32496910
	City MEMPHIS State TN Zip Code 38120-3402	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer SAINT FRANCIS HOSPITAL Occupation ASSOCIATE ADMINISTRATOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 300.00	

B.	Full Name (Last, First, Middle Initial) RICHARD B LEE	Date of Receipt MM / DD / YYYY 10 / 05 / 2010
	Mailing Address 925 PENSHORE TERR.	Transaction ID: 32496991
	City GLENDALE State CA Zip Code 91207-1113	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer TENET HEALTHCARE CORPORATION Occupation DIR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 350.00	

C.	Full Name (Last, First, Middle Initial) JAIKUMAR KRISHNASWAMY	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 2505 MAESTRO WAY	Transaction ID: PR1025621124745
	City MODESTO State CA Zip Code 95355-9658	Amount of Each Receipt this Period 19.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DOCTORS MEDICAL CENTER-MODESTO Occupation ASSOCIATE ADMINISTRATOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 399.00	P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	569.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 50
	<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 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) KEVIN MCCASLIN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 1 0		
	Mailing Address 5225 MAPLE AVE #4314		Transaction ID: PR1026156824745		
	City DALLAS	State TX	Zip Code 75235-8449	Amount of Each Receipt this Period 96.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$96.00 Bi-Weekly)		
	Name of Employer TENET HEALTHCARE CORPORATION	Occupation DIR	Aggregate Year-to-Date 1344.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) ROBERT RUSSELL		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 1 0		
	Mailing Address 1001 SARANAC PARK		Transaction ID: PR1159116224745		
	City PEACHTREE CITY	State GA	Zip Code 30269-1274	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$25.00 Bi-Weekly)		
	Name of Employer SOUTH FULTON MEDICAL CENTER	Occupation COO	Aggregate Year-to-Date 525.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) MARY ANN T RAILEY		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 1 0		
	Mailing Address 20230 PINGREE WAY		Transaction ID: PR1461493124745		
	City YORBA LINDA	State CA	Zip Code 92887-3257	Amount of Each Receipt this Period 10.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Bi-Weekly)		
	Name of Employer PLACENTIA LINDA HOSPITAL	Occupation ASSOCIATE ADMINISTRATOR	Aggregate Year-to-Date 210.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	131.00
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 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
SHELLEY GILES

Mailing Address 3803 STOCKTON LN

City State Zip Code
DALLAS TX 75287-4919

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- DIR
ION

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 420.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1479664424745

Amount of Each Receipt this Period
20.00

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

B. Full Name (Last, First, Middle Initial)
JEFFREY KOURY

Mailing Address 42 BARNEBURG

City State Zip Code
DOVE CANYON CA 92679-4210

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- VP AND REGIONAL CFO
ION

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 798.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1481203524745

Amount of Each Receipt this Period
38.00

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

C. Full Name (Last, First, Middle Initial)
JANIS THAYER

Mailing Address 1735 CRIMSON TERRACE

City State Zip Code
BRENTWOOD CA 94513-2618

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- DIR
ION

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR1481210624745

Amount of Each Receipt this Period
10.00

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

SUBTOTAL of Receipts This Page (optional) ► 68.00

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 / 50
	<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 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) LAWRENCE M COOMES	Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 1 0
	Mailing Address 7464 NW 114TH TERRACE	Transaction ID: PR1568624224745
	City State Zip Code PARKLAND FL 33076-4244	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation WEST BOCA MEDICAL CENTER COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	P/R Deduction (\$10.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) MICHAEL K BURTNETT	Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 1 0
	Mailing Address 3405 HOWELL ST#9	Transaction ID: PR1568624524745
	City State Zip Code DALLAS TX 75204-2828	Amount of Each Receipt this Period 38.00
	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 ▼ 798.00	P/R Deduction (\$38.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) THOMAS RICE	Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 1 0
	Mailing Address 15126 FERDINAND DR	Transaction ID: PR1592856024745
	City State Zip Code DALLAS TX 75248-6437	Amount of Each Receipt this Period 38.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation TENET HEALTHCARE CORPORAT-ION SVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 798.00	P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	86.00
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 10 / 50
	<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 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) ROBERT SMITH		Date of Receipt
	Mailing Address 5325 TATE AVE		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City PLANO	State TX	Zip Code 75093-3433
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1592857724745
Name of Employer TENET HEALTHCARE CORPORATION		Occupation SVP	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 ▼ <input type="text" value="840.00"/>	<input type="text" value="40.00"/>
			P/R Deduction (\$40.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) RICKY JOHNSTON		Date of Receipt
	Mailing Address 404 N.CHURCH ST		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City MCKINNEY	State TX	Zip Code 75069
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1592858224745
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 ▼ <input type="text" value="945.00"/>	<input type="text" value="45.00"/>
			P/R Deduction (\$45.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) WEBB COCHRAN		Date of Receipt
	Mailing Address 3961 ST. CLAIRE CT		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City ATLANTA	State GA	Zip Code 30319
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1594942624745
Name of Employer TENET HEALTHCARE CORPORATION		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 ▼ <input type="text" value="210.00"/>	<input type="text" value="10.00"/>
			P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="95.00"/>
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 11 / 50
	<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 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) JAY MIRANDA		Date of Receipt
	Mailing Address 15871 SW 148 TERRACE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	MIAMI	FL	33196-5701
	FEC ID number of contributing federal political committee.		Transaction ID: PR1734839224745
Name of Employer CORAL GABLES HOSPITAL		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 ▼	<input type="text"/> 40.00
		<input type="text"/> 840.00	P/R Deduction (\$40.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) LEA D FOURKILLER		Date of Receipt
	Mailing Address 13219 GEORGE STREET		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	FARMERS BRANCH	TX	75234-5206
	FEC ID number of contributing federal political committee.		Transaction ID: PR1735529124745
Name of Employer TENET HEALTHCARE CORPORAT-ION		Occupation DIR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 39.00
		<input type="text"/> 429.00	P/R Deduction (\$39.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) JASON E EVANS		Date of Receipt
	Mailing Address 1808 FLINT RIDGE DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	ALLEN	TX	75002-1567
	FEC ID number of contributing federal political committee.		Transaction ID: PR1735905224745
Name of Employer LAKE POINTE MEDICAL CENTER		Occupation COO	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 ▼	<input type="text"/> 19.00
		<input type="text"/> 399.00	P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 98.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 12 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
CHAKILLA D ROBINSON

