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Washington, DC 20515

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Washington, DC 20510

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LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) -All Filers Are Required to Complete This Page

1. Registrant Name Capitol Health Group, LLC			
2. Registrant Address <input type="checkbox"/> Check if different than previously reported Address 1100 New York Avenue, NW Suite 200M City Washington State/Zip (or Country) DC 20005-6104			
3. Principal Place of Business (if different from line 2) City _____ State/Zip (or Country) _____			
4. Contact Name Layna Peltier	Telephone 202-216-2255	E-mail (optional) Layna@caphg.com	5. Senate ID # 63713-330
7. Client Name <input type="checkbox"/> Self Tenet Healthcare Corporation			6. House ID # 35502017

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) **OR** Year End (July 1-De

9. Check if this filing amends a previously filed version of this report

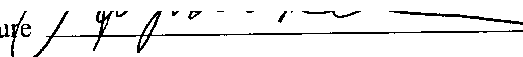
10. Check if this is a Termination Report >> Termination Date _____

11. No Lobby

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
<p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> >> \$ <u>\$60,000.00</u> Income (nearest \$20,000)</p> <p>Provide a good faith estimate, rounded to the nearest \$20,000 of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> >> \$ _____ Expenses (nearest \$)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6013 of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>

[Handwritten Signature]

Signature  _____ Date 1/21/2005

Printed Name and Title **Layna Peltier - Principal** _____ P

Registrant Name: Capitol Health Group, LLC

Client Name: Tenet Healthcare Corporation

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code HCR (one per page)

16. Specific Lobbying issues
**Hospital Charges,
 Implementation of Medicare Prescription Drug and Modernization Act of 2003,
 Solutions for Patient Safety & Quality Improvement.**

17. House(s) of Congress and Federal agencies contacted Check if None
**Department of Health & Human Services
 Executive Office of the President
 House of Representatives
 Senate**

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Bromberg, Michael	
Coughlin, Shawn	
Jenning, Steve	
Peltier, Layna	

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature _____ Date _____

Printed Name and Title Layna Peltier - Principal _____ P:

Registrant Name: Capitol Health Group, LLC

Client Name: Tenet Healthcare Corporation

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code MMM (one per page)

16. Specific Lobbying issues
**Hospital Charges,
 Implementation of Medicare Prescription Drug and Modernization Act of 2003,
 Solutions for Patient Safety & Quality Improvement.**

17. House(s) of Congress and Federal agencies contacted Check if None
**Department of Health & Human Services
 Executive Office of the President
 House of Representatives
 Senate**

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Name	Covered Official Position (if applicable)
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Coughlin, Shawn	
Jenning, Steve	
Peltier, Layna	

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature _____ Date _____

Printed Name and Title **Layna Peltier - Principal** _____ P: