GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

| Th | The GPAC Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 00082830 | | | | 2 Total pages filed: 240 | |
|-----|---|--|-------|--------------------|-----------------------------|--|
| 3 | COMMITTEE NAME | | • | | | OFFICE USE ONLY |
| | Tenet Healthcare | Corporation Political Action Committee | | | | Date Received |
| | | | | | | |
| | | | | | | ELECTRONICALLY FILED |
| | | I | | | | 07/11/2024 |
| 4 | COMMITTEE ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CIT | Y; | STATE; ZIP CODI | E | |
| | ADDITESS | 14201 Dallas Parkway | | | | Date Hand-delivered or Date Postmarked |
| | Change of Address | | | | | |
| | | Dallas, TX 75254 | | | | Receipt # Amount |
| | | | | | | |
| | | | | | | Date Processed |
| | | | | | | |
| | | | | | | Date Imaged |
| 5 | CAMPAIGN | MS / MRS / MR FIRST | | | | MI |
| | TREASURER NAME | Todd | | | | |
| | | | | | | |
| | | NICKNAME LAST | | | | SUFFIX |
| | | Plott | | | | |
| | | | | | | |
| 6 | CAMPAIGN | STREET ADDRESS (NO PO BOX PLEASE); | | APT / SUITE #; CI | TY; | STATE; ZIP CODE |
| | TREASURER | 14201 Dallas Parkway | | | | |
| | STREET ADDRESS | | | | | |
| | (Residence or Business) | Dallas, TX 75254 | | | | |
| 7 | CAMPAIGN | STREET OR PO BOX; | | APT / SUITE #; C | CITY; | STATE; ZIP CODE |
| | TREASURER | 14201 Dallas Parkway | | | | |
| | MAILING ADDRESS | | | | | |
| | _ | Dallas, TX 75254 | | | | |
| | Change of Address | | | | | |
| 8 | CAMPAIGN TREASURER | | EXT | ENSION | | |
| | PHONE | (469) 893-2630 | | | | |
| L | | | | | | |
| 9 | REPORT TYPE | January 15 30 |)th d | ay before election | | Dissolution (Attach PAC-DR) |
| | | 81 | h da | y before election | | 10th day after campaign treasurer |
| | | X July 15 | | | | termination |
| | | | unof | | | |
| 10 | PERIOD | Month Day Year | | Month D | ay | Year |
| | COVERED | 01/01/2024 TH | IRC | OUGH 06/30/2 | 2024 | l . |
| | | | | | | |
| 11 | ELECTION | ELECTION DATE | | | - | |
| | | | Prima | ary Runoff | | Other |
| | | 11/05/2024 | Sene | ral Special | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | GO TO PAGE 2 | | | | | |
| For | rms provided by Te | xas Ethics Commission www.et | hic | s.state.tx.us | | Version V4.1.0.d378aba0 |

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

| 12 COMMITTEE NAME | | | 13 Filer ID | (Ethics Commission Filers) |
|---|---|--|-------------|----------------------------|
| Tenet Healthcare Corpo | oration Political Action (| Committee | 000828 | 330 |
| 14 COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | |
| | | B. Opposed | | |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | |
| 15 CONTRIBUTION TOTALS | PLEDGES, LOANS, CONTRIBUTIONS M | D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold | \$ | 0.00 |
| | 2. TOTAL POLITICA (OTHER THAN PLE | L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 59,969.36 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED | POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICA | L EXPENDITURES | \$ | 33,000.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL C OF THE REPORTING | CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD | DAY \$ | 81,165.00 |
| OUTSTANDING LOAN TOTALS | | AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD | THE \$ | 0.00 |
| 16 AFFIDAVIT | | I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code. | | |
| | | | d Plott | |
| AFFIX NOTARY | STAMP / SEAL ABOVE | Signature of Ca | πραιγπ πε | asuici |
| | | , ti | nis the | day |
| | | which, witness my hand and seal of office. | | |
| Signature of officer ad | ministering oath | Printed name of officer administering oath | Title of | officer administering oath |
| Forms provided by Texas E | thics Commission | www.ethics.state.tx.us | | Version V4.1.0.d378aba0 |

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

3 of 240

| 17 COMMITTEE NAME 18 Filer ID (E | | | (Ethics | s Commission Filers) | |
|----------------------------------|--|--------------|---------|----------------------|--|
| | althcare Corporation Political Action Committee | 00082830 | | | |
| | 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | | |
| 1. X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 59,969.36 | |
| 2. X | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | 0.00 | |
| 3. X | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | 0.00 | |
| 4. | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABC ORGANIZATION | IR | \$ | | |