Mailing Address 6303 RICHMOND #202

City State Zip Code
DALLAS TX 75214-3674

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

Name of Employer DOCTORS HOSPITAL-DALLAS Occupation COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 399.00

Date of Receipt: 10 / 13 / 2010
Transaction ID: PR1735911224745
Amount of Each Receipt this Period: 19.00
P/R Deduction (\$19.00 Bi-Weekly)

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

Mailing Address 1111 MONTCLAIR AVENUE

City State Zip Code
DALLAS TX 75208

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

Name of Employer TENET HEALTHCARE CORPORAT-ION Occupation VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1824.00

Date of Receipt: 10 / 13 / 2010
Transaction ID: PR1814798524745
Amount of Each Receipt this Period: 96.00
P/R Deduction (\$96.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
CHARLOTTE M DARDANELLO

Mailing Address 1900 S. OCEAN BLVD. #16N

City State Zip Code
POMPANO BEACH FL 33062-8010

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

Name of Employer NORTH SHORE MEDICAL CENTER Occupation CNO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 399.00

Date of Receipt: 10 / 13 / 2010
Transaction ID: PR2067935224745
Amount of Each Receipt this Period: 19.00
P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 134.00

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 13 / 50
(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 POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
GREGORY S MANIS

Mailing Address 1944 S CLUB DR

City Wellington State FL Zip Code 33414-9088

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

Name of Employer ST. MARY'S MEDICAL CENTER Occupation COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 13 / 2010

Transaction ID: PR2070027424745

Amount of Each Receipt this Period 10.00

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

B.

Full Name (Last, First, Middle Initial)
DONALD R BAKER

Mailing Address 145 HAWLEY

City Templeton State CA Zip Code 93465-5449

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

Name of Employer TWIN CITIES COMMUNITY HOSPITAL Occupation DIR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 10 / 13 / 2010

Transaction ID: PR2173671524745

Amount of Each Receipt this Period 39.00

P/R Deduction (\$39.00 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 MANTECA Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 570.00

Date of Receipt 10 / 13 / 2010

Transaction ID: PR2174141224745

Amount of Each Receipt this Period 19.00

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

SUBTOTAL of Receipts This Page (optional) ► 68.00

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 14 / 50
(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 POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
PHILLIP SOWA

Mailing Address 621 BIRDSALL ST

City HOUSTON State TX Zip Code 77007-5101

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

Name of Employer PARK PLAZA HOSPITAL Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 810.00

Date of Receipt: 10 / 13 / 2010
Transaction ID: PR2174298124745
 Amount of Each Receipt this Period: 39.00
 P/R Deduction (\$39.00 Bi-Weekly)

B.

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

Mailing Address 163 VILLAGIO WEST

City PALM SPRINGS State CA Zip Code 92262-6395

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

Name of Employer DESERT REGIONAL MEDICAL CENTER Occupation CMO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt: 10 / 13 / 2010
Transaction ID: PR2174361624745
 Amount of Each Receipt this Period: 50.00
 P/R Deduction (\$50.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
HENRY T HUDSON III

Mailing Address 49150 GILA RIVER DRIVE

City INDIO State CA Zip Code 92201-8846

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

Name of Employer DESERT REGIONAL MEDICAL CENTER Occupation ASSOCIATE ADMINISTRATOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 10 / 13 / 2010
Transaction ID: PR2174385924745
 Amount of Each Receipt this Period: 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 99.00

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 / 50
	<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 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) WADE TYRRELL		Date of Receipt
	Mailing Address 7844 ANNA CALLA WAY		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 3 / 2 0 1 0
	City	State	Zip Code
	BARTLETT	TN	38133-5812
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2174470724745
Name of Employer SAINT FRANCIS HOSPITAL-BARTLETT		Occupation CNO	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 ▼ 468.00	<input type="text"/> 39.00
			P/R Deduction (\$39.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) DENNIS M LITOS		Date of Receipt
	Mailing Address 3204 GREENGATE DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 3 / 2 0 1 0
	City	State	Zip Code
	MODESTO	CA	95355-8446
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2174541524745
Name of Employer DOCTORS MEDICAL CENTER-MODESTO		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 ▼ 798.00	<input type="text"/> 38.00
			P/R Deduction (\$38.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) CATHRYN H FRASER		Date of Receipt
	Mailing Address 272 ENCLAVES COURT		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 3 / 2 0 1 0
	City	State	Zip Code
	COPPELL	TX	75019-2125
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2174559924745
Name of Employer TENET HEALTHCARE CORPORATION		Occupation SVP	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 ▼ 2016.00	<input type="text"/> 96.00
			P/R Deduction (\$96.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 173.00
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 16 / 50
	<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 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) ALVIN W JOSEPHS		Date of Receipt
	Mailing Address 3717 HERWOL AVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	WACO	TX	76710-7218
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2174561224745
Name of Employer TENET HEALTHCARE CORPORAT-ION		Occupation SR DIR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 39.00
		<input type="text"/> 585.00	P/R Deduction (\$39.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) BRUCE MEARS		Date of Receipt
	Mailing Address 10312 ARVIN HILL RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	AUBREY	TX	76227-6847
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2174562624745
Name of Employer TENET HEALTHCARE CORPORAT-ION		Occupation DIR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 10.00
		<input type="text"/> 210.00	P/R Deduction (\$10.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) BIGGS C PORTER		Date of Receipt
	Mailing Address 4535 MANNING LANE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	DALLAS	TX	75220-6434
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2174563624745
Name of Employer TENET HEALTHCARE CORPORAT-ION		Occupation CHIEF FINANCIAL OFFICER	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 ▼	<input type="text"/> 100.00
		<input type="text"/> 2100.00	P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 149.00
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 17 / 50
	<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 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) JUAN D RODRIGUEZ	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 4877 NORTSHORE DR	Transaction ID: PR2174564424745
	City State Zip Code FRISCO TX 75034-7568	Amount of Each Receipt this Period 19.00
	FEC ID number of contributing federal political committee. C	
Name of Employer TENET HEALTHCARE CORPORAT-ION	Occupation VP	P/R Deduction (\$19.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.00	

