

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 1445 Ross Avenue Suite 1400 Dallas TX 75202-2703 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00119354 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 05 / 01 / 2012 through 05 / 31 / 2012

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

Type or Print Name of Treasurer Mr. Todd Plott

Signature of Treasurer Mr. Todd Plott [Electronically Filed] Date 06 / 20 / 2012

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="98990.39"/>	<input type="text" value="98990.39"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="129639.54"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="11036.85"/>	<input type="text" value="66256.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="140676.39"/>	<input type="text" value="165246.39"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="35000.00"/>	<input type="text" value="59570.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="105676.39"/>	<input type="text" value="105676.39"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

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).....	8498.00	35005.00
(ii) Unitemized .....	2538.85	26251.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	11036.85	61256.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	11036.85	61256.00
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	5000.00
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 Transfers (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))..... ▶	11036.85	66256.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	11036.85	66256.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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.....	26000.00	48220.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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 .....	9000.00	11350.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	35000.00	59570.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35000.00	59570.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	11036.85	61256.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11036.85	61256.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 43  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. MARK ONEIL**

Mailing Address 20 SEA LANE

City State Zip Code  
HILTON HEAD ISLAND SC 29928-5268

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

Name of Employer Occupation  
HILTON HEAD HOSPITAL PRESIDENT/CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2012  
**Transaction ID : 34822964**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. JAIKUMAR KRISHNASWAMY**

Mailing Address 13123 AVALANGE CT

City State Zip Code  
CYPRESS TX 77429-4913

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

Name of Employer Occupation  
CYPRESS FAIRBANKS MEDICAL CENTER COO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
209.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2012  
**Transaction ID : PR1025621127853**

Amount of Each Receipt this Period  
38.00

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

Full Name (Last, First, Middle Initial)  
**C. KEVIN MCCASLIN**

Mailing Address 1415 MAIN STREET #1403

City State Zip Code  
DALLAS TX 75202-4108

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

Name of Employer Occupation  
TENET HEALTHCARE CORPORATION DIR, COMPLIANCE

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1056.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2012  
**Transaction ID : PR1026156827853**

Amount of Each Receipt this Period  
192.00

P/R Deduction (\$96.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 730.00

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

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

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

FOR LINE NUMBER: PAGE 7 OF 43  
(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**

Full Name (Last, First, Middle Initial)  
**A. ROBERT RUSSELL**

Mailing Address 1001 SARANAC PARK

City State Zip Code  
 PEACHTREE CITY GA 30269-1274

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

Name of Employer Occupation  
 ATLANTA MEDICAL CENTER COO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2012

**Transaction ID : PR1159116227853**

Amount of Each Receipt this Period  
 50.00

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

Full Name (Last, First, Middle Initial)  
**B. 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 CORPORATION DIR, RELOCATION

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2012

**Transaction ID : PR1479664427853**

Amount of Each Receipt this Period  
 40.00

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

Full Name (Last, First, Middle Initial)  
**C. 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 CORPORATION SVP, REGIONAL OPERATIONS

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 418.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2012

**Transaction ID : PR1481203527853**

Amount of Each Receipt this Period  
 76.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 166.00

**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 OF 43  
(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. MICHAEL K BURTNETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1131 N EDGEFIELD AVE  
 City DALLAS State TX Zip Code 75208-3624  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, OUTPATIENT SERVICES  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **418.00**

Date of Receipt **05 / 31 / 2012**  
**Transaction ID : PR1568624527853**  
 Amount of Each Receipt this Period **76.00**  
 P/R Deduction (\$38.00 Bi-Weekly)

**B. CARLOS A DUBE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10172 SAIGON DR  
 City EL PASO State TX Zip Code 79925-5428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SIERRA PROVIDENCE EASTSIDE OCCUPATIONAL HOSPITAL Occupation DIR, IMAGING SVCS  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **209.00**

Date of Receipt **05 / 31 / 2012**  
**Transaction ID : PR1568782027853**  
 Amount of Each Receipt this Period **38.00**  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. THOMAS RICE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15126 FERDINAND DR  
 City DALLAS State TX Zip Code 75248-6437  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation SVP, INVESTOR RELATIONS  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **429.00**

Date of Receipt **05 / 31 / 2012**  
**Transaction ID : PR1592856027853**  
 Amount of Each Receipt this Period **78.00**  
 P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **192.00**  
**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 OF 43
	<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. ROBERT SMITH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5325 TATE AVE

City PLANO	State TX	Zip Code 75093-3433
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FEC ID number of contributing federal political committee. **C**

Name of Employer TENET HEALTHCARE CORPORATION	Occupation SVP, REGIONAL OPERATIONS
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
440.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

**Transaction ID : PR1592857727853**

Amount of Each Receipt this Period  
80.00

P/R Deduction (\$40.00 Bi-Weekly)

**B. RICKY JOHNSTON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 401 N.CHURCH ST

City MCKINNEY	State TX	Zip Code 75069
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FEC ID number of contributing federal political committee. **C**

Name of Employer TENET HEALTHCARE CORPORATION	Occupation VP, IT TECHNOLOGY
--	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
495.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

**Transaction ID : PR1592858227853**

Amount of Each Receipt this Period  
90.00

P/R Deduction (\$45.00 Bi-Weekly)

**C. JAY MIRANDA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 15871 SW 148 TERRACE

City MIAMI	State FL	Zip Code 33196-5701
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FEC ID number of contributing federal political committee. **C**

Name of Employer CORAL GABLES HOSPITAL	Occupation CEO
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
440.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

