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

SACRAMENTO
770 L STREET, SUITE 800
SACRAMENTO, CALIFORNIA 95814
TELEPHONE (916) 446-6752
FAX (916) 446-6106

SAN FRANCISCO
120 MONTGOMERY STREET, SUITE 1055
SAN FRANCISCO, CALIFORNIA 94104
TELEPHONE (415) 389-6800
FAX (415) 388-6874

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
JUL 27 [illegible] AM 10:[illegible]

July 31, 1999

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 1/1/99 Through 6/30/99.

- [ ] Form 1
- [X] Form 3x
- [ ] Other: _____
- [ ] Amendment to Above
- [X] Report to the Federal Election Commission sent by Federal-Express
- [X] Report to State Filing Official(s) sent with Certificate of Mailing

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

cc: California, Louisiana, Missouri, North Dakota, Florida, Massachusetts, Texas, Pennsylvania, North Carolina, Tennessee

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUL 27 10 45 AM '99

1. NAME OF COMMITTEE (in full)

TENET HEALTHCARE CORPORATION PAC

ADDRESS (number and street) ☐ Check if different than previously reported

3820 STATE STREET

CITY, STATE and ZIP CODE

SANTA BARBARA, CA 93105

2. FEC IDENTIFICATION NUMBER

C00119354

3. [X] 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

[x] 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 [x] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 01/01/1999 through 06/30/1999		
6. (a) Cash on Hand January 1, 1999		$ 11055.35
(b) Cash on Hand at Beginning of Reporting Period	$ 11055.35	
(c) Total Receipts (from Line 19)	$ 62309.50	$ 62309.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 73364.85	$ 73364.85
7. Total Disbursements (from Line 30)	$ 31002.45	$ 31002.45
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 42362.40	$ 42362.40
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: James R. Sutton, Assistant Treasurer

Signature of Treasurer: James R. Sutton

Date: 7/16/99

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 9/93)

www.netfile.net

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 01/01/1999 TO: 06/30/1999

	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)	35275.00	35275.00	11(a)(i)
ii. Unitemized	27034.50	27034.50	11(a)(ii)
iii. Total (add i and ii) >	62309.50	62309.50	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions (add a iii, b and c) >	62309.50	62309.50	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) >	62309.50	62309.50	19
20. Total Federal Receipts (subtract line 18 from line 19) >	62309.50	62309.50	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	23500.00	23500.00	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	2002.45	2002.45	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) >	2002.45	2002.45	28(d)
29. Other Disbursements	5500.00	5500.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	31002.45	31002.45	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	31002.45	31002.45	31
III. NetContributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	62309.50	62309.50	32
33. Total Contribution Refunds (from line 28d)	2002.45	2002.45	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	60307.05	60307.05	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

FOR LINE NUMBER 12|A|11

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A. Full Name, Mailing Address and ZIP Code RICHARD AHRENS 1708 CHERRYBROOK STREET NACOGDOCHES, TX 75961	Name of Employer NACOGDOCHES MEDICAL CENTER	Date (month, day, year) 01/12/1999	Amount of Each Receipt this Period $50.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Occupation CHIEF OPERATING OFFICER Aggregate Year-to-Date $ 275.00		
B. Full Name, Mailing Address and ZIP Code RICHARD AHRENS 1708 CHERRYBROOK STREET NACOGDOCHES, TX 75961	Name of Employer NACOGDOCHES MEDICAL CENTER	Date (month, day, year) 02/11/1999	Amount of Each Receipt this Period $75.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Occupation CHIEF OPERATING OFFICER Aggregate Year-to-Date $ 275.00		
C. Full Name, Mailing Address and ZIP Code RICHARD AHRENS 1708 CHERRYBROOK STREET NACOGDOCHES, TX 75961	Name of Employer NACOGDOCHES MEDICAL CENTER	Date (month, day, year) 03/16/1999	Amount of Each Receipt this Period $50.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Occupation CHIEF OPERATING OFFICER Aggregate Year-to-Date $ 275.00		
D. Full Name, Mailing Address and ZIP Code RICHARD AHRENS 1708 CHERRYBROOK STREET NACOGDOCHES, TX 75961	Name of Employer NACOGDOCHES MEDICAL CENTER	Date (month, day, year) 05/07/1999	Amount of Each Receipt this Period $100.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Occupation CHIEF OPERATING OFFICER Aggregate Year-to-Date $ 275.00		
E. Full Name, Mailing Address and ZIP Code DAVID L. ARCHER 2594 HOCKSETT CV. GERMANTOWN, TN 38139	Name of Employer ST. FRANCIS HOSPITAL	Date (month, day, year) 04/07/1999	Amount of Each Receipt this Period $500.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Occupation CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 500.00		
F. Full Name, Mailing Address and ZIP Code CLIFFORD J. BAUER 401 NW 131ST AVENUE PLANTATION, FL 33325--221	Name of Employer HIALEAH HOSPITAL	Date (month, day, year) 04/14/1999	Amount of Each Receipt this Period $500.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Occupation CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 500.00		
F. Full Name, Mailing Address and ZIP Code MARIAN P. BENNETT 2299 PORTSIDE WAY CHARLESTON, SC 29407	Name of Employer EAST COOPER REGIONAL MEDICAL CENTER	Date (month, day, year) 05/07/1999	Amount of Each Receipt this Period $250.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Occupation VICE PRESIDENT, PATIENT CARE SERVICES Aggregate Year-to-Date $ 250.00		

