

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) [X] NEW (N) [] 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, May 20, Aug 20, Nov 20, Mar 20, Jun 20, Sep 20, Dec 20, Apr 20, Jul 20, Oct 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 04/01/2013 through 04/30/2013

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 05/20/2013

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="2013"/>		118968.39
(b) Cash on Hand at Beginning of Reporting Period.....	117107.39	
(c) Total Receipts (from Line 19)	9201.00	38730.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	126308.39	157698.39
7. Total Disbursements (from Line 31).....	26500.00	57890.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	99808.39	99808.39
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

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

For further information contact:

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

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

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).....	5598.30	15842.90
(ii) Unitemized	3602.70	22887.10
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	9201.00	38730.00
(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)	9201.00	38730.00
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	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total 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))..... ▶	9201.00	38730.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9201.00	38730.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	100.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	100.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16500.00	42000.00
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	390.00
(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	390.00
29. Other Disbursements	10000.00	15400.00
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)) ..	26500.00	57890.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26500.00	57890.00

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)	9201.00	38730.00
34. Total Contribution Refunds (from Line 28(d))	0.00	390.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9201.00	38340.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	100.00
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	100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. ROBERT S HENDLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 11122 W Ricks Cir
 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 ▼ 400.00

Date of Receipt 04 / 20 / 2013
Transaction ID : A06BA02DDB93246229F1
 Amount of Each Receipt this Period 100.00
 Payroll Deduction: \$50.00/Bi-Weekly

B. JOHN QUINN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1138 Pine Valley Rd
 City Griffin State GA Zip Code 30224-4953
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SPALDING REGIONAL HOSPITAL Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 304.00

Date of Receipt 04 / 20 / 2013
Transaction ID : A53BC938067FF421FB33
 Amount of Each Receipt this Period 76.00
 Payroll Deduction: \$38.00/Bi-Weekly

C. 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 ▼ 304.00

Date of Receipt 04 / 20 / 2013
Transaction ID : ACE9568227C524372BB1
 Amount of Each Receipt this Period 76.00
 Payroll Deduction: \$38.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	252.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 26
	<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)
A. CRAIG C ARMIN

Mailing Address 23510 Berdon St

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, GOVT PROGRAMS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 20 / 2013

Transaction ID : A4744F645DE3D4206BE1

Amount of Each Receipt this Period
80.00

Payroll Deduction: \$40.00/Bi-Weekly

Full Name (Last, First, Middle Initial)
B. JASON E EVANS

Mailing Address 676 Bryn Mahr Ln

City Rockwall State TX Zip Code 75087-6018

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

Name of Employer LAKE POINTE MEDICAL CENTER Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **312.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 20 / 2013

Transaction ID : AAC94561F09FB42A880F

Amount of Each Receipt this Period
78.00

Payroll Deduction: \$39.00/Bi-Weekly

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

Mailing Address 5001 Ashland Belle Ln

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 20 / 2013

Transaction ID : AC07306D75288439EA3E

Amount of Each Receipt this Period
80.00

Payroll Deduction: \$40.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... **238.00**

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 8 OF 26
<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. RICHARD E GLANCEY		Date of Receipt MM / DD / YYYY 04 / 20 / 2013 Transaction ID : AF58613310D544B85876
Mailing Address 6516 Vasco Way		Amount of Each Receipt this Period 88.00
City El Paso	State TX	Zip Code 79912-1709
FEC ID number of contributing federal political committee. C	Payroll Deduction: \$39.00/Bi-Weekly	
Name of Employer SIERRA MEDICAL CENTER	Occupation DIR, EXTERNAL AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.00	

Full Name (Last, First, Middle Initial) B. SALLY A HURT-STEFFEN		Date of Receipt MM / DD / YYYY 04 / 20 / 2013 Transaction ID : A70C516DEF41E4B41967
Mailing Address 712 Waltham Ct		Amount of Each Receipt this Period 100.00
City El Paso	State TX	Zip Code 79922-2128
FEC ID number of contributing federal political committee. C	Payroll Deduction: \$50.00/Bi-Weekly	
Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. LEA D FOURKILLER		Date of Receipt MM / DD / YYYY 04 / 20 / 2013 Transaction ID : A17FEA100EA9B4FE8973
Mailing Address 13219 George St		Amount of Each Receipt this Period 88.00
City Farmers Branch	State TX	Zip Code 75234-5206
FEC ID number of contributing federal political committee. C	Payroll Deduction: \$44.00/Bi-Weekly	
Name of Employer TENET PATIENT FINCL SVCS	Occupation VP & CHIEF COMP OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 352.00	