**Transaction ID : PR1734839227853**

Amount of Each Receipt this Period  
80.00

P/R Deduction (\$40.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> 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 OF 43
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. LEA D FOURKILLER</b>		Date of Receipt
Mailing Address 13219 GEORGE STREET		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
FARMERS BRANCH	TX	75234-5206
FEC ID number of contributing federal political committee.		Transaction ID : <b>PR1735529127853</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="88.00"/>
Name of Employer	Occupation	P/R Deduction (\$44.00 Bi-Weekly)
TENET PATIENT FINCL SVCS	VP & CHIEF COMP OFFICER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="484.00"/>	

Full Name (Last, First, Middle Initial) <b>B. JASON E EVANS</b>		Date of Receipt
Mailing Address 676 BRYN MAHR LANE		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
ROCKWALL	TX	75087-6018
FEC ID number of contributing federal political committee.		Transaction ID : <b>PR1735905227853</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="78.00"/>
Name of Employer	Occupation	P/R Deduction (\$39.00 Bi-Weekly)
LAKE POINTE MEDICAL CENTER	CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="289.00"/>	

Full Name (Last, First, Middle Initial) <b>C. DINA L DUNN</b>		Date of Receipt
Mailing Address 3717 CHERRY RIDGE DR		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
FRISCO	TX	75034-1328
FEC ID number of contributing federal political committee.		Transaction ID : <b>PR1735906027853</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	P/R Deduction (\$25.00 Bi-Weekly)
TENET HEALTHCARE CORPORATION	VP, HR HOSPITAL OPS	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="275.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="216.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 OF 43
	<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. JEREMY CLARK**  
Full Name (Last, First, Middle Initial)

Mailing Address 2411 N HALL ST#19

City DALLAS State TX Zip Code 75204-2839

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VICE PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 05 / 31 / 2012  
**Transaction ID : PR1735911027853**

Amount of Each Receipt this Period 60.00

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

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

Mailing Address 1111 N. MONTCLAIR AVE

City DALLAS State TX Zip Code 75208-3520

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, GOVERNMENT RELATIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1056.00

Date of Receipt 05 / 31 / 2012  
**Transaction ID : PR1814798527853**

Amount of Each Receipt this Period 192.00

P/R Deduction (\$96.00 Bi-Weekly)

**C. ALBERT BARROCAS**  
Full Name (Last, First, Middle Initial)

Mailing Address 4050 SPALDING DR

City ATLANTA State GA Zip Code 30350-1100

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

Name of Employer SOUTH FULTON MEDICAL CENTER Occupation CHIEF MEDICAL OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 31 / 2012  
**Transaction ID : PR2069711427853**

Amount of Each Receipt this Period 38.00

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

**SUBTOTAL** of Receipts This Page (optional).....▶ 290.00

**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 12 OF 43
<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**

Full Name (Last, First, Middle Initial) <b>A. MARK P LISA</b>			Date of Receipt MM / DD / YYYY 05 / 31 / 2012
Mailing Address 391 E MILGEO AVE			<b>Transaction ID : PR2174141227853</b>
City RIPON	State CA	Zip Code 95366-2120	Amount of Each Receipt this Period 78.00
FEC ID number of contributing federal political committee. C		P/R Deduction (\$39.00 Bi-Weekly)	
Name of Employer DOCTORS HOSPITAL OF MANTECA	Occupation CEO	Aggregate Year-to-Date ▼ 289.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. ROBERT J CUNNAH</b>			Date of Receipt MM / DD / YYYY 05 / 31 / 2012
Mailing Address 163 VILLAGIO WEST			<b>Transaction ID : PR2174361627853</b>
City PALM SPRINGS	State CA	Zip Code 92262-6395	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		P/R Deduction (\$50.00 Bi-Weekly)	
Name of Employer DESERT REGIONAL MEDICAL CENTER	Occupation CHIEF MEDICAL OFFICER	Aggregate Year-to-Date ▼ 550.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. CATHRYN H FRASER</b>			Date of Receipt MM / DD / YYYY 05 / 31 / 2012
Mailing Address 272 ENCLAVES COURT			<b>Transaction ID : PR2174559927853</b>
City COPPELL	State TX	Zip Code 75019-2125	Amount of Each Receipt this Period 192.00
FEC ID number of contributing federal political committee. C		P/R Deduction (\$96.00 Bi-Weekly)	
Name of Employer TENET HEALTHCARE CORPORATION	Occupation SVP, HUMAN RESOURCES	Aggregate Year-to-Date ▼ 1056.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	370.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 43
	<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. ALVIN W JOSEPHS**  
Full Name (Last, First, Middle Initial)

Mailing Address 3717 HERWOL AVE

City WACO State TX Zip Code 76710-7218

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR, COMPLNCE POLICY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 429.00

Date of Receipt 05 / 31 / 2012  
**Transaction ID : PR2174561227853**

Amount of Each Receipt this Period 78.00

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

**B. JOHN P LANDINO**  
Full Name (Last, First, Middle Initial)

Mailing Address 911 LAKE BREEZE

City HIGHLAND VILLAGE State TX Zip Code 75077-6491

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP PHY RELT PROG,BUS DEV

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 429.00

Date of Receipt 05 / 31 / 2012  
**Transaction ID : PR2174561727853**

Amount of Each Receipt this Period 78.00

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

**C. JEFFERY FLOCKEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 27 NEW DAWN

City IRVINE State CA Zip Code 92620-1976

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SVP, REGIONAL OPERATIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 05 / 31 / 2012  
**Transaction ID : PR2174567327853**

Amount of Each Receipt this Period 200.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 356.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 43
	<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**

Full Name (Last, First, Middle Initial) <b>A. PATRICIA SECHI</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 31 / 2012
Mailing Address 1231 FERDINAND ST #1802		<b>Transaction ID : PR2216476827853</b>
City CORAL GABLES	State FL	Zip Code 33134-2167
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.00
Name of Employer NORTH SHORE MEDICAL CENTER	Occupation COO	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 ▼ 209.00	

