REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 OCT 13 P 1:32

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. ☒ 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 09/01/2000 through 09/30/2000		
6.	(a) Cash on Hand January 1, 2000		$ 55186.12
	(b) Cash on Hand at Beginning of Reporting Period	$ 73800.71	
	(c) Total Receipts (from Line 18)	$ 6645.60	$ 75010.19
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 80446.31	$ 130196.31
7.	Total Disbursements (from Line 30)	$ 10905.67	$ 60655.67
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 69540.64	$ 69540.64
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: J. D. Kaune

Date: 10/ 10 /00

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)

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

(revised 1/1/01)

NAME OF COMMITTEE: TENET HEALTHCARE CORPORATION PAC

REPORT COVERING PERIOD FROM 09/01/2000 TO: 09/30/2000

	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)	3440.20	40300.73	11(a)(i)
ii. Unitemized	3305.40	31719.46	11(a)(ii)
iii. Total (add i and ii) >	6645.60	72010.19	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) >	6645.60	72010.19	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	3000.00	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) >	6645.60	75010.19	19
20. Total Federal Receipts (subtract line 18 from line 19) >	6645.60	75010.19	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	7500.00	53250.00	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	405.67	405.67	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) >	405.67	405.67	28(d)
29. Other Disbursements	3000.00	7000.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	10905.67	60655.67	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	10905.67	60655.67	31
III. NetContributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	6645.60	72010.19	32
33. Total Contribution Refunds (from line 28d)	405.67	405.67	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	6339.93	71604.52	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 11(a) (i)

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NAME OF COMMITTEE (in Full)

TENET HEALTHCARE CORPORATION PAC

A. Full Name, Mailing Address and ZIP Code Michael Appelhans 30131 Saddleridge San Juan Capistran, CA 92675-	Name of Employer Tenet Healthcare Corporation Occupation Assistant General Counsel	Date (month, day, year) 09/05/2000	Amount of Each Receipt this Period $15.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Aggregate Year-to-Date $ 300.00		
B. Full Name, Mailing Address and ZIP Code Dan Ausman 354 Shadyvale Lane Brea, CA 92821-	Name of Employer Irvine Medical Center Occupation Chief Executive Officer	Date (month, day, year) 09/05/2000	Amount of Each Receipt this Period $20.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Aggregate Year-to-Date $ 400.00		
C. Full Name, Mailing Address and ZIP Code Larry Bozeman Route 1 Tennessee Colony, TX 75861-	Name of Employer Trinity Valley Medical Center Occupation Chief Executive Officer	Date (month, day, year) 09/05/2000	Amount of Each Receipt this Period $15.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Aggregate Year-to-Date $ 300.00		
D. Full Name, Mailing Address and ZIP Code Mark H. Bryan 10378 N.W. 63rd Drive Parkland, FL 33076-	Name of Employer Tenet Healthcare Corporation Occupation Vice President	Date (month, day, year) 09/05/2000	Amount of Each Receipt this Period $14.42
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Aggregate Year-to-Date $ 288.40		
E. Full Name, Mailing Address and ZIP Code Albert Canete 671 Quincy Avenue Long Beach, CA 90804-	Name of Employer Tenet Healthcare Corporation Occupation Vice President, Finance	Date (month, day, year) 09/05/2000	Amount of Each Receipt this Period $20.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Aggregate Year-to-Date $ 400.00		
F. Full Name, Mailing Address and ZIP Code Conley Cervantes 631 St. Andrews Place Coppell, TX 75019-	Name of Employer Tenet Healthcare Corporation Occupation Director	Date (month, day, year) 09/05/2000	Amount of Each Receipt this Period $12.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Aggregate Year-to-Date $ 240.00		
F. Full Name, Mailing Address and ZIP Code Harold E. (Hal) Chilton 1032 Vista Grande Paso Robles, CA 93446-	Name of Employer Sierra Vista Regional Med.Ctr. Occupation Chief Executive Officer	Date (month, day, year) 09/05/2000	Amount of Each Receipt this Period $40.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Aggregate Year-to-Date $ 800.00		

