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REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1. NAME OF COMMITTEE (in full)

TENET HEALTHCARE CORPORATION PAC

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

3820 STATE STREET

CITY, STATE and ZIP CODE

SANTA BARBARA, CA 93105

2. FEC IDENTIFICATION NUMBER

C00129354

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

☐ 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	[X] 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? [X] YES ☐ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 08/01/2000 through 08/31/2000		
6. (a) Cash on Hand January 1, 2000		$ 55136.12
(b) Cash on Hand at Beginning of Reporting Period	$ 73694.11	
(c) Total Receipts (from Line 19)	$ ** 7231.60	$ ** 68489.59
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ ** 80925.71	$ ** 123625.71
7. Total Disbursements (from Line 30)	$ 7000.00	$ 49750.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ ** 73925.71	$ ** 73925.71
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. K

Date: 9/26/00

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)

** INDICATES AMENDED INFORMATION

www.notifile.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 08/01/2000 TO: 08/31/2000

	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)	** 3923.99	** 45996.86	11(a)(i)
II. Unitemized	** 3307.61	** 19492.73	11(a)(ii)
III. Total (add i and ii) >	** 7231.60	** 65489.59	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) >	** 7231.60	** 65489.59	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) >	** 7231.60	** 68489.59	19
20. Total Federal Receipts (subtract line 18 from line 19) >	** 7231.60	** 68489.59	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	7000.00	45750.00	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) >	0.00	0.00	28(d)
29. Other Disbursements	0.00	4000.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	7000.00	49750.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	7000.00	49750.00	31
III. NetContributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	** 7231.60	** 65489.59	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	** 7231.60	** 65489.59	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

** INDICATES AMENDED INFORMATION

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 / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. MICHAEL APPELHANS 30111 SADDLEBRIDGE SAN JUAN CAPISTRAN, CA 92675-	TENET HEALTHCARE CORPORATION Occupation: SENIOR COUNSEL Aggregate Year-to-Date $ 370.00	08/10/2000	$15.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):			
B. DAN ADSMAN 354 SKADYVALE LANE BREA, CA 92821-	MONTEREY PARK HOSPITAL Occupation: CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 360.00	08/10/2000	$30.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):			
C. Larry Boreman Royal BOX 223-Box Tennessee Colony, TX 75861-	TRINITY VALLEY MEDICAL CENTER Occupation: CEO Aggregate Year-to-Date $ 270.00	08/10/2000	$15.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):			
D. Mark B. Bryan 10378 N.W. 63rd Drive Parkland, FL 33076-	TENET HEALTHCARE CORPORATION Occupation: VICE PRESIDENT, FINANCE Aggregate Year-to-Date $ 259.56	08/10/2000	$14.42
Receipt For: ☐ Primary ☐ General ☒ Other (specify):			
E. Albert Canete 671 Quincy Avenue Long Beach, CA 90804-	TENET HEALTHCARE CORPORATION Occupation: VICE PRESIDENT, FINANCE Aggregate Year-to-Date $ 360.00	08/10/2000	$20.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):			
F. Conley Cervantes 631 St. Andrews Place Coppell, TX 75019-	TENET HEALTHCARE CORPORATION Occupation: DIRECTOR Aggregate Year-to-Date $ 216.00	08/10/2000	$12.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):			
F. Harold E. (Hal) Chilton 1032 Vista Grande Paso Robles, CA 93446-	SIERRA VISTA REGIONAL MED.CTR Occupation: CEO Aggregate Year-to-Date $ 720.00	08/10/2000	$40.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):			