Full Name (Last, First, Middle Initial) <b>B. SALLY A HURT-STEFFEN</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 31 / 2012
Mailing Address 712 WALTHAM CT		<b>Transaction ID : PR2248480227853</b>
City EL PASO	State TX	Zip Code 79922-2128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL	Occupation CEO	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) <b>C. RICHARD E GLANCEY</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 31 / 2012
Mailing Address 6516 VASCO WAY		<b>Transaction ID : PR2284144027853</b>
City EL PASO	State TX	Zip Code 79912-1709
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 78.00
Name of Employer SIERRA MEDICAL CENTER	Occupation DIR, EXTERNAL AFFAIRS	P/R Deduction (\$39.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 429.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	216.00
<b>TOTAL</b> 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 OF 43
	<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. BRADLEY C TAYLOR**  
Full Name (Last, First, Middle Initial)

Mailing Address 9438 THORNBERRY LANE

City DALLAS State TX Zip Code 75220-5145

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR, BUSINESS DEV

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 31 / 2012  
Transaction ID : PR2284285127853

Amount of Each Receipt this Period 38.00

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

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

Mailing Address 4141 16TH STREET NE

City HICKORY State NC Zip Code 28601-8408

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

Name of Employer FRYE REGIONAL MEDICAL CENTER Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 418.00

Date of Receipt 05 / 31 / 2012  
Transaction ID : PR2369304327853

Amount of Each Receipt this Period 76.00

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

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

Mailing Address 3108 CLYMER DR

City PLANO State TX Zip Code 75025-5325

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, PERF MGMT & INNOVAT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 429.00

Date of Receipt 05 / 31 / 2012  
Transaction ID : PR2387796627853

Amount of Each Receipt this Period 78.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 192.00

**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 16 OF 43
	<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. PAUL A CASTANON**  
Full Name (Last, First, Middle Initial)

Mailing Address 6307 PRESTON PKWY

City DALLAS State TX Zip Code 75205-1650

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP & DEPUTY GNRL COUNSEL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 31 / 2012  
**Transaction ID : PR2398953027853**

Amount of Each Receipt this Period 38.00

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

**B. STEPHEN D PRESTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 3680 VILLAGE CENTER LANE

City BIRMINGHAM State AL Zip Code 35226-6343

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

Name of Employer BROOKWOOD MEDICAL CENTER Occupation VP, EXTERNAL AFFAIRS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 31 / 2012  
**Transaction ID : PR2428718427853**

Amount of Each Receipt this Period 38.00

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

**C. MR MICHAEL R HOLMES**  
Full Name (Last, First, Middle Initial)

Mailing Address 4241 VETERANS BLVD #200 #200

City METAIRIE State LA Zip Code 70006

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

Name of Employer TPS LOUISIANA DIS Occupation CEO - DIS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 418.00

Date of Receipt 05 / 31 / 2012  
**Transaction ID : PR2440288727853**

Amount of Each Receipt this Period 76.00

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

**SUBTOTAL** of Receipts This Page (optional).....▶ 152.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 43
	<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. KELVIN A BAGGETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6453 TULIP LANE  
 City DALLAS State TX Zip Code 75230-4148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation SVP, CHIEF MEDICAL OFCR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 429.00

Date of Receipt 05 / 31 / 2012  
**Transaction ID : PR2444580827853**  
 Amount of Each Receipt this Period 78.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. TYLER MURPHY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 108 LONDONBERRY TERR.  
 City SOUTHLAKE State TX Zip Code 76092-7321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation VP AND TREASURER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 31 / 2012  
**Transaction ID : PR2444580927853**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. MR. JAMES M THATCHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6608 CASTLE PINES DRIVE  
 City PLANO State TX Zip Code 75093-6378  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET PATIENT FINCL SVCS Occupation SVP, BUS DEVELOPMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 31 / 2012  
**Transaction ID : PR2460337927853**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 154.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 43
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE**

**A. MR. JAMES M COWLING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 111 SUNSET COVE  
 City PALM BEACH GARDENS State FL Zip Code 33418-4607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PALM BEACH GARDENS MEDICAL CENTER Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 31 / 2012  
**Transaction ID : PR2460338227853**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**B. DENISE F BERGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1504 COUNTRY BEND  
 City SAINT CHARLES State MO Zip Code 63303-2512  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DES PERES HOSPITAL Occupation HOSPITAL COMPLIANCE OFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 31 / 2012  
**Transaction ID : PR2492160327853**  
 Amount of Each Receipt this Period 50.00  
 P/R Deduction (\$25.00 Bi-Weekly)

**C. ROB FINNEGAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2804 CARRIAGE TRAIL  
 City MCKINNEY State TX Zip Code 75070-4306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR, FINANCE ASC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 31 / 2012  
**Transaction ID : PR2561467827853**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	126.00
<b>TOTAL</b> 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 OF 43
	<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. COREY L DAVISON**  
Full Name (Last, First, Middle Initial)

Mailing Address 2700 CREPE MYRTLE DRIVE

City State Zip Code  
FLOWER MOUND TX 75028-3617

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

Name of Employer Occupation  
TENET HEALTHCARE CORPORATION SR DIR, GOVT RELATIONS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
351.00

Date of Receipt  
05 / 31 / 2012  
**Transaction ID : PR2571027627853**

Amount of Each Receipt this Period  
78.00

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

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

Mailing Address 111 RIGHTERS MILL RD

City State Zip Code  
PENN VALLEY PA 19072-1312

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

Name of Employer Occupation  
HAHNEMANN UNIVERSITY HOSPITAL CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
209.00

