11/20/2002 12 : 53

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office Use Only

1. NAME OF COMMITTEE (In full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

TENET HEALTHCARE CORPORATION PAC

ADDRESS (Number and street)

(Check if address is changed)

3820 STATE STREET

SANTA BARBARA CA 93105 -

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

rachel.weber@tenethealth.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE M 11 D 20 Y 2002

3. **FEC IDENTIFICATION NUMBER** ▶ **C00119354**

4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer Ms. Susan Limon

Signature of Treasurer Electronically Filed by Ms. Susan Limon Date M 11 D 20 Y 2002

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-110

FEC FROM 1
(Revised 1/2001)

5. TYPE OF COMMITTEE (Check One)

(a) This committee is a principal campaign committee. (Complete the candidate information below.)

(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought: House Senate President

State District

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

(d) This committee is a (National, State (or subordinate) committee of the (Democratic, Republican,etc.) Party.

(e) X This committee is a separate segregated fund

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Tenet Healthcare Corporation

Mailing Address 3820 State Street

Santa Barbara CA 93105

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship connected organization - sponsor

Type of Connected Organization:

X Corporation Corporation w/o Capital Stock Labor Organization

Membership Organization Trade Association Cooperative

Write or Type Committee Name

TENET HEALTHCARE CORPORATION PAC

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name: Ms. Rachel Weber

Mailing Address: 3820 State St.

Santa Barbara — CA — 93105 –

Title or Position ▼ — CITY ▲ — STATE ▲ — ZIP CODE ▲

Mngr, Govt Relations

Telephone number: 805 – 563 – 6864

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer: Ms. Susan Limon

Mailing Address: 3820 State Street

Santa Barbara — CA — 93105 –

Title or Position ▼ — CITY ▲ — STATE ▲ — ZIP CODE ▲

Mngr, Corp Reporting

Telephone number: 805 – 563 – 7046

Full Name of Designated Agent: Rachel Weber

Mailing Address: 3820 State Street

Santa Barbara — CA — 93105 –

Title or Position ▼ — CITY ▲ — STATE ▲ — ZIP CODE ▲

Mngr, Govt Relations

Telephone number: 805 – 563 – 6864

9. **Banks** or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Bank of America

Mailing Address P.O. Box 27128

Concord CA 94520 -

CITY △ STATE △ ZIP CODE △