LAW OFFICES OF
NIELSEN, MERKSAMER,
PARRINELLO, MUELLER & NAYLOR, LLP
A LIMITED LIABILITY PARTNERSHIP INCLUDING A PROFESSIONAL CORPORATION

SACRAMENTO
770 L STREET, SUITE 800
SACRAMENTO, CALIFORNIA 95814
TELEPHONE (916) 446-6752
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591 REDWOOD HIGHWAY, #4000
MILL VALLEY, CALIFORNIA 94941
TELEPHONE (415) 389-6800
FAX (415) 388-6874

SAN FRANCISCO
TWO EMBARCADERO CENTER, SUITE 200
SAN FRANCISCO, CALIFORNIA 94111
TELEPHONE (415) 389-6800
FAX (415) 388-6874

August 18, 2000

RECEIVED
FEC MAIL ROOM
2000 AUG 21 A 11:50

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Dear Filing Officer:

Enclosed herewith please find the original signed copy of the following for:

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

for the period 07/01/00 Through 07/31/00.

- [ ] Form 1: Amendment
- [x] Form 3x
- [ ] Other: _____
- [ ] Amendment to Above
- [x] Report to State Filing Official(s) sent by Federal Express
- [x] Other: State Filing Waiver: California, Florida, Missouri, Texas.

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

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 AUG 21 A 11:50

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 07/01/2000 through 07/31/2000		
6.	(a) Cash on Hand January 1, 20__		$ 55186.12
	(b) Cash on Hand at Beginning of Reporting Period	$ 87821.64	
	(c) Total Receipts (from Line 19)	$ 6372.47	$ 61257.99
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 94194.11	$ 116444.11
7.	Total Disbursements (from Line 30)	$ 20500.00	$ 42750.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 73694.11	$ 73694.11
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

Signature of Treasurer

Date 8/18/00

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 8/93)

FEBAN121PDF

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 07/01/2000 TO: 07/31/2000

	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)	4639.24	42072.87	11(a)(i)
ii. Unitemized	1733.23	16185.12	11(a)(ii)
iii. Total (add i and ii) >	6372.47	58257.99	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) >	6372.47	58257.99	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) >	6372.47	61257.99	19
20. Total Federal Receipts (subtract line 18 from line 19) >	6372.47	61257.99	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	20000.00	38750.00	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	500.00	4000.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	20500.00	42750.00	30
31. Total Federal Disbursements (subtract line 21 a i from line 30) >	20500.00	42750.00	31
III. NetContributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	6372.47	58257.99	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	6372.47	58257.99	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	PAGE 1 OF 8
	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 APPELHANS 30131 SADDLERIDGE SAN JUAN CAPISTRAN, CA 92675- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: TENET HEALTHCARE CORPORATION Occupation: SENIOR COUNSEL Aggregate Year-to-Date $ 240.00	07/27/2000	$15.00
B. Full Name, Mailing Address and ZIP Code DAN AUSMAN 354 SHADYVALE LANE BREA, CA 92821- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: MONTEREY PARK HOSPITAL Occupation: CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 320.00	07/27/2000	$20.00
C. Full Name, Mailing Address and ZIP Code Larry Bozeman Route 1 Box 223-Bos Tennessee Colony, TX 75861- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: TRINITY VALLEY MEDICAL CENTER Occupation: CEO Aggregate Year-to-Date $ 240.00	07/27/2000	$15.00
D. Full Name, Mailing Address and ZIP Code Mark H. Bryan 10378 N.W. 63rd Drive Parkland, FL 33076- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: TENET HEALTHCARE CORPORATION Occupation: VICE PRESIDENT, FINANCE Aggregate Year-to-Date $ 230.72	07/27/2000	$14.42
E. Full Name, Mailing Address and ZIP Code Bruce Buchanan 3604 Rena Dawn Lane Edmond, OK 73013-808 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: TENET HEALTHCARE CORPORATION Occupation: DIRECTOR Aggregate Year-to-Date $ 500.00	07/27/2000	$500.00
F. Full Name, Mailing Address and ZIP Code Albert Canete 671 Quincy Avenue Long Beach, CA 90804- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: TENET HEALTHCARE CORPORATION Occupation: VICE PRESIDENT, FINANCE Aggregate Year-to-Date $ 320.00	07/27/2000	$20.00
F. Full Name, Mailing Address and ZIP Code Harold E. (Hal) Chilton 1032 Vista Grande Paso Robles, CA 93446- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: SIERRA VISTA REGIONAL MED.CTR Occupation: CEO Aggregate Year-to-Date $ 640.00	07/27/2000	$40.00

SUBTOTAL of Receipts This Page (optional)	624.42
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