SUBTOTAL of Receipts This Page (optional) 1525.00

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

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
JOEL M. BERGENFELD 3040 NE 190 ST., APT. 203 AVENTURA, FL 33180 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: FLORIDA MEDICAL CENTER Occupation: CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 400.00	05/05/1999	$400.00
EDWIN J. BODE 9597 GOTTEN WAY GERMANTOWN, TN 38139 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: ST. FRANCIS HOSPITAL Occupation: CPO Aggregate Year-to-Date $ 250.00	06/09/1999	$250.00
DAN BROTHMAN 1872 SHARON LANE SANTA ANA, CA 92705 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: WESTERN MEDICAL CENTER - SANTA ANA Occupation: CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 500.00	05/05/1999	$500.00
GREGORY BURFITT 2305 COUNTRY RIDGE WAY BIRMINGHAM, AL 35243 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: BROOKWOOD MEDICAL CENTER Occupation: CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 500.00	04/27/1999	$500.00
CAROLYN B. CARTENTER 237 PINEWOOD LANE ROCK HILL, SC 29730 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: PIEDMONT HEALTHCARE SYSTEM Occupation: VICE PRESIDENT/COMMUNITY & GOVERNMENT Aggregate Year-to-Date $ 250.00	05/19/1999	$250.00
RICHARD A. CENTAFONT 60 EAST TOWNSHIP LINE ROAD ELKINS PARK, PA 19027 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: ELKINS PARK HOSPITAL Occupation: CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 500.00	05/05/1999	$500.00
PHILIP A. COHEN 22253 PARCHED DRIVE CALABASAS, CA 91302 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: GARFIELD MED CENTER/MONTEREY PARK HOSP Occupation: CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 500.00	05/05/1999	$500.00

SUBTOTAL of Receipts This Page (optional) 2900.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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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. MICHAEL COLLINS 7614 SE 13TH CIRCLE OCALA, FL 34480--665 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: SEVEN RIVERS COMMUNITY HOSPITAL Occupation: CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 500.00	04/05/1999	$500.00
B. THOMAS W. COMB, JR. 46 SOCIETY STREET CHARLESTON, SC 29401 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: EAST COOPER REGIONAL MEDICAL CENTER Occupation: CHIEF OPERATING OFFICER Aggregate Year-to-Date $ 250.00	05/07/1999	$250.00
C. GORDON R. CUMMINGS 1919 VERDUGO LOMA DRIVE GLENDALE, CA 91208 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: QUEEN OF ANGELS Occupation: DIRECTOR, ENGINEERING Aggregate Year-to-Date $ 500.00	05/07/1999	$500.00
D. Harold E. (Hal) Chilton 1032 Vista Grande Paso Robles, CA 93446-- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: Sierra Vista Regional Med.Ctr. Occupation: CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 400.00	01/12/1999	$80.00
E. Harold E. (Hal) Chilton 1032 Vista Grande Paso Robles, CA 93446-- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: Sierra Vista Regional Med.Ctr. Occupation: CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 400.00	02/11/1999	$120.00
F. Harold E. (Hal) Chilton 1032 Vista Grande Paso Robles, CA 93446-- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: Sierra Vista Regional Med.Ctr. Occupation: CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 400.00	03/16/1999	$80.00
F. Harold E. (Hal) Chilton 1032 Vista Grande Paso Robles, CA 93446-- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: Sierra Vista Regional Med.Ctr. Occupation: CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 400.00	04/07/1999	$80.00

SUBTOTAL of Receipts This Page (optional) 1610.00

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

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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. Harold E. (Hal) Chilton 1032 Vista Grande Paso Robles, CA 93446--	Sierra Vista Regional Med.Ctr. CHIEF EXECUTIVE OFFICER $ 400.00	06/28/1999	$40.00
B. L. GLENN DAVIS 8600 HARRINGTON PLACE SANFORD, NC 27330	CENTRAL CAROLINA HOSPITAL EXECUTIVE DIRECTOR $ 500.00	03/26/1999	$500.00
C. JERRY DELOACH 5679 WEST WOODSIDE DRIVE CRYSTAL RIVER, FL 34429	SEVEN RIVERS COMMUNITY HOSPITAL CHIEF FINANCIAL OFFICER $ 350.00	06/03/1999	$250.00
D. CHRISTOPHER DICICCO 2605 VAN GOGH DRIVE MODESTO, CA 95356	GRADUATE HOSPITAL CEO $ 500.00	05/19/1999	$500.00
E. DANIEL F. DOORE 20141 BONNIE BRAE WAY SARATOGA, CA 95070	COMMUNITY HOSPITAL, LOS GATOS CEO $ 500.00	06/09/1999	$500.00
F. Steve Dominguez 17800 Prairie Northridge, CA 91325--	Tenet Healthcare Corporation VICE PRESIDENT $ 250.00	01/12/1999	$50.00
F. Steve Dominguez 17800 Prairie Northridge, CA 91325--	Tenet Healthcare Corporation VICE PRESIDENT $ 250.00	02/12/1999	$75.00

Receipt For: ☐ Primary ☐ General ☒ Other (specify):

