

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)

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☒ 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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. MOONEY, STEPHEN, M, ,

Mailing Address 11549 Cromwell Cir

City
Dallas

State
TX

Zip Code
75229-2533

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Tenet Patient Financial Services

Occupation (for Individual)
PRESIDENT, CONIFER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1824.00

Date of Receipt

09 / 15 / 2018

Transaction ID : ABA7DAAF9732F4291B93

Amount of Each Receipt this Period

192.00

☐ Memo Item

Payroll Deduction: \$96.00/Bi-Weekly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHESTER, DON, W, ,

Mailing Address 148 Bloomfield Dr

City

West Palm Bch

State

FL

Zip Code

33405-4102

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ST MARY'S MEDICAL CENTER

Occupation (for Individual)
Adm Director, Comm - Govt Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 12 / 2018

Transaction ID : A04C8DB26185E4E72A4E

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LOWRANCE, DEBRA, , ,

Mailing Address 1238 Lady Ln

City

Duncanville

State

TX

Zip Code

75116-2018

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Tenet Healthcare

Occupation (for Individual)
Sr Director, Quality Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 12 / 2018

Transaction ID : A1301F828040C4C9FA72

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

692.00