| 5. | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL | TION OR | \$ | | |
| 6. | SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG | ANIZATION | \$ | | |
| 7. | SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | | \$ | | |
| 8. | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (| ORGANIZATION | \$ | | |
| 9. X | SCHEDULE E: LOANS | | \$ | 0.00 | |
| 10. X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | S | \$ | 33,000.00 | |
| 11. X | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | 0.00 | |
| 12. X | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ | 0.00 | |
| 13. X | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | 0.00 | |
| 14. X | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO | DNS | \$ | 60.00 | |
| 15. X | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER | RETURNED | \$ | 6,000.00 | |
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| SCHEDULE | A1 |
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|---|-----------------------|--|--|---|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 1/229 Rpt: 4/240 |
| 2 | FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| | Tenet Health | ncare Corporation Political Action Committee | | 00082830 |
| 4 | Date | 5 Full name of contributor Out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) |
| | 01/05/2024 | ABERCROMBIE, ZACHARY K. | | \$10.0 |
| | | 6 Contributor address; City; State; Zip Code | | |
| | | | | |
| | | | | |
| | | Talladega, AL 35160-2217 | | |
| 8 | Principal occu | ipation / Job title (See Instructions) | 9 Employer (See Instructions | 3) |
| | CFO | | TENET HLTHSYSTEM | MED INC |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| | 01/19/2024 | ABERCROMBIE, ZACHARY K. | | \$10.0 |
| | | Contributor address; City; State; Zip Code | | |
| | | | | |
| | | | | |
| | | Talladega, AL 35160-2217 | | |
| | | ipation / Job title (See Instructions) | Employer (See Instructions | |
| | CFO | | TENET HLTHSYSTEM | MED INC |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| | 02/02/2024 | ABERCROMBIE, ZACHARY K. | | \$10.0 |
| | | Contributor address; City; State; Zip Code | | 1 |
| | | | | |
| | | | | |
| | | Talladega, AL 35160-2217 | i | |
| | • | ipation / Job title (See Instructions) | Employer (See Instructions | |
| L | CFO | | TENET HLTHSYSTEM | MED INC |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| | 02/16/2024 | ABERCROMBIE, ZACHARY K. | | \$10.0 |
| | | Contributor address; City; State; Zip Code | | |
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| | | Talladara AL 25160 2217 | | |
| | Dringing ogg | Talladega, AL 35160-2217 | | |
| | Principal occu CFO | ipation / Job title (See Instructions) | Employer (See Instructions TENET HLTHSYSTEM | |
| L | | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| | 03/01/2024 | ABERCROMBIE, ZACHARY K. | | \$10.0 |
| | | Contributor address; City; State; Zip Code | | |
| | | | | |
| | | Talladaga AL 25160 2217 | | |
| ┡ | Dringing oog | Talladega, AL 35160-2217 | | |
| | Principal occu CFO | ipation / Job title (See Instructions) | Employer (See Instructions TENET HLTHSYSTEM | |
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| SCHEDULE | A1 |
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| The Instruc | ction Guide explains how to complete this f | ⁱ orm. | 1 Total pages Schedule A1: Sch: 2/229 Rpt: 5/240 | |
|------------------------|---|--|---|---------|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission File | ers) |
| Tenet Health | ncare Corporation Political Action Committee | | 00082830 | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) | |
| 03/15/2024 | ABERCROMBIE, ZACHARY K. | | | \$10.00 |
| | 6 Contributor address; City; State; Zip Code | | • | |
| | | | | |
| | | | | |
| | Talladega, AL 35160-2217 | | | |
| | pation / Job title (See Instructions) | 9 Employer (See Instructions | | |
| CFO | | TENET HLTHSYSTEM | MED INC | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 03/29/2024 | | | | \$10.00 |
| | Contributor address; City; State; Zip Code | | 1 | |
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| | | | | |
| | Talladega, AL 35160-2217 | | | |
| | pation / Job title (See Instructions) | Employer (See Instructions | | |
| CFO | | TENET HLTHSYSTEM | MED INC | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 04/12/2024 | ABERCROMBIE, ZACHARY K. | | | \$10.00 |
| | Contributor address; City; State; Zip Code | | 1 | |
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| | Talladega, AL 35160-2217 | 1 (2 lastration | | |