SUBTOTAL of Receipts This Page (optional) 136.42

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 / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. Kent Clayton 11 Veneto Newport Beach, CA 92657- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Coastal Communities Hospital Occupation: Chief Executive Officer Aggregate Year-to-Date $ 400.00	09/05/2000	$20.00
B. Stephen Diaz 28020 Keaton Lane Saugus, CA 91350- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Tenet Healthcare Corporation Occupation: Director Aggregate Year-to-Date $ 295.00	09/05/2000	$15.00
C. Steve Domingues 17800 Prairie Northridge, CA 91325- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Tenet Healthcare Corporation Occupation: Senior Vice President Aggregate Year-to-Date $ 1000.00	09/05/2000	$25.00
D. James 'Doug' Doris 1814 Water Ridge Court Chesterfield, MO 63017- Receipt For: [ ] Primary [ ] General [X] Other (specify):	SouthPointe Hospital Occupation: Chief Executive Officer Aggregate Year-to-Date $ 400.00	09/05/2000	$20.00
E. Jack Dusenbery 3396 Shagbark Circle Mount Pleasant, SC 29464- Receipt For: [ ] Primary [ ] General [X] Other (specify):	East Cooper Community Hosp. Occupation: Chief Executive Officer Aggregate Year-to-Date $ 384.60	09/05/2000	$19.23
F. Brian Flynn 6763 Heritage Drive Poplar Bluff, MO 63901- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Lucy Lee Healthcare System Occupation: Chief Executive Officer Aggregate Year-to-Date $ 384.60	09/05/2000	$19.23
F. Michael Focht, Sr. P.O. Box 703 Santa Ynez, CA 93460-070 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Tenet Healthcare Corporation Occupation: President Aggregate Year-to-Date $ 693.00	09/05/2000	$38.50

SUBTOTAL of Receipts This Page (optional) 156.96

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. Full Name, Mailing Address and ZIP Code Robert Freymuller 2324 Fairway Circle Heath, TX 75087- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: Doctors Hospital of Dallas Occupation: Chief Executive Officer Aggregate Year-to-Date $ 384.90	09/05/2000	$19.23
B. Full Name, Mailing Address and ZIP Code Jeffrey Friedman 24 Rosedown Drive Destrehan, LA 70047- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: TPS-Gulf States Region Occupation: Chief Executive Officer Aggregate Year-to-Date $ 400.00	09/05/2000	$20.00
C. Full Name, Mailing Address and ZIP Code F. Mark Gable 27 Perdido Circle Little Rock, AR 72211- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: Tenet Healthcare Corporation Occupation: Manager Aggregate Year-to-Date $ 400.00	09/05/2000	$20.00
D. Full Name, Mailing Address and ZIP Code Truman Gates 21130 Ambric Knolls Road Saratoga, CA 95070- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: Desert Regional Medical Center Occupation: Chief Executive Officer Aggregate Year-to-Date $ 400.00	09/05/2000	$20.00
E. Full Name, Mailing Address and ZIP Code Michael Halter 4000 Presidential Blvd #1803 Philadelphia, PA 19102- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: Hahnemann University Hospital Occupation: Chief Executive Officer Aggregate Year-to-Date $ 218.00	09/05/2000	$10.00
F. Full Name, Mailing Address and ZIP Code Lynn Hart 5 Pinehurst Court Frisco, TX 75034- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: Tenet Healthcare Corporation Occupation: Vice President Aggregate Year-to-Date $ 280.00	09/05/2000	$40.00
F. Full Name, Mailing Address and ZIP Code Laura Irwin 1647 Wildhorse Parkway Dr Chesterfield, MO 63005- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: Tenet Healthcare Corporation Occupation: Chief Operating Officer Aggregate Year-to-Date $ 500.00	09/05/2000	$25.00