SUBTOTAL of Receipts This Page (optional).....▶	266.00
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 26
<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. VANESSA BENAVIDES
Full Name (Last, First, Middle Initial)

Mailing Address 3818 Cedar Spr
101-32

City Dallas State TX Zip Code 75219-0000

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

Name of Employer TENET HEALTHCARE CORPORATION Occupation CORP COMPLIANCE OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt 04 / 20 / 2013
Transaction ID : A721E7E7DBC144A309A1

Amount of Each Receipt this Period 78.00

Payroll Deduction: \$39.00/Bi-Weekly

B. KELVIN A BAGGETT
Full Name (Last, First, Middle Initial)

Mailing Address 6453 Tulip Ln

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 ▼ 312.00

Date of Receipt 04 / 20 / 2013
Transaction ID : A42EA3F10B4994C1299A

Amount of Each Receipt this Period 78.00

Payroll Deduction: \$39.00/Bi-Weekly

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

Mailing Address 163 Villaggio W

City Palm Springs State CA Zip Code 92262-6395

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

Name of Employer DESERT REGIONAL MEDICAL CENTER Occupation CHIEF MEDICAL OFFICER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 06 / 2013
Transaction ID : AFA842DE5DB5645B59B5

Amount of Each Receipt this Period 50.00

Payroll Deduction: \$50.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 206.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 26
	<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	<input type="checkbox"/> 17

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

A. TIM ADAMS
Full Name (Last, First, Middle Initial)

Mailing Address 2408 University Club Dr

City Austin State TX Zip Code 78732-2052

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 ▼ **768.00**

Date of Receipt **04 / 20 / 2013**

Transaction ID : AE2A501F73360464A94E

Amount of Each Receipt this Period **192.00**

Payroll Deduction: \$96.00/Bi-Weekly

B. ELIZABETH JOHNSON
Full Name (Last, First, Middle Initial)

Mailing Address 3302 Marsh Ln

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 ▼ **304.00**

Date of Receipt **04 / 20 / 2013**

Transaction ID : A80F381F32CA24A6EA04

Amount of Each Receipt this Period **76.00**

Payroll Deduction: \$38.00/Bi-Weekly

C. 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 ▼ **350.00**

Date of Receipt **04 / 06 / 2013**

Transaction ID : A454FC850888E4D49B81

Amount of Each Receipt this Period **50.00**

Payroll Deduction: \$50.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... **318.00**

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 11 OF 26
	<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. JOHN TILLY
Full Name (Last, First, Middle Initial)

Mailing Address 1221 Wentwood Dr

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 ▼ 600.00

Date of Receipt 04 / 20 / 2013
Transaction ID : **AAB7C489461154BD58C1**

Amount of Each Receipt this Period 150.00

Payroll Deduction: \$75.00/Bi-Weekly

B. COREY L DAVISON
Full Name (Last, First, Middle Initial)

Mailing Address 2700 Crepe Myrtle Dr

City Flower Mound State TX Zip Code 75028-3617

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt 04 / 20 / 2013
Transaction ID : **A61FDC96963FB4C90973**

Amount of Each Receipt this Period 78.00

Payroll Deduction: \$39.00/Bi-Weekly

C. STEPHEN M MOONEY
Full Name (Last, First, Middle Initial)

Mailing Address 4619 Briar Oaks Cir

City Dallas State TX Zip Code 75287-7503

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

Name of Employer TENET PATIENT FINCL SVCS Occupation PRESIDENT, CONIFER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt 04 / 20 / 2013
Transaction ID : **A23236369C42F4A829EA**

Amount of Each Receipt this Period 78.00

Payroll Deduction: \$39.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	306.00
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 12 OF 26
(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. JOHN B MCDONALD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2230 Warner Rd
 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 ▼ 304.00

Date of Receipt 04 / 20 / 2013
Transaction ID : A4BA6A69D435646B9B21
 Amount of Each Receipt this Period 76.00
 Payroll Deduction: \$38.00/Bi-Weekly

B. 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 ▼ 1330.00

Date of Receipt 04 / 06 / 2013
Transaction ID : A872E5FF9005E4404899
 Amount of Each Receipt this Period 190.00
 Payroll Deduction: \$190.00/Bi-Weekly

C. DAVID L ARCHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2594 Hocksett Cv
 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 ▼ 768.00

Date of Receipt 04 / 20 / 2013
Transaction ID : ADCBD1D2A07F14DE3908
 Amount of Each Receipt this Period 192.00
 Payroll Deduction: \$96.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 458.00
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 13 OF 26
	<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. 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 **304.00**