B.	Full Name (Last, First, Middle Initial) WENDY TISCHLER	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 5921 MALMESBURY RD	Transaction ID: PR2174565824745
	City State Zip Code DALLAS TX 75252-4206	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
Name of Employer TENET HEALTHCARE CORPORAT-ION	Occupation SR DIR	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) RICHARD BECK	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 107 WATERMAN	Transaction ID: PR2174566424745
	City State Zip Code IRVINE CA 92602-1654	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
Name of Employer TENET HEALTHCARE CORPORAT-ION	Occupation DIR	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	▶	39.00
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 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
ERIC BURCH
 Mailing Address 7085 CRYSTALLINE DRIVE
 City State Zip Code
 CARLSBAD CA 92011-3968
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 TENET HEALTHCARE CORPORAT- DIR
 ION
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 3 / 2 0 1 0
Transaction ID: PR2174566624745
 Amount of Each Receipt this Period
 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
JEFFERY FLOCKEN
 Mailing Address 27 NEW DAWN
 City State Zip Code
 IRVINE CA 92620-1976
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 TENET HEALTHCARE CORPORAT- SVP
 ION
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2100.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 3 / 2 0 1 0
Transaction ID: PR2174567324745
 Amount of Each Receipt this Period
 100.00
 P/R Deduction (\$100.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
PATRICIA SECHI
 Mailing Address 10190 COLLINS AVE #101
 City State Zip Code
 BAL HARBOUR FL 33154-1611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NORTH SHORE MEDICAL CENTER ASSOCIATE ADMINISTRATOR
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 228.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 3 / 2 0 1 0
Transaction ID: PR2216476824745
 Amount of Each Receipt this Period
 19.00
 P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 129.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 50
	<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 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) SALLY A HURT-STEFFEN	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 712 WALTHAM CT	Transaction ID: PR2248480224745
	City State Zip Code EL PASO TX 79922-2128	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 942.00	

B.	Full Name (Last, First, Middle Initial) RICHARD E GLANCEY	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 6516 VASCO WAY	Transaction ID: PR2284144024745
	City State Zip Code EL PASO TX 79912-1709	Amount of Each Receipt this Period 39.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$39.00 Bi-Weekly)
Name of Employer SIERRA MEDICAL CENTER	Occupation DIR. PUBLIC RELATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

C.	Full Name (Last, First, Middle Initial) BRADLEY C TAYLOR	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 9438 THORNBERRY LANE	Transaction ID: PR2284285124745
	City State Zip Code DALLAS TX 75220-5145	Amount of Each Receipt this Period 19.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer TENET HEALTHCARE CORPORATION	Occupation SR DIR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 399.00	

SUBTOTAL of Receipts This Page (optional)	108.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 50
(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 POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
MICHAEL BLACKBURN

Mailing Address 4141 16TH STREET NE

City State Zip Code
HICKORY NC 28601-8408

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

Name of Employer Occupation
FRYE REGIONAL MEDICAL CENTER CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 798.00

Date of Receipt: 10 / 13 / 2010
Transaction ID: PR2369304324745
Amount of Each Receipt this Period: 38.00
P/R Deduction (\$38.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
JOHN SHORT

Mailing Address 3108 Clymer Drive

City State Zip Code
Plano TX 75025-5325

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

Name of Employer Occupation
TENET HEALTHCARE CORPORATION VP - PMI

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 813.00

Date of Receipt: 10 / 13 / 2010
Transaction ID: PR2387796624745
Amount of Each Receipt this Period: 39.00
P/R Deduction (\$39.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
PAUL CASTANON

Mailing Address 6307 PRESTON PARKWAY

City State Zip Code
DALLAS TX 75205-1650

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

Name of Employer Occupation
TENET HEALTHCARE CORPORATION VP & ASST GENERAL COUNSEL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 570.00

Date of Receipt: 10 / 13 / 2010
Transaction ID: PR2398953024745
Amount of Each Receipt this Period: 19.00
P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 96.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 50

(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 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) JACOB J. SPRUIT		Date of Receipt
	Mailing Address 5608 Maxon Marsh Drive		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Hiram	GA	30141-2879
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer SOUTH FULTON MEDICAL CENTER		Occupation CFO	Transaction ID: PR2398965024745
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="483.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="23.00"/>
		P/R Deduction (\$23.00 Bi-Weekly)	

B.	Full Name (Last, First, Middle Initial) STEPHEN D. PRESTON		Date of Receipt
	Mailing Address 3680 VILLAGE CENTER LANE		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	BIRMINGHAM	AL	35226-6343
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer BROOKWOOD MEDICAL CENTER		Occupation VP External Affairs	Transaction ID: PR2428718424745
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="380.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="19.00"/>
		P/R Deduction (\$19.00 Bi-Weekly)	

C.	Full Name (Last, First, Middle Initial) MR MICHAEL R HOLMES		Date of Receipt
	Mailing Address 531 EVERGREEN DRIVE		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	MANDEVILLE	LA	70448-7574
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer DIAGNOSTIC IMAGING SERVICES		Occupation CEO	Transaction ID: PR2440288724745
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="760.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="38.00"/>
		P/R Deduction (\$38.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="80.00"/>
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 22 / 50
	<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 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) KELVIN BAGGETT		Date of Receipt
	Mailing Address 5721 EDMONDSON ROAD PK #205		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 3 / 2 0 1 0
	City	State	Zip Code
	NASHVILLE	TN	37211
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2444580824745
Name of Employer TENET HEALTHCARE CORPORATION		Occupation CHIEF MEDICAL OFFICER	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 ▼ 585.00	<input type="text"/> 39.00
			P/R Deduction (\$39.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) TYLER MURPHY		Date of Receipt
	Mailing Address 108 LONDONBERRY TERRACE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 3 / 2 0 1 0
	City	State	Zip Code
	SOUTHLAKE	TX	76092-7321
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2444580924745
Name of Employer TENET HEALTHCARE CORPORATION		Occupation VP/TREASURER	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 ▼ 285.00	<input type="text"/> 19.00
			P/R Deduction (\$19.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) MR. JAMES MIKE THATCHER		Date of Receipt
	Mailing Address 2904 CROOKED STICK		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 3 / 2 0 1 0
	City	State	Zip Code
	PLANO	TX	75093-6352
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2460337924745
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 ▼ 228.00	<input type="text"/> 19.00
			P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 77.00
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 23 / 50
	<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 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) MR. JAMES M. COWLING	Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 1 0
	Mailing Address 111 SUNSET COVE LANE	Transaction ID: PR2460338224745
	City State Zip Code PALM BEACH GARDENS FL 33418-4607	Amount of Each Receipt this Period 19.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.00 Bi-Weekly)
	Name of Employer Occupation PALM BEACH GARDENS MEDICAL CENTER CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 228.00	