SUBTOTAL of Receipts This Page (optional)	154.23
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. Harris Koenig 2451 Canyon Creek Rd Escondido, CA 92025- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: Rancho Springs Medical Center Occupation: Chief Executive Officer Aggregate Year-to-Date $ 880.00	09/05/2000	$20.00
B. Virginia Luecje 1884 Charnwood Court St. Louis, MO 63122- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: Forest Park Hospital Occupation: Chancellor Aggregate Year-to-Date $ 280.00	09/05/2000	$14.00
C. Jerry Mabry 105 Hi Lo Terrace Hot Springs, AR 71901- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: National Park Medical Center Occupation: Chief Executive Officer Aggregate Year-to-Date $ 396.92	09/05/2000	$20.00
D. David Hauss 16077 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 $ 2000.00	09/05/2000	$100.00
E. David Mayeux 2455 Robin Drive Roanoke, TX 76262- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: Tenet Healthcare Corporation Occupation: Executive Vice President Aggregate Year-to-Date $ 1600.00	09/05/2000	$80.00
F. David McAdam 3820 STATE STREET SANTA BARBARA, CA 93105 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: TENET HEALTCARE CORPORATION Occupation: VICE PRESIDENT Aggregate Year-to-Date $ 320.00	09/05/2000	$20.00
F. John McDonald 2200 Hawthorne Fort Worth, TX 76110- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: Tenet Healthcare Corporation Occupation: Associate Counsel Aggregate Year-to-Date $ 400.00	09/05/2000	$20.00

SUBTOTAL of Receipts This Page (optional) 274.00

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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. Michele Meyer 210 Grimsley Station Bluff Dr. Oakville, MO 63129- Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Name of Employer: Des Peres Hospital Occupation: Chief Executive Officer Aggregate Year-to-Date $ 395.00	09/05/2000	$19.00
B. Othmar Nowak 862 W. 64th Street Hialeah, FL 33012- Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Name of Employer: North Shore Medical Center Occupation: Administrative Director Aggregate Year-to-Date $ 400.00	09/05/2000	$20.00
C. Garry Olney 2009 Victoria Santa Ana, CA 92706- Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Name of Employer: Fountain Valley Regional Hosp. Occupation: Chief Operating Officer Aggregate Year-to-Date $ 400.00	09/05/2000	$20.00
D. Lynn Orfgen 312 Applewood Drive Slidell, LA 70461- Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Name of Employer: North Shore Regional Med. Ctr. Occupation: Chief Executive Officer Aggregate Year-to-Date $ 400.00	09/05/2000	$20.00
E. George Perry 330 Lake Mariona Drive 3A New Orleans, LA 70124- Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Name of Employer: Northshore Psychiatric Hosp. Occupation: Chief Executive Officer Aggregate Year-to-Date $ 356.15	09/05/2000	$19.23
F. Douglas Rabe 9923 Capridge Drive Dallas, TX 75238- Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Name of Employer: Tenet Healthcare Corporation Occupation: Vice President Aggregate Year-to-Date $ 400.00	09/05/2000	$20.00
F. Michael Remnis 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 $ 400.00	09/05/2000	$20.00

SUBTOTAL of Receipts This Page (optional)	139.23
TOTAL This Period (last page this line number only)	

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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 Glenn Robinson 1822 Cherrybrook Drive Nacogdoches, TX 75961- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: Nacogdoches Medical Center Occupation: Chief Executive Officer Aggregate Year-to-Date $ 396.15	09/05/2000	$19.23
B. Full Name, Mailing Address and ZIP Code Leonard Rosenfeld 1502 Pecos Drive Southlake, TX 76097- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: Tenet Healthcare Corporation Occupation: Vice President, Specialty Ops. Aggregate Year-to-Date $ 800.00	09/05/2000	$40.00
C. Full Name, Mailing Address and ZIP Code Paul Russell 4244 Avenida DeLa Encinal Malibu, CA 90265- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: Tenet Healthcare Corporation Occupation: Senior Vice President Aggregate Year-to-Date $ 475.00	09/05/2000	$25.00
D. Full Name, Mailing Address and ZIP Code Scott Schoeffel 33242 Acapulco Drive Dana Point, CA 92629- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: Tenet Healthcare Corporation Occupation: Senior Counsel Aggregate Year-to-Date $ 400.00	09/05/2000	$20.00
E. Full Name, Mailing Address and ZIP Code Charles R. Slaton 317 Nordin Lane Russellville, AR 72802- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: Tenet Healthcare Corporation Occupation: Regional Vice President Aggregate Year-to-Date $ 394.61	09/05/2000	$19.23
F. Full Name, Mailing Address and ZIP Code Robert Smith 2723 Lakeridge Carrollton, TX 75006- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: Tenet Healthcare Corporation Occupation: Director, Reg. Health Systems Aggregate Year-to-Date $ 250.00	09/05/2000	$50.00
F. Full Name, Mailing Address and ZIP Code Ryan Smith 952 South 11th Street, #231 San Jose, CA 95112- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: Community Hospital Los Gatos Occupation: Controller Aggregate Year-to-Date $ 300.00	09/05/2000	$15.00