SUBTOTAL of Receipts This Page (optional) 1915.00

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

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
Steve Dominguez 17800 Prairie Northridge, CA 91325--	Tenet Healthcare Corporation	03/16/1999	$50.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Occupation: VICE PRESIDENT Aggregate Year-to-Date $ 350.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steve Dominguez 17800 Prairie Northridge, CA 91325--	Tenet Healthcare Corporation	04/07/1999	$50.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Occupation: VICE PRESIDENT 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
Steve Dominguez 17800 Prairie Northridge, CA 91325--	Tenet Healthcare Corporation	06/28/1999	$25.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Occupation: VICE PRESIDENT 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
DONNA E. ERB 13672 HADDINGTON LANE DALLAS, TX 75287	TENET HEALTHCARE CORPORATION	06/28/1999	$500.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Occupation: ASSISTANT GENERAL COUNSEL Aggregate Year-to-Date $ 500.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RAHEEL M. FAROUGH 5400 PRESTON OAKS, NO. 2067 DALLAS, TX 75240	TENET HEALTHCARE CORPORATION	06/28/1999	$500.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Occupation: DIRECTOR, MANAGED CARE Aggregate Year-to-Date $ 500.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MITCHELL FELDMAN 7021 WEST CYPRESSHEAD DRIVE PARKLAND, FL 33067	DELRAY COMMUNITY HOSPITAL	04/09/1999	$250.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Occupation: CHIEF EXECUTIVE OFFICER 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
JOHN V. FENTON 3037 SHADOW HILL CIRCLE THOUSAND OAKS, CA 91360	QUEEN OF ANGELS HOSPITAL	03/26/1999	$500.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Occupation: CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 500.00		

SUBTOTAL of Receipts This Page (optional) 1875.00

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

PAGE 6 OF 20

FOR LINE NUMBER 11|A||1

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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
ROBERT FRITTS 4434 THIRD ST. LANE, NW HICKORY, NC 28601	FRYE REGIONAL MEDICAL CENTER	05/19/1999	$250.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Occupation: CFO Aggregate Year-to-Date $ 250.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
L. MARCUS FRY, JR. 795 VIA MIRADA EL PASO, TX 79922	Sierra Medical Center	04/05/1999	$500.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Occupation: CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 500.00		
C. 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	01/12/1999	$80.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Occupation: CHIEF FINANCIAL OFFICER Aggregate Year-to-Date $ 400.00		
D. 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	02/11/1999	$120.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Occupation: CHIEF FINANCIAL OFFICER Aggregate Year-to-Date $ 400.00		
E. 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	03/16/1999	$80.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Occupation: CHIEF FINANCIAL OFFICER Aggregate Year-to-Date $ 400.00		
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	04/07/1999	$80.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Occupation: CHIEF FINANCIAL OFFICER Aggregate Year-to-Date $ 400.00		
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	06/26/1999	$40.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Occupation: CHIEF FINANCIAL OFFICER Aggregate Year-to-Date $ 400.00		

SUBTOTAL of Receipts This Page (optional)	1150.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 20

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
Michael Focht, Sr. P.O. Box 703 Santa Ynez, CA 93460--070	Tenet Healthcare Corporation	01/12/1999	$77.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation: PRESIDENT Aggregate Year-to-Date $ 385.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Focht, Sr. P.O. Box 703 Santa Ynez, CA 93460--070	Tenet Healthcare Corporation	02/11/1999	$115.50
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation: PRESIDENT Aggregate Year-to-Date $ 385.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Focht, Sr. P.O. Box 703 Santa Ynez, CA 93460--070	Tenet Healthcare Corporation	03/16/1999	$77.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation: PRESIDENT Aggregate Year-to-Date $ 385.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Focht, Sr. P.O. Box 703 Santa Ynez, CA 93460--070	Tenet Healthcare Corporation	04/07/1999	$77.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation: PRESIDENT Aggregate Year-to-Date $ 385.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Focht, Sr. P.O. Box 703 Santa Ynez, CA 93460--070	Tenet Healthcare Corporation	06/28/1999	$38.50
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation: PRESIDENT Aggregate Year-to-Date $ 385.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARTHA GARCIA 7250 JACARANDA LANE MIAMI LAKES, FL 33014	CORAL GABLES HOSPITAL	03/26/1999	$500.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation: CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 500.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GARRY L. GAUSE 301 LLOYD NOLAND PARKWAY BIRMINGHAM, AL 35064	LLOYD NOLAND HOSPITAL	04/07/1999	$250.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation: CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 250.00		

SUBTOTAL of Receipts This Page (optional)	1135.00
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

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. ANDREA F. GILBERT 722 CLARENDON ROAD PENN VALLEY, PA 19072 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: CITY AVENUE HOSPITAL Occupation: CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 500.00	04/09/1999	$500.00
B. RICHARD GOLD 7609 NORTH CYPRESSHEAD DRIVE PARKLAND, FL 33067 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: WEST BOCA MEDICAL CENTER Occupation: CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 500.00	05/05/1999	$500.00
C. RENE GOUX 404 BORDEAUX COURT MADISONVILLE, LA 70447 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: DOCTORS HOSPITAL OF JEFFERSON Occupation: CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 500.00	04/21/1999	$500.00
D. CHARLES GREEN 14628 Lakecrest Drive Addison, TX 75244-- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: Tenet Healthcare Corporation Occupation: CHIEF FINANCIAL OFFICER Aggregate Year-to-Date $ 250.00	01/12/1999	$50.00
E. CHARLES GREEN 14628 Lakecrest Drive Addison, TX 75244-- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: Tenet Healthcare Corporation Occupation: CHIEF FINANCIAL OFFICER Aggregate Year-to-Date $ 250.00	02/11/1999	$75.00
F. CHARLES GREEN 14628 Lakecrest Drive Addison, TX 75244-- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: Tenet Healthcare Corporation Occupation: CHIEF FINANCIAL OFFICER Aggregate Year-to-Date $ 250.00	03/16/1999	$50.00
F. CHARLES GREEN 14628 Lakecrest Drive Addison, TX 75244-- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: Tenet Healthcare Corporation Occupation: CHIEF FINANCIAL OFFICER Aggregate Year-to-Date $ 250.00	04/07/1999	$50.00