SUBTOTAL of Receipts This Page (optional) 136.42

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kent Clayton 11 Veneto Newport Beach, CA 92657-	COASTAL COMMUNITIES HOSPITAL	08/10/2000	$20.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Occupation: CEO Aggregate Year-to-Date $ 360.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Maxine T. Cooper 19401 Sandpebble Circle Huntington Beach, CA 92648-	PLACENTIA LINDA COMMUNITY HOSPITAL	08/10/2000	$100.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Occupation: CEO Aggregate Year-to-Date $ 300.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen Dias 28020 Renton Lane Saugus, CA 91350-	TENET HEALTHCARE CORPORATION	08/10/2000	$15.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Occupation: DIRECTOR Aggregate Year-to-Date $ 255.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steve Domingues 17800 Prairie Northridge, CA 91325-	TENET HEALTHCARE CORPORATION	08/10/2000	$25.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Occupation: VICE PRESIDENT Aggregate Year-to-Date $ 950.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James 'Doug' Doris 1814 Sumter Ridge Court Chesterfield, MO 63017-	SOUTH POINT HOSPITAL	08/10/2000	$20.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Occupation: CEO Aggregate Year-to-Date $ 360.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jack Dusenbery 3336 Shagbark Circle Mount Pleasant, SC 29466-	TENET HEALTHCARE CORPORATATION	08/10/2000	$19.23
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Occupation: CEO Aggregate Year-to-Date $ 346.14		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brian Flynn 6763 Heritage Drive Poplar Bluff, MO 63901-	LUCY LEE HEALTHCARE SYSTEM	08/10/2000	$19.23
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Occupation: CEO Aggregate Year-to-Date $ 346.14		

SUBTOTAL of Receipts This Page (optional)	210.46
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	PAGE 3 OF 34
	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 Michael Focht, Sr. P.O. Box 703 Santa Ynez, CA 93460-070 Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Name of Employer: TENET HEALTHCARE CORPORATION Occupation: PRESIDENT Aggregate Year-to-Date $ 616.00	08/10/2000	$38.50
B. Full Name, Mailing Address and ZIP Code Robert Freymuller 2324 Fairway Circle Heath, TX 75087- Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Name of Employer: DOCTORS HOSPITAL OF DALLAS Occupation: CEO Aggregate Year-to-Date $ 346.44	08/10/2000	$19.23
C. Full Name, Mailing Address and ZIP Code Jeffrey Friedman 24 Rosedown Drive Destrehan, LA 70047- Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Name of Employer: TENET PHYSICIAN SERVICES Occupation: CEO Aggregate Year-to-Date $ 360.00	08/10/2000	$20.00
D. Full Name, Mailing Address and ZIP Code F. Mark Gable 27 Perdido Circle Little Rock, AR 72211- Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Name of Employer: TENET HEALTHCARE CORPORATION Occupation: MANAGER Aggregate Year-to-Date $ 360.00	08/10/2000	$20.00
E. Full Name, Mailing Address and ZIP Code Truman Gates 21130 Ambric KNnolls Road Saratoga, CA 95070- Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Name of Employer: COMMUNITY HOSPITAL LOS GATOS Occupation: CEO Aggregate Year-to-Date $ 360.00	08/10/2000	$20.00
F. Full Name, Mailing Address and ZIP Code Jeffrey Green P.O. Box 518 Mt. Laurel, NJ 08054- Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Name of Employer: St. Christophers Hospital Occupation: Chief Operating Officer Aggregate Year-to-Date $ 500.00	08/10/2000	$500.00
F. Full Name, Mailing Address and ZIP Code Laura Irwin 1647 Wildhorse Parkway Dr Chesterfield, MO 63005- Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Name of Employer: TENET HEALTHCARE CORPORATION Occupation: DIRECTOR Aggregate Year-to-Date $ 450.00	08/10/2000	$25.00

SUBTOTAL of Receipts This Page (optional)	642.73
TOTAL This Period (last page this line number only)	