SUBTOTAL of Receipts This Page (optional) 188.46

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

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. Sim Smith 1754 Port Manleigh Circle Newport Beach, CA 92660-	Fountain Valley Regional Hosp. Occupation: Chief Executive Officer Aggregate Year-to-Date $ 400.00	09/05/2000	$20.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):			
B. Ron Stern 2001 West 68th Street Hialeah, FL 33016-	Palmetto General Hospital Occupation: Chief Executive Officer Aggregate Year-to-Date $ 384.78	09/05/2000	$19.24
Receipt For: [ ] Primary [ ] General [X] Other (specify):			
C. Christi Sulzbach 4662 Via Robleda Santa Barbara, CA 93110-	Tenet Healthcare Corporation Occupation: Executive Vice President Aggregate Year-to-Date $ 760.00	09/05/2000	$40.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):			
D. Jeffrey Thompson 24 Terrace Del Mar Dana Point, CA 92629-	Tenet Healthcare Corporation Occupation: Senior Counsel Aggregate Year-to-Date $ 400.00	09/05/2000	$20.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):			
E. Gustavo Valdespino 5 Sunburst Irvine, CA 92612-	Tenet Healthcare Corporation Occupation: Vice President Aggregate Year-to-Date $ 870.00	09/05/2000	$50.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):			
F. Thomas Wolf 3501 Ohio Drive Plano, TX 75093-	Tenet Healthcare Corporation Occupation: Manager Aggregate Year-to-Date $ 320.00	09/05/2000	$16.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):			
F. Michael Appelbaum 30131 Saddleridge San Juan Capistran, CA 92675-	Tenet Healthcare Corporation Occupation: Assistant General Counsel Aggregate Year-to-Date $ 300.00	09/21/2000	$15.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):			

SUBTOTAL of Receipts This Page (optional) 180.24

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

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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. Dan Ausman 354 Shadyvale Lane Brea, CA 92821-	Irvine Medical Center Chief Executive Officer $ 400.00	09/21/2000	$20.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):			
B. Larry Bozeman Route 1 Tennessee Colony, TX 75861-	Trinity Valley Medical Center Chief Executive Officer $ 300.00	09/21/2000	$15.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):			
C. Mark H. Bryan 10378 N.W. 63rd Drive Parkland, FL 33076-	Tenet Healthcare Corporation Vice President $ 288.40	09/21/2000	$14.42
Receipt For: [ ] Primary [ ] General [X] Other (specify):			
D. Albert Canate 671 Quincy Avenue Long Beach, CA 90804-	Tenet Healthcare Corporation Vice President, Finance $ 400.00	09/21/2000	$20.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):			
E. Conley Carvantes 631 St. Andrews Place Coppell, TX 75019-	Tenet Healthcare Corporation Director $ 240.00	09/21/2000	$13.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):			
F. Harold E. (Hal) Chilton 1032 Vista Grande Paso Robles, CA 93446-	Sierra Vista Regional Med.Ctr. Chief Executive Officer $ 800.00	09/21/2000	$40.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):			
F. Kent Clayton 11 Veneto Newport Beach, CA 92657-	Coastal Communities Hospital Chief Executive Officer $ 400.00	09/21/2000	$20.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):			