| Principal occuj CFO | pation / Job title (See Instructions) | Employer (See Instructions TENET HLTHSYSTEM | , | |
| | | | - | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 04/26/2024 | ABERCROMBIE, ZACHARY K. | | | \$10.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | Talladega, AL 35160-2217 | | | |
| Princinal occur | pation / Job title (See Instructions) | Employer (See Instructions | <u></u> | |
| CFO | | TENET HLTHSYSTEM | | |
| | | | | |
| Date 01/05/2024 | Full name of contributor out-of-state PAC (ID#: ATTEBERRY, MARK L. |) | Amount of Contribution (\$) | \$10.00 |
| 01/03/2024 | | | | ΦT0.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | Palm Desert, CA 92260-5713 | | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> د) | |
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| SCHEDULE | A1 |
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| The Instru | ction Guide explains how to complete this f | form. | 1 Total pages Schedule A1: Sch: 3/229 Rpt: 6/240 |
|------------------|--|------------------------------|---|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Tenet Health | hcare Corporation Political Action Committee | , | 00082830 |
| 4 Date | 5 Full name of contributor Out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) |
| 01/19/2024 | ATTEBERRY, MARK L. | | \$10.00 |
| | 6 Contributor address; City; State; Zip Code | | - |
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| | Palm Desert, CA 92260-5713 | , | |
| 8 Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instructions | ls) |
| DIR, CONST | TRUCTN & DESIGN | TENET HLTHSYSTEM | I MED INC |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 02/02/2024 | ATTEBERRY, MARK L. | | \$10.00 |
| | Contributor address; City; State; Zip Code | | - |
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| | Palm Desert, CA 92260-5713 | , | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | ls) |
| DIR, CONST | TRUCTN & DESIGN | TENET HLTHSYSTEM | I MED INC |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 02/16/2024 | ATTEBERRY, MARK L. | | \$10.00 |
| | Contributor address; City; State; Zip Code | | |
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| | Palm Desert, CA 92260-5713 | ļ | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | ls) |
| DIR, CONST | TRUCTN & DESIGN | TENET HLTHSYSTEM | I MED INC |
| Date | Full name of contributor out-of-state PAC (ID#:_ | <u> </u> | Amount of Contribution (\$) |
| 03/01/2024 | ATTEBERRY, MARK L. | | \$10.00 |
| | Contributor address; City; State; Zip Code | | |
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| | Palm Desert, CA 92260-5713 | ļ | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | ls) |
| DIR, CONST | TRUCTN & DESIGN | TENET HLTHSYSTEM | MED INC |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 03/15/2024 | ATTEBERRY, MARK L. | | \$10.00 |
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| | Palm Desert, CA 92260-5713 | ļ | |
| Principal occu | I upation / Job title (See Instructions) | Employer (See Instructions | IS) |
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| The Instru | uction Guide explains how to complete this f | iorm. | 1 | Total pages Schedule A1: Sch: 4/229 Rpt: 7/240 | |
| 2 FILER NAME | | | 3 | Filer ID (Ethics Commission | ı Filers) |
| Tenet Healt | thcare Corporation Political Action Committee | | | 00082830 | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 | Amount of Contribution (\$) | |
| 03/29/2024 | | | | | \$10.00 |
| | 6 Contributor address; City; State; Zip Code | | | | |
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| | Palm Desert, CA 92260-5713 | | | | |
| 8 Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instructions | s) | | |
| DIR, CONS | STRUCTN & DESIGN | TENET HLTHSYSTEM | ME | D INC | |
| Date | Full name of contributor out-of-state PAC (ID#: | <u> </u> | Τ | Amount of Contribution (\$) | |
| 04/12/2024 | | / | | | \$10.00 |
| 04/12/2024 | , | | | | Ψ10.00 |
| | Contributor address; City; State; Zip Code | | | | |
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| | Palm Desert, CA 92260-5713 | | | | |
| Principal occ | supation / Job title (See Instructions) | Employer (See Instructions | <u>ا</u> | | |
| | STRUCTN & DESIGN | TENET HLTHSYSTEM | , | | |
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| Date | Full name of contributor out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | ÷10.00 |
| 04/26/2024 | | | | | \$10.00 |
| | Contributor address; City; State; Zip Code | | | | |