Date of Receipt  
05 / 31 / 2012  
**Transaction ID : PR406763227853**

Amount of Each Receipt this Period  
38.00

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

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

Mailing Address 7243 BAXTERSHIRE DRIVE

City State Zip Code  
DALLAS TX 75230-3170

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

Name of Employer Occupation  
TENET HEALTHCARE CORPORATION VP, QUALITY MANAGEMENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
209.00

Date of Receipt  
05 / 31 / 2012  
**Transaction ID : PR407201327853**

Amount of Each Receipt this Period  
38.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 154.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 43
	<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. STEVE BROWN**  
Full Name (Last, First, Middle Initial)

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, CHIEF INFO OFFICER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2090.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2012  
**Transaction ID : PR407210627853**

Amount of Each Receipt this Period  
 380.00

P/R Deduction (\$190.00 Bi-Weekly)

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

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, A&D

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 418.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2012  
**Transaction ID : PR407215827853**

Amount of Each Receipt this Period  
 76.00

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

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

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 ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2012  
**Transaction ID : PR407219727853**

Amount of Each Receipt this Period  
 40.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	496.00
<b>TOTAL</b> 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 21 OF 43
	<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. JAMES E MCPARTLAND**  
Full Name (Last, First, Middle Initial)

Mailing Address 2345 TIMBERLAKE CIR

City ALLEN State TX Zip Code 75013-5835

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, PATIENT MGMT SYSTEMS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2012

**Transaction ID : PR407221527853**

Amount of Each Receipt this Period 38.00

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

**B. JOE D THOMASON**  
Full Name (Last, First, Middle Initial)

Mailing Address 6304 CARMEL FALLS CT

City MCKINNEY State TX Zip Code 75070-8768

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

Name of Employer CENTENNIAL MEDICAL CENTER Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 418.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2012

**Transaction ID : PR407222127853**

Amount of Each Receipt this Period 76.00

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

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

Mailing Address 11122 W RICKS CIRCLE

City DALLAS State TX Zip Code 75230-3032

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation REGIONAL CMO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2012

**Transaction ID : PR407222827853**

Amount of Each Receipt this Period 100.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 214.00

**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 22 OF 43  
(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**

Full Name (Last, First, Middle Initial)  
**A. DOUGLAS E RABE**  
 Mailing Address 7746 EAGLE TRAIL  
 City State Zip Code  
 DALLAS TX 75238-4115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 TENET HEALTHCARE CORPORATION VP, TAXATION  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2012  
**Transaction ID : PR407227327853**  
 Amount of Each Receipt this Period  
 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. 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 CORPORATION VP, INFO SYSTEMS  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2012  
**Transaction ID : PR407227627853**  
 Amount of Each Receipt this Period  
 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. 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 CORPORATION SVP & GENERAL COUNSEL  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1728.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2012  
**Transaction ID : PR407229227853**  
 Amount of Each Receipt this Period  
 192.00  
 P/R Deduction (\$96.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 272.00  
**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 23 OF 43  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

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

Mailing Address 3014 CASTLE PINES DRIVE

City State Zip Code  
DULUTH GA 30097-2039

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

Name of Employer Occupation  
ATLANTA MEDICAL CENTER MARKET CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2012  
**Transaction ID : PR407231827853**

Amount of Each Receipt this Period  
40.00

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

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

Mailing Address 1138 PINE VALLEY ROAD

City State Zip Code  
GRIFFIN GA 30224-4953

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

Name of Employer Occupation  
SPALDING REGIONAL HOSPITAL CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
418.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2012  
**Transaction ID : PR407236027853**

Amount of Each Receipt this Period  
76.00

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

Full Name (Last, First, Middle Initial)  
**C. CHARLES MILLER**

Mailing Address 747 MENDENHALL CT

City State Zip Code  
FORT MILL SC 29715-7852

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

Name of Employer Occupation  
PIEDMONT MEDICAL CENTER CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
209.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2012  
**Transaction ID : PR407241427853**

Amount of Each Receipt this Period  
38.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 154.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 43
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. JOHN F HOLLAND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3610 EDGEWATER STREET  
 City DALLAS State TX Zip Code 75205-4317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation SVP, REGIONAL OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1056.00

Date of Receipt 05 / 31 / 2012  
**Transaction ID : PR407242927853**  
 Amount of Each Receipt this Period 192.00  
 P/R Deduction (\$96.00 Bi-Weekly)

**B. JAMES D DORIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 264 IDLEWILDE LANE  
 City SANFORD State NC Zip Code 27332-9304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CENTRAL CAROLINA HOSPITAL Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt 05 / 31 / 2012  
**Transaction ID : PR407244827853**  
 Amount of Each Receipt this Period 70.00  
 P/R Deduction (\$35.00 Bi-Weekly)

**C. RALPH ALEMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 528 W 51ST ST  
 City MIAMI BEACH State FL Zip Code 33140-2611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HIALEAH HOSPITAL Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 31 / 2012  
**Transaction ID : PR407245327853**  
 Amount of Each Receipt this Period 40.00  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	302.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 43
	<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. DAVID L ARCHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2594 HOCKSETT COVE  
 City GERMANTOWN State TN Zip Code 38139-6655  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SAINT FRANCIS HOSPITAL Occupation MARKET CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1056.00

Date of Receipt 05 / 31 / 2012  
**Transaction ID : PR407250427853**  
 Amount of Each Receipt this Period 192.00  
 P/R Deduction (\$96.00 Bi-Weekly)

**B. STEPHEN L NEWMAN MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11034 TIBBS STREET  
 City DALLAS State TX Zip Code 75230-3450  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation CHIEF OPERATING OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2112.00

Date of Receipt 05 / 31 / 2012  
**Transaction ID : PR407257727853**  
 Amount of Each Receipt this Period 384.00  
 P/R Deduction (\$192.00 Bi-Weekly)