SUBTOTAL of Receipts This Page (optional) 141.42

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. Maxine T. Cooper 19401 Sandpebble Circle Huntington Beach, CA 92648- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Placentia Linda Comm. Hospital Occupation: Chief Executive Officer Aggregate Year-to-Date $ 400.00	09/21/2000	$100.00
B. Chris DiCicco 2605 Van Gogh Drive Modesto, CA 95356- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Graduate Hospital Occupation: Chief Executive Officer Aggregate Year-to-Date $ 500.00	09/21/2000	$500.00
C. Stephen Diaz 28020 Kenton Lane Saugus, CA 91350- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Tenet Healthcare Corporation Occupation: Director Aggregate Year-to-Date $ 285.00	09/21/2000	$15.00
D. Steve Dominguez 17800 Prairie Northridge, CA 91325- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Tenet Healthcare Corporation Occupation: Senior Vice President Aggregate Year-to-Date $ 1000.00	09/21/2000	$25.00
E. James 'Doug' Doris 1814 Sumter Ridge Court Chesterfield, MO 63017- Receipt For: [ ] Primary [ ] General [X] Other (specify):	SouthPointe Hospital Occupation: Chief Executive Officer Aggregate Year-to-Date $ 900.00	09/21/2000	$20.00
F. Jack Duenbery 1336 Shagbark Circle Mount Pleasant, SC 29464- Receipt For: [ ] Primary [ ] General [X] Other (specify):	East Cooper Community Hosp. Occupation: Chief Executive Officer Aggregate Year-to-Date $ 384.60	09/21/2000	$19.23
F. Brian Flynn 6763 Heritage Drive Poplar Bluff, MO 63901- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Lucy Lee Healthcare System Occupation: Chief Executive Officer Aggregate Year-to-Date $ 384.60	09/21/2000	$19.23

SUBTOTAL of Receipts This Page (optional) 698.46

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. Michael Focht, Sr. P.O. Box 703 Santa Ynez, CA 93460-070 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Tenet Healthcare Corporation President $ 693.00	09/21/2000	$38.50
B. Robert Freymuller 9324 Fairway Circle Heath, TX 75087- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Doctors Hospital of Dallas Chief Executive Officer $ 384.90	09/21/2000	$19.23
C. Jeffrey Friedman 24 Rosedown Drive Destrehan, LA 70047- Receipt For: [ ] Primary [ ] General [X] Other (specify):	TPE-Gulf States Region Chief Executive Officer $ 400.00	09/21/2000	$20.00
D. F. Mark Gable 27 Perdido Circle Little Rock, AR 72211- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Tenet Healthcare Corporation Manager $ 400.00	09/21/2000	$20.00
E. Truman Gates 21130 Ambric Ennolls Road Saratoga, CA 95070- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Desert Regional Medical Center Chief Executive Officer $ 400.00	09/21/2000	$20.00
F. Michael Halter 4000 Presidential Blvd #1803 Philadelphia, PA 19102- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Hahnemann University Hospital Chief Executive Officer $ 218.00	09/21/2000	$19.00
F. Lynn Hart 5 Pinehurst Court Frisco, TX 75034- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Tenet Healthcare Corporation Vice President $ 230.00	09/21/2000	$40.00

SUBTOTAL of Receipts This Page (optional) 176.73

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. Laura Irwin 1607 Wildhorse Parkway Dr Chesterfield, MO 63005- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Tenet Healthcare Corporation Chief Operating Officer Aggregate Year-to-Date $ 500.00	09/21/2000	$25.00
B. Harris Koenig 2451 Canyon Creek Rd Escondido, CA 92025- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Rancho Springs Medical Center Chief Executive Officer Aggregate Year-to-Date $ 880.00	09/21/2000	$20.00
C. Virginia Luetje 1884 Charmwood Court St. Louis, MO 63123- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Forest Park Hospital Chancellor Aggregate Year-to-Date $ 280.00	09/21/2000	$14.00
D. Jerry Mabry 105 Hi Lo Terrace Hot Springs, AR 71901- Receipt For: [ ] Primary [ ] General [X] Other (specify):	National Park Medical Center Chief Executive Officer Aggregate Year-to-Date $ 396.92	09/21/2000	$19.23
E. David Mauss 16477 Santa Bianca Hacienda Heights, CA 91745- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Garden Grove Hospital Vice President, Development Aggregate Year-to-Date $ 2000.00	09/21/2000	$100.00
F. David Kayeux 2485 Robin Drive Roanoke, TX 76262- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Tenet Healthcare Corporation Executive Vice President Aggregate Year-to-Date $ 1600.00	09/21/2000	$80.00
F. John McDonald 2200 Hawthorne Fort Worth, TX 76110- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Tenet Healthcare Corporation Occupation Associate Counsel Aggregate Year-to-Date $ 400.00	09/21/2000	$20.00