SUBTOTAL of Receipts This Page (optional) 1725.00

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SCHEDULE A **ITEMIZED RECEIPTS**

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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. CHARLES GREEN 14628 Lakecrest Drive Addison, TX 75244--	Tenet Healthcare Corporation CHIEF FINANCIAL OFFICER	06/28/1999	$25.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Aggregate Year-to-Date $ 250.00		
B. PHILIP P. GUSTAFSON 742 LIQUIDAMBER PLACE DANVILLE, CA 94506	SAN RAMON REGIONAL MEDICAL CENTER CHIEF EXECUTIVE OFFICER	06/28/1999	$500.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Aggregate Year-to-Date $ 500.00		
C. JOHN F. HOLLAND 1930 BITTERCRESS COURT ALPHARETTA, GA 30005	NORTH FULTON REG. HOSPITAL CHIEF EXECUTIVE OFFICER	05/05/1999	$500.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Aggregate Year-to-Date $ 500.00		
D. RANDALL HOOVER 341 E. LIVINGSTON PLACE METAIRIE, LA 70005	MEMORIAL MEDICAL CENTER CHIEF EXECUTIVE OFFICER	03/26/1999	$500.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Aggregate Year-to-Date $ 500.00		
E. Beverly Hubbard 2411 Beaver Run Garland, TX 75044--	Garland Community Hospital REGISTERED NURSE	01/12/1999	$1,000.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Aggregate Year-to-Date $ 1000.00		
F. ANTHONY JONES P.O. BOX 38367 GERMANTOWN, TN 38138	ST. FRANCIS HOSPITAL COO	06/09/1999	$250.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Aggregate Year-to-Date $ 250.00		
F. TIM A. JOBLIN 2141 COBBLESTONE MNR MODESTO, CA 95355	DOCTOR'S MEDICAL CENTER OF MODESTO CHIEF EXECUTIVE OFFICER	04/05/1999	$500.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Aggregate Year-to-Date $ 500.00		

SUBTOTAL of Receipts This Page (optional) 3375.00

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SCHEDULE A **ITEMIZED RECEIPTS**

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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. LARRY KELLER 1409 MARTHA LEEVILLE ROAD LEBANON, TN 37087 Receipt For: [ ] Primary [ ] General [X] Other (specify):	UNIVERSITY MEDICAL CENTER CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 500.00	04/14/1999	$500.00
B. JAMES R. KELLY 47 FIREFALL COURT THE WOODLANDS, TX 77380 Receipt For: [ ] Primary [ ] General [X] Other (specify):	HOUSTON NORTHWEST MEDICAL CENTER CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 500.00	04/09/1999	$500.00
C. DAVID LAFFOON 6 COUNTRY CLUB CIRCLE SEARCY, AR 72143 Receipt For: [ ] Primary [ ] General [X] Other (specify):	CENTRAL ARKANSAS HOSPITAL CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 500.00	04/05/1999	$500.00
D. JAMES E. LATHREN 9395 STONEY RIDGE LANE ALPHARETTA, GA 30022 Receipt For: [ ] Primary [ ] General [X] Other (specify):	ATLANTA MEDICAL CENTER CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 500.00	06/03/1999	$500.00
E. HOLLY L. LERNER 2577 NAYFAIR LANE WESTON, FL 33327 Receipt For: [ ] Primary [ ] General [X] Other (specify):	HOLLYWOOD MEDICAL CENTER CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 500.00	04/27/1999	$500.00
F. WILLIAM W. LEYHE 1010 CALIFORNIA AVENUE SANTA MONICA, CA 90403 Receipt For: [ ] Primary [ ] General [X] Other (specify):	TENET HEALTHCARE CORPORATION VICE PRESIDENT Aggregate Year-to-Date $ 500.00	06/28/1999	$500.00
F. WILLIAM LOOHZ 17250 KNOLL TRAIL DRIVE, #306 DALLAS, TX 75248 Receipt For: [ ] Primary [ ] General [X] Other (specify):	TENET HEALTHCARE CORPORATION VICE PRESIDENT, CONSTRUCTION & DESIGN Aggregate Year-to-Date $ 500.00	06/28/1999	$500.00

SUBTOTAL of Receipts This Page (optional) 3500.00

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SCHEDULE A **ITEMIZED RECEIPTS**

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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. PETER MARMERSTEIN 2479 EAGLE RUN DRIVE WESTON, FL 33327 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: PARKWAY REGIONAL MEDICAL CENTER Occupation: CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 500.00	04/21/1999	$500.00
B. DAVID MATTHEWS 3360 BURNS ROAD West Palm Beach, FL 33410-- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: PALM BEACH GARDENS HOSPITAL Occupation: C.E.O. Aggregate Year-to-Date $ 290.00	01/12/1999	$60.00
C. DAVID MATTHEWS 3360 BURNS ROAD West Palm Beach, FL 33410-- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: PALM BEACH GARDENS HOSPITAL Occupation: C.E.O. Aggregate Year-to-Date $ 290.00	02/11/1999	$90.00
D. DAVID MATTHEWS 3360 BURNS ROAD West Palm Beach, FL 33410-- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: PALM BEACH GARDENS HOSPITAL Occupation: C.E.O. Aggregate Year-to-Date $ 290.00	03/16/1999	$60.00
E. DAVID MATTHEWS 3360 BURNS ROAD West Palm Beach, FL 33410-- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: PALM BEACH GARDENS HOSPITAL Occupation: C.E.O. Aggregate Year-to-Date $ 290.00	04/07/1999	$60.00
F. DAVID MATTHEWS 3360 BURNS ROAD West Palm Beach, FL 33410-- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: PALM BEACH GARDENS HOSPITAL Occupation: C.E.O. Aggregate Year-to-Date $ 290.00	06/28/1999	$20.00
F. MARK MEYERS 569 WOODLAND ROAD PASADENA, CA 91106 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: GARDEN GROVE HOSPITAL Occupation: CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 500.00	03/26/1999	$500.00