Date of Receipt **04 / 20 / 2013**
Transaction ID : AF52DEEA7AC5945C4BB/
Amount of Each Receipt this Period **76.00**
Payroll Deduction: \$38.00/Bi-Weekly

B. ROBERT SMITH
Full Name (Last, First, Middle Initial)
Mailing Address 5325 Tate Ave
City Plano State TX Zip Code 75093-3433
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 **320.00**

Date of Receipt **04 / 20 / 2013**
Transaction ID : A1BF13BD0BA0245F0882
Amount of Each Receipt this Period **80.00**
Payroll Deduction: \$40.00/Bi-Weekly

C. BRITT REYNOLDS
Full Name (Last, First, Middle Initial)
Mailing Address 3201 Wentwood Dr
City Dallas State TX Zip Code 75225-4845
FEC ID number of contributing federal political committee. **C**
Name of Employer TENET HEALTHCARE CORPORATION Occupation PRESIDENT OF HOSPITAL OPERATIONS
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **769.20**

Date of Receipt **04 / 20 / 2013**
Transaction ID : A7C9E1349A6B14EC9AF2
Amount of Each Receipt this Period **192.30**
Payroll Deduction: \$96.15/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... **348.30**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 26
	<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	<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 Dr

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 ▼ **304.00**

Date of Receipt **04 / 20 / 2013**

Transaction ID : A88A7C75459114216963

Amount of Each Receipt this Period **76.00**

Payroll Deduction: \$38.00/Bi-Weekly

B. 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 ▼ **312.00**

Date of Receipt **04 / 20 / 2013**

Transaction ID : A4364829F84AE4D31B2B

Amount of Each Receipt this Period **78.00**

Payroll Deduction: \$39.00/Bi-Weekly

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

Mailing Address 14 Columbia Crest Pl

City Spring State TX Zip Code 77382-1334

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

Name of Employer HOUSTON NW MEDICAL CENTER Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **312.00**

Date of Receipt **04 / 20 / 2013**

Transaction ID : A0455C255BC8141BA984

Amount of Each Receipt this Period **78.00**

Payroll Deduction: \$39.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....	232.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 26
	<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) A. KENNETH F SUTHERLAND		Date of Receipt MM / DD / YYYY 04 / 20 / 2013
Mailing Address 102 Wilmington Ct		Transaction ID : A82C64338D07A4831ABE
City Southlake	State TX	Zip Code 76092-8492
FEC ID number of contributing federal political committee.	C	
Name of Employer TENET HEALTHCARE CORPORATION	Occupation VP, CONSTRUCTION & DESIG	Amount of Each Receipt this Period 76.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 304.00	Payroll Deduction: \$38.00/Bi-Weekly

Full Name (Last, First, Middle Initial) B. THOMAS RICE		Date of Receipt MM / DD / YYYY 04 / 20 / 2013
Mailing Address 15126 Ferdinand Dr		Transaction ID : AD300DDC95A6B4C63AF1
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	Amount of Each Receipt this Period 78.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.00	Payroll Deduction: \$39.00/Bi-Weekly

Full Name (Last, First, Middle Initial) C. JOHN P LANDINO		Date of Receipt MM / DD / YYYY 04 / 20 / 2013
Mailing Address 911 Lake Breeze Dr		Transaction ID : A87F66F538291436F858
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	Amount of Each Receipt this Period 78.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.00	Payroll Deduction: \$39.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	232.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 OF 26
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. RICKY JOHNSTON
Full Name (Last, First, Middle Initial)

Mailing Address 401 N Church St

City McKinney State TX Zip Code 75069-3854

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 ▼ **360.00**

Date of Receipt: **04 / 20 / 2013**
Transaction ID : **A7C36E099C56D4415951**

Amount of Each Receipt this Period: **90.00**

Payroll Deduction: \$45.00/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 ▼ **304.00**

Date of Receipt: **04 / 20 / 2013**
Transaction ID : **A57ED5D4A06164D69A74**

Amount of Each Receipt this Period: **76.00**

Payroll Deduction: \$38.00/Bi-Weekly

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

Mailing Address 714 Kent Ct

City Southlake State TX Zip Code 76092-8868

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

Name of Employer: TENET HEALTHCARE CORPORATION
Occupation: SVP & GENERAL COUNSEL

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **768.00**

Date of Receipt: **04 / 20 / 2013**
Transaction ID : **A82BAC95BA49A4DF8B37**

Amount of Each Receipt this Period: **192.00**

Payroll Deduction: \$96.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	358.00
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 26
	<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. TERRY WHEELER
 Full Name (Last, First, Middle Initial)
 Mailing Address 13802 Magnolia Manor Dr
 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 **280.00**