SUBTOTAL of Receipts This Page (optional) 278.23

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 / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Michele Meyer 230 Grimsley Station Bluff Dr. Oakville, MO 63129-	Des Peres Hospital Chief Executive Officer $ 395.00	09/21/2000	$19.00
Receipt For: [X] Other (specify):			
Othmar Nowak 862 W. 64th Street Hialeah, FL 33012-	North Shore Medical Center Administrative Director $ 400.00	09/21/2000	$20.00
Receipt For: [X] Other (specify):			
Garry Olney 2009 Victoria Santa Ana, CA 92706-	Fountain Valley Regional Hosp. Chief Operating Officer $ 400.00	09/21/2000	$20.00
Receipt For: [X] Other (specify):			
Lynn Orfgen 312 Applewood Drive Slidell, LA 70461-	North Shore Regional Med. Ctr. Chief Executive Officer $ 400.00	09/21/2000	$20.00
Receipt For: [X] Other (specify):			
George Perry 300 Lake Marioua Drive 1A New Orleans, LA 70124-	Northshore Psychiatric Hosp. Chief Executive Officer $ 356.15	09/21/2000	$19.23
Receipt For: [X] Other (specify):			
JOHN M. RADKE 3555 SUNSET OFFICE DR. ST. LOUIS, MO 63127-	TPS-Gulf States Region Occupation Physician $ 0.00	09/21/2000	$405.67
Receipt For: [X] Other (specify):			
Douglas Rabe 9923 Cepridge Drive Dallas, TX 75238-	Tenet Healthcare Corporation Occupation Vice President $ 400.00	09/21/2000	$20.00
Receipt For: [X] Other (specify):			

SUBTOTAL of Receipts This Page (optional) $23.90

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

Contributor	Employer / Occupation	Date	Amount
A. Full Name, Mailing Address and ZIP Code Michael Rembis 78-255 Monte Sereno Circle Indian Wells, CA 92210- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: Centinela Hospital Med. Ctr. Occupation: Chief Executive Officer Aggregate Year-to-Date $ 400.00	Date (month, day, year): 09/21/2000	Amount of Each Receipt this Period: $20.00
B. Full Name, Mailing Address and ZIP Code Glenn Robinson 1822 Cherrybrook Drive Nacogdoches, TX 75961- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: Nacogdoches Medical Center Occupation: Chief Executive Officer Aggregate Year-to-Date $ 396.15	Date (month, day, year): 09/21/2000	Amount of Each Receipt this Period: $19.23
C. Full Name, Mailing Address and ZIP Code Leonard Rosenfeld 1503 Pecos Drive Southlake, TX 76097- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: Tenet Healthcare Corporation Occupation: Vice President, Specialty Ops. Aggregate Year-to-Date $ 800.00	Date (month, day, year): 09/21/2000	Amount of Each Receipt this Period: $40.00
D. Full Name, Mailing Address and ZIP Code Paul Russell 4244 Avenida DeLa Escinal Malibu, CA 90265- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: Tenet Healthcare Corporation Occupation: Senior Vice President Aggregate Year-to-Date $ 475.00	Date (month, day, year): 09/21/2000	Amount of Each Receipt this Period: $25.00
E. Full Name, Mailing Address and ZIP Code Scott Schoeffel 33202 Acapulco Drive Dana Point, CA 92629- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: Tenet Healthcare Corporation Occupation: Senior Counsel Aggregate Year-to-Date $ 400.00	Date (month, day, year): 09/21/2000	Amount of Each Receipt this Period: $20.00
F. Full Name, Mailing Address and ZIP Code Craig Sims 9004 Cumberland Drive Irving, TX 75063- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: RHD Memorial Medical Center Occupation: Chief Executive Officer Aggregate Year-to-Date $ 365.28	Date (month, day, year): 09/21/2000	Amount of Each Receipt this Period: $19.23
F. Full Name, Mailing Address and ZIP Code Charles E. Slaton 317 Nordin Lane Russellville, AR 72802- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: Tenet Healthcare Corporation Occupation: Regional Vice President Aggregate Year-to-Date $ 394.61	Date (month, day, year): 09/21/2000	Amount of Each Receipt this Period: $19.23

