REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 SEP 21 P 12: 33

1. NAME OF COMMITTEE (in full)

TRUST 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 08/01/2000 through 08/31/2000		
6. (a)	Cash on Hand January 1, 2000		$ 55186.12
(b)	Cash on Hand at Beginning of Reporting Period	$ 73694.11	
(c)	Total Receipts (from Line 18)	$ 3505.87	$ 64763.86
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 77199.98	$ 119949.98
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))	$ 70199.98	$ 70199.98
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. Kauna, Assistant Treasurer

Signature of Treasurer: J. D. K

Date: 9/ 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 8/93)

www.neiffle.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)	1611.99	43684.86	11(a)(i)
ii. Unitemized	1893.88	18079.00	11(a)(ii)
iii. Total ... (add i and ii) >	3505.87	61763.86	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) >	3505.87	61763.86	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) >	3505.87	64763.86	19
20. Total Federal Receipts ... (subtract line 18 from line 19) >	3505.87	64763.86	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)	3505.87	61763.86	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	3505.87	61763.86	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 7

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
MICHAEL APPELBAUM 30131 SADDLEBRIDGE SAN JUAN CAPISTRAN, CA 92675-	TENET HEALTHCARE CORPORATION Occupation: SENIOR COUNSEL	08/25/2000	$15.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Aggregate Year-to-Date $ 255.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAN AUSMAN 354 SHADYVALE LANE BREA, CA 92821-	MONTEREY PARK HOSPITAL Occupation: CHIEF EXECUTIVE OFFICER	08/25/2000	$20.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Aggregate Year-to-Date $ 140.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Larry Bozeman South 1 Box 213-Boz Tennessee Colony, TX 75861-	TRINITY VALLEY MEDICAL CENTER Occupation: CEO	08/25/2000	$15.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	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
Mark B. Bryan 10378 N.W. 63rd Drive Parkland, FL 33076-	TENET HEALTHCARE CORPORATION Occupation: VICE PRESIDENT, FINANCE	08/25/2000	$14.42
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Aggregate Year-to-Date $ 245.14		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Albert Canete 671 Quincy Avenue Long Beach, CA 90804-	TENET HEALTHCARE CORPORATION Occupation: VICE PRESIDENT, FINANCE	08/25/2000	$20.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Aggregate Year-to-Date $ 300.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cooley Cervantes 631 St. Andrews Place Coppell, TX 75019-	TENET HEALTHCARE CORPORATION Occupation: DIRECTOR	08/25/2000	$12.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Aggregate Year-to-Date $ 204.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harold E. (Hal) Chilton 1032 Vista Grande Paso Robles, CA 93446-	SIERRA VISTA REGIONAL MED.CTR Occupation: CEO	08/25/2000	540.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Aggregate Year-to-Date $ 690.00		

SUBTOTAL of Receipts This Page (optional) 336.42

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 7

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	Date (month, day, year)	Amount of Each Receipt this Period
A. Kent Clayton 11 Veneto Newport Beach, CA 92657-	COSATAL COMMUNITIES HOSPITAL CEO Aggregate Year-to-Date $ 340.00	08/25/2000	520.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):			
B. Stephen Diaz 28020 Keaton Lane Saugus, CA 91350-	TENET HEALTHCARE CORPORATION DIRECTOR Aggregate Year-to-Date $ 240.00	08/25/2000	315.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):			
C. Steve Domingues 17800 Prairie Northridge, CA 91325-	TENET HEALTHCARE CORPORATION VICE PRESIDENT Aggregate Year-to-Date $ 925.00	08/25/2000	625.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):			
D. Steve Domingues 17800 Prairie Northridge, CA 91325-	TENET HEALTHCARE CORPORATION VICE PRESIDENT Aggregate Year-to-Date $ 925.00	08/25/2000	$500.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):			
E. James 'Doug' Doris 1814 Sumter Ridge Court Chesterfield, MO 63017-	SOUTH POINT HOSPITAL CEO Aggregate Year-to-Date $ 340.00	08/25/2000	$20.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):			
F. Jack Dusenbery 3396 Shagbark Circle Mount Pleasant, SC 29464-	TENET HEALTHCARE CORPORATATION CEO Aggregate Year-to-Date $ 326.91	08/25/2000	$19.23
Receipt For: [ ] Primary [ ] General [X] Other (specify):			
F. Brian Flynn 6763 Heritage Drive Poplar Bluff, MO 63901-	LUCY LEE HEALTHCARE SYSTEM CEO Aggregate Year-to-Date $ 326.91	08/25/2000	$19.23
Receipt For: [ ] Primary [ ] General [X] Other (specify):			