**C. ALAN R CASON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 255 EVERNIA ST#1503  
 City WEST PALM BCH State FL Zip Code 33401-5691  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pinnacle M.S.O Occupation VP & CEO MIDTOWN IMAGING  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 31 / 2012  
**Transaction ID : PR407263527853**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 614.00  
**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 OF 43  
(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. TERRY WHEELER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13802 MAGNOLIA MANOR  
 City CYPRESS State TX Zip Code 77429-8162  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CYPRESS FAIRBANKS MEDICAL CENTER Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt 05 / 31 / 2012  
**Transaction ID : PR407265627853**  
 Amount of Each Receipt this Period 70.00  
 P/R Deduction (\$35.00 Bi-Weekly)

**B. GARY L HONTS JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7707 N 127TH AVE  
 City OMAHA State NE Zip Code 68142-1723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CREIGHTON UNIVERSITY MEDICAL CENTER Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 357.00

Date of Receipt 05 / 31 / 2012  
**Transaction ID : PR407266427853**  
 Amount of Each Receipt this Period 78.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. CRAIG C ARMIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23510 BERDON STREET  
 City WOODLAND HILLS State CA Zip Code 91367-3004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, GOV'T PROGRAMS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 05 / 31 / 2012  
**Transaction ID : PR407274127853**  
 Amount of Each Receipt this Period 80.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 228.00  
**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 OF 43
	<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. KENT G CLAYTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 3 TURTLE BAY DRIVE

City NEWPORT BEACH State CA Zip Code 92660-4266

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

Name of Employer PLACENTIA LINDA HOSPITAL Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **418.00**

Date of Receipt **05 / 31 / 2012**

**Transaction ID : PR407278127853**

Amount of Each Receipt this Period **76.00**

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

**B. GARY J SLOAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 615 STEVENS CT

City DANVILLE State CA Zip Code 94506-4805

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

Name of Employer SAN RAMON REGION MEDICAL CENTER Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **209.00**

Date of Receipt **05 / 31 / 2012**

**Transaction ID : PR407278827853**

Amount of Each Receipt this Period **38.00**

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

**C. CANDACE MARKWITH**  
Full Name (Last, First, Middle Initial)

Mailing Address 980 ISABELLA WAY

City SAN LUIS OBISPO State CA Zip Code 93405-6186

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

Name of Employer SIERRA VISTA REGIONAL MEDICAL CENTER Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **429.00**

Date of Receipt **05 / 31 / 2012**

**Transaction ID : PR407280327853**

Amount of Each Receipt this Period **78.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... **192.00**

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

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

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

FOR LINE NUMBER: PAGE 28 OF 43  
(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. RODNEY A REASONER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1960 MARY LEE LN  
City ALLEN State TX Zip Code 75002-8528  
FEC ID number of contributing federal political committee. **C**  
Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, FINANCE  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 418.00

Date of Receipt 05 / 31 / 2012  
**Transaction ID : PR407280927853**  
Amount of Each Receipt this Period 76.00  
P/R Deduction (\$38.00 Bi-Weekly)

**B. MICHELE M FINNEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 21521 TURTLEDOVE STREET  
City TRABUCO CANYON State CA Zip Code 92679-3486  
FEC ID number of contributing federal political committee. **C**  
Name of Employer LOS ALAMITOS MEDICAL CENTER Occupation CEO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 418.00

Date of Receipt 05 / 31 / 2012  
**Transaction ID : PR407283927853**  
Amount of Each Receipt this Period 76.00  
P/R Deduction (\$38.00 Bi-Weekly)

**C. KEN WHEAT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 38041 E.BOGERT TRAIL  
City PALM SPRINGS State CA Zip Code 92264-9638  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DESERT REGIONAL MEDICAL CENTER Occupation COO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 418.00

Date of Receipt 05 / 31 / 2012  
**Transaction ID : PR407288727853**  
Amount of Each Receipt this Period 76.00  
P/R Deduction (\$38.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 228.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 43
	<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. RICK LYONS**  
Full Name (Last, First, Middle Initial)

Mailing Address 2425 BATTERING ROCK RD

City State Zip Code  
TEMPLETON CA 93465-8371

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

Name of Employer Occupation  
TWIN CITIES COMMUNITY HOSPITAL CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
209.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2012

**Transaction ID : PR413941927853**

Amount of Each Receipt this Period  
38.00

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

**B. KENNETH F SUTHERLAND**  
Full Name (Last, First, Middle Initial)

Mailing Address 102 WILMINGTON CT

City State Zip Code  
SOUTHLAKE TX 76092-8492

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

Name of Employer Occupation  
TENET HEALTHCARE CORPORATION VP, CONSTRUCTION & DESIG

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
418.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2012

**Transaction ID : PR839152227853**

Amount of Each Receipt this Period  
76.00

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

**C. LINDA K MERCIER**  
Full Name (Last, First, Middle Initial)

Mailing Address 14 COLUMBIA CREST PLACE

City State Zip Code  
WOODLANDS TX 77382-1334

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

Name of Employer Occupation  
HOUSTON NW MEDICAL CENTER CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
269.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2012

**Transaction ID : PR839173327853**

Amount of Each Receipt this Period  
78.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	192.00
<b>TOTAL</b> 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 OF 43
	<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**