SUBTOTAL of Receipts This Page (optional) 162.69

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

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. Full Name, Mailing Address and ZIP Code Robert Smith 2723 Lakeridge Carrollton, TX 75006- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: Tenet Healthcare Corporation Occupation: Director, Reg. Health Systems Aggregate Year-to-Date $ 250.00	09/21/2000	$50.00
B. Full Name, Mailing Address and ZIP Code Ryan Smith 952 South 11th Street, #231 San Jose, CA 95112- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: Community Hospital Los Gatos Occupation: Controller Aggregate Year-to-Date $ 300.00	09/21/2000	$15.00
C. Full Name, Mailing Address and ZIP Code Tim Smith 1754 Port Manleigh Circle Newport Beach, CA 92660- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: Fountain Valley Regional Hosp. Occupation: Chief Executive Officer Aggregate Year-to-Date $ 400.00	09/21/2000	$20.00
D. Full Name, Mailing Address and ZIP Code Ron Stern 2001 West 68th Street Hialeah, FL 33016- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: Palmetto General Hospital Occupation: Chief Executive Officer Aggregate Year-to-Date $ 384.78	09/21/2000	$19.23
E. Full Name, Mailing Address and ZIP Code Christi Bulzbach 4662 Via Roblada Santa Barbara, CA 93110- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: Tenet Healthcare Corporation Occupation: Executive Vice President Aggregate Year-to-Date $ 760.00	09/21/2000	$40.00
F. Full Name, Mailing Address and ZIP Code Jeffrey Thompson 24 Terrasa Del Mar Dana Point, CA 92629- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: Tenet Healthcare Corporation Occupation: Senior Counsel Aggregate Year-to-Date $ 400.00	09/21/2000	$20.00
F. Full Name, Mailing Address and ZIP Code Gustavo Valdespino 5 Sunburst Irvine, CA 92612- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: Tenet Healthcare Corporation Occupation: Vice President Aggregate Year-to-Date $ 870.00	09/21/2000	$50.00

SUBTOTAL of Receipts This Page (optional)	214.23
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)(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	09/21/2000	$16.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Occupation: Manager		
	Aggregate Year-to-Date $ 320.00		
B. 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 $		
C. 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 $		
D. 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 $		
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)	16.00
TOTAL This Period (last page this line number only)	3440.20