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A. Full Name, Mailing Address and ZIP Code Harris Koenig 2451 Canyon Creek Rd Escondido, CA 92025- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer JOHN F. KENNEDY MEMORIAL HOSPITAL Occupation ASSOCIATE ADMINISTRATOR Aggregate Year-to-Date $ 840.00	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period $20.00
B. Full Name, Mailing Address and ZIP Code VIRGINIA LUETJE 1884 CHARMWOOD COURT ST. LOUIS, MO 63122- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer DEACONESS HEALTH SYSTEM Occupation CHANCELLOR Aggregate Year-to-Date $ 252.00	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period $14.00
C. Full Name, Mailing Address and ZIP Code Lou Lazatin 2800 Bayberry Way Fullerton, CA 92833- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer Queen of Angels-Hollywood Pres Occupation Chief Executive Officer Aggregate Year-to-Date $ 500.00	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period $500.00
D. Full Name, Mailing Address and ZIP Code 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 $ 1800.00	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period $100.00
E. Full Name, Mailing Address and ZIP Code MICHELE MEYER 230 GRIMSLEY STATION BLUFF DRIVE OAKVILLE, MO 63129- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer LUTHERAN MEDICAL CENTER Occupation DIRECTOR, NURSING Aggregate Year-to-Date $ 357.00	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period $19.00
F. Full Name, Mailing Address and ZIP Code Jerry Mabry 105 Hi Lo Terrace Hot Springs, AR 71901- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer TENET HEALTHCARE CORPORATION Occupation DIRECTOR Aggregate Year-to-Date $ 357.69	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period $15.23
F. Full Name, Mailing Address and ZIP Code David Hayeux 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 $ 1440.00	Date (month, day, year) 08/10/2000	Amount of Each Receipt this Period $80.00

SUBTOTAL of Receipts This Page (optional) 752.23

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
A. John McDonald 2200 Hawthorne Fort Worth, TX 76110-	TENET HEALTHCARE CORPORATION ASSOCIATE COUNSEL $ 360.00	08/10/2000	$20.00
B. OTHMAR NOWAK 863 N. 64TH STREET HIALEAH, FL 33012-	NORTH SHORE MEDICAL CENTER ADMINISTRATIVE DIRECTOR $ 360.00	08/10/2000	$20.00
C. GARRY DUNBY 2009 VICTORIA SANTA ANA, CA 92706-	FOUNTAIN VALLEY REGIONAL HOSPITAL CHIEF OPERATING OFFICER $ 360.00	08/10/2000	$20.00
D. LYNN OREGEN 312 APPLEWOOD DRIVE SLIDELL, LA 70461-	ST. CHARLES GENERAL HOSPITAL CHIEF EXECUTIVE OFFICER $ 360.00	08/10/2000	$20.00
E. GEORGE PERRY 300 LAKE MARION DRIVE, 3A NEW ORLEANS, LA 70124-	NORTHSHORE PSYCHIATRIC HOSPITAL CHIEF EXECUTIVE OFFICER $ 337.69	08/10/2000	$19.23
F. MICHAEL REMBIS 78-255 MONTE SERENO CIRCLE INDIAN WELLS, CA 92210-	JOHN F. KENNEDY MEMORIAL HOSPITAL CHIEF EXECUTIVE OFFICER $ 360.00	08/10/2000	$20.00
F. Douglas Rabe 9923 Carriage Drive Dallas, TX 75238-	TENET HEALTHCARE CORPORATION VICE PRESIDENT $ 360.00	08/10/2000	$20.00

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

SUBTOTAL of Receipts This Page (optional) 139.23

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

PAGE 6 OF 10

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
Glenn Robinson 1832 Cherrybrook Drive Nacogdoches, TX 75961-	NACOGDOCHES MEDICAL CENTER	08/10/2000	$29.23
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Occupation: CEO Aggregate Year-to-Date $ 357.69		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Leonard Rosenfeld 1502 Pecos Drive Southlake, TX 76092-	TENET HEALTHCARE CORPORATION	08/10/2000	$40.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Occupation: V.P., SPECIALTY OPS. Aggregate Year-to-Date $ 720.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Russell 4244 Avenida DeLa Encinal Malibu, CA 90265-	TENET HEALTHCARE CORPORATION	08/10/2000	$25.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Occupation: SR. VICE PRESIDENT Aggregate Year-to-Date $ 425.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SCOTT SCHOETTEL 32242 ACAPULCO DRIVE DANA POINT, CA 92629-	TENET HEALTHCARE CORPORATION	08/10/2000	$20.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Occupation: SENIOR COUNSEL Aggregate Year-to-Date $ 260.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RYAN SMITH 952 SOUTH 11TH STREET, #231 SAN JOSE, CA 95112-	COMMUNITY HOSPITAL LOS GATOS	08/10/2000	$15.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Occupation: CONTROLLER Aggregate Year-to-Date $ 270.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TIM SMITH 1754 PROT MANLEIGH CIRCLE NEWPORT BEACH, CA 92660-	GARDEN GROVE HOSPITAL	08/10/2000	$20.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Occupation: CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 360.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Craig Sims 9004 Cumberland Drive Irving, TX 75063-	RHD MEMORIAL MEDICAL CENTER	08/10/2000	$19.23
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Occupation: ACCOUNTING MANAGER Aggregate Year-to-Date $ 346.05		