SUBTOTAL of Receipts This Page (optional) 618.46

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 7

FOR LINE NUMBER 12(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 [X] Other (specify):	Name of Employer: TENET HEALTHCARE CORPORATION Occupation: PRESIDENT Aggregate Year-to-Date $ 577.50	08/25/2000	$38.50
B. Robert Freymuller 2324 Fairway Circle Heath, TX 75087- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: DOCTORS HOSPITAL OF DALLAS Occupation: CEO Aggregate Year-to-Date $ 327.21	08/25/2000	$19.23
C. Jeffrey Friedman 24 Rosedown Drive Destrehan, LA 70047- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: TENET PHYSICIAN SERVICES Occupation: CEO Aggregate Year-to-Date $ 340.00	08/25/2000	$20.00
D. F. Mark Gable 27 Perdido Circle Little Rock, AR 72211- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: TENET HEALTHCARE CORPORATION Occupation: MANAGER Aggregate Year-to-Date $ 340.00	08/25/2000	$20.00
E. Truman Gates 21130 Ambric Knolls Road Saratoga, CA 95070- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: COMMUNITY HOSPITAL LOS GATOS Occupation: CEO Aggregate Year-to-Date $ 340.00	08/25/2000	$20.00
F. Laura Irwin 1647 Wildhorse Parkway Dr Chesterfield, MO 63005- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: TENET HEALTHCARE CORPORATION Occupation: DIRECTOR Aggregate Year-to-Date $ 425.00	08/25/2000	$25.00
F. Barrie 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 $ 820.00	08/25/2000	$20.00

SUBTOTAL of Receipts This Page (optional)	162.73
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 7

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 / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
VIRGINIA LOETJE 1884 CHARMWOOD COURT ST. LOUIS, MO 63122-	DEACONESS HEALTH SYSTEM CHANCELLOR $ 238.00	08/25/2000	$14.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):			
B. 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**
DAVID MAUSS 16477 SANTA BIANCA HACIENDA HEIGHTS, CA 91745-	GARDEN GROVE HOSPITAL VICE PRESIDENT DEVELOPMENT $ 1700.00	08/25/2000	$100.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):			
C. 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**
MICHELE MEYER 230 GRIMSLEY STATION BLUFF DRIVE OAKVILLE, MO 63129-	LUTHERAN MEDICAL CENTER DIRECTOR, NURSING $ 338.00	08/25/2000	$19.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):			
D. 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**
Jerry Mabry 105 Hi Lo Terrace Hot Springs, AR 71901-	TENET HEALTHCARE CORPORATION DIRECTOR $ 338.46	08/25/2000	$19.23
Receipt For: [ ] Primary [ ] General [X] Other (specify):			
E. 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**
David Mayeux 2458 Robin Drive Roanoke, TX 76262-	TENET HEALTHCARE CORPORATION EXECUTIVE VICE PRESIDENT $ 1360.00	08/25/2000	$80.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):			
F. 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**
John McDonald 2300 Hawthorne Fort Worth, TX 76110-	TENET HEALTHCARE CORPORATION ASSOCIATE COUNSEL $ 340.00	08/25/2000	$20.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):			
F. 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**
OTMAR MOWAK 262 W. 64TH STREET HIALEAH, FL 33012-	NORTH SHORE MEDICAL CENTER ADMINISTRATIVE DIRECTOR $ 340.00	08/25/2000	$20.00
Receipt For: [ ] Primary [ ] General [X] Other (specify):			

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

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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. GARRY OLNEY 2009 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 $ 340.00	08/25/2000	$20.00
B. LYNN ORPGEN 312 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 $ 340.00	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 $ 298.46	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 $ 340.00	08/25/2000	$20.00
E. Douglas Rabe 9933 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 $ 340.00	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 $ 338.46	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 $ 680.00	08/25/2000	$40.00