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

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 BRIAN BILBRAY FOR CONGRESS 3525 DEL MAR HEIGHTS RD. , STE. 36 SAN DIEGO, CA 92130	Purpose of Disbursement BRIAN BILBRAY MEMBER OF CONGRESS; STATE: CA; DIST. 49 Disbursement for: [ ] Primary [x] General [ ] Other (specify)	Date (month, day, year) 09/06/2000	Amount of Each Disbursement This Period $1,000.00
B. Full name, Mailing Address and ZIP code CUNNEEN FOR CONGRESS 5339 PROSPECT RD., STE. 151 SAN JOSE, CA 95129	Purpose of Disbursement JIM CUNNEEN MEMBER OF CONGRESS; STATE: CA; DIST. 15 Disbursement for: [ ] Primary [x] General [ ] Other (specify)	Date (month, day, year) 09/06/2000	Amount of Each Disbursement This Period $1,000.00
C. Full name, Mailing Address and ZIP code KUYKENDALL CONGRESSIONAL COMMITTEE 21311 HAWTHORNE BLVD. STE. 107 TORRANCE, CA 90503	Purpose of Disbursement STEVEN KUYKENDALL MEMBER OF CONGRESS; STATE: CA; DIST. 36 Disbursement for: [ ] Primary [x] General [ ] Other (specify)	Date (month, day, year) 09/06/2000	Amount of Each Disbursement This Period $1,000.00
D. Full name, Mailing Address and ZIP code ASHCROFT 2000 8229 CLAYTON RD., STE. 200 ST. LOUIS, MO 63117	Purpose of Disbursement JOHN ASHCROFT US SENATE; STATE: MO Disbursement for: [ ] Primary [x] General [ ] Other (specify)	Date (month, day, year) 09/09/2000	Amount of Each Disbursement This Period $2,000.00
E. Full name, Mailing Address and ZIP code FRIENDS OF SAM JOHNSON 1913 Avenue K Plano, TX 75074	Purpose of Disbursement SAM JOHNSON MEMBER OF CONGRESS; STATE: TX; DIST. 3 Disbursement for: [ ] Primary [x] General [ ] Other (specify)	Date (month, day, year) 09/15/2000	Amount of Each Disbursement This Period $500.00
F. Full name, Mailing Address and ZIP code NELSON 2000 301 4TH STREET, NE, STE. 201 WASHINGTON, DC 20002	Purpose of Disbursement BENJAMIN NELSON US SENATE; STATE: NE Disbursement for: [ ] Primary [x] General [ ] Other (specify)	Date (month, day, year) 09/15/2000	Amount of Each Disbursement This Period $1,000.00
G. Full name, Mailing Address and ZIP code ROYCE CAMPAIGN COMMITTEE P.O. BOX 6765 FULLERTON, CA 92843	Purpose of Disbursement EDWARD ROYCE; MEMBER OF CONGRESS; STATE: CA; DIST. 39 Disbursement for: [ ] Primary [x] General [ ] Other (specify)	Date (month, day, year) 09/15/2000	Amount of Each Disbursement This Period $1,000.00
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)	7500.00
TOTAL This Period (last page this line number only)	7500.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 28 (A)

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NAME OF COMMITTEE (in Full)

TENET HEALTHCARE CORPORATION PAC

A. Full name, Mailing Address and ZIP code JOHN M. RADKE 3555 SONSET OFFICE DR. ST. LOUIS, MO 63127 MADE THROUGH INTERMEDIARY: TENET HEALTHCARE CORPORATION'S PAYROLL DEPARTMENT	Purpose of Disbursement REFUND OF CONTRIBUTION Disbursement for: ☐ Primary ☐ General ☒ Other (specify)	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period $405.67
B. 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
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)	405.67
TOTAL This Period (last page this line number only)	405.67

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 39

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NAME OF COMMITTEE (in Full)

TENET HEALTHCARE CORPORATION PAC

A. Full name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BILL DEWEESE CAMPAIGN COMMITTEE P.O. BOX 2000 WAYNESBURG, PA 15370	BILL DEWEESE STATE REP.; DIST:50 Disbursement for: [ ] Primary [x] General [ ] Other (specify)	09/15/2000	$1,000.00
B. Full name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DAVID CAIN CAMPAIGN P.O. BOX 141377 DALLAS, TX 75214	DAVID CAIN STATE SENATE; DIST:2 Disbursement for: [ ] Primary [x] General [ ] Other (specify)	09/15/2000	$1,000.00
C. Full name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS OF SENATOR JANE NELSON P.O. BOX 270389 FLOWER MOUND, TX 75027	JANE NELSON STATE SENATOR; DIST: 9 Disbursement for: [ ] Primary [x] General [ ] Other (specify)	09/15/2000	$1,000.00
D. Full name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
E. Full name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F. Full name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G. Full name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H. Full name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I. Full name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	3000.00

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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 10/13/00
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED (R/C)
☐	No Postmark	
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SB
PREPARER

10/13/00
DATE PREPARED

(6/2000)