LAW OFFICES OF
NIELSEN, MERKSAMER,
PARRINELLO, MUELLER & NAYLOR, LLP
A LIMITED LIABILITY PARTNERSHIP INCLUDING A PROFESSIONAL CORPORATION
591 REDWOOD HIGHWAY, #4000
MILL VALLEY, CALIFORNIA 94941-3039
TELEPHONE (415) 389-6800
FAX (415) 388-6874

SACRAMENTO
770 L STREET, SUITE 800
SACRAMENTO, CALIFORNIA 95814
TELEPHONE (916) 446-6752
FAX (916) 446-4108

SAN FRANCISCO
TWO EMBARCADERO CENTER, SUITE 200
SAN FRANCISCO, CALIFORNIA 94111
TELEPHONE (415) 389-6800
FAX (415) 388-6874

RECEIVED
FEC MAIL ROOM
2002 JAN -8 P 12:52

December 17, 2001

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

Dear Filing Officer:

Enclosed herewith please find the original signed copy of the following for:

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

for the period 06/01/98 Through 06/30/98

- [ ] Form 1
- [x] Form 3X (Amendment)
- [x] **Report to the Federal Election Commission via Certified Mail**
- [x] Report(s) to state filing official(s) sent via Certified Mail
- [ ] Other: _____

Please endorse this transmittal letter as acknowledgment of receipt of the enclosed report and return it in the stamped envelope provided.

cc: California
Louisiana

#7125.01

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2002 JAN -8 P 12: 52

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1. NAME OF COMMITTEE (in full)
TENET HEALTHCARE CORPORATION PAC

ADDRESS (number and street) ☐ Check if different than previously reported
3820 STATE ST.

CITY, STATE and ZIP CODE
SANTA BARBARA, CA 93105

2. FEC IDENTIFICATION NUMBER
C00319394

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:

☐ February 20	☐ June 20	☐ October 20
☐ March 20	☒ July 20	☐ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☐ September 20	☐ January 31

☐ 12-Day Pre-Election Report for the _____ (Type of Election)
election on _____ In the State of _____

☐ 30-Day Post-Election Report following the General Election
on _____ In the State of _____

(b) Is this Report an Amendment? ☒ YES ☐ NO

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period 06/01/1998 through 06/30/1998		
6.	(a) Cash on Hand January 1, 1998		$ 41450.14
	(b) Cash on Hand at Beginning of Reporting Period	$ 80445.08	
	(c) Total Receipts (from Line 19)	$ 4965.66	$ 52545.60
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 85410.74	$ 133995.74
7.	Total Disbursements (from Line 30)	$ 6500.00	$ 55085.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 78910.74	$ 78910.74
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	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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 JASON D. KAUNE, ASSISTANT TREASURER

Signature of Treasurer

Date 11/ 30 /01

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

FEC FORM 3X
(revised 9/99)

FE8AN121PDF

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE
TENET HEALTHCARE CORPORATION PAC

REPORT COVERING PERIOD
FROM 06/01/1998 TO: 06/30/1998

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	1994.96	47991.88	11(a)(i)
ii. Unitemized	2970.70	44053.72	11(a)(ii)
iii. Total (add i and ii) >	4965.66	92045.60	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	500.00	11(c)
d. Total Contributions (add a iii, b and c) >	4965.66	92545.60	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	4965.66	92545.60	19
20. Total Federal Receipts (subtract line 18 from line 19) >	4965.66	92545.60	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	0.00	0.00	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	0.00	0.00	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	6,500.00	43,870.00	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	15.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) >	0.00	15.00	28(d)
29. Other Disbursements	0.00	11,200.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	6500.00	55085.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	6500.00	55085.00	31
III. NetContributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	4965.66	92545.60	32
33. Total Contribution Refunds (from line 28d)	0.00	15.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	4965.66	92530.60	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0.00	0.00	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	0.00	0.00	37