Full Name (Last, First, Middle Initial) <b>A. PATRICIA C JOHNSON</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 <b>Transaction ID : PR839196427853</b>
Mailing Address 4616 LARGO DR.		Amount of Each Receipt this Period 40.00
City FLOWER MOUND	State TX	Zip Code 75028-3936
FEC ID number of contributing federal political committee. C	Name of Employer TENET HEALTHCARE CORPORATION	Occupation VP, CORPORATE HR
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. EDWARD MESCO</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 <b>Transaction ID : PR839477827853</b>
Mailing Address 7365 NW 54TH STREET		Amount of Each Receipt this Period 50.00
City LAUDERHILL	State FL	Zip Code 33319-6346
FEC ID number of contributing federal political committee. C	Name of Employer TENET HEALTHCARE CORPORATION	Occupation DIR, REG REIMBURSEMENT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. AUDREY T ANDREWS</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 <b>Transaction ID : PR840566927853</b>
Mailing Address 702 PENFOLDS		Amount of Each Receipt this Period 384.00
City COPPELL	State TX	Zip Code 75019-4544
FEC ID number of contributing federal political committee. C	Name of Employer TENET HEALTHCARE CORPORATION	Occupation SVP, CHIEF COMPL OFFICER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2112.00	P/R Deduction (\$192.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	474.00
<b>TOTAL</b> 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 31 OF 43
<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**

Full Name (Last, First, Middle Initial) <b>A. DREW P KAHN</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 <b>Transaction ID : PR840590427853</b>
Mailing Address 16015 KEMPTON PARK		Amount of Each Receipt this Period 76.00
City SPRING	State TX	Zip Code 77379-6730
FEC ID number of contributing federal political committee. C	Name of Employer TENET HEALTHCARE CORPORATION	Occupation VP, REGIONAL OPERATIONS
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 418.00	P/R Deduction (\$38.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. DEBORAH DALEY</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 <b>Transaction ID : PR840706227853</b>
Mailing Address PO BOX 757		Amount of Each Receipt this Period 40.00
City EDGEWOOD	State TX	Zip Code 75117-0757
FEC ID number of contributing federal political committee. C	Name of Employer TENET HEALTHSYSTEM-TEXAS	Occupation ASST - ADMINISTRATIVE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. DAVID W BORDOFSKE</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 <b>Transaction ID : PR840924627853</b>
Mailing Address 5001 ASHLAND BELLE LANE		Amount of Each Receipt this Period 80.00
City FRISCO	State TX	Zip Code 75035-7682
FEC ID number of contributing federal political committee. C	Name of Employer TENET HEALTHCARE CORPORATION	Occupation VP, CLINICAL SYSTEMS
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	P/R Deduction (\$40.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	196.00
<b>TOTAL</b> 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 32 OF 43
	<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. MARITA COVARRUBIAS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7115 WILDGROVE AVE

City DALLAS	State TX	Zip Code 75214-3841
----------------	-------------	------------------------

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

Name of Employer TENET HEALTHCARE CORPORATION	Occupation VP & ASST GENERAL COUNSE
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
209.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

**Transaction ID : PR841446727853**

Amount of Each Receipt this Period  
38.00

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

**B. TREVOR FETTER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3821 BEVERLY DRIVE

City DALLAS	State TX	Zip Code 75205-2807
----------------	-------------	------------------------

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

Name of Employer TENET HEALTHCARE CORPORATION	Occupation CEO AND PRESIDENT
--	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3663.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

**Transaction ID : PR841482527853**

Amount of Each Receipt this Period  
666.00

P/R Deduction (\$333.00 Bi-Weekly)

**C. JOHN TILLY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1221 WENTWOOD

City IRVING	State TX	Zip Code 75061-4456
----------------	-------------	------------------------

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

Name of Employer TENET HEALTHCARE CORPORATION	Occupation VP & ASST GENERAL COUNSE
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
825.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2012

**Transaction ID : PR842232427853**

Amount of Each Receipt this Period  
150.00

P/R Deduction (\$75.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	854.00
<b>TOTAL</b> 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 33 OF 43
	<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. ELIZABETH JOHNSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 3302 MARSH LANE

City GRAPEVINE State TX Zip Code 76051-6828

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation VP, APPLIED CLINICAL INF

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 418.00

Date of Receipt 05 / 31 / 2012  
**Transaction ID : PR842373127853**

Amount of Each Receipt this Period 76.00

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

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

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 ▼ 209.00

Date of Receipt 05 / 31 / 2012  
**Transaction ID : PR843874927853**

Amount of Each Receipt this Period 38.00

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

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

Mailing Address 7935 EAST DRIVE#901

City NORTH BAY VILLAGE State FL Zip Code 33141-3687

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

Name of Employer NORTH SHORE MEDICAL CENTER Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 418.00

Date of Receipt 05 / 31 / 2012  
**Transaction ID : PR844477227853**

Amount of Each Receipt this Period 76.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 190.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 43
	<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. PATRICIA L BRAINERD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5412 GLENSHIRE DR  
 City PLANO State TX Zip Code 75093-2800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TENET HEALTHCARE CORPORATION Occupation SR DIR, CORP COMMUN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 05 / 31 / 2012  
**Transaction ID : PR844644427853**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. STEVEN B BARR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1300 BINZ  
 City HOUSTON State TX Zip Code 77004-7016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PLAZA SPECIALTY HOSPITAL Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 31 / 2012  
**Transaction ID : PR844656627853**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**C. THOMAS I RUNKLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 868B PENNOCK ST  
 City PHILADELPHIA State PA Zip Code 19130-1234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HAHNEMANN UNIVERSITY HOSPITAL Occupation DIRECTOR OF OPERATIONS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt 05 / 31 / 2012  
**Transaction ID : PR844712827853**  
 Amount of Each Receipt this Period 38.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 176.00  
**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 35 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

Mailing Address 2713 STUYVESANT CR

City: MODESTO State: CA Zip Code: 95356-0337

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

Name of Employer: DOCTORS MEDICAL CENTER-MODESTO Occupation: COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼: 209.00