B.	Full Name (Last, First, Middle Initial) MICHAEL HALTER	Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 1 0
	Mailing Address 111 RIGHTERS MILL RD	Transaction ID: PR406763224745
	City State Zip Code PENN VALLEY PA 19072-1312	Amount of Each Receipt this Period 19.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.00 Bi-Weekly)
	Name of Employer Occupation HAHNEMANN UNIVERSITY HOSPITAL CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 399.00	

C.	Full Name (Last, First, Middle Initial) LEONARD ROSENFELD	Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 1 0
	Mailing Address 7243 BAXTERSHERE DRIVE	Transaction ID: PR407201324745
	City State Zip Code DALLAS TX 75230-3170	Amount of Each Receipt this Period 38.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$38.00 Bi-Weekly)
	Name of Employer Occupation TENET HEALTHCARE CORPORATION VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1298.00	

SUBTOTAL of Receipts This Page (optional)	76.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 50
(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 POLITICAL ACTION COMMITTEE

A.

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

Mailing Address 2613 MILLINGTON DRIVE

City PLANO State TX Zip Code 75093-3560

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation MGR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt 10 / 13 / 2010
Transaction ID: PR407205124745
Amount of Each Receipt this Period 16.00
P/R Deduction (\$16.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
HANK D IRICK JR.

Mailing Address 3305 ELAM CT

City PLANO State TX Zip Code 75093-8087

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 13 / 2010
Transaction ID: PR407205824745
Amount of Each Receipt this Period 10.00
P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
WILLIAM R WATTS

Mailing Address 7504 DANFIELD CT

City DALLAS State TX Zip Code 75252-6823

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 13 / 2010
Transaction ID: PR407209424745
Amount of Each Receipt this Period 10.00
P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 36.00

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 25 / 50
(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 POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DONALD E LAUGHLIN

Mailing Address 4185 CLOVERPORT RD

City TOONE State TN Zip Code 38381-8059

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

Name of Employer SAINT FRANCIS HOSPITAL Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 399.00

Date of Receipt: 10 / 13 / 2010
Transaction ID: PR407210524745
 Amount of Each Receipt this Period: 19.00
 P/R Deduction (\$19.00 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 ▼ 3990.00

Date of Receipt: 10 / 13 / 2010
Transaction ID: PR407210624745
 Amount of Each Receipt this Period: 190.00
 P/R Deduction (\$190.00 Bi-Weekly)

C.

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

Mailing Address 2230 WARNER ROAD

City FORT WORTH State TX Zip Code 76110-1752

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 ▼ 798.00

Date of Receipt: 10 / 13 / 2010
Transaction ID: PR407215824745
 Amount of Each Receipt this Period: 38.00
 P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 247.00

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 26 / 50
(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 POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
WAYNE E COBB

Mailing Address 4001 ORCHID LANE

City MANSFIELD State TX Zip Code 76063-5577

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation MGR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 10 / 13 / 2010
Transaction ID: PR407216424745
 Amount of Each Receipt this Period: 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
TERESA L HUSKEY

Mailing Address 4333 PERSHING AVE

City FT WORTH State TX Zip Code 76107-4243

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 699.00

Date of Receipt: 10 / 13 / 2010
Transaction ID: PR407218624745
 Amount of Each Receipt this Period: 39.00
 P/R Deduction (\$39.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
SHERRY J HENDERSON

Mailing Address 25 NIGHT HERON PL

City HICKORY State NC Zip Code 28601-8806

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

Name of Employer FRYE REGIONAL MEDICAL CENTER Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: 10 / 13 / 2010
Transaction ID: PR407219724745
 Amount of Each Receipt this Period: 20.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 69.00

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 27 / 50
	<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 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) JAMES E MCPARTLAND		Date of Receipt
	Mailing Address 1805 LONGWOOD CT		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	ALLEN	TX	75013-3074
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer TENET HEALTHCARE CORPORAT- ION		Occupation VP	Transaction ID: PR407221524745
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="411.00"/>	<input type="text" value="19.00"/>
			P/R Deduction (\$19.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) JOE D THOMASON		Date of Receipt
	Mailing Address 4006 RAMSGATE CT		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	COLLEYVILLE	TX	76034-4473
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer TENET HEALTHCARE CORPORAT- ION		Occupation CEO	Transaction ID: PR407222124745
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="798.00"/>	<input type="text" value="38.00"/>
			P/R Deduction (\$38.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) ROBERT S HENDLER		Date of Receipt
	Mailing Address 11122 W RICKS CIRCLE		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	DALLAS	TX	75230-3032
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer TENET HEALTHCARE CORPORAT- ION		Occupation REGIONAL CMO	Transaction ID: PR407222824745
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1050.00"/>	<input type="text" value="50.00"/>
			P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="107.00"/>
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 28 / 50
	<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 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) CONLEY S CERVANTES	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 1 0
	Mailing Address 819 CAMBRIDGE MANOR LANE	Transaction ID: PR407224724745
	City State Zip Code COPPELL TX 75019-6105	Amount of Each Receipt this Period 12.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$12.00 Bi-Weekly)
Name of Employer TENET HEALTHCARE CORPORAT-ION	Occupation DIR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

B.	Full Name (Last, First, Middle Initial) MARK E PEACOCK	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 1 0
	Mailing Address 1120 CHESTERTON DR	Transaction ID: PR407226024745
	City State Zip Code RICHARDSON TX 75080-2919	Amount of Each Receipt this Period 3.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$3.00 Bi-W-ekly)
Name of Employer TENET HEALTHCARE CORPORAT-ION	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 598.00	

C.	Full Name (Last, First, Middle Initial) DOUGLAS E RABE	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 1 0
	Mailing Address 9923 CAPRIDGE DR	Transaction ID: PR407227324745
	City State Zip Code DALLAS TX 75238-3469	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer TENET HEALTHCARE CORPORAT-ION	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