SUBTOTAL of Receipts This Page (optional)	158.46
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	Date (month, day, year)	Amount of Each Receipt this Period
A. Charles R. Slaton 317 Nordin Lane Russellville, AR 72802-	CENTRAL STATES REGIONAL OFFICE V.P. OPERATIONS	08/10/2000	$19.23
Receipt For: [X] Other (specify):	Aggregate Year-to-Date $ 386.15		
B. Ron Stern 2001 W. 68th Street Hialeah, FL 33016	PALMETTO GENERAL HOSPITAL CEO	08/10/2000	$19.24
Receipt For: [X] Other (specify):	Aggregate Year-to-Date $ 386.31		
C. Christi Sulzbach 1662 Via Roblada Santa Barbara, CA 93110-	TENET HEALTHCARE CORPORATION SR. VICE PRESIDENT	08/10/2000	$40.00
Receipt For: [X] Other (specify):	Aggregate Year-to-Date $ 680.00		
D. Jeffrey Thompson 24 Terraza Del Mar Dana Point, CA 92629-	TENET HEALTHCARE CORPORATION SENIOR COUNSEL	08/10/2000	$20.00
Receipt For: [X] Other (specify):	Aggregate Year-to-Date $ 360.00		
E. GUSTAVO VALDESPINO 5 SUNBURST IRVINE, CA 92612-	LOS ALAMITOS MEDICAL CENTER CHIEF EXECUTIVE OFFICER	08/10/2000	$50.00
Receipt For: [X] Other (specify):	Aggregate Year-to-Date $ 770.00		
F. Thomas Wolf 2501 Ohio Drive #318 Plano, TX 75093-	TENET HEALTHCARE CORPORATION MANAGER	08/10/2000	$18.00
Receipt For: [X] Other (specify):	Aggregate Year-to-Date $ 388.00		
F. MICHAEL APPELMANS 30131 SADDLERIDGE SAN JUAN CAPISTRAN, CA 92675-	TENET HEALTHCARE CORPORATION SENIOR COUNSEL	08/25/2000	$15.00
Receipt For: [X] Other (specify):	Aggregate Year-to-Date $ 270.00		

SUBTOTAL of Receipts This Page (optional) 179.47

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. DAN AUSMAN 354 SHADYVALE LANE BREA, CA 92821-	MONTEREY PARK HOSPITAL CHIEF EXECUTIVE OFFICER	08/25/2000	$30.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Aggregate Year-to-Date $ 360.00		
B. Larry Bozeman Route 1 Box 323-Boz Tennessee Colony, TX 75861-	TRINITY VALLEY MEDICAL CENTER CEO	08/25/2000	$15.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Aggregate Year-to-Date $ 270.00		
C. Mark W. Bryan 10378 N.W. 63rd Drive Parkland, FL 33076-	TENET HEALTHCARE CORPORATION VICE PRESIDENT, FINANCE	08/25/2000	$14.43
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Aggregate Year-to-Date $ 259.56		
D. Albert Canete 671 Quincy Avenue Long Beach, CA 90804-	TENET HEALTHCARE CORPORATION VICE PRESIDENT, FINANCE	08/25/2000	$20.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Aggregate Year-to-Date $ 360.00		
E. Conley Corventee 631 St. Andrews Place Coppell, TX 75019-	TENET HEALTHCARE CORPORATION DIRECTOR	08/25/2000	$12.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Aggregate Year-to-Date $ 216.00		
F. Harold E. (Hal) Chilton 1032 Vista Grande Paso Robles, CA 93446-	SIERRA VISTA REGIONAL MED.CTR CEO	08/25/2000	$40.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Aggregate Year-to-Date $ 720.00		
F. Kent Clayton 11 Veneto Newport Beach, CA 92657-	COASTAL COMMUNITIES HOSPITAL CEO	08/25/2000	$20.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Aggregate Year-to-Date $ 360.00		

