REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 MAY 17 A 9:25

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. [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
[X] 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 [X] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 04/01/2000 through 04/30/2000		
6. (a) Cash on Hand January 1, 2000		$ 55186.12
(b) Cash on Hand at Beginning of Reporting Period	$ 56825.04	
(c) Total Receipts (from Line 19)	$ 7034.62	$ 23173.54
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 63859.66	$ 78359.66
7. Total Disbursements (from Line 30)	$ 3250.00	$ 17750.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 60609.66	$ 60609.66
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

Date 5/15/00

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 1/1/91)

NAME OF COMMITTEE
TENET HEALTHCARE CORPORATION PAC

REPORT COVERING PERIOD
FROM 04/01/2000 TO: 04/30/2000

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	1003.50	3,3380.50	11(a)(i)
ii. Unitemized	3031.12	16,793.04	11(a)(ii)
iii. Total (add i and ii) >	4034.62	20173.54	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) >	4034.62	20173.54	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	3000.00	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) >	7034.62	23173.54	19
20. Total Federal Receipts (subtract line 18 from line 19) >	7034.62	23173.54	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	2250.00	15750.00	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	1000.00	2000.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	3250.00	17750.00	30
31. Total Federal Disbursements (subtract line 21 a i from line 30) >	3250.00	17750.00	31

III. NetContributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	4034.62	20173.54	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	4034.62	20173.54	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

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. Harold E. (Hal) Chilton 1032 Vista Grande Paso Robles, CA 93446- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Sierra Vista Regional Med.Ctr. CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 360.00	04/25/2000	$80.00
B. David Mayeux 2455 Robin Drive Roanoke, TX 76262- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Tenet Healthcare Corporation EXECUTIVE VICE PRESIDENT Aggregate Year-to-Date $ 720.00	04/25/2000	$160.00
C. Steve Dominguez 17800 Prairie Northridge, CA 91325- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Tenet Healthcare Corporation VICE PRESIDENT Aggregate Year-to-Date $ 325.00	04/25/2000	$50.00
D. Michael Focht, Sr. P.O. Box 703 Santa Ynez, CA 93460-070 Receipt For: [ ] Primary [ ] General [X] Other (specify):	Tenet Healthcare Corporation PRESIDENT Aggregate Year-to-Date $ 269.50	04/25/2000	$38.50
E. LAURA IRWIN 1647 WILDHORSE PARKWAY DR. CHESTERFIELD, MO 63005 Receipt For: [ ] Primary [ ] General [X] Other (specify):	TENET HEALTHCARE CORPORATION DIRECTOR Aggregate Year-to-Date $ 225.00	04/25/2000	$50.00
F. Leonard Rosenfeld 1502 Pecos Drive Southlake, TX 76097- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Tenet Healthcare Corporation Vice President, Specialty Ope- Aggregate Year-to-Date $ 360.00	04/25/2000	$80.00
F. David Rauss 16477 Santa Bianca Hacienda Heights, CA 91745- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Garden Grove Hospital- Vice President, Development Aggregate Year-to-Date $ 900.00	04/25/2000	$200.00

SUBTOTAL of Receipts This Page (optional)	658.50
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 2
	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 Patrick Petre #7 Ross Rancho Sta Margari, CA 92688- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: Garfield Medical Center Occupation: CHIEF OPERATING OFFICER Aggregate Year-to-Date $ 450.00	04/25/2000	$100.00
B. Full Name, Mailing Address and ZIP Code Robert Smith 919 Evenstar Westlake Village, CA 91361- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: Tenet Healthcare Corporation Occupation: Vice President, Operations Aggregate Year-to-Date $ 450.00	04/25/2000	$100.00
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 $ 200.00	04/25/2000	$25.00
D. Full Name, Mailing Address and ZIP Code Christi Sulzbach 4662 Via Roblada Santa Barbara, CA 93110- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: Tenet Healthcare Corporation Occupation: SENIOR VICE PRESIDENT Aggregate Year-to-Date $ 320.00	04/25/2000	$40.00
E. Full Name, Mailing Address and ZIP Code 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 $ 360.00	04/25/2000	$80.00
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)	345.00
TOTAL This Period (last page this line number only)	1003.50

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 16

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A. Full Name, Mailing Address and ZIP Code BOB KERREY FOR US SENATE COMMITTEE 3412 P STREET, NW WASHINGTON, DC 20007	Name of Employer	Date (month, day, year) 04/25/2000	Amount of Each Receipt this Period $1,000.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify): Line 16	Occupation Aggregate Year-to-Date $ 3000.00		
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)	3000.00
TOTAL This Period (last page this line number only)	3000.00

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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 BOB BRADY FOR CONGRESS P.O. BOX 22471 PHILADELPHIA, PA 19110	Purpose of Disbursement BOB BRADY MEMBER OF CONGRESS; STATE: PA; DIST. 1 Disbursement for: [ ] Primary [x] General [ ] Other (specify)	Date (month, day, year) 04/08/2000	Amount of Each Disbursement This Period $1,000.00
B. Full name, Mailing Address and ZIP code FRIST 2000 4205 HILLSBORO ROAD Nashville, TN 37215	Purpose of Disbursement BILL FRIST US SENATE; STATE: TN Disbursement for: [ ] Primary [x] General [ ] Other (specify)	Date (month, day, year) 04/08/2000	Amount of Each Disbursement This Period $500.00
C. Full name, Mailing Address and ZIP code Hatch Election Committee 310 S.MAIN STREET, STE. 1020 SALT LAKE CITY, UT 84101	Purpose of Disbursement ORRIN G. HATCH US SENATE; STATE: UT Disbursement for: [ ] Primary [x] General [ ] Other (specify)	Date (month, day, year) 04/25/2000	Amount of Each Disbursement This Period $500.00
D. Full name, Mailing Address and ZIP code VITTER FOR CONGRESS 2000 2520 METAIRIE ROAD METAIRIE, LA 70002	Purpose of Disbursement DAVID VITTER MEMBER OF CONGRESS; STATE: LA; DIST. 1 Disbursement for: [ ] Primary [x] General [ ] Other (specify)	Date (month, day, year) 04/25/2000	Amount of Each Disbursement This Period $250.00
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)	2250.00
TOTAL This Period (last page this line number only)	2250.00

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS OF LEANNA WASHINGTON P.O. BOX 17011 PHILADELPHIA, PA 19118	LEANNA M. WASHINGTON STATE REPRESENTATIVE, PA-20 Disbursement for: [ ] Primary [x] General [ ] Other (specify)	04/25/2000	$1,000.00
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)	1000.00
TOTAL This Period (last page this line number only)	1000.00

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 5-17-00
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	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	
	PREPARER	5-17-00 DATE PREPARED

(4/98)