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| | Palm Desert, CA 92260-5713 | <u> </u> | <u> </u> | | |
| - | cupation / Job title (See Instructions) | Employer (See Instructions | | | |
| DIR, CONS | STRUCTN & DESIGN | TENET HLTHSYSTEM | ME | D INC | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Т | Amount of Contribution (\$) | |
| 05/10/2024 | ATTEBERRY, MARK L. | | | | \$10.00 |
| | Contributor address; City; State; Zip Code | | " | | |
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| I | Palm Desert, CA 92260-5713 | | | | |
| Principal occ | upation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| DIR, CONS | STRUCTN & DESIGN | TENET HLTHSYSTEM | ME | D INC | |
| Date | Full name of contributor Out-of-state PAC (ID#:_ |) | Τ | Amount of Contribution (\$) | |
| 05/24/2024 | | | | | \$10.00 |
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| 1 | Palm Desert, CA 92260-5713 | | | | |
| Principal occ | cupation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
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| SCHEDULE | A1 |
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| The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 5/229 Rpt: 8/240 |
|--------------------|--|--|---|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Tenet Health | ncare Corporation Political Action Committee | | 00082830 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) |
| 06/07/2024 | ATTEBERRY, MARK L. | | \$10.00 |
| | 6 Contributor address; City; State; Zip Code | | 1 |
| | | | |
| | | | |
| | Palm Desert, CA 92260-5713 | | |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | \$) |
| DIR, CONST | TRUCTN & DESIGN | TENET HLTHSYSTEM | MED INC |
| Date | Full name of contributor Out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 06/21/2024 | ATTEBERRY, MARK L. | | \$10.00 |
| | Contributor address; City; State; Zip Code | | |
| | Continuator address, City, State, Zip Code | | |
| | | | |
| | Palm Desert, CA 92260-5713 | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> s) |
| | TRUCTN & DESIGN | TENET HLTHSYSTEM | |
| | | | |
| Date 06/20/2024 | |) | Amount of Contribution (\$) |
| 00/20/2024 | Arnst, Tom | | \$5,000.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | Plano, TX 75093-7629 | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) |
| | istrative Officer | Tenet Healthcare | <i>"</i> |
| | | | Language of Contribution (\$) |
| Date 01/05/2024 | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) \$10.00 |
| 01/05/2024 | BAYER, JENNIFER L. | | φτ0.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | Dallas, TX 75254-2916 | | |
| Drippinglocou | | Employer (See Instructions | |
| · | pation / Job title (See Instructions) P COMMUNICATIONS | Employer (See Instructions TENET HLTHSYSTEM | |
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| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 01/19/2024 | BAYER, JENNIFER L. | | \$10.00 |
| | Contributor address; City; State; Zip Code | |] |
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| | Dallas, TX 75254-2916 | | |
| - | pation / Job title (See Instructions) | Employer (See Instructions | |
| MGR, CORF | P COMMUNICATIONS | TENET HLTHSYSTEM | MED INC |
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| SCHEDULE | A1 |
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| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 6/229 Rpt: 9/240 | |
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| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | ı Filers) |
| | Tenet Health | hcare Corporation Political Action Committee | | | 00082830 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 | Amount of Contribution (\$) | |
| | 02/02/2024 | BAYER, JENNIFER L. | | | - | \$10.00 |
| | | 6 Contributor address; City; State; Zip Code | | ł | | |
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| | | | | | | |
| | | Dallas, TX 75254-2916 | | | | |
| 8 | Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instructions | <u> </u> | | |
| | | P COMMUNICATIONS | TENET HLTHSYSTEM | | ED INC | |
| | Date | | <u> </u> | | Amount of Contribution (\$) | |
| | 02/16/2024 | Full name of contributor out-of-state PAC (ID#: BAYER, JENNIFER L. |) | | | \$10.00 |
| | 02/10/2024 | | | | | ΦΤΟ'ΟΟ |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Dallas TV 75254 2016 | | | | |
| ⊢ | Driveland ener | Dallas, TX 75254-2916 | | Ļ | | |
| | - | upation / Job title (See Instructions) | Employer (See Instructions | | | |