SUBTOTAL of Receipts This Page (optional) 141.43

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
Maxine T. Cooper 19401 Sandpebble Circle Huntington Beach, CA 92648-	PLACENTIA LINDA COMMUNITY HOSPITAL	08/25/2000	$100.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation: CEO Aggregate Year-to-Date $ 300.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen Dias 28020 Kenton Lane Saugus, CA 91350-	TENET HEALTHCARE CORPORATION	08/25/2000	$15.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation: DIRECTOR Aggregate Year-to-Date $ 255.00		
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	08/25/2000	$25.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation: VICE PRESIDENT Aggregate Year-to-Date $ 950.00		
D. 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	08/25/2000	$500.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation: VICE PRESIDENT Aggregate Year-to-Date $ 950.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James 'Doug' Doris 1814 Sumter Ridge Court Chesterfield, MO 63017-	SOUTH POINT HOSPITAL	08/25/2000	$20.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation: CEO Aggregate Year-to-Date $ 360.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jack Dusenbery 3396 Shagbark Circle Mount Pleasant, SC 29464-	TENET HEALTHCARE CORPORATATION	08/25/2000	$19.23
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation: CEO Aggregate Year-to-Date $ 346.14		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brian Flynn 6763 Heritage Drive Poplar Bluff, MO 63901-	LUCY LEE HEALTHCARE SYSTEM	08/25/2000	$19.23
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation: CEO Aggregate Year-to-Date $ 346.14		

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 21(a) (1)

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NAME OF COMMITTEE (in Full)

TENET HEALTHCARE CORPORATION PAC

A. Full Name, Mailing Address and ZIP Code Michael Focht, Sr. P.O. Box 703 Santa Ynez, CA 93460-070	Name of Employer TENET HEALTHCARE CORPORATION Occupation PRESIDENT Aggregate Year-to-Date $ 616.00	Date (month, day, year) 08/25/2000	Amount of Each Receipt this Period $36.50
Receipt For: [ ] Primary [ ] General [X] Other (specify):			
B. Full Name, Mailing Address and ZIP Code Robert Freymuller 2524 Fairway Circle Heath, TX 75087-	Name of Employer DOCTORS HOSPITAL OF DALLAS Occupation CEO Aggregate Year-to-Date $ 346.44	Date (month, day, year) 08/25/2000	Amount of Each Receipt this Period $19.22
Receipt For: [ ] Primary [ ] General [X] Other (specify):			
C. Full Name, Mailing Address and ZIP Code Jeffrey Friedman 24 Rosedown Drive Destrehan, LA 70047-	Name of Employer TENET PHYSICIAN SERVICES Occupation CEO Aggregate Year-to-Date $ 360.00	Date (month, day, year) 08/25/2000	Amount of Each Receipt this Period $20.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):			
D. Full Name, Mailing Address and ZIP Code T. Mark Gable 27 Perdido Circle Little Rock, AR 72211-	Name of Employer TENET HEALTHCARE CORPORATION Occupation MANAGER Aggregate Year-to-Date $ 360.00	Date (month, day, year) 08/25/2000	Amount of Each Receipt this Period $20.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):			
E. Full Name, Mailing Address and ZIP Code Truman Gates 21130 Ambric Kmolls Road Saratoga, CA 95070-	Name of Employer COMMUNITY HOSPITAL LOS GATOS Occupation CEO Aggregate Year-to-Date $ 360.00	Date (month, day, year) 08/25/2000	Amount of Each Receipt this Period $20.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):			
F. Full Name, Mailing Address and ZIP Code Laura Irwin 1647 Wildhorse Parkway Dr Chesterfield, MO 63005-	Name of Employer TENET HEALTHCARE CORPORATION Occupation DIRECTOR Aggregate Year-to-Date $ 450.00	Date (month, day, year) 08/25/2000	Amount of Each Receipt this Period $25.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):			
F. Full Name, Mailing Address and ZIP Code Harris Koenig 2451 Canyon Creek Rd Escondido, CA 92025-	Name of Employer JOHN F. KENNEDY MEMORIAL HOSPITAL Occupation ASSOCIATE ADMINISTRATOR Aggregate Year-to-Date $ 840.00	Date (month, day, year) 08/25/2000	Amount of Each Receipt this Period $20.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):			

SUBTOTAL of Receipts This Page (optional)	162.33
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

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 VIRGINIA LUETJE 1884 CHARNWOOD COURT ST. LOUIS, MO 63122-	Name of Employer DEACONESS HEALTH SYSTEM Occupation CHANCELLOR	Date (month, day, year) 08/25/2000	Amount of Each Receipt this Period $14.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Aggregate Year-to-Date $ 252.00		
B. Full Name, Mailing Address and ZIP Code DAVID MAUSS 16477 SANTA BIANCA HACIENDA HEIGHTS, CA 91745-	Name of Employer GARDEN GROVE HOSPITAL Occupation VICE PRESIDENT DEVELOPMENT	Date (month, day, year) 08/25/2000	Amount of Each Receipt this Period $100.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Aggregate Year-to-Date $ 1800.00		
C. Full Name, Mailing Address and ZIP Code MICHELE MEYER 230 GRIMBLEY STATION BLUFF DRIVE OAKVILLE, MO 63129-	Name of Employer LUTHERAN MEDICAL CENTER Occupation DIRECTOR, NURSING	Date (month, day, year) 08/25/2000	Amount of Each Receipt this Period $19.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Aggregate Year-to-Date $ 357.00		
D. Full Name, Mailing Address and ZIP Code Jerry Mabry 105 Hi Lo Terrace Hot Springs, AR 71901-	Name of Employer TENET HEALTHCARE CORPORATION Occupation DIRECTOR	Date (month, day, year) 08/25/2000	Amount of Each Receipt this Period $19.23
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Aggregate Year-to-Date $ 357.69		
E. Full Name, Mailing Address and ZIP Code David Mayeux 3455 Robin Drive Roanoke, TX 76262-	Name of Employer TENET HEALTHCARE CORPORATION Occupation EXECUTIVE VICE PRESIDENT	Date (month, day, year) 08/25/2000	Amount of Each Receipt this Period $80.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Aggregate Year-to-Date $ 1440.00		
F. Full Name, Mailing Address and ZIP Code John McDonald 3300 Hawthorne Fort Worth, TX 76110-	Name of Employer TENET HEALTHCARE CORPORATION Occupation ASSOCIATE COUNSEL	Date (month, day, year) 08/25/2000	Amount of Each Receipt this Period $20.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Aggregate Year-to-Date $ 360.00		
F. Full Name, Mailing Address and ZIP Code OTHMAR NOWAK 862 W. 64TH STREET HIALEAH, FL 33012-	Name of Employer NORTH SHORE MEDICAL CENTER Occupation ADMINISTRATIVE DIRECTOR	Date (month, day, year) 08/25/2000	Amount of Each Receipt this Period $20.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Aggregate Year-to-Date $ 360.00		