Date of Receipt: 05 / 31 / 2012  
Transaction ID : PR847417827853

Amount of Each Receipt this Period: 38.00

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

**B. STEVEN G WASSERMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 6132 DEERHILL RD

City: OAK PARK State: CA Zip Code: 91377-5832

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

Name of Employer: CAP MANAGEMENT SYSTEMS Occupation: CHIEF INFO OFFICER-CMS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼: 209.00

Date of Receipt: 05 / 31 / 2012  
Transaction ID : PR847970127853

Amount of Each Receipt this Period: 38.00

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

**C. JAMES CLEMENTS**  
Full Name (Last, First, Middle Initial)

Mailing Address 3013 GOLF CREST LANE

City: WOODSTOCK State: GA Zip Code: 30189-8197

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

Name of Employer: SOUTH FULTON MEDICAL CENTER Occupation: CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼: 418.00

Date of Receipt: 05 / 31 / 2012  
Transaction ID : PR849790227853

Amount of Each Receipt this Period: 76.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	152.00
<b>TOTAL</b> This Period (last page this line number only).....	8498.00

**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 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**

Full Name (Last, First, Middle Initial)

**A. Westmoreland For Congress**

Mailing Address P.O. Box 458

City State Zip Code  
Sharpsburg GA 30277

Purpose of Disbursement  
2012 Primary

011

Candidate Name

**Lynn Westmoreland**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: GA District: 08

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 01 / 2012

**Transaction ID : 34700723**

Amount of Each Disbursement this Period

500.00

2012 Primary

Full Name (Last, First, Middle Initial)

**B. Steve Scalise for Congress**

Mailing Address 213 Ashby Street

City State Zip Code  
Alexandria VA 22305

Purpose of Disbursement  
2012 Primary

011

Candidate Name

**Stephen Scalise**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: LA District: 01

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 01 / 2012

**Transaction ID : 34700724**

Amount of Each Disbursement this Period

1000.00

2012 Primary

Full Name (Last, First, Middle Initial)

**C. Reed-Black Victory Fund**

Mailing Address 228 South Washington Street  
Suite 115

City State Zip Code  
Alexandria VA 22314

Purpose of Disbursement  
2012 Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 11 / 2012

**Transaction ID : 34782032**

Amount of Each Disbursement this Period

1000.00

2012 Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2500.00

**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**

Full Name (Last, First, Middle Initial)

**A. Bob Casey for Senate**

Mailing Address P.O. Box 58746

City Philadelphia State PA Zip Code 19103

Purpose of Disbursement  
2012 General

011

Category/  
Type

Candidate Name

**Senator Bob Casey**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: PA District:

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2012

**Transaction ID : 34782033**

Amount of Each Disbursement this Period

2000.00

2012 General

Full Name (Last, First, Middle Initial)

**B. Friends Of John Boehner**

Mailing Address 7908 Cincinnati Dayton Road  
Suite I

City West Chester State OH Zip Code 45069

Purpose of Disbursement  
2012 General

011

Category/  
Type

Candidate Name

**Rep. John Boehner**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OH District: 08

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2012

**Transaction ID : 34782059**

Amount of Each Disbursement this Period

5000.00

2012 General

Full Name (Last, First, Middle Initial)

**C. The Freedom Project**

Mailing Address 320 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2012 Contribution

011

Category/  
Type

Candidate Name

**The Freedom Project**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2012

**Transaction ID : 34782060**

Amount of Each Disbursement this Period

5000.00

2012 Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

12000.00

**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**

Full Name (Last, First, Middle Initial)

**A. The Reyes Committee Inc.**

Mailing Address 1011 Montana Avenue

City El Paso State TX Zip Code 79902

Purpose of Disbursement  
2012 Primary

011  
Category/  
Type

Candidate Name

**Rep. Silvestre Reyes**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District: 16

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2012

**Transaction ID : 34782086**

Amount of Each Disbursement this Period

1500.00

2012 Primary

Full Name (Last, First, Middle Initial)

**B. The Majority Committee**

Mailing Address 213 Ashby Street

City Alexandria State VA Zip Code 22305

Purpose of Disbursement  
2012 Contribution

011  
Category/  
Type

Candidate Name

**The Majority Committee**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 11 / 2012

**Transaction ID : 34782087**

Amount of Each Disbursement this Period

5000.00

2012 Contribution

Full Name (Last, First, Middle Initial)

**C. Rely on Your Beliefs PAC**

Mailing Address 209 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2012 Contribution

011  
Category/  
Type

Candidate Name

**Rely on Your Beliefs PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 25 / 2012

**Transaction ID : 34841823**

Amount of Each Disbursement this Period

5000.00

2012 Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

11500.00

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

26000.00

**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**

Full Name (Last, First, Middle Initial)

**A. Friends of Joseph Scarnati**

Mailing Address PO Box 177

City State Zip Code  
Brockway PA 15824

Purpose of Disbursement  
Joseph Scarnati, STATE SENATE 25th PA

Candidate Name  
**Joseph Scarnati**

Office Sought:  House  
 Senate  
 President  
State: PA District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 01 / 2012

**Transaction ID : 34700721**

Amount of Each Disbursement this Period

500.00

Joseph Scarnati, STATE SENATE 25th PA

Full Name (Last, First, Middle Initial)

**B. Friends of Dominic Pileggi**

Mailing Address 101 West Baltimore Avenue

City State Zip Code  
Media PA 19063

Purpose of Disbursement  
Dominic Pileggi, STATE SENATE 9th PA

Candidate Name  
**PA Sen. Dominic Pileggi**

Office Sought:  House  
 Senate  
 President  
State: PA District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 01 / 2012

**Transaction ID : 34700722**

Amount of Each Disbursement this Period

500.00

Dominic Pileggi, STATE SENATE 9th PA

Full Name (Last, First, Middle Initial)