PAGE 2 OF 8

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 ☐ Other (specify):	Name of Employer: COASTAL COMMUNITIES HOSPITAL Occupation: CEO Aggregate Year-to-Date: $ 320.00	07/27/2000	$20.00
B. Stephen Diaz 28020 Kenton Lane Saugus, CA 91350- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: TENET HEALTHCARE CORPORATION Occupation: DIRECTOR Aggregate Year-to-Date: $ 225.00	07/27/2000	$15.00
C. Steve Domingues 17800 Prairie Northbridge, CA 91325- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: TENET HEALTHCARE CORPORATION Occupation: VICE PRESIDENT Aggregate Year-to-Date: $ 400.00	07/27/2000	$25.00
D. James 'Doug' Doris 1814 Sumter Ridge Court Chesterfield, MO 63017- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: SOUTH POINT HOSPITAL Occupation: CEO Aggregate Year-to-Date: $ 320.00	07/27/2000	$20.00
E. Jack Dusenbery 3396 Shagbark Circle Mount Pleasant, SC 29464- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: TENET HEALTHCARE CORPORATATION Occupation: CEO Aggregate Year-to-Date: $ 307.68	07/27/2000	$19.23
F. MITCHELL FELDMAN 7021 W. CYPRESSHEAD DRIVE PARKLAND, FL 33067- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: DELRAY COMMUNITY HOSPITAL Occupation: CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date: $ 500.00	07/27/2000	$500.00
F. Full Name, Mailing Address and ZIP Code Brian Flynn 6763 Heritage Drive Poplar Bluff, MO 63901- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: LUCY LEE HEALTHCARE SYSTEM Occupation: CEO Aggregate Year-to-Date: $ 307.68	07/27/2000	$19.23

SUBTOTAL of Receipts This Page (optional) 618.46

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

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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 ☐ Other (specify):	TENET HEALTHCARE CORPORATION PRESIDENT $ 539.00	07/27/2000	$38.50
B. Robert Freymuller 2324 Fairway Circle Heath, TX 75087- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	DOCTORS HOSPITAL OF DALLAS CEO $ 307.98	07/27/2000	$19.23
C. Jeffrey Friedman 24 Rosedown Drive Destrehan, LA 70047- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	TENET PHYSICIAN SERVICES CEO $ 320.00	07/27/2000	$20.00
D. MARTHA GARCIA 7350 JACARANDA LANE MIAMI LAKES, FL 33014- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	CORAL GABLES HOSPITAL CHIEF EXECUTIVE OFFICER $ 500.00	07/27/2000	$500.00
E. F. Mark Gable 27 Perdido Circle Little Rock, AR 72211- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	TENET HEALTHCARE CORPORATION MANAGER $ 320.00	07/27/2000	$20.00
F. Truman Gates 31130 Aebric KNnolls Road Saratoga, CA 95070- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	COMMUNITY HOSPITAL LOS GATOS CEO $ 320.00	07/27/2000	$20.00
F. Laura Irwin 1647 Wildhorse Parkway Dr Chesterfield, MO 63005- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	TENET HEALTHCARE CORPORATION DIRECTOR $ 400.00	07/27/2000	$25.00

SUBTOTAL of Receipts This Page (optional) 642.73

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

PAGE 4 OF 8

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. LARRY KELLER 1409 MARTHA LEBVILLE ROAD LEBANON, TN 37090-	UNIVERSITY MEDICAL CENTER CHIEF EXECUTIVE OFFICER $ 500.00	07/27/2000	$500.00
B. Harris Koenig 2451 Canyon Creek Rd Escondido, CA 92025-	JOHN F. KENNEDY MEMORIAL HOSPITAL ASSOCIATE ADMINISTRATOR $ 800.00	07/27/2000	$500.00
C. Harris Koenig 2451 Canyon Creek Rd Escondido, CA 92025-	JOHN F. KENNEDY MEMORIAL HOSPITAL ASSOCIATE ADMINISTRATOR $ 800.00	07/27/2000	$20.00
D. VIRGINIA LUETJE 1884 CHARWOOD COURT ST. LOUIS, MO 63122-	DEACONESS HEALTH SYSTEM CHANCELLOR $ 224.00	07/27/2000	$14.00
E. DAVID MAUSS 16477 SANTA BIANCA HACIENDA HEIGHTS, CA 91745-	GARDEN GROVE HOSPITAL VICE PRESIDENT DEVELOPMENT $ 1600.00	07/27/2000	$100.00
F. MICHELE MEYER 230 GRIMSLEY STATION BLUFF DRIVE OAKVILLE, MO 63129-	LUTHERAN MEDICAL CENTER DIRECTOR, NURSING $ 319.00	07/27/2000	$19.00
F. Jerry Mabry 105 Hi Lo Terrace Hot Springs, AR 71901-	TENET HEALTHCARE CORPORATION DIRECTOR $ 319.23	07/27/2000	$19.23