SUBTOTAL of Receipts This Page (optional) 1290.00

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SCHEDULE A **ITEMIZED RECEIPTS**

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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. CHARLES MILLER 1973 FARROW DRIVE ROCK HILL, SC 29732 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: PIEDMONT MEDCENTER Occupation: CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 500.00	04/27/1999	$500.00
B. David Mauss 16477 Santa Bianca Hacienda Heights, CA 91745-- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: Garden Grove Hospital Occupation: Vice President, Development Aggregate Year-to-Date $ 1000.00	01/12/1999	$200.00
C. David Mauss 16477 Santa Bianca Hacienda Heights, CA 91745-- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: Garden Grove Hospital Occupation: Vice President, Development Aggregate Year-to-Date $ 1000.00	02/11/1999	$300.00
D. David Mauss 16477 Santa Bianca Hacienda Heights, CA 91745-- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: Garden Grove Hospital Occupation: Vice President, Development Aggregate Year-to-Date $ 1000.00	03/16/1999	$200.00
E. David Mauss 16477 Santa Bianca Hacienda Heights, CA 91745-- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: Garden Grove Hospital Occupation: Vice President, Development Aggregate Year-to-Date $ 1000.00	04/07/1999	$200.00
F. David Mauss 16477 Santa Bianca Hacienda Heights, CA 91745-- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: Garden Grove Hospital Occupation: Vice President, Development Aggregate Year-to-Date $ 1000.00	06/28/1999	$100.00
F. Glennon McFadden 2688 Towne Oaks Drive St. Louis, MO 63129-- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: Deaconess Central Hospital Occupation: CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 250.00	01/12/1999	$50.00

SUBTOTAL of Receipts This Page (optional) 1550.00

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SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A. Full Name, Mailing Address and ZIP Code Glennon McFadden 2688 Towne Oaks Drive St. Louis, MO 63129--	Name of Employer Deaconess Central Hospital	Date (month, day, year) 02/11/1999	Amount of Each Receipt this Period $75.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Occupation CHIEF EXECUTIVE OFFICER		
	Aggregate Year-to-Date $ 250.00		
B. Full Name, Mailing Address and ZIP Code Glennon McFadden 2688 Towne Oaks Drive St. Louis, MO 63129--	Name of Employer Deaconess Central Hospital	Date (month, day, year) 03/16/1999	Amount of Each Receipt this Period $50.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Occupation CHIEF EXECUTIVE OFFICER		
	Aggregate Year-to-Date $ 250.00		
C. Full Name, Mailing Address and ZIP Code Glennon McFadden 2688 Towne Oaks Drive St. Louis, MO 63129--	Name of Employer Deaconess Central Hospital	Date (month, day, year) 04/07/1999	Amount of Each Receipt this Period $50.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Occupation CHIEF EXECUTIVE OFFICER		
	Aggregate Year-to-Date $ 350.00		
D. Full Name, Mailing Address and ZIP Code Glennon McFadden 2688 Towne Oaks Drive St. Louis, MO 63129--	Name of Employer Deaconess Central Hospital	Date (month, day, year) 06/28/1999	Amount of Each Receipt this Period $25.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Occupation CHIEF EXECUTIVE OFFICER		
	Aggregate Year-to-Date $ 250.00		
E. Full Name, Mailing Address and ZIP Code Mr. David Mayeux 2455 Robin Drive Roanoke, TX 76262--	Name of Employer Tenet Healthcare Corporation	Date (month, day, year) 01/13/1999	Amount of Each Receipt this Period $160.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Occupation EXECUTIVE VICE PRESIDENT		
	Aggregate Year-to-Date $ 800.00		
F. Full Name, Mailing Address and ZIP Code Mr. David Mayeux 2455 Robin Drive Roanoke, TX 76262--	Name of Employer Tenet Healthcare Corporation	Date (month, day, year) 02/11/1999	Amount of Each Receipt this Period $240.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Occupation EXECUTIVE VICE PRESIDENT		
	Aggregate Year-to-Date $ 800.00		
F. Full Name, Mailing Address and ZIP Code Mr. David Mayeux 2455 Robin Drive Roanoke, TX 76262--	Name of Employer Tenet Healthcare Corporation	Date (month, day, year) 03/16/1999	Amount of Each Receipt this Period $160.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Occupation EXECUTIVE VICE PRESIDENT		
	Aggregate Year-to-Date $ 800.00		

SUBTOTAL of Receipts This Page (optional)	760.00
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SCHEDULE A **ITEMIZED RECEIPTS**