SUBTOTAL of Receipts This Page (optional)	▶	35.00
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 29 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
MICHAEL S HONGOLA

Mailing Address 6704 WESTMONT DRIVE

City State Zip Code
COLLEYVILLE TX 76034-7263

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) ▼ 420.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR407227624745

Amount of Each Receipt this Period
20.00

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

B. Full Name (Last, First, Middle Initial)
GARY K RUFF

Mailing Address 714 KENT CT

City State Zip Code
SOUTHLAKE TX 76092-8868

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- SVP & GENERAL COUNSEL
ION

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 4032.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR407229224745

Amount of Each Receipt this Period
192.00

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

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

Mailing Address 3014 CASTLE PINES DRIVE

City State Zip Code
DULUTH GA 30097-2039

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

Name of Employer Occupation
ATLANTA MEDICAL CENTER MARKET CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 420.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR407231824745

Amount of Each Receipt this Period
20.00

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

SUBTOTAL of Receipts This Page (optional) ► 232.00

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 30 / 50
	<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 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) JOHN QUINN		Date of Receipt
	Mailing Address 1138 PINE VALLEY ROAD		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	GRIFFIN	GA	30224-4953
	FEC ID number of contributing federal political committee. C		Transaction ID: PR407236024745
Name of Employer SPALDING REGIONAL HOSPITAL		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 ▼ <input type="text" value="1298.00"/>	<input type="text" value="38.00"/>
			P/R Deduction (\$38.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) CHARLES MILLER		Date of Receipt
	Mailing Address 747 MENDENHALL CT		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	FORT MILL	SC	29715-7852
	FEC ID number of contributing federal political committee. C		Transaction ID: PR407241424745
Name of Employer PIEDMONT MEDICAL CENTER		Occupation MARKET 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 ▼ <input type="text" value="513.00"/>	<input type="text" value="19.00"/>
			P/R Deduction (\$19.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) JOHN F HOLLAND		Date of Receipt
	Mailing Address 3610 EDGEWATER STREET		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	DALLAS	TX	75205-4317
	FEC ID number of contributing federal political committee. C		Transaction ID: PR407242924745
Name of Employer TENET HEALTHCARE CORPORATION		Occupation SVP	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 ▼ <input type="text" value="2016.00"/>	<input type="text" value="96.00"/>
			P/R Deduction (\$96.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="153.00"/>
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 31 / 50
	<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 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) JAMES D DORIS		Date of Receipt
	Mailing Address 264 IDLEWILDE LANE		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	SANFORD	NC	27332-9304
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer CENTRAL CAROLINA HOSPITAL		Occupation CEO	Transaction ID: PR407244824745
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="735.00"/>	Amount of Each Receipt this Period <input type="text" value="35.00"/>
			P/R Deduction (\$35.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) RALPH ALEMAN		Date of Receipt
	Mailing Address 6301 COLLINS AVE #2608		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	MIAMI BEACH	FL	33141-4645
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer HIALEAH HOSPITAL		Occupation CEO	Transaction ID: PR407245324745
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="420.00"/>	Amount of Each Receipt this Period <input type="text" value="20.00"/>
			P/R Deduction (\$20.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) GARRY L GAUSE		Date of Receipt
	Mailing Address 1150 LAKE COLANY LANE		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	VESTAVIA HILLS	AL	35242-7423
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer BROOKWOOD MEDICAL CENTER		Occupation CEO	Transaction ID: PR407248724745
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	Amount of Each Receipt this Period <input type="text" value="10.00"/>
			P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="65.00"/>
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 32 / 50
	<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 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) DAVID L ARCHER		Date of Receipt
	Mailing Address 2594 HOCKSETT COVE		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	GERMANTOWN	TN	38139-6655
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer SAINT FRANCIS HOSPITAL		Occupation MARKET CEO	Transaction ID: PR407250424745
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1512.00"/>	Amount of Each Receipt this Period <input type="text" value="96.00"/>
			P/R Deduction (\$96.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) SUELLEN SMITH		Date of Receipt
	Mailing Address 84 TIERRA VISTA LANE		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	PASO ROBLES	CA	93446-9702
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer TENET HEALTHCARE CORPORAT-ION		Occupation SR DIR	Transaction ID: PR407254524745
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	Amount of Each Receipt this Period <input type="text" value="10.00"/>
			P/R Deduction (\$10.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) STEPHEN L NEWMAN MD		Date of Receipt
	Mailing Address 11034 TIBBS STREET		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	DALLAS	TX	75230-3450
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer TENET HEALTHCARE CORPORAT-ION		Occupation CHIEF OPERATING OFFICER	Transaction ID: PR407257724745
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="4032.00"/>	Amount of Each Receipt this Period <input type="text" value="192.00"/>
			P/R Deduction (\$192.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="298.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 50
(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 POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
ALAN R CASON

Mailing Address 112 GOLDEN PHEASANT ST

City State Zip Code
SLIDELL LA 70461-3116

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

Name of Employer Occupation
NORTHSHORE REGIONAL MEDICAL CENTER CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR407263524745

Amount of Each Receipt this Period
20.00

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

B.

Full Name (Last, First, Middle Initial)
TERRY WHEELER

Mailing Address 13802 MAGNOLIA MANOR

City State Zip Code
CYPRESS TX 77429-8162

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

Name of Employer Occupation
CYPRESS FAIRBANKS MEDICAL CENTER CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 735.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR407265624745

Amount of Each Receipt this Period
35.00

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

C.

Full Name (Last, First, Middle Initial)
GARY L HONTS JR.

