REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
2000 APR 21 A 9:21

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

C00119356

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

5. Covering Period 03/01/2000 through 03/31/2000

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2000		$ 55166.12
	(b) Cash on Hand at Beginning of Reporting Period	$ 60875.92	
	(c) Total Receipts (from Line 19)	$ 4449.12	$ 16158.92
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 65325.04	$ 71325.04
7.	Total Disbursements (from Line 30)	$ 8500.00	$ 14500.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 56825.04	$ 56825.04
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: 4/20/00

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)

www.neifile.net

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: TRNRT HRALTHCARE CORPORATION PAC

REPORT COVERING PERIOD FROM 03/01/2000 TO: 03/31/2000

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)	1037.00	2377.00	11(a)(i)
ii. Unitemized	3412.12	13761.92	11(a)(ii)
iii. Total (add i and ii) >	4449.12	16138.92	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) >	4449.12	16138.92	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	0.00	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) >	4449.12	16138.92	19
20. Total Federal Receipts (subtract line 18 from line 19) >	4449.12	16138.92	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	7500.00	13500.00	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	1000.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	8500.00	14500.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	8500.00	14500.00	31
III. NetContributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	4449.12	16138.92	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	4449.12	16138.92	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 2

FOR LINE NUMBER 11(a)(i)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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) Colton 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 $ 280.00	03/13/2000	$60.00
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 $ 560.00	03/13/2000	$160.00
C. Trevor Fetter 1530 Mimosa Lane Santa Barbara, CA 93108- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Tenet Healthcare Corporation CHIEF FINANCIAL OFFICER Aggregate Year-to-Date $ 280.00	03/13/2000	$80.00
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 $ 231.00	03/13/2000	$77.00
E. Leonard Rosenfeld 1502 Pecos Drive Southlake, TX 76097- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Tenet Healthcare Corporation Vice President, Specialty Ops. Aggregate Year-to-Date $ 280.00	03/13/2000	$80.00
F. David Mauss 16477 Santa Bianca Hacienda Heights, CA 91745- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Garden Grove Hospital Vice President, Development Aggregate Year-to-Date $ 700.00	03/13/2000	$200.00
F. Patrick Petre 47 Rosa Rancho Sta Margari, CA 92688- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Garfield Medical Center CHIEF OPERATING OFFICER Aggregate Year-to-Date $ 350.00	03/13/2000	$100.00

SUBTOTAL of Receipts This Page (optional) 777.00

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

PAGE 2 OF 2

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
Robert Smith 919 Evenstar Westlake Village, CA 91361-	Tenet Healthcare Corporation	03/13/2000	$100.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation: Vice President, Operations Aggregate Year-to-Date $ 350.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Christi Sulzbach 4662 Via Roblada Santa Barbara, CA 93110-	Tenet Healthcare Corporation	03/13/2000	360.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation: SENIOR VICE PRESIDENT Aggregate Year-to-Date $ 290.00		
C. 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	03/13/2000	500.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation: CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 280.00		
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)	260.00
TOTAL This Period (last page this line number only)	1037.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate 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)

SENET HEALTHCARE CORPORATION PAC

A. Full name, Mailing Address and ZIP code BILL SUBLETTE FOR U.S. CONGRESS 25 S MAGNOLIA STREET ORLANDO, CA 32801	Purpose of Disbursement BILL SUBLETTE MEMBER OF CONGRESS; STATE: FL; DIST. 8 Disbursement for: [x] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 01/07/2000	Amount of Each Disbursement This Period $500.00
B. Full name, Mailing Address and ZIP code BILL NELSON FOR U.S. SENATE 916 N GADSDEN ST. TALLAHASSEE, FL 32303	Purpose of Disbursement BILL NELSON US SENATE; STATE: FL Disbursement for: [ ] Primary [x] General [ ] Other (specify)	Date (month, day, year) 03/25/2000	Amount of Each Disbursement This Period $1,000.00
C. Full name, Mailing Address and ZIP code NELSON 2000 301 4TH STREET, NE, STE. 201 WASHINGTON, DC 20002	Purpose of Disbursement BENJAMIN NELSON US SENATE; STATE: NE Disbursement for: [x] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 01/20/2000	Amount of Each Disbursement This Period $1,000.00
D. Full name, Mailing Address and ZIP code LOGAN 2000 FOR U.S. SENATE 490 OPA LOCKA BLVD. OPA LOCKA, FL 33054	Purpose of Disbursement WILKIE LOGAN US SENATE; STATE: FL Disbursement for: [ ] Primary [x] General [ ] Other (specify)	Date (month, day, year) 03/29/2000	Amount of Each Disbursement This Period $1,000.00
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)	2500.00
TOTAL This Period (last page this line number only)	2500.00

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 COMMITTEE TO ELECT SHIRLEY KITCHEN P.O. BOX 50606 PHILADELPHIA, PA 19132	Purpose of Disbursement SHIRLEY KITCHEN:STATE SENATE;PA-3 Disbursement for: [x] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 03/22/2000	Amount of Each Disbursement This Period $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 4-21-00
☐	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	4-21-00 DATE PREPARED

(4/98)