| L | MGR, CORF | P COMMUNICATIONS | TENET HLTHSYSTEM | | | |
| Γ | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 03/01/2024 | BAYER, JENNIFER L. | | | | \$10.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
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| | | Dallas, TX 75254-2916 | | | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| | MGR, CORF | P COMMUNICATIONS | TENET HLTHSYSTEM | ME | ED INC | |
| F | Date | Full name of contributor out-of-state PAC (ID#:_ |) | Γ | Amount of Contribution (\$) | |
| | 03/15/2024 | BAYER, JENNIFER L. | | | | \$10.00 |
| | · · · · · | Contributor address; City; State; Zip Code | | ł | | Ŧ |
| | | Contributor address, City, State, Zip Code | | | | |
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| | | Dallas, TX 75254-2916 | | | | |
| ⊢ | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | <u>ال</u> د) | | |
| | | P COMMUNICATIONS | TENET HLTHSYSTEM | | | |
| ⊨ | | | | — | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | ÷10.00 |
| | 03/27/2024 | | |] | | \$10.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
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| L | | Dallas, TX 75254-2916 | | | | |
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| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 7/229 Rpt: 10/240 | |
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| 2 | FILER NAME | | | 2 | Filer ID (Ethics Commission | Filers) |
| Ĺ | | ncare Corporation Political Action Committee | | ľ | 00082830 | 1111013) |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 03/27/2024 | BAYER, JENNIFER L. | | | | \$10.00 |
| | | 6 Contributor address; City; State; Zip Code | | 1 | | |
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| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | s) | | |
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| F | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 01/05/2024 | BECKMAN, CYNTHIA Z. | | | | \$10.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
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| 2 FILEF | R NAME | | | 3 | Filer ID (Ethics Commission | Filers) |
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| 4 Date | | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 | Amount of Contribution (\$) | |
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| MGR | R, LITIGA | ATION | TENET HLTHSYSTEM | ME | | |
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| 2 FILER NAME Tenet Health | care Corporation Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00082830 |
| 4 Date 05/10/2024 | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) \$10.0 |
| | Philadelphia, PA 19130-3771 | | |
| 8 Principal occu MGR, LITIGA | | 9 Employer (See Instructions TENET HLTHSYSTEM I | |
| Date 05/24/2024 | Full name of contributor out-of-state PAC (ID#: BECKMAN, CYNTHIA Z. Contributor address; City; State; Zip Code Philadelphia, PA 19130-3771 | | Amount of Contribution (\$) \$10.0 |
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| Date 06/07/2024 | Full name of contributor out-of-state PAC (ID#: BECKMAN, CYNTHIA Z. Contributor address; City; State; Zip Code |) | Amount of Contribution (\$) \$10.0 |
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| Date 06/21/2024 | Full name of contributor out-of-state PAC (ID#: BECKMAN, CYNTHIA Z. Contributor address; City; State; Zip Code |) | Amount of Contribution (\$) \$10.0 |
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| | ATION Full name of contributor out-of-state PAC (ID#:_ BENDER, LINDA M. Contributor address; City; State; Zip Code La Quinta, CA 92247-1683 | | Amount of Contribution (\$) \$10.0 |

| The Instruc | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 10/229 Rpt: 13/240 | |
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| CHIEF STRA | ATEGY OFFICER | TENET HLTHSYSTEM | MED INC | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 02/02/2024 | BENDER, LINDA M. | | | \$10.00 |
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| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) | |
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| Principal occupation / Job title (See Instructions) Employer (See Instructions) CHIEF STRATEGY OFFICER TENET HLTHSYSTEM MED INC Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 05/24/2024 BENDER, LINDA M. | 19.00 |

| SCHEDULE | A1 |
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| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 12/229 Rpt: 15/240 | |