Date of Receipt **04 / 20 / 2013**
Transaction ID : ABC1A49D05ACE4D79953
 Amount of Each Receipt this Period **70.00**
 Payroll Deduction: \$35.00/Bi-Weekly

B. KEN WHEAT
 Full Name (Last, First, Middle Initial)
 Mailing Address 38041 E Bogert Trl
 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 **304.00**

Date of Receipt **04 / 20 / 2013**
Transaction ID : AE9B931B905C24B3B9D1
 Amount of Each Receipt this Period **76.00**
 Payroll Deduction: \$38.00/Bi-Weekly

C. AUDREY T ANDREWS
 Full Name (Last, First, Middle Initial)
 Mailing Address 702 Penfolds Ln
 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: Primary General Other (specify) Aggregate Year-to-Date **1536.00**

Date of Receipt **04 / 20 / 2013**
Transaction ID : A9AECA973F03A447687C
 Amount of Each Receipt this Period **384.00**
 Payroll Deduction: \$192.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	530.00
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 26
	<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	<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. JAY MIRANDA		Date of Receipt MM / DD / YYYY 04 / 20 / 2013 Transaction ID : A80F2A938560249F6B92
Mailing Address 15871 SW 148th Ter		Amount of Each Receipt this Period 80.00
City Miami	State FL	Zip Code 33196-5701
FEC ID number of contributing federal political committee. C	Payroll Deduction: \$40.00/Bi-Weekly	
Name of Employer CORAL GABLES HOSPITAL	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) B. MANUEL LINARES		Date of Receipt MM / DD / YYYY 04 / 20 / 2013 Transaction ID : ADBFCA13439DB4D27A12
Mailing Address 7935 East Dr Apt 901		Amount of Each Receipt this Period 76.00
City North Bay Village	State FL	Zip Code 33141-3693
FEC ID number of contributing federal political committee. C	Payroll Deduction: \$38.00/Bi-Weekly	
Name of Employer NORTH SHORE MEDICAL CENTER	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 304.00	

Full Name (Last, First, Middle Initial) C. GARY L HONTS JR.		Date of Receipt MM / DD / YYYY 04 / 20 / 2013 Transaction ID : A8953286AEA5D4786934
Mailing Address 7707 N 127th Ave		Amount of Each Receipt this Period 78.00
City Omaha	State NE	Zip Code 68142-1723
FEC ID number of contributing federal political committee. C	Payroll Deduction: \$39.00/Bi-Weekly	
Name of Employer CREIGHTON UNIVERSITY MEDICAL CENTER	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.00	

SUBTOTAL of Receipts This Page (optional).....▶	234.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 26
	<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)
A. 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 ▼
304.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 20 / 2013

Transaction ID : A3A3872DC239C4410918

Amount of Each Receipt this Period
76.00

Payroll Deduction: \$38.00/Bi-Weekly

Full Name (Last, First, Middle Initial)
B. JAMES D DORIS

Mailing Address 264 Idlewilde Ln

City State Zip Code
Sanford NC 27332-9304

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

Name of Employer Occupation
CENTRAL CAROLINA HOSPITAL CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 20 / 2013

Transaction ID : A664BA12D12294690874

Amount of Each Receipt this Period
70.00

Payroll Deduction: \$35.00/Bi-Weekly

Full Name (Last, First, Middle Initial)
C. MARK P LISA

Mailing Address 391 E Milgeo Ave

City State Zip Code
Ripon CA 95366-2120

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

Name of Employer Occupation
DOCTORS HOSPITAL OF MANTECA CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
312.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 20 / 2013

Transaction ID : A580A3A5927A6478887D

Amount of Each Receipt this Period
78.00

Payroll Deduction: \$39.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ▶ 224.00

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 26
	<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. 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 ▼ **312.00**

