

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | |
|---|------------------------------|------------------------------|-----------------------------|
| <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)

A. TERESA L HUSKEY

Mailing Address 4333 Pershing Ave

City

Ft Worth

State

TX

Zip Code

76107-4243

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORATION

Occupation

SR DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2304.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 28 | / | 2015 |

Transaction ID : AA617FFB55E304F36A7F

Amount of Each Receipt this Period

192.00

Payroll Deduction: \$96.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

B. RICHARD B LEE

Mailing Address 925 Penshore Ter

City

Glendale

State

CA

Zip Code

91207-1113

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORATION

Occupation

DIR, PROPERTY TAX

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 28 | / | 2015 |

Transaction ID : A47A004651C5A4D7EA5B

Amount of Each Receipt this Period

20.00

Payroll Deduction: \$10.00/Bi-Weekly

Full Name (Last, First, Middle Initial)

C. SALLY A HURT-STEFFEN

Mailing Address 712 Waltham Ct

City

El Paso

State

TX

Zip Code

79922-2128

FEC ID number of contributing
federal political committee.

C

Name of Employer

SIERRA PROVIDENCE EASTSIDE HOSPITAL

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 28 | / | 2015 |

Transaction ID : A5B5F605FC85E4320B0B

Amount of Each Receipt this Period

100.00

Payroll Deduction: \$50.00/Bi-Weekly

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

312.00

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