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| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | Filers) |
| | | ncare Corporation Political Action Committee | | | 00082830 | - , |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
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| | Corporation Political Action Committee III name of contributor | III name of contributor out-of-state PAC (ID#;) ERMAN Jr., MICHAEL ontributor address; City; State; Zip Code ockwall, TX 75032-7478 / Job title (See Instructions) OPERATION II name of contributor out-of-state PAC (ID#;) ERMAN Jr., MICHAEL ontributor address; City; State; Zip Code ockwall, TX 75032-7478 / Job title (See Instructions) DERATION II name of contributor | Guide explains how to complete this form. Sch: 13/229 Rp: 16/240 Corporation Political Action Committee 3 Iname of contributor out-of-state PAC (D#: |

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| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| 04/26/2024 | BIERMAN Jr., MICHAEL | | \$1 | 19.00 |
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| | Rockwall, TX 75032-7478 | | | |
| - | upation / Job title (See Instructions) | Employer (See Instructions | | |
| SVP, FINAN | | TENET EMPLOYMENT | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 06/21/2024 | BIERMAN Jr., MICHAEL | | \$2 | 19.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Rockwall, TX 75032-7478 | <u> </u> | | |
| - | upation / Job title (See Instructions) | Employer (See Instructions | | |
| SVP, FINAN | ICIAL OPERATION | TENET EMPLOYMENT | INC | |
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| The Instruc | tion Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 15/229 Rpt: 18/240 |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Tenet Healthc | care Corporation Political Action Committee | | 00082830 |
| 4 Date ! | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) |
| 01/05/2024 | BODINE, KIMBERLY | | \$5.00 |
| i i | 6 Contributor address; City; State; Zip Code | | 1 |
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| | Dallas, TX 75254-2916 | | |
| | pation / Job title (See Instructions) | 9 Employer (See Instructions | |
| SR DIR, APPI | PLIED CLIN INF | TENET HLTHSYSTEM | MED INC |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 01/19/2024 | BODINE, KIMBERLY | | \$5.00 |
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| | Dallas, TX 75254-2916 | | |
| | pation / Job title (See Instructions) | Employer (See Instructions | , |
| SR DIR, APPI | PLIED CLIN INF | TENET HLTHSYSTEM | MED INC |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 02/02/2024 | BODINE, KIMBERLY | | \$5.00 |
| | Contributor address; City; State; Zip Code | | 1 |
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| | Dallas, TX 75254-2916 | 1 <u>/o</u> hastaation | |
| | pation / Job title (See Instructions) PLIED CLIN INF | Employer (See Instructions TENET HLTHSYSTEM | |
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| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 02/16/2024 | BODINE, KIMBERLY | | \$5.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | Dallas, TX 75254-2916 | | |
| Principal occup | ballas, 1X 13234-2310 bation / Job title (See Instructions) | Employer (See Instructions | c) |
| | PLIED CLIN INF | TENET HLTHSYSTEM | |
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| Date 03/01/2024 | Full name of contributor out-of-state PAC (ID#: BODINE, KIMBERLY |) | Amount of Contribution (\$) \$5.00 |
| 03/01/2024 | | | ψο.ου |
| | Contributor address; City; State; Zip Code | | |
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| | Dallas, TX 75254-2916 | | |
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| SCHEDULE | A1 |
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| The Instru | uction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 16/229 Rpt: 19/240 |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| | - thcare Corporation Political Action Committee | | 00082830 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) |
| 03/15/2024 | BODINE, KIMBERLY | | \$5.00 |
| | 6 Contributor address; City; State; Zip Code | | 1 |
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| C. Drizpingligg | Dallas, TX 75254-2916 | | |
| - | upation / Job title (See Instructions) PLIED CLIN INF | 9 Employer (See Instructions TENET HLTHSYSTEM | |
| | - | | 1 |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 03/29/2024 | · | | \$5.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | Dallas, TX 75254-2916 | | |
