

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 34 OF 61
(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

Full Name (Last, First, Middle Initial)

A. MARIO ESTRELL

Mailing Address 2714 Chaparral Dr

| | | |
|-------------|-------|------------|
| City | State | Zip Code |
| Nacogdoches | TX | 75965-3722 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tenet W2p

Occupation

RETIREE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 22 | / | 2015 |

Transaction ID : A28696B0287DC4670973

Amount of Each Receipt this Period

38.00

Payroll Deduction: \$19.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

B. CEZAR L QUIAMBAO

Mailing Address 845 Brisa Del Mar Dr

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| El Paso | TX | 79912-1513 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

PROVIDENCE MEMORIAL HOSPITAL

Occupation

DIR, RESPIRATORY SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

278.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 22 | / | 2015 |

Transaction ID : AABDEA4F34E76483EAAA

Amount of Each Receipt this Period

38.00

Payroll Deduction: \$19.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

C. TERESA L HUSKEY

Mailing Address 4333 Pershing Ave

| | | |
|----------|-------|------------|
| City | State | Zip Code |
| Ft Worth | TX | 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 ▼

1632.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 22 | / | 2015 |

Transaction ID : A5EB16ECE2DFA49D9909

Amount of Each Receipt this Period

192.00

Payroll Deduction: \$96.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

268.00

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