Mailing Address 1855 SILVERWINGS CT

City State Zip Code
MORGAN HILL CA 95037-9002

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

Name of Employer Occupation
COMMUNITY HOSPITAL OF LOS GATOS CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 630.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR407266424745

Amount of Each Receipt this Period
30.00

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

SUBTOTAL of Receipts This Page (optional) ► **85.00**

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 34 / 50
	<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 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) MICHELE C MEYER		Date of Receipt
	Mailing Address 230 GRIMSLEY STAT BLUFF		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 3 / 2 0 1 0
	City	State	Zip Code
	SAINT LOUIS	MO	63129-5030
	FEC ID number of contributing federal political committee. C		Transaction ID: PR407268524745
Name of Employer DES PERES HOSPITAL		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 ▼ 798.00	<input type="text"/> 38.00
			P/R Deduction (\$38.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) SAMUEL G HARRIS		Date of Receipt
	Mailing Address 933 HAVENHURST		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 3 / 2 0 1 0
	City	State	Zip Code
	WEST HOLLYWOOD	CA	90046-6919
	FEC ID number of contributing federal political committee. C		Transaction ID: PR407271124745
Name of Employer TENET HEALTHCARE CORPORAT- ION		Occupation DIR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	<input type="text"/> 10.00
			P/R Deduction (\$10.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) CRAIG C ARMIN		Date of Receipt
	Mailing Address 23510 BERDON STREET		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 3 / 2 0 1 0
	City	State	Zip Code
	WOODLAND HILLS	CA	91367-3004
	FEC ID number of contributing federal political committee. C		Transaction ID: PR407274124745
Name of Employer TENET HEALTHCARE CORPORAT- ION		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 ▼ 840.00	<input type="text"/> 40.00
			P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 88.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 50

(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 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) KENT G CLAYTON		Date of Receipt
	Mailing Address 3 TURTLE BAY DRIVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 3 / 2 0 1 0
	City	State	Zip Code
	NEWPORT BEACH	CA	92660-4266
	FEC ID number of contributing federal political committee. C		Transaction ID: PR407278124745
Name of Employer PLACENTIA LINDA HOSPITAL		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 ▼ 798.00	<input type="text"/> 38.00
			P/R Deduction (\$38.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) CANDACE MARKWITH		Date of Receipt
	Mailing Address 980 ISABELLA WAY		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 3 / 2 0 1 0
	City	State	Zip Code
	SAN LUIS OBISPO	CA	93405-6186
	FEC ID number of contributing federal political committee. C		Transaction ID: PR407280324745
Name of Employer SIERRA VISTA REGIONAL 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 ▼ 798.00	<input type="text"/> 38.00
			P/R Deduction (\$38.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) RODNEY A REASONER		Date of Receipt
	Mailing Address 1960 MARY LEE LN		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 3 / 2 0 1 0
	City	State	Zip Code
	ALLEN	TX	75002-8528
	FEC ID number of contributing federal political committee. C		Transaction ID: PR407280924745
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 ▼ 798.00	<input type="text"/> 38.00
			P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 114.00
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 36 / 50
	<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 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) MICHELE M FINNEY		Date of Receipt
	Mailing Address 21521 TURTLEDOVE STREET		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 3 / 2 0 1 0
	City	State	Zip Code
	TRABUCO CANYON	CA	92679-3486
	FEC ID number of contributing federal political committee. C		Transaction ID: PR407283924745
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 ▼ 798.00	<input type="text"/> 38.00
			P/R Deduction (\$38.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) KEN WHEAT		Date of Receipt
	Mailing Address 31855 DATE PALM DR#3		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 3 / 2 0 1 0
	City	State	Zip Code
	CATHEDRAL CITY	CA	92234-3100
	FEC ID number of contributing federal political committee. C		Transaction ID: PR407288724745
Name of Employer DESERT REGIONAL MEDICAL CENTER		Occupation COO	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 ▼ 798.00	<input type="text"/> 38.00
			P/R Deduction (\$38.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) RICK LYONS		Date of Receipt
	Mailing Address 2425 BATTERING ROCK RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 3 / 2 0 1 0
	City	State	Zip Code
	TEMPLETON	CA	93465-8371
	FEC ID number of contributing federal political committee. C		Transaction ID: PR413941924745
Name of Employer TWIN CITIES COMMUNITY HOSPITAL		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 ▼ 708.00	<input type="text"/> 20.00
			P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 96.00
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 37 / 50
	<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 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) KENNETH F SUTHERLAND	Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 1 0
	Mailing Address 102 WILMINGTON CT	Transaction ID: PR839152224745
	City State Zip Code SOUTHLAKE TX 76092-8492	Amount of Each Receipt this Period 38.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$38.00 Bi-Weekly)
	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 ▼ 798.00	

B.	Full Name (Last, First, Middle Initial) PATRICIA C JOHNSON	Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 1 0
	Mailing Address 4616 LARGO DR.	Transaction ID: PR839196424745
	City State Zip Code FLOWER MOUND TX 75028-3936	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
	Name of Employer Occupation TENET HEALTHCARE CORPORAT-ION VP HUMAN RESOURCES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00	

C.	Full Name (Last, First, Middle Initial) EDWARD MESCO	Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 1 0
	Mailing Address 7365 NW 54TH STREET	Transaction ID: PR839477824745
	City State Zip Code LAUDERHILL FL 33319-6346	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Bi-Weekly)
	Name of Employer Occupation TENET HEALTHCARE CORPORAT-ION DIR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 525.00	

SUBTOTAL of Receipts This Page (optional)	83.00
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 38 / 50
(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 POLITICAL ACTION COMMITTEE

A.

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

Mailing Address 10101 FRENCH SPRINGS RD

City State Zip Code
LAKELAND TN 38002-8425

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

Name of Employer SAINT FRANCIS HOSPITAL-BARTLETT
Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 228.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR839557424745

Amount of Each Receipt this Period
19.00

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

B.

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

Mailing Address 702 PENFOLDS

City State Zip Code
COPPELL TX 75019-4544

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

Name of Employer TENET HEALTHCARE CORPORATION
Occupation SVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4032.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR840566924745

Amount of Each Receipt this Period
192.00

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

C.

Full Name (Last, First, Middle Initial)
DREW P KAHN

Mailing Address 16015 KEMPTON PARK

City State Zip Code
SPRING TX 77379-6730

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

Name of Employer HOUSTON NW MEDICAL CENTER
Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 798.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR840590424745