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 9

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven Altschiller 6211 Edenbrook Drive Sugar Land, TX 77479	Twelve Oaks Hospital	06/06/1998	$20.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Chief Executive Officer Aggregate Year-to-Date $ 760.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Bartlett 230 Turtle Creek Circle Oldsmar, FL 34677	Palms of Pasadena Hospital	06/06/1998	$5.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Chief Executive Officer Aggregate Year-to-Date $ 565.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark E. Bryan 10378 N.W. 63rd Drive Parkland, FL 33076	Tenet Healthcare Corporation	06/06/1998	$19.23
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Vice President Aggregate Year-to-Date $ 349.99		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Albert Canete 671 Quincy Avenue Long Beach, CA 90804	Tenet Healthcare Corporation	06/06/1998	$20.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Vice President, Finance Aggregate Year-to-Date $ 260.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harold E. (Hal) Chilton 1032 Vista Grande Paso Robles, CA 93446	Sierra Vista Regional Med.Ctr.	06/06/1998	$40.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Chief Executive Officer Aggregate Year-to-Date $ 520.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steve Dominguez 17600 Prairie Northridge, CA 91325	Tenet Healthcare Corporation	06/06/1998	$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Senior Vice President Aggregate Year-to-Date $ 825.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Trevor Fetter 1530 Mimosa Lane Santa Barbara, CA 93108	Tenet Healthcare Corporation	06/06/1998	$40.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Chief Financial Officer Aggregate Year-to-Date $ 520.00		

SUBTOTAL of Receipts This Page (optional) 169.23

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Michael Focht, Sr. P.O. Box 703 Santa Ynez, CA 93460-0703 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Tenet Healthcare Corporation Occupation: President Aggregate Year-to-Date $ 500.50	06/06/1998	$38.50
B. Full Name, Mailing Address and ZIP Code Richard S. Freeman 1423 Wesleys Run Gladwyne, PA 19035 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Med College of Penn Hosp. Occupation: Chief Executive Officer Aggregate Year-to-Date $ 341.75	06/06/1998	$31.25
C. Full Name, Mailing Address and ZIP Code Truman Gates 21130 Ambric Knolls Road Saratoga, CA 95070 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Desert Regional Medical Center Occupation: Chief Executive Officer Aggregate Year-to-Date $ 260.00	06/06/1998	$20.00
D. Full Name, Mailing Address and ZIP Code James Ginther, M.D. 4744 Jacob Lane Wentzeville, MO 63385 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Compton Heights Hospital Occupation: Physician Aggregate Year-to-Date $ 350.00	06/06/1998	$50.00
E. Full Name, Mailing Address and ZIP Code Charles Green 14628 Lakecrest Drive Addison, TX 75244 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Tenet Healthcare Corporation Occupation: Chief Financial Officer Aggregate Year-to-Date $ 325.00	06/06/1998	$25.00
F. Full Name, Mailing Address and ZIP Code Jerry Mabry 105 Hi Lo Terrace Hot Springs, AR 71901 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: National Park Medical Center Occupation: Chief Executive Officer Aggregate Year-to-Date $ 260.00	06/06/1998	$20.00
F. Full Name, Mailing Address and ZIP Code David Mauss 16477 Santa Bianca Hacienda Heights, CA 91745 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Garden Grove Hospital Occupation: Vice President, Development Aggregate Year-to-Date $ 1300.00	06/06/1998	$100.00

SUBTOTAL of Receipts This Page (optional)	284.75
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. David Mayeux 2455 Robin Drive Roanoke, TX 76262 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Tenet Healthcare Corporation Occupation: Executive Vice President Aggregate Year-to-Date $ 1040.00	06/06/1998	$80.00
B. Michael Rembis 78-255 Monte Sereno Circle Indian Wells, CA 92210 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Centinela Hospital Med. Ctr. Occupation: Chief Executive Officer Aggregate Year-to-Date $ 260.00	06/05/1998	$20.00
C. Regina Renteria 6330 NW 200th Terrace Miami, FL 33015 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: North Shore Medical Center Occupation: Manager Aggregate Year-to-Date $ 225.00	06/06/1998	$25.00
D. Richard Robinson 617 Topaz Lane Ripon, CA 95366 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Doctors Hospital of Manteca Occupation: Chief Executive Officer Aggregate Year-to-Date $ 260.00	06/06/1998	$20.00
E. Leonard Rosenfeld 1502 Pecos Drive Southlake, TX 76092 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Tenet Healthcare Corporation Occupation: Vice President, Specialty Ops. Aggregate Year-to-Date $ 520.00	06/06/1998	$40.00
F. Paul Russell 4244 Avenida DeLa Encinal Malibu, CA 90265 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Tenet Healthcare Corporation Occupation: Senior Vice President Aggregate Year-to-Date $ 325.00	06/06/1998	$25.00
F. Phil Shaw 641 Audubon Circle Griffin, GA 30223 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Spalding Regional Hospital Occupation: Chief Executive Officer Aggregate Year-to-Date $ 214.29	06/05/1998	$23.61