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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. Mr. David Mayeux 2455 Robin Drive Roanoke, TX 76262--	Tenet Healthcare Corporation EXECUTIVE VICE PRESIDENT	06/07/1999	$160.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Aggregate Year-to-Date $ 600.00		
B. Mr. David Mayeux 2455 Robin Drive Roanoke, TX 76262--	Tenet Healthcare Corporation EXECUTIVE VICE PRESIDENT	06/28/1999	$80.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Aggregate Year-to-Date $ 600.00		
C. Mr. Leonard Rosenfeld 1502 Pecos Drive Southlake, TX 76097--	Tenet Healthcare Corporation Vice President, Specialty Ops.	01/12/1999	$80.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Aggregate Year-to-Date $ 400.00		
D. Mr. Leonard Rosenfeld 1502 Pecos Drive Southlake, TX 76097--	Tenet Healthcare Corporation Vice President, Specialty Ops.	02/11/1999	$120.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Aggregate Year-to-Date $ 400.00		
E. Mr. Leonard Rosenfeld 1502 Pecos Drive Southlake, TX 76097--	Tenet Healthcare Corporation Vice President, Specialty Ops.	03/16/1999	$80.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Aggregate Year-to-Date $ 400.00		
F. Mr. Leonard Rosenfeld 1502 Pecos Drive Southlake, TX 76097--	Tenet Healthcare Corporation Vice President, Specialty Ops.	04/07/1999	$80.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Aggregate Year-to-Date $ 400.00		
F. Mr. Leonard Rosenfeld 1502 Pecos Drive Southlake, TX 76097--	Tenet Healthcare Corporation Vice President, Specialty Ops.	06/28/1999	$40.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Aggregate Year-to-Date $ 400.00		

SUBTOTAL of Receipts This Page (optional) 640.00

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SCHEDULE A **ITEMIZED RECEIPTS**

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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. JOHN R. NICKENS III 23106 PARK MARCO POLO CALABASAS, CA 91302 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: CENTURY CITY HOSPITAL Occupation: CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 500.00	06/16/1999	$500.00
B. GERALD L. PARTON 13 SPINNAKER LANE NEW ORLEANS, LA 70124 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: MEADOWCREST HOSPITAL Occupation: CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 500.00	05/12/1999	$500.00
C. ERNEST N. PERILLI 201 PINE TREE LANE HATBORO, PA 19040--202 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: FAIRVIEW HOSPITAL Occupation: INTERIM CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 500.00	05/05/1999	$500.00
D. DENNIS J. PHILLIPS 4316 4TH STREET CIRCLE NW HICKORY, NC 28601 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: FRYE REGIONAL MEDICAL CENTER Occupation: CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 500.00	05/07/1999	$500.00
E. BARRY G. PORTER 3712 NORMANDY DALLAS, TX 75205 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: TENET HEALTHCARE CORPORATION Occupation: VICE PRESIDENT, STRATEGY & BUSINESS DE Aggregate Year-to-Date $ 500.00	06/28/1999	$500.00
F. ELIZABETH A. PRIMEAUX 1841 VIA ENTRADA ROWLAND HEIGHTS, CA 91748 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: WHITTIER HOSPITAL Occupation: CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 500.00	04/27/1999	$500.00
F. Philip Walkley, Jr. 2505 Cottonwood Jonesboro, AR 72401-- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: Methodist Hosp. of Jonesboro Occupation: CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 250.00	01/12/1999	$50.00

SUBTOTAL of Receipts This Page (optional) 3050.00

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NAME OF COMMITTEE (in Full)

TENET HEALTHCARE CORPORATION PAC

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Philip Walkley, Jr. 2505 Cottonwood Jonesboro, AR 72401--	Methodist Hosp. of Jonesboro Occupation: CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 250.00	02/11/1999	$75.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):			
B. Philip Walkley, Jr. 2505 Cottonwood Jonesboro, AR 72401--	Methodist Hosp. of Jonesboro Occupation: CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 250.00	03/16/1999	$50.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):			
C. Philip Walkley, Jr. 2505 Cottonwood Jonesboro, AR 72401--	Methodist Hosp. of Jonesboro Occupation: CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 250.00	04/07/1999	$50.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):			
D. Philip Walkley, Jr. 2505 Cottonwood Jonesboro, AR 72401--	Methodist Hosp. of Jonesboro Occupation: CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 250.00	06/28/1999	$25.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):			
E. ARUNJOTI A. REDDY 3014 S. COVE DRIVE BIRMINGHAM, AL 35216	LLOYD NOLAND HOSPITAL Occupation: DOCTOR Aggregate Year-to-Date $ 250.00	06/03/1999	$250.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):			
F. KENNETH I. RIVERS 624 FAIRLEE AVENUE BRADBURY, CA 91010	ST. LUKE MEDICAL CENTER Occupation: CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 500.00	05/05/1999	$500.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):			
F. LEONA STOLL ROBBEN 13006 WESTMOORE MEADOWS COURT ST. LOUIS, MO 63127	ST. LOUIS UNIVERSITY HOSPITAL Occupation: CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 500.00	05/12/1999	$500.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):			

SUBTOTAL of Receipts This Page (optional) 1450.00

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

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. Paul Russell, 4244 Avenida DeLa Encinal, Malibu, CA 90265--	Tenet Healthcare Corporation / SENIOR VICE PRESIDENT	01/12/1999	$50.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Aggregate Year-to-Date $ 250.00		
B. Paul Russell, 4244 Avenida DeLa Encinal, Malibu, CA 90265--	Tenet Healthcare Corporation / SENIOR VICE PRESIDENT	02/11/1999	$75.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Aggregate Year-to-Date $ 250.00		
C. Paul Russell, 4244 Avenida DeLa Encinal, Malibu, CA 90265--	Tenet Healthcare Corporation / SENIOR VICE PRESIDENT	03/16/1999	$50.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Aggregate Year-to-Date $ 250.00		
D. Paul Russell, 4244 Avenida DeLa Encinal, Malibu, CA 90265--	Tenet Healthcare Corporation / SENIOR VICE PRESIDENT	04/07/1999	$50.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Aggregate Year-to-Date $ 250.00		
E. Paul Russell, 4244 Avenida DeLa Encinal, Malibu, CA 90265--	Tenet Healthcare Corporation / SENIOR VICE PRESIDENT	06/28/1999	$25.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Aggregate Year-to-Date $ 250.00		
F. STEVEN L. SALTZMAN, 1674 TROTTERS LANE, STONE MOUNTAIN, GA 30087	ATLANTA MEDICAL CENTER / SENIOR VICE PRESIDENT/DIRECTOR	06/03/1999	$300.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Aggregate Year-to-Date $ 300.00		
F. JOHN SANDERS, 1804 KATELYN, KENNETT, MO 63857	TWIN RIVERS REGIONAL MEDICAL CENTER / CEO	06/09/1999	$500.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Aggregate Year-to-Date $ 500.00		