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

SUBTOTAL of Receipts This Page (optional) 1172.23

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. David Mayeux 2455 Robin Drive Roanoke, TX 76262- Receipt For: Primary General Other (specify):	TENET HEALTHCARE CORPORATION Occupation: EXECUTIVE VICE PRESIDENT Aggregate Year-to-Date $ 1280.00	07/27/2000	$80.00
B. David McAdam 1820 STATE STREET SANTA BARBARA, CA 93105 Receipt For: Primary General Other (specify):	TENET HEALTCARE CORPORATION Occupation: VICE PRESIDENT Aggregate Year-to-Date $ 300.00	07/27/2000	$20.00
C. John McDonald 2200 Hawthorne Fort Worth, TX 76110- Receipt For: Primary General Other (specify):	TENET HEALTHCARE CORPORATION Occupation: ASSOCIATE COUNSEL Aggregate Year-to-Date $ 320.00	07/27/2000	$20.00
D. OTHMAR NOWAK 863 W. 64TH STREET HIALEAH, FL 33012- Receipt For: Primary General Other (specify):	NORTH SHORE MEDICAL CENTER Occupation: ADMINISTRATIVE DIRECTOR Aggregate Year-to-Date $ 320.00	07/27/2000	$20.00
E. GARRY OLNEY 2009 VICTORIA SANTA ANA, CA 92706- Receipt For: Primary General Other (specify):	FOUNTAIN VALLEY REGIONAL HOSPITAL Occupation: CHIEF OPERATING OFFICER Aggregate Year-to-Date $ 320.00	07/27/2000	$20.00
F. LYNN DRYDEN 312 APPLEWOOD DRIVE SLIDELL, LA 70461- Receipt For: Primary General Other (specify):	ST. CHARLES GENERAL HOSPITAL Occupation: CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 320.00	07/27/2000	$20.00
F. GEORGE PERRY 300 LAKE MARION DRIVE, 3A NEW ORLEANS, LA 70124- Receipt For: Primary General Other (specify):	NORTHSHORE PSYCHIATRIC HOSPITAL Occupation: CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 279.23	07/27/2000	$19.23

SUBTOTAL of Receipts This Page (optional) 199.23

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 8

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

TENET HEALTHCARE CORPORATION PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. MICHAEL BEMBIS 78-255 MONTE SERENO CIRCLE INDIAN WELLS, CA 92210-	JOHN F. KENNEDY MEMORIAL HOSPITAL Occupation: CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 320.00	07/27/2000	$20.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
B. Douglas Rabe 9923 Capridge Drive Dallas, TX 75238-	TENET HEALTHCARE CORPORATION Occupation: VICE PRESIDENT Aggregate Year-to-Date $ 320.00	07/27/2000	$20.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
C. Glenn Robinson 1822 Cherrybrook Drive Nacogdoches, TX 75961-	NACOGDOCHES MEDICAL CENTER Occupation: CEO Aggregate Year-to-Date $ 319.23	07/27/2000	$19.23
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
D. Leonard Rosenfeld 1502 Pecos Drive Southlake, TX 76097-	TENET HEALTHCARE CORPORATION Occupation: V.P., SPECIALTY OPS. Aggregate Year-to-Date $ 640.00	07/27/2000	$40.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
E. Paul Russell 4244 Avenida Dela Encinal Malibu, CA 90265-	TENET HEALTHCARE CORPORATION Occupation: SR. VICE PRESIDENT Aggregate Year-to-Date $ 375.00	07/27/2000	$25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
F. SCOTT SCHOEFFEL 33242 ACAPULCO DRIVE DANA POINT, CA 92629-	TENET HEALTHCARE CORPORATION Occupation: SENIOR COUNSEL Aggregate Year-to-Date $ 320.00	07/27/2000	$20.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
F. RYAN SMITH 952 SOUTH 11TH STREET, #231 SAN JOSE, CA 95112-	COMMUNITY HOSPITAL LOS GATOS Occupation: CONTROLLER Aggregate Year-to-Date $ 240.00	07/27/2000	$15.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			

SUBTOTAL of Receipts This Page (optional) 159.23

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

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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. TIM SMITH 1754 PROT MANLEIGH CIRCLE NEWPORT BEACH, CA 92660-	GARDEN GROVE HOSPITAL CHIEF EXECUTIVE OFFICER $ 320.00	07/27/2000	$20.00
B. GARY STOKES 26 BAYOU VIEW DRIVE GULFPORT, MS 39507-	GULF COAST MEDICAL CENTER CHIEF EXECUTIVE OFFICER $ 500.00	07/27/2000	$500.00
C. Craig Sims 9004 Cumberland Drive Irving, TX 75063-	RHD MEMORIAL MEDICAL CENTER ACCOUNTING MANAGER $ 307.59	07/27/2000	$38.47
D. Charles R. Slaton 317 Nordin Lane Russellville, AR 72802-	CENTRAL STATES REGIONAL OFFICE V.P. OPERATIONS $ 317.69	07/27/2000	$19.23
E. Ron Stern	PALMETTO GENERAL HOSPITAL CEO $ 307.84	07/27/2000	$19.24
F. Christi Sulzbach 4662 Via Roblada Santa Barbara, CA 93110-	TENET HEALTHCARE CORPORATION SR. VICE PRESIDENT $ 600.00	07/27/2000	$40.00
F. Jeffrey Thompson 24 Terrasa Del Mar Dana Point, CA 92629-	TENET HEALTHCARE CORPORATION SENIOR COUNSEL $ 320.00	07/27/2000	$20.00

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

SUBTOTAL of Receipts This Page (optional) 656.94

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 8

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
GUSTAVO VALDESPINO 5 SUNBURST IRVINE, CA 92612-	LOS ALAMITOS MEDICAL CENTER	07/27/2000	$50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 670.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David C. Wilson 111 Amherst Drive Tullahoma, TN 37388-	HARTON REGIONAL MEDICAL CTR.	07/27/2000	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: CEO Aggregate Year-to-Date $ 500.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Wolf 7501 Ohio Drive #818 Plano, TX 75093-	TENET HEALTHCARE CORPORATION	07/27/2000	$16.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: MANAGER Aggregate Year-to-Date $ 356.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional)	566.00
TOTAL This Period (last page this line number only)	4639.29

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use seperate 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	Purpose of Disbursement / Disbursement for:	Date (month, day, year)	Amount of Each Disbursement This Period
DEMOCRATIC LEADER'S VICTORY FUND 2000 7435 WATSON ROAD, SUITE 109 ST. LOUIS, MO 63119	GENERAL PURPOSE COMMITTEE [ ] Primary [ ] General [x] Other (specify)	07/15/2000	$2,000.00
B. Full name, Mailing Address and ZIP code	**Purpose of Disbursement / Disbursement for:**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
FRIENDS OF CLAY SHAW 1512 E. BROWARD BLVD., STE. 101 FT. LAUDERDALE, FL 33301	E. CLAY SHAW JR. MEMBER OF CONGRESS; STATE: FL; DIST. 22 [ ] Primary [x] General [ ] Other (specify)	07/15/2000	$1,000.00
C. Full name, Mailing Address and ZIP code	**Purpose of Disbursement / Disbursement for:**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
NELSON 2000 301 4TH STREET, NE, STE. 201 WASHINGTON, DC 20002	BENJAMIN NELSON US SENATE; STATE: NE [ ] Primary [x] General [ ] Other (specify)	07/24/2000	$2,000.00
D. Full name, Mailing Address and ZIP code	**Purpose of Disbursement / Disbursement for:**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
2000 RNC CONVENTION GALA 310 FIRST STREET, SE WASHINGTON, DC 20003	GENERAL PURPOSE COMMITTEE [ ] Primary [ ] General [x] Other (specify)	07/31/2000	$10,000.00
E. Full name, Mailing Address and ZIP code	**Purpose of Disbursement / Disbursement for:**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
CA. REPUBLICAN MAJORITY COMMITTEE 4100 TRUXTUN RD. #310 BAKERSFIELD, CA 93309	GENERAL PURPOSE COMMITTEE [ ] Primary [ ] General [x] Other (specify)	07/31/2000	$5,000.00
F. Full name, Mailing Address and ZIP code	**Purpose of Disbursement / Disbursement for:**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	[ ] Primary [ ] General [ ] Other (specify)		
G. Full name, Mailing Address and ZIP code	**Purpose of Disbursement / Disbursement for:**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	[ ] Primary [ ] General [ ] Other (specify)		
H. Full name, Mailing Address and ZIP code	**Purpose of Disbursement / Disbursement for:**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	[ ] Primary [ ] General [ ] Other (specify)		
I. Full name, Mailing Address and ZIP code	**Purpose of Disbursement / Disbursement for:**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	[ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	20000.00
TOTAL This Period (last page this line number only)	30000.00

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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 29

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A. Full name, Mailing Address and ZIP code LUIS SARIKANA CAMPAIGN 221 N. KANSAS, STE. 1400 EL PASO, TX 79901	Purpose of Disbursement LUIS SARIKANA CITY COUNCIL; CITY OF EL PASO, TX Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year) 07/31/2000	Amount of Each Disbursement This Period $500.00
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)	500.00
TOTAL This Period (last page this line number only)	500.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
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☐	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): Fed Ex	Postmarked 8-19-00 and/or Date of Receipt
☐	Electronic Filing	

PREPARER

8-21-00
DATE PREPARED

(6/2000)