

Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515	Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510
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RECEIVED.  
SECRETARY OF THE SENATE

05 JUL 13 PM 1:33  
**LOBBYING REPORT**

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

1. Registrant name  
Organization **LANDRIEU PUBLIC RELATIONS, LLC**

2. Address  Check if different than previously reported  
**2400 ST CHARLES AVE**  
City **NEW ORLEANS** State **LA** Zip Code **70130** Country **U**

3. Principal place of business (if different than line 2)  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

4a. Contact Name Prefix Full Name b. Telephone number c. E-mail  
**Mrs. PHYLLIS LANDRIEU 504-523-1199 PLANDRIEU@COX.NET**

5. Senate ID # **22132-00**

7. Client Name  Self  
**TENET HEALTHCARE CORP**

6. House ID # **322580**

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

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 Lobbying Act

**INCOME OR EXPENSES - Complete Either Line 12 OR Line 13**

<p><b>12. Lobbying Firms</b></p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____</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><b>13. Organizations</b></p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions of Internal Revenue Code</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of Internal Revenue Code</p>
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Form Co

Printed Name and Title **PHYLLIS LANDRIEU OWNER**

*Phyllis Landrieu* 6/11/05  
Filing #f7c856c5-9aa9-4e67-b195-bba9246d0c65 - Page 1 of 6

PAGE 04

PHYLLIS LANDRIEU

5045237426

23:20

Registrant Name LANDRIEU PUBLIC RELATONS, LLC

Client Name TENET HEALTHCARE CORP

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

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

16. Specific lobbying issues

*Add page to continue specific issues description for this issue*

MEDICARE REIMBURSEMENT, HOSPITAL REIMBURSEMENT

17. House(s) of Congress and Federal agencies contacted  Check if None

HOUSE AND SENATE MEMBERS

18. Name of each individual who acted as a lobbyist in this issue area *Add a page to continue adding lobbyists for*

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
PHYLLIS	LANDRIEU		

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

NONE

*Add a page for a differ*

Printed Name and Title PHYLLIS LANDRIEU, OWNER

PAGE 05

PHYLLIS LANDRIEU

5045237426

23:20

Registrant Name LANDRIEU PUBLIC RELATONS, LLC Client Name TENET HEALTHCARE CORP

**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

Address  
City State Zip Code Country

21. Client new principal place of business (if different than line 20)

City State Zip Code Country

22. New general description of client's business or activities

**LOBBYIST UPDATE**

23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client

First Name Last Name Suffix First Name Last Name  
1 2 3 4

**ISSUE UPDATE**

24. General lobbying issues that no longer pertain

Find the code to select below

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
Address C/S/Z	City State Country	
Address C/S/Z	City State	

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

1 2 3

**FOREIGN ENTITIES**

27. Add the following foreign entities

Name	Street Address	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ow per clie
City	City	State/Province Country	City State Country		

28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant, affiliated organization

1 2 3 4 5 6

Add a page for more u

Printed Name and Title PHYLLIS LANDRIEU OWNER

PAGE 06

PHYLLIS LANDRIEU

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