SUBTOTAL of Receipts This Page (optional) 1050.00

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

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. STEVEN SCHMIDT 13310 TIERRA HEIGHTS ROAD REDDING, CA 96003 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: REDDING MEDICAL CENTER Occupation: CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 500.00	04/14/1999	$500.00
B. EDWARD SCHRECK 245 HILLSIDE ROAD S. PASADENA, CA 91030 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: USC UNIVERSITY HOSPITAL Occupation: CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 500.00	03/26/1999	$500.00
C. GARY SLOAN 3246 BANFF DRIVE FAIRFIELD, CA 94533 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: DOCTOR'S MED. CTR. OF SAN PABLO & PINO Occupation: CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 500.00	04/09/1999	$500.00
D. J. RICHARD STANKO 15311 HICKORY STREET OMAHA, NE 68144--512 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: ST. JOSEPH HOSPITAL Occupation: CHIEF OPERATING OFFICER Aggregate Year-to-Date $ 500.00	04/09/1999	$500.00
E. GARY L. STOKES 26 BAYOU VIEW DRIVE GULFPORT, MS 39507 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: GULF COAST MEDICAL CENTER Occupation: CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 500.00	05/05/1999	$500.00
F. DALE SUROWITZ 3812 ROCK HAMPTON DRIVE TARZANA, CA 91356 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: ENCINO TARZANA REGIONAL MEDICAL CENTER Occupation: CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 500.00	06/16/1999	$500.00
F. Donna Small 21024 Country Creek Drive Boca Raton, FL 33428-- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: West Boca Medical Center Occupation: Director, Medical/Surgical Aggregate Year-to-Date $ 325.00	01/12/1999	$50.00

SUBTOTAL of Receipts This Page (optional) 3050.00

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 | PAGE 29 OF 20 | 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. Donna Small 21024 Country Creek Drive Boca Raton, FL 33428--	West Boca Medical Center Occupation: Director, Medical/Surgical Aggregate Year-to-Date $ 225.00	02/11/1999	$75.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):			
B. Donna Small 21024 Country Creek Drive Boca Raton, FL 33428--	West Boca Medical Center Occupation: Director, Medical/Surgical Aggregate Year-to-Date $ 225.00	03/16/1999	$50.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):			
C. Donna Small 21024 Country Creek Drive Boca Raton, FL 33428--	West Boca Medical Center Occupation: Director, Medical/Surgical Aggregate Year-to-Date $ 325.00	04/07/1999	$50.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):			
D. JANIS THAYER 7800 SOBEYBOYAR AVENUE WEST HILLS, CA 91304	QUEEN OF ANGELS Occupation: DIRECTOR, HR Aggregate Year-to-Date $ 250.00	05/07/1999	$250.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):			
E. Gustavo Valdespino 5 Sunburst Irvine, CA 92612--	Los Alamitos Medical Center Occupation: CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 400.00	01/12/1999	$80.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):			
F. Gustavo Valdespino 5 Sunburst Irvine, CA 92612--	Los Alamitos Medical Center Occupation: CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 400.00	02/11/1999	$120.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):			
F. Gustavo Valdespino 5 Sunburst Irvine, CA 92612--	Los Alamitos Medical Center Occupation: CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 400.00	03/16/1999	$80.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):			

SUBTOTAL of Receipts This Page (optional)	705.00
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

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 Gustavo Valdespino 5 Sunburst Irvine, CA 92612--	Name of Employer Los Alamitos Medical Center	Date (month, day, year) 04/07/1999	Amount of Each Receipt this Period $80.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Occupation CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 400.00		
B. Full Name, Mailing Address and ZIP Code Gustavo Valdespino 5 Sunburst Irvine, CA 92612--	Name of Employer Los Alamitos Medical Center	Date (month, day, year) 06/28/1999	Amount of Each Receipt this Period $40.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Occupation CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 400.00		
C. Full Name, Mailing Address and ZIP Code DAVID WILSON 111 AMHERST DRIVE TULLAHOMA, TN 37388	Name of Employer HARTON REGIONAL MEDICAL CENTER	Date (month, day, year) 06/16/1999	Amount of Each Receipt this Period $500.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Occupation CEO Aggregate Year-to-Date $ 500.00		
D. Full Name, Mailing Address and ZIP Code JEFFREY YARMEL 235 TRIANON LANE VILLANOVA, PA 19085	Name of Employer WARMINSTER HOSPITAL	Date (month, day, year) 04/27/1999	Amount of Each Receipt this Period $500.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Occupation CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 500.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional)	1120.00
TOTAL This Period (last page this line number only)	35275.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 23 (A)

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A. Full name, Mailing Address and ZIP code TENET HEALTHCARE CORPORATION 3820 STATE STREET Santa Barbara, CA 93105	Purpose of Disbursement Payroll Contribution Refund Disbursement for: ☐ Primary ☐ General ☒ Other (specify)	Date (month, day, year) 01/13/1999	Amount of Each Disbursement This Period $2,000.00
B. Full name, Mailing Address and ZIP code TENET HEALTHCARE CORPORATION 3820 STATE STREET Santa Barbara, CA 93105	Purpose of Disbursement Payroll Contribution Refund Disbursement for: ☐ Primary ☐ General ☒ Other (specify)	Date (month, day, year) 03/26/1999	Amount of Each Disbursement This Period $2.45
C. Full name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	2002.45
TOTAL This Period (last page this line number only)	2002.45

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

TENET HEALTHCARE CORPORATION PAC

A. Full name, Mailing Address and ZIP code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
BILL THOMAS CAMPAIGN COMMITTEE P.O. Box 395 Bakersfield, CA 93302	BILL THOMAS MEMBER OF CONGRESS; STATE: CA; DIST. 21 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	04/19/1999	$5,000.00
B. Full name, Mailing Address and ZIP code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
CONGRESSIONAL MAJORITY COMMITTEE 3 WEST LENNOX STREET CHEVY CHASE, MD 20815	GENERAL PURPOSE COMMITTEE Disbursement for: [ ] Primary [ ] General [X] Other (specify)	04/19/1999	$5,000.00
C. Full name, Mailing Address and ZIP code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
DAVE TREEN FOR CONGRESS 111 VETERANS BOULEVARD, SUITE 740 METAIRIE, LA 70005	DAVID TREEN MEMBER OF CONGRESS; STATE: LA; DIST. 1 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	05/21/1999	$500.00
D. Full name, Mailing Address and ZIP code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
DAVID VITTER FOR CONGRESS 2520 METAIRIE ROAD METAIRIE, LA 70002	DAVID VITTER MEMBER OF CONGRESS; STATE: LA; DIST. 1 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	06/24/1999	$500.00
E. Full name, Mailing Address and ZIP code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
DEMOCRATIC LEADER'S VICTORY FUND 2000 7435 WATSON ROAD, SUITE 109 ST. LOUIS, MO 63119	RICHARD GEPHARDT MEMBER OF CONGRESS; STATE: MO; DIST. 3 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	06/24/1999	$2,000.00
F. Full name, Mailing Address and ZIP code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
FRIENDS OF KENT CONRAD 420 C STREET, NE WASHINGTON, DC 20002	KENT CONRAD US SENATE; STATE: ND Disbursement for: [X] Primary [ ] General [ ] Other (specify)	05/21/1999	$1,000.00
G. Full name, Mailing Address and ZIP code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
FRIST 2000 4205 HILLSBORO ROAD Nashville, TN 37215	BILL FRIST US SENATE; STATE: TN Disbursement for: [ ] Primary [X] General [ ] Other (specify)	05/21/1999	$2,000.00
H. Full name, Mailing Address and ZIP code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
GOVERNOR GEORGE W. BUSH PRESIDENTIAL EXPLOR. POST OFFICE BOX 1902 AUSTIN, TX 78767	GEORGE W. BUSH COMM PRESIDENT Disbursement for: [X] Primary [ ] General [ ] Other (specify)	05/21/1999	$5,000.00
I. Full name, Mailing Address and ZIP code	**Purpose of Disbursement / Disbursement for**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
PETER DEUTSCH FOR CONGRESS POST OFFICE BOX 817699 HOLLYWOOD, FL 33081	PETER DEUTSCH MEMBER OF CONGRESS; STATE: FL; DIST. 20 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	04/07/1999	$500.00

SUBTOTAL of Disbursements This Page (optional) 21500.00

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 2

FOR LINE NUMBER 22

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A. Full name, Mailing Address and ZIP code RE-ELECT MCGOVERN COMMITTEE 34 MECHANIC STREET WORCESTER, MA 01608	Purpose of Disbursement JIM MCGOVERN MEMBER OF CONGRESS; STATE: MA; DIST. 3 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 06/24/1999	Amount of Each Disbursement This Period $1,500.00
B. Full name, Mailing Address and ZIP code ROBERT WEXLER FOR CONGRESS 2500 NORTH MILITARY TRAIL, SUITE 2 BOCA RATON, FL 33431	Purpose of Disbursement ROBERT WEXLER MEMBER OF CONGRESS; STATE: FL; DIST. 19 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 03/31/1999	Amount of Each Disbursement This Period $500.00
C. Full name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	23500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A. Full name, Mailing Address and ZIP code PERDUE FOR SENATE POST OFFICE BOX 991 NEW BERN, NC 28563	Purpose of Disbursement BEVERLY PERDUE; NC STATE SENATOR; District 3 Disbursement for: ☐ Primary ☐ General ☒ Other (specify) 1998 DEBT RETIREMENT	Date (month, day, year) 01/15/1999	Amount of Each Disbursement This Period $500.00
B. Full name, Mailing Address and ZIP code CITY '99 - WEINBERG FOR MAYOR 125 N. 8TH STREET PHILADELPHIA, PA 19103-1895	Purpose of Disbursement MARTIN WEINBERG; CITY MAYOR; PHILADELPHIA, PA Disbursement for: ☐ Primary ☐ General ☒ Other (specify) MUNICIPAL PRIMARY	Date (month, day, year) 04/07/1999	Amount of Each Disbursement This Period $5,000.00
C. Full name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	$500.00
TOTAL This Period (last page this line number only)	$500.00

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 7/27/99
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	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	

ENT — PREPARER

7/27/99 — DATE PREPARED

(4/98)