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FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

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

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

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

sscally@nngovlaw.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 06 07 2001

3. FEC IDENTIFICATION NUMBER ▶ C 00119354

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 Jason D. Kaune, Assistant Treasurer

Signature of Treasurer [signature] Date 06 07 2001

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.

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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 1/01)

FE1AN046.PDF

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

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 POLITICAL ACTION COMMITTEE

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: SUSAN LIMON

Mailing Address: 3820 STATE STREET

CITY ▲: SANTA BARBARA

STATE ▲: CA

ZIP CODE ▲: 93105 -

Title or Position ▼: TREASURER

Telephone number: 818 - 952 - 2015

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: SUSAN LIMON

Mailing Address: 3820 STATE STREET

CITY ▲: SANTA BARBARA

STATE ▲: CA

ZIP CODE ▲: 93105 -

Title or Position ▼: TREASURER

Telephone number: 818 - 952 - 2015

Full Name of Designated Agent: JANELLE BLANCO

Mailing Address: 3820 STATE STREET

CITY ▲: SANTA BARBARA

STATE ▲: CA

ZIP CODE ▲: 93105 -

Title or Position ▼: ASSISTANT TREASURER

Telephone number: 818 - 952 - 2015

STATEMENT OF ORGANIZATION
Attachment A

8. Treasurer (con't)

James R. Sutton, 591 Redwood Highway, #4000, Mill Valley, CA 94941 Assistant Treasurer

Jason D. Kaune, 591 Redwood Highway, #4000, Mill Valley, CA 94941 Assistant Treasurer

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 CORPORATE SERVICES # 1233

Mailing Address

1850 GATEWAY BOULEVARD

CONCORD | CA | 94520 -

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

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.

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[illegible]	6-15-01
PREPARER	DATE PREPARED

(6/2000)