| Principal occ | upation / Job title (See Instructions) | Employer (See Instructions | ~\ |
| | PLIED CLIN INF | TENET HLTHSYSTEM | |
| | | | 1 |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 04/12/2024 | | | \$5.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | Dallas, TX 75254-2916 | | |
| Principal occ | upation / Job title (See Instructions) | Employer (See Instructions | s) |
| - | PPLIED CLIN INF | TENET HLTHSYSTEM | |
| Date | Full name of contributor Out-of-state PAC (ID#: | <u> </u>) | Amount of Contribution (\$) |
| 04/26/2024 | | / | \$5.00 |
| 00 | Contributor address; City; State; Zip Code | | • |
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| | Dallas, TX 75254-2916 | | |
| Principal occ | upation / Job title (See Instructions) | Employer (See Instructions | Σ |
| SR DIR, AP | PPLIED CLIN INF | TENET HLTHSYSTEM | MED INC |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
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| The Instruc | tion Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 17/229 Rpt: 20/240 | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission | n Filers) |
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| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) | |
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| | Dallas, TX 75254-2916 | | | |
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| SR DIR, APP | LIED CLIN INF | TENET HLTHSYSTEM | MED INC | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 06/07/2024 | BODINE, KIMBERLY | | | \$5.00 |
| ŀ | Contributor address; City; State; Zip Code | | • | |
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| | Dallas, TX 75254-2916 | | | |
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| The Instru | action Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 18/229 Rpt: 21/240 |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| | - hcare Corporation Political Action Committee | | 00082830 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) |
| 02/16/2024 | , - | | \$96.00 |
| | 6 Contributor address; City; State; Zip Code | | |
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| | Dallas, TX 75254-2916 | | |
| 8 Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instructions | 3) |
| MARKET P | RESIDENT | USPI | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
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| | Contributor address; City; State; Zip Code | | |
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| The Instru | uction Guide explains how to complete this f | iorm. | 1 | Total pages Schedule A1: Sch: 19/229 Rpt: 22/240 | |
| 2 FILER NAME | | | 3 | Filer ID (Ethics Commission | Filers) |
| | thcare Corporation Political Action Committee | | | 00082830 | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 | Amount of Contribution (\$) | |
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| | 6 Contributor address; City; State; Zip Code | | · | | |
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| | Dallas, TX 75254-2916 | | | | |
| | cupation / Job title (See Instructions) | 9 Employer (See Instructions | s) | | |
| MARKET P | PRESIDENT | USPI | | | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Τ | Amount of Contribution (\$) | |
| 05/10/2024 | — | | | | \$96.00 |
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| | Dallas, TX 75254-2916 | | | | |
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| MARKET P | PRESIDENT | USPI | | | |
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| | Contributor address; City; State; Zip Code | | | | |
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| Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | * ^^ 00 |
| 06/21/2024 | BOON, ERIC | | | | \$96.00 |
| | Contributor address; City; State; Zip Code | | | | |
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| | Dallas, TX 75254-2916 | | | | |
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| The Instruc | tion Guide explains how to complete this fo | orm. | 1 Total pages Schedule A1: Sch: 20/229 Rpt: 23/240 |
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Tenet Healtho | care Corporation Political Action Committee | | 00082830 |
| 4 Date ! | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) |
| 01/05/2024 | BREAUX, STANLEY | | \$5.00 |
| | 6 Contributor address; City; State; Zip Code | | |
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| | Dallas, TX 75254-2916 | | |
| | | 9 Employer (