Amount of Each Receipt this Period
38.00

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

SUBTOTAL of Receipts This Page (optional) ► **249.00**

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 39 / 50
	<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 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) DEBORAH DALEY		Date of Receipt
	Mailing Address PO BOX 757		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 3 / 2 0 1 0
	City	State	Zip Code
	EDGEWOOD	TX	75117-0757
	FEC ID number of contributing federal political committee. C		Transaction ID: PR840706224745
Name of Employer TENET HEALTHCARE CORPORATION		Occupation ADMINISTRATIVE ASSISTANT	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 ▼ 280.00	<input type="text"/> 20.00
			P/R Deduction (\$20.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) DAVID W BORDOFSKE		Date of Receipt
	Mailing Address 5001 ASHLAND BELLE LANE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 3 / 2 0 1 0
	City	State	Zip Code
	FRISCO	TX	75035-7682
	FEC ID number of contributing federal political committee. C		Transaction ID: PR840924624745
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 ▼ 840.00	<input type="text"/> 40.00
			P/R Deduction (\$40.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) HOAI-SON L NGUYEN		Date of Receipt
	Mailing Address 303 PRINCE ALBERT CT		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 3 / 2 0 1 0
	City	State	Zip Code
	RICHARDSON	TX	75081-5059
	FEC ID number of contributing federal political committee. C		Transaction ID: PR841515824745
Name of Employer TENET HEALTHCARE CORPORATION		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 ▼ 210.00	<input type="text"/> 10.00
			P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 70.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 50
(check only one)

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

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

NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
GEORGE M BARTON

Mailing Address P. O. BOX 37

City State Zip Code
ROSSVILLE TN 38066-0037

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

Name of Employer Occupation
ST FRANCIS BARTLETT MC DIR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR841534324745

Amount of Each Receipt this Period
39.00

P/R Deduction (\$39.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
HUILING ZHANG

Mailing Address 6508 MIMMS DRIVE

City State Zip Code
DALLAS TX 75252-5433

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT-ION SR DIR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 228.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR841724224745

Amount of Each Receipt this Period
19.00

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

C.

Full Name (Last, First, Middle Initial)
DEBBIE FOWLER

Mailing Address 5018 SHADY GLEN

City State Zip Code
GARLAND TX 75043-2918

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT-ION MGR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 238.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR842079524745

Amount of Each Receipt this Period
17.00

P/R Deduction (\$17.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **75.00**

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 41 / 50

(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 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) JOHN TILLY		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 1 0
	Mailing Address 1221 WENTWOOD		Transaction ID: PR842232424745
	City IRVING	State TX	Zip Code 75061-4456
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
	Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation VP & ASST GENERAL COUNSEL	P/R Deduction (\$75.00 Bi- Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1425.00		

B.	Full Name (Last, First, Middle Initial) ELIZABETH JOHNSON		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 1 0
	Mailing Address 3302 MARSH LANE		Transaction ID: PR842373124745
	City GRAPEVINE	State TX	Zip Code 76051-6828
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.00
	Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation VP	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 ▼ 798.00		

C.	Full Name (Last, First, Middle Initial) JUDITH STIMSON-RUSIN		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 1 0
	Mailing Address 816 FLORET DRIVE		Transaction ID: PR842449824745
	City PALM BEACH GARDENS	State FL	Zip Code 33410-1607
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
	Name of Employer PALM BEACH GARDENS MEDICAL CENTER	Occupation CFO	P/R Deduction (\$10.00 Bi- Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

SUBTOTAL of Receipts This Page (optional)	▶	123.00
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 42 / 50
(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 POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
BRIAN REILLY

Mailing Address 55 PARRY DR

City HAINESPORT State NJ Zip Code 08036-4881

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

Name of Employer HAHNEMANN UNIVERSITY HOSPITAL Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 13 / 2010
Transaction ID: PR843214424745
Amount of Each Receipt this Period 10.00
P/R Deduction (\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
BARBARA H ZURZOLO

Mailing Address 13 GREENBRIAR LANE

City PAOLI State PA Zip Code 19301-1907

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

Name of Employer REGIONAL EXECUTIVE Occupation SR. MANAGING COUNSEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 13 / 2010
Transaction ID: PR843854924745
Amount of Each Receipt this Period 10.00
P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
LESTER G COTTLE

Mailing Address 1625 FAWN LN

City HUNTINGDON VALLEY State PA Zip Code 19006-7917

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

Name of Employer ST CHRISTOPHER'S HOSPITAL FOR CHILDREN Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 399.00

Date of Receipt 10 / 13 / 2010
Transaction ID: PR843874924745
Amount of Each Receipt this Period 19.00
P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 39.00

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 43 / 50
(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 POLITICAL ACTION COMMITTEE

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
CAROLINA CROSSROADS SURG DIR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 405.30

Date of Receipt: 10 / 13 / 2010
Transaction ID: PR843980424745
Amount of Each Receipt this Period: 19.30
P/R Deduction (\$19.30 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
MANUEL LINARES

Mailing Address 7710 CENTER BAY DR

City State Zip Code
NORTH BAY VILLAGE FL 33141-4019

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

Name of Employer Occupation
NORTH SHORE MEDICAL CENTER CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 798.00

Date of Receipt: 10 / 13 / 2010
Transaction ID: PR844477224745
Amount of Each Receipt this Period: 38.00
P/R Deduction (\$38.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
DAVID PETTIT

Mailing Address 5124 DESERT VIXEN RD

City State Zip Code
PALM BEACH GARDENS FL 33418-7819

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

Name of Employer Occupation
PALM BEACH GARDENS MEDICAL CENTER CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 10 / 13 / 2010
Transaction ID: PR844609424745
Amount of Each Receipt this Period: 10.00
P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 67.30

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 44 / 50
(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 POLITICAL ACTION COMMITTEE

A.

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

Mailing Address 5412 GLENSHIRE DR

City State Zip Code
PLANO TX 75093-2800

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

Name of Employer Occupation
TENET HEALTHCARE CORPORAT- SR DIR
ION

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1050.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR844644424745

Amount of Each Receipt this Period
50.00

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

B.

Full Name (Last, First, Middle Initial)
STEVEN B BARR

Mailing Address 1300 BINZ

City State Zip Code
HOUSTON TX 77004-7016

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

Name of Employer Occupation
PLAZA SPECIALTY HOSPITAL CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 399.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR844656624745

Amount of Each Receipt this Period
19.00

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

C.

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

Mailing Address 3777 PEACHTREE RD NE 632

City State Zip Code
ATLANTA GA 30319-5209

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

Name of Employer Occupation
ATLANTA MEDICAL CENTER ASSOCIATE ADMINISTRATOR

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR844786224745

Amount of Each Receipt this Period
10.00

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

SUBTOTAL of Receipts This Page (optional) ► 79.00

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 45 / 50
(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 POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
SCOTT A RIFKIN

Mailing Address 2188 ASPEN

City State Zip Code
TUSTIN CA 92782-8339

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

Name of Employer Occupation
LOS ALAMITOS MEDICAL CENTER COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR846690224745

Amount of Each Receipt this Period
10.00

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

B.