SUBTOTAL of Receipts This Page (optional) 272.23

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

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. GARRY OLNEY 2309 VICTORIA SANTA ANA, CA 92706- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: FOUNTAIN VALLEY REGIONAL HOSPITAL Occupation: CHIEF OPERATING OFFICER Aggregate Year-to-Date $ 360.00	08/25/2000	$20.00
B. LYNN ORPGEN 212 APPLEWOOD DRIVE SLIDELL, LA 70461- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: ST. CHARLES GENERAL HOSPITAL Occupation: CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 360.00	08/25/2000	$20.00
C. GEORGE PERRY 300 LAKE MARION DRIVE, 3A NEW ORLEANS, LA 70124- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: NORTHSHORE PSYCHIATRIC HOSPITAL Occupation: CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 317.69	08/25/2000	$19.23
D. MICHAEL REMBIS 78-255 MONTE SERENO CIRCLE INDIAN WELLS, CA 92210- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: JOHN F. KENNEDY MEMORIAL HOSPITAL Occupation: CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 360.00	08/25/2000	$30.00
E. Douglas Rabe 9923 Capridge Drive Dallas, TX 75238- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: TENET HEALTHCARE CORPORATION Occupation: VICE PRESIDENT Aggregate Year-to-Date $ 360.00	08/25/2000	$20.00
F. Glenn Robinson 1822 Cherrybrook Drive Nacogdoches, TX 75961- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: NACOGDOCHES MEDICAL CENTER Occupation: CEO Aggregate Year-to-Date $ 357.69	08/25/2000	$19.23
F. Leonard Rosenfeld 1502 Pecos Drive Southlake, TX 76097- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: TENET HEALTHCARE CORPORATION Occupation: V.P., SPECIALTY OPS. Aggregate Year-to-Date $ 720.00	08/25/2000	$40.00

SUBTOTAL of Receipts This Page (optional) 159.46

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. Paul Russell 4244 Avenida DeLa Encinal Malibu, CA 90265- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: TENET HEALTHCARE CORPORATION Occupation: SR. VICE PRESIDENT Aggregate Year-to-Date $ 425.00	08/25/2000	$25.00
B. 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 $ 360.00	08/25/2000	$20.00
C. 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 $ 270.00	08/25/2000	$15.00
D. TIM SMITH 1754 PEDT MANLEIGH CIRCLE NEWPORT BEACH, CA 92660- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: GARDEN GROVE HOSPITAL Occupation: CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 360.00	08/25/2000	$20.00
E. Craig Sims 9304 Cumberland Drive Irving, TX 75063- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: RHD MEMORIAL MEDICAL CENTER Occupation: ACCOUNTING MANAGER Aggregate Year-to-Date $ 346.05	08/25/2000	$19.33
F. Charles E. Slaton 317 Nordin Lane Russellville, AR 72802- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: CENTRAL STATES REGIONAL OFFICE Occupation: V.P. OPERATIONS Aggregate Year-to-Date $ 356.15	08/25/2000	$19.23
F. Ron Stern 2001 W. 68th Street Hialeah, FL 33016 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: PALMETTO GENERAL HOSPITAL Occupation: CEO Aggregate Year-to-Date $ 346.31	08/25/2000	$19.23

SUBTOTAL of Receipts This Page (optional) 137.69

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. Christi Sulabach 4662 Via Roblada Santa Barbara, CA 93110- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: TENET HEALTHCARE CORPORATION Occupation: SR. VICE PRESIDENT Aggregate Year-to-Date $ 680.00	08/25/2000	$40.00
B. Jeffrey Thompson 24 Terraza 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 $ 360.00	08/25/2000	$20.00
C. GUSTAVO VALDESPINO 5 SUNBURST IRVINE, CA 92612- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: LOS ALAMITOS MEDICAL CENTER Occupation: CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 770.00	08/25/2000	$50.00
D. Thomas Wolf 2501 Ohio Drive #518 Plano, TX 75093- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: TENET HEALTHCARE CORPORATION Occupation: MANAGER Aggregate Year-to-Date $ 288.00	08/25/2000	$16.00
E. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	126.00
TOTAL This Period (last page this line number only)	3933.99

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 9/28/00
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED (R/C)
☐	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	

CR	9/28/00
PREPARER	DATE PREPARED

(6/2000)