Date of Receipt **04 / 20 / 2013**

Transaction ID : A08990682D531498D877

Amount of Each Receipt this Period **78.00**

Payroll Deduction: \$39.00/Bi-Weekly

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

Mailing Address 3610 Edgewater St

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 ▼ **768.00**

Date of Receipt **04 / 20 / 2013**

Transaction ID : A502A45155F6B4BFE856

Amount of Each Receipt this Period **192.00**

Payroll Deduction: \$96.00/Bi-Weekly

C. TREVOR FETTER
Full Name (Last, First, Middle Initial)

Mailing Address 3821 Beverly Dr

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 ▼ **2331.00**

Date of Receipt **04 / 20 / 2013**

Transaction ID : AFAAA1F60851C4CE6BD6

Amount of Each Receipt this Period **666.00**

Payroll Deduction: \$333.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	936.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 21 OF 26
(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. CATHRYN H FRASER
 Full Name (Last, First, Middle Initial)
 Mailing Address 272 Enclaves Ct
 City Coppel State TX Zip Code 75019-2125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENET HEALTHCARE CORPORATION Occupation SVP, HUMAN RESOURCES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 768.00

Date of Receipt 04 / 20 / 2013
Transaction ID : A9039721380FB4E48A3A
 Amount of Each Receipt this Period 192.00
 Payroll Deduction: \$96.00/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 ▼ 768.00

Date of Receipt 04 / 20 / 2013
Transaction ID : A3F2562F7CFB14951B82
 Amount of Each Receipt this Period 192.00
 Payroll Deduction: \$96.00/Bi-Weekly

C. MICHELE M FINNEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 21521 Turtledove St
 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 ▼ 304.00

Date of Receipt 04 / 20 / 2013
Transaction ID : AFE082457427E4080A07
 Amount of Each Receipt this Period 76.00
 Payroll Deduction: \$38.00/Bi-Weekly

SUBTOTAL of Receipts This Page (optional).....▶	460.00
TOTAL This Period (last page this line number only).....▶	5598.30

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Jim Gerlach for Congress Committee

Mailing Address P.O. Box 87

City Uwchland State PA Zip Code 19480-0087

Purpose of Disbursement
2014 Primary

Candidate Name
Rep. Jim W. Gerlach

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: PA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	1	3

Transaction ID : **BF3916017E3B04FEAA1B**

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Tuesday Group PAC

Mailing Address P.O. Box 11586

City Washington State DC Zip Code 20008

Purpose of Disbursement
2013 Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2013 Primary General Other (specify) ▼
State: District: Other2013

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	1	3

Transaction ID : **BC12936115DCA4FA4B56**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Federation of American Hospitals PAC (FedPAC)

Mailing Address 750 9th Street, NW
Suite 600

City Washington State DC Zip Code 20001

Purpose of Disbursement
2013 Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2013 Primary General Other (specify) ▼
State: District: Other2013

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	1	3

Transaction ID : **BE7E6219F35F84A42944**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

1	1	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

1	1	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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. American Hospital Association PAC

Mailing Address 325 7th Street, NW
Suite 700

City Washington State DC Zip Code 20004

Purpose of Disbursement
2013 Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Other2013

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	25	/	2013

Transaction ID : B8D8F62F8D10A41319B2

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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

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

5000.00

16500.00

**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. Oscar Lesser for Mayor

Mailing Address 1017 Quinta Antigua

City El Paso State TX Zip Code 79912-2040

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Other2013

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : BBBE449555FB7498BBF5

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Friends of Joseph Scarnati

Mailing Address PO Box 177

City Brockway State PA Zip Code 15824

Purpose of Disbursement
2014 Primary

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	1	3

Transaction ID : BD5D4FCA2C8964F8CB32

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Hospital & Healthsystem Association of PA PAC

Mailing Address P.O. Box 2335

City Harrisburg State PA Zip Code 17105-2335

Purpose of Disbursement
2013 Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Other2013

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	1	3

Transaction ID : B483D73DB66D249CFADA

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

6	0	0	0	0	0	0	0	0	0
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5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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 Dominic Pileggi

Mailing Address 101 West Baltimore Avenue

City State Zip Code
Media PA 19063

Purpose of Disbursement
2014 Primary

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	1	3

Transaction ID : BD6A219C367624C30896

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Collin County Republican Party

Mailing Address 8416 Stacy Road, #100

City State Zip Code
McKinney TX 75070

Purpose of Disbursement
2013 Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	1	3

Transaction ID : B2FC8C885607842378B0

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Steve Ortega Campaign

Mailing Address 500 West Overland, #250K

City State Zip Code
El Paso TX 79901-1086

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	3

Transaction ID : BC123C271872B401791D

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3	5	0	0	0	0	0	0	0	0
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3	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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. Annise Parker for Houston

Mailing Address P.O. Box 66513

City Houston State TX Zip Code 77266

Purpose of Disbursement
2013 Primary

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Other2013

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 02 / 2013

Transaction ID : B3C3D46F7049945E79E7

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

500.00

10000.00