SUBTOTAL of Receipts This Page (optional) 235.31

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 4 OF 9

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles R. Slaton 317 Nordin Lane Russellville, AR 72802	Tenet Healthcare Corporation	06/06/1998	$28.94
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Regional Vice President Aggregate Year-to-Date $ 374.92		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald Thayer 901 Bristol Court Southlake, TX 76032	Tenet Healthcare Corporation	06/06/1998	$4.62
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Vice President, A & D Aggregate Year-to-Date $ 560.06		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lenny J. Turkewitz, M.D. 1504 Pine Street New Orleans, LA 70118	People's Health Network	06/06/1998	$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Medical Director Aggregate Year-to-Date $ 250.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gustavo Valdespino 5 Sunburst Irvine, CA 92612	Tenet Healthcare Corporation	06/06/1998	$40.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Vice President Aggregate Year-to-Date $ 460.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Philip Walkley 2505 Cottonwood Jonesboro, AR 72401	Regional Hospital of NEA	06/06/1998	$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Chief Executive Officer Aggregate Year-to-Date $ 395.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jaime Wesolowski 4020 Lennox Drive New Orleans, LA 70131	Meadowcrest Hospital	06/06/1998	$19.33
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Chief Executive Officer Aggregate Year-to-Date $ 249.99		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Wilson 324 S. Smedley Street Philadelphia, PA 19103-6718	Tenet Healthcare Corporation	06/06/1998	$26.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Vice President, Finance Aggregate Year-to-Date $ 338.00		

SUBTOTAL of Receipts This Page (optional) 168.69

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 5 OF 5

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Wolf 2501 Ohio Drive Plano, TX 75093	Tenet Healthcare Corporation	06/06/1998	$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Manager Aggregate Year-to-Date $ 208.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph Lewis P.O. Box 4230 Mesa, AZ 85211	Mesa General Hospital	06/12/1998	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Chief Executive Officer Aggregate Year-to-Date $ 250.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven Altmiller 6211 Eberbrook Drive Sugar Land, TX 77479	Twelve Oaks Hospital	06/20/1998	$20.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Chief Executive Officer Aggregate Year-to-Date $ 760.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Bartlett 230 Turtle Creek Circle Oldsmar, FL 34677	Palms of Pasadena Hospital	06/23/1998	$5.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Chief Executive Officer Aggregate Year-to-Date $ 565.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark H. Bryan 10378 N.W. 63rd Drive Parkland, FL 33076	Tenet Healthcare Corporation	06/20/1998	$19.23
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Vice President Aggregate Year-to-Date $ 249.99		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Albert Canete 671 Quincy Avenue Long Beach, CA 90804	Tenet Healthcare Corporation	06/20/1998	$20.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Vice President, Finance Aggregate Year-to-Date $ 260.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harold E. (Hal) Chilton 1032 Vista Grande Paso Robles, CA 93446	Sierra Vista Regional Med.Ctr.	06/20/1998	$40.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Chief Executive Officer Aggregate Year-to-Date $ 520.00		

SUBTOTAL of Receipts This Page (optional) 370.23

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. Steve Domingues 17800 Prairie Northridge, CA 91325 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Tenet Healthcare Corporation Occupation: Senior Vice President Aggregate Year-to-Date $ 825.00	06/20/1998	$25.00
B. Trevor Fetter 1530 Mimosa Lane Santa Barbara, CA 93108 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Tenet Healthcare Corporation Occupation: Chief Financial Officer Aggregate Year-to-Date $ 520.00	06/20/1998	$40.00
C. Michael Focht, Sr. P.O. Box 703 Santa Ynez, CA 93460-0703 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Tenet Healthcare Corporation Occupation: President Aggregate Year-to-Date $ 500.50	06/20/1998	$39.50
D. Richard S. Freeman 1423 Wesleys Run Gladwyne, PA 19035 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Med College of Penn Hosp. Occupation: Chief Executive Officer Aggregate Year-to-Date $ 343.75	06/20/1998	$31.25
E. Truman Gates 21130 Ambric Zaella Road Saratoga, CA 95070 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Desert Regional Medical Center Occupation: Chief Executive Officer Aggregate Year-to-Date $ 260.00	06/20/1998	$20.00
F. James Ginther, M.D. 4744 Jacob Lane Wentzville, MO 63385 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Compton Heights Hospital Occupation: Physician Aggregate Year-to-Date $ 350.00	06/20/1998	$50.00
F. Charles Green 14628 Lakecrest Drive Addison, TX 75244 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Tenet Healthcare Corporation Occupation: Chief Financial Officer Aggregate Year-to-Date $ 325.00	06/20/1998	$25.00