Full Name (Last, First, Middle Initial)
ERIC M DELGADO

Mailing Address 4734 BRIERCREST AVE.

City State Zip Code
LAKEWOOD CA 90713-2312

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

Name of Employer Occupation
IRVINE REGIONAL HOSPITAL MEDICAL CENTE CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR846888224745

Amount of Each Receipt this Period
10.00

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

C.

Full Name (Last, First, Middle Initial)
MICHAEL J KING

Mailing Address 2713 STUYVESANT CR

City State Zip Code
MODESTO CA 95356-0337

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

Name of Employer Occupation
DOCTORS MEDICAL CENTER-MODESTO COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 228.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 1 0

Transaction ID: PR847417824745

Amount of Each Receipt this Period
19.00

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

SUBTOTAL of Receipts This Page (optional) ► **39.00**

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 46 / 50
	<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 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) MARK A NEU		Date of Receipt
	Mailing Address 144 WILD HORSE LOOP		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	RANCHO SANTA MARGA	CA	92688-1805
	FEC ID number of contributing federal political committee. C		Transaction ID: PR847814224745
Name of Employer TENET HEALTHCARE CORPORATION		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 ▼ <input type="text" value="210.00"/>	<input type="text" value="10.00"/>
			P/R Deduction (\$10.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) MONICA C VARGAS		Date of Receipt
	Mailing Address 4017 FLAMINGO		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	EL PASO	TX	79902-1313
	FEC ID number of contributing federal political committee. C		Transaction ID: PR849126624745
Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL		Occupation COO	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 ▼ <input type="text" value="399.00"/>	<input type="text" value="19.00"/>
			P/R Deduction (\$19.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) JAMES CLEMENTS		Date of Receipt
	Mailing Address 3013 GOLF CREST LANE		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	WOODSTOCK	GA	30189-8197
	FEC ID number of contributing federal political committee. C		Transaction ID: PR849790224745
Name of Employer SOUTH FULTON MEDICAL CENTER		Occupation ASSOC	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 ▼ <input type="text" value="798.00"/>	<input type="text" value="38.00"/>
			P/R Deduction (\$38.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="67.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="4791.30"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Friends For Harry Reid</p> <p>Mailing Address 426 C Street, NE Rear Building</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Sen. Harry Reid</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 32384529 Date of Disbursement 10 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>2010 General</p>
<p>B. Full Name (Last, First, Middle Initial) The Freedom Project</p> <p>Mailing Address 631-B Pennsylvania Avenue, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name The Freedom Project</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 32422134 Date of Disbursement 10 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>2010 Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Wasserman-Schultz For Congress</p> <p>Mailing Address P.O. Box 1756</p> <p>City Hallandale State FL Zip Code 33008</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Rep. Debbie Wasserman-Schultz</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 32422278 Date of Disbursement 10 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>2010 General</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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)

<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 POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress <hr/> Mailing Address P.O. Box 2232 <hr/> City Jenkintown State PA Zip Code 19046 <hr/> Purpose of Disbursement 2010 General Candidate Name Rep. Allyson Schwartz <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32422426 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 1 0
	Amount of Each Disbursement this Period 1500.00
	2010 General
	011 Category/ Type
B. Full Name (Last, First, Middle Initial) Cantor For Congress <hr/> Mailing Address P.O. Box 21027 <hr/> City Washington State DC Zip Code 20009 <hr/> Purpose of Disbursement 2010 General Candidate Name Rep. Eric Cantor <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32422580 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	2010 General
	011 Category/ Type
C. Full Name (Last, First, Middle Initial) Upton For All Of Us <hr/> Mailing Address P.O. Box 490 <hr/> City St. Joseph State MI Zip Code 49085 <hr/> Purpose of Disbursement 2010 General Candidate Name Rep. Frederick Upton <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32422617 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	2010 General
	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	6500.00
TOTAL This Period (last page this line number only) ▶	14000.00

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)

<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 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Chuck Hopson Campaign Mailing Address 506 East Commerce City Jacksonville State TX Zip Code 75766 Purpose of Disbursement Chuck Hopson, STATE HOUSE 11th TX Candidate Name Representa Chuck Hopson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 11 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32384752 Date of Disbursement 10 / 06 / 2010	Amount of Each Disbursement this Period 500.00
B.	Full Name (Last, First, Middle Initial) Naomi Gonzalez Campaign Mailing Address 405 Buena Vista City El Paso State TX Zip Code 79905 Purpose of Disbursement Naomi Gonzalez, STATE HOUSE 76th TX Candidate Name Naomi Gonzalez Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 76 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32384889 Date of Disbursement 10 / 06 / 2010	Amount of Each Disbursement this Period 500.00
C.	Full Name (Last, First, Middle Initial) Jane Nelson Campaign Mailing Address 1235 South Main Suite 280 City Grapevine State TX Zip Code 75051 Purpose of Disbursement Jane Nelson, STATE SENATE 12th TX Candidate Name Sen. Jane Nelson Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32385663 Date of Disbursement 10 / 06 / 2010	Amount of Each Disbursement this Period 500.00

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 50 / 50

<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 POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Rodriguez for Senate Mailing Address 911 Dallas Street City El Paso State TX Zip Code 79902 Purpose of Disbursement Jose Rodriguez, STATE SENATE 29th TX Candidate Name Jose Rodriguez Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32385896 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 1 0	Amount of Each Disbursement this Period 500.00 Jose Rodriguez, STATE SENATE 29th TX
B.	Full Name (Last, First, Middle Initial) Vicki Truitt Campaign Mailing Address P.O. Box 886 City Keller State TX Zip Code 76244 Purpose of Disbursement Vicki Truitt, STATE HOUSE 98th TX Candidate Name Representa Vicki Truitt Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 98 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32386288 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 1 0	Amount of Each Disbursement this Period 500.00 Vicki Truitt, STATE HOUSE 98th TX
C.	Full Name (Last, First, Middle Initial) Hospital & Healthsystem Association of PA PAC Mailing Address P.O. Box 2335 City Harrisburg State PA Zip Code 17105-2335 Purpose of Disbursement 2010 Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32422027 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 1 0	Amount of Each Disbursement this Period 4000.00 2010 Contribution

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	6500.00