**C. John Otto for State House**

Mailing Address 104 West Clayton Street

City State Zip Code  
Dayton TX 77535

Purpose of Disbursement  
John Otto, STATE HOUSE 18th TX

Candidate Name  
**TX Rep. John Otto**

Office Sought:  House  
 Senate  
 President  
State: TX District: 18

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 02 / 2012

**Transaction ID : 34700730**

Amount of Each Disbursement this Period

500.00

John Otto, STATE HOUSE 18th TX

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1500.00

**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**

Full Name (Last, First, Middle Initial)

**A. Jim Pitts Campaign**

Mailing Address 310 West Jefferson Suite 2

City Waxahachie State TX Zip Code 75165

Purpose of Disbursement  
Jim Pitts, STATE HOUSE 10th TX

011

Candidate Name

**Representa Jim Pitts**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District: 10

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 02 / 2012

**Transaction ID : 34700731**

Amount of Each Disbursement this Period

1000.00

Jim Pitts, STATE HOUSE 10th TX

Full Name (Last, First, Middle Initial)

**B. Joe Straus for State House**

Mailing Address P.O. Box 90388

City San Antonio State TX Zip Code 78209

Purpose of Disbursement  
Joe Straus, STATE HOUSE 121st TX

011

Candidate Name

**TX Rep. Joe Straus III**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District: 21

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 02 / 2012

**Transaction ID : 34700732**

Amount of Each Disbursement this Period

1000.00

Joe Straus, STATE HOUSE 121st TX

Full Name (Last, First, Middle Initial)

**C. Lance Gooden for State House**

Mailing Address P.O. Box 2125

City Terrell State TX Zip Code 75160

Purpose of Disbursement  
Lance Gooden, STATE HOUSE 4th TX

011

Candidate Name

**TX Rep. Lance Gooden**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District: 04

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 02 / 2012

**Transaction ID : 34700733**

Amount of Each Disbursement this Period

500.00

Lance Gooden, STATE HOUSE 4th TX

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2500.00

**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 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**

Full Name (Last, First, Middle Initial)

**A. James Wilson for State House**

Mailing Address 24202 Doverwick Drive

City Tomball State TX Zip Code 77375

Purpose of Disbursement  
James Wilson, STATE HOUSE 150th TX

Candidate Name  
**James Wilson**

Office Sought:  House  
 Senate  
 President  
State: TX District: 50

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 02 / 2012

**Transaction ID : 34700734**

Amount of Each Disbursement this Period

500.00

James Wilson, STATE HOUSE 150th TX

Full Name (Last, First, Middle Initial)

**B. 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:  House  
 Senate  
 President  
State: TX District: 98

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 02 / 2012

**Transaction ID : 34700735**

Amount of Each Disbursement this Period

500.00

Vicki Truitt, STATE HOUSE 98th TX

Full Name (Last, First, Middle Initial)

**C. Robert Duncan for State Senate**

Mailing Address P.O. Box 2309

City Lubbock State TX Zip Code 79408

Purpose of Disbursement  
Robert Duncan, STATE SENATE 28th TX

Candidate Name  
**Senator Robert Duncan**

Office Sought:  House  
 Senate  
 President  
State: TX District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 02 / 2012

**Transaction ID : 34700736**

Amount of Each Disbursement this Period

1000.00

Robert Duncan, STATE SENATE 28th TX

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

2000.00

**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**

Full Name (Last, First, Middle Initial)

**A. Ken Paxton for State Senate**

Mailing Address P.O. Box 3476

City McKinney State TX Zip Code 75070

Purpose of Disbursement  
Ken Paxton, STATE SENATE 8th TX

011

Candidate Name

**TX Rep. Ken Paxton**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 02 / 2012

**Transaction ID : 34700737**

Amount of Each Disbursement this Period

1000.00

Ken Paxton, STATE SENATE 8th TX

Full Name (Last, First, Middle Initial)

**B. Tommy Williams for State Senate**

Mailing Address P.O. Box 8069

City Woodlands State TX Zip Code 77387

Purpose of Disbursement  
Thomas Williams, STATE SENATE 4th TX

011

Candidate Name

**TX Sen. Thomas Williams**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 02 / 2012

**Transaction ID : 34700738**

Amount of Each Disbursement this Period

1000.00

Thomas Williams, STATE SENATE 4th TX

Full Name (Last, First, Middle Initial)

**C. Robert Nichols for State Senate**

Mailing Address P.O. Box 2347

City Jacksonville State TX Zip Code 75766

Purpose of Disbursement  
Robert Nichols, STATE SENATE 3rd TX

011

Candidate Name

**TX Sen. Robert Nichols**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 02 / 2012

**Transaction ID : 34700739**

Amount of Each Disbursement this Period

1000.00

Robert Nichols, STATE SENATE 3rd TX

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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**

Full Name (Last, First, Middle Initial)

**A. Mike Rawlings for Dallas**

Mailing Address 500 Cresent Court  
Suite 250

City Dallas State TX Zip Code 75201

Purpose of Disbursement  
Mike Rawlings, Mayor TX

Category/  
Type

Candidate Name

**Mike Rawlings**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : 34700740**

Amount of Each Disbursement this Period

Mike Rawlings, Mayor TX

Full Name (Last, First, Middle Initial)

**B. Vicki Truitt Campaign**

Mailing Address P.O. Box 886

City Keller State TX Zip Code 76244

Purpose of Disbursement  
Void - Vicki Truitt Campaign

Category/  
Type

Candidate Name

**Representa Vicki Truitt**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District: 98

Date of Disbursement

/  /

**Transaction ID : 34790888**

Amount of Each Disbursement this Period

Void - Vicki Truitt Campaign

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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