SUBTOTAL of Receipts This Page (optional) 229.75

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A. Full Name, Mailing Address and ZIP Code Gerry Mabry 105 El Lo Terrace Hot Springs, AR 71901 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer National Park Medical Center Occupation Chief Executive Officer Aggregate Year-to-Date $ 260.00	Date (month, day, year) 06/20/1998	Amount of Each Receipt this Period $20.00
B. Full Name, Mailing Address and ZIP Code David Mayes 16477 Santa Bianca Hacienda Heights, CA 91745 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Garden Grove Hospital Occupation Vice President, Development Aggregate Year-to-Date $ 1300.00	Date (month, day, year) 06/20/1998	Amount of Each Receipt this Period $100.00
C. Full Name, Mailing Address and ZIP Code David Mayeux 2455 Robin Drive Roanoke, TX 76262 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Tenet Healthcare Corporation Occupation Executive Vice President Aggregate Year-to-Date $ 1040.00	Date (month, day, year) 06/20/1998	Amount of Each Receipt this Period $80.00
D. Full Name, Mailing Address and ZIP Code Michael Renbis 78-255 Monte Sereno Circle Indian Wells, CA 92210 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Centinela Hospital Med. Ctr. Occupation Chief Executive Officer Aggregate Year-to-Date $ 260.00	Date (month, day, year) 06/20/1998	Amount of Each Receipt this Period $20.00
E. Full Name, Mailing Address and ZIP Code Regina Rentoria 6330 NW 200th Terrace Miami, FL 33015 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer North Shore Medical Center Occupation Manager Aggregate Year-to-Date $ 225.00	Date (month, day, year) 06/20/1998	Amount of Each Receipt this Period $25.00
F. Full Name, Mailing Address and ZIP Code Richard Robinson 617 Topaz Lane Ripon, CA 95366 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Doctors Hospital of Manteca Occupation Chief Executive Officer Aggregate Year-to-Date $ 260.00	Date (month, day, year) 06/20/1998	Amount of Each Receipt this Period $20.00
F. Full Name, Mailing Address and ZIP Code Leonard Rosenfeld 1502 Pecos Drive Southlake, TX 76097 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Tenet Healthcare Corporation Occupation Vice President, Specialty Ops. Aggregate Year-to-Date $ 520.00	Date (month, day, year) 06/20/1998	Amount of Each Receipt this Period $40.00

SUBTOTAL of Receipts This Page (optional) 305.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Russell 4244 Avenida Dela Rocinal Malibu, CA 90265	Tenet Healthcare Corporation	06/20/1998	$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Senior Vice President Aggregate Year-to-Date $ 325.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Phil Shaw 441 Audubon Circle Griffin, GA 30223	Spalding Regional Hospital	06/20/1998	$23.31
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Chief Executive Officer Aggregate Year-to-Date $ 214.29		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles R. Slaton 317 Nordin Lane Russellville, AR 72802	Tenet Healthcare Corporation	06/20/1998	$28.84
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Regional Vice President Aggregate Year-to-Date $ 374.92		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald Thayer 901 Bristol Court Southlake, TX 76092	Tenet Healthcare Corporation	06/20/1998	$4.62
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Vice President, A & D Aggregate Year-to-Date $ 560.06		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Larry J. Turkewitz, M.D. 1504 Pine Street New Orleans, LA 70118	People's Health Network	06/20/1998	$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Medical Director Aggregate Year-to-Date $ 250.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gustavo Valdespino 5 Burhurst Irvine, CA 92612	Tenet Healthcare Corporation	06/20/1998	$40.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Vice President Aggregate Year-to-Date $ 460.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Philip Walkley 2505 Cottonwood Jonesboro, AR 72401	Regional Hospital of NEA	06/20/1998	$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Chief Executive Officer Aggregate Year-to-Date $ 305.00		

SUBTOTAL of Receipts This Page (optional) 172.27

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 9 OF 9

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

TENET HEALTHCARE CORPORATION PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Jaime Wesolowski 4024 Lennox Drive New Orleans, LA 70131 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Meadowcrest Hospital Occupation: Chief Executive Officer Aggregate Year-to-Date $ 249.99	06/20/1998	$19.23
B. William Wilson 324 S. Smedley Street Philadelphia, PA 19103 6718 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Tenet Healthcare Corporation Occupation: Vice President, Finance Aggregate Year-to-Date $ 338.00	06/20/1998	$26.00
C. Thomas Wolf 2601 Ohio Drive Plano, TX 75093 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Tenet Healthcare Corporation Occupation: Manager Aggregate Year-to-Date $ 208.00	06/20/1998	$16.00
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	61.23
TOTAL This Period (last page this line number only)	1994.96

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED (R/C) 12-27-01
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

Imw — 1-8-02

PREPARER — DATE PREPARED

(6/2000)