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

PAGE 6 OF 7

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. Paul Russell 4244 Avenida DeLa Encinal Malibu, CA 90265-	TENET HEALTHCARE CORPORATION SR. VICE PRESIDENT $ 400.00	08/25/2000	$25.00
B. SCOTT SCHOEPPEL 33242 ACAPULCO DRIVE DANA POINT, CA 92629-	TENET HEALTHCARE CORPORATION SENIOR COUNSEL $ 340.00	08/25/2000	$20.00
C. RYAN SMITH 952 SOUTH 11TH STREET, #231 SAN JOSE, CA 95112-	COMMUNITY HOSPITAL LOS GATOS CONTROLLER $ 255.00	08/25/2000	$15.00
D. TIM SMITH 1754 PROT MANLEIGH CIRCLE NEWPORT BEACH, CA 92660-	GARDEN GROVE HOSPITAL CHIEF EXECUTIVE OFFICER $ 340.00	08/25/2000	$20.00
E. Craig Sims 9004 Cumberland Drive Irving, TX 75063-	SHD MEMORIAL MEDICAL CENTER ACCOUNTING MANAGER $ 326.92	08/25/2000	$19.23
F. Charles R. Sisson 317 Nordin Lane Russellville, AR 72802-	CENTRAL STATES REGIONAL OFFICE V.P. OPERATIONS $ 326.92	08/25/2000	$19.23
F. Ron Stern	PALMETTO GENERAL HOSPITAL CEO $ 337.07	08/25/2000	$19.23

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

SUBTOTAL of Receipts This Page (optional) 137.69

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 7 OF 7

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 / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Christi Sulzbach 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 $ 640.00	08/25/2000	$40.00
B. 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
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 $ 340.00	08/25/2000	$20.00
C. 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
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 $ 720.00	08/25/2000	$50.00
D. 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
Thomas Wolf 1501 Ohio Drive #819 Plano, TX 75093- Receipt For: [ ] Primary [ ] General [X] Other (specify):	Name of Employer: TENET HEALTHCARE CORPORATION Occupation: MANAGER Aggregate Year-to-Date $ 272.00	08/15/2000	$16.00
E. 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
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $		
F. 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
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $		
F. 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
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional) 126.00

TOTAL This Period (last page this line number only) 1611.99

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SCHEDULE B — **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

Full name, Mailing Address and ZIP code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. BECERRA FOR CONGRESS P.O. BOX 261060 LOS ANGELES, CA 90026	XAVIER BECERRA MEMBER OF CONGRESS; STATE: CA; DIST. 30 Disbursement for: [ ] Primary [x] General [ ] Other (specify)	08/07/2000	$2,000.00
B. JOHN LEWIS CAMPAIGN COMMITTEE P.O. BOX 2323 ATLANTA, GA 30301	JOHN LEWIS MEMBER OF CONGRESS; STATE: GA; DIST. 5 Disbursement for: [ ] Primary [x] General [ ] Other (specify)	08/07/2000	$1,000.00
C. CASS BALLENGER COMITTEE P.O. BOX 2552 HICKORY, NC 28603	CASS BALLENGER MEMBER OF CONGRESS; STATE: NC; DIST. 10 Disbursement for: [ ] Primary [x] General [ ] Other (specify)	08/21/2000	$500.00
D. FRIENDS OF MARY LANDRIEU 503 CAPITOL COURT N.E., STE. 100 WASHINGTON, DC 20002	MARY LANDRIEU US SENATE; STATE: LA Disbursement for: [ ] Primary [x] General [ ] Other (specify)	08/21/2000	$1,000.00
E. WILLIAM JEFFERSON COMMITTEE 650 POYDRAS ST., STE. 2245 NEW ORLEANS, LA 70130	WILLIAM JEFFERSON MEMBER OF CONGRESS; STATE: LA; DIST. 2 Disbursement for: [ ] Primary [x] General [ ] Other (specify)	08/21/2000	$500.00
F. FEINSTEIN 2000 10350 SANTA MONICA BLVD., STE. 250 LOS ANGELES, CA 90025	DIANE FEINSTEIN US SENATE; STATE: CA Disbursement for: [ ] Primary [x] General [ ] Other (specify)	08/30/2000	$2,000.00
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) 7000.00

TOTAL This Period (last page this line number only) 7000.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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PREPARER

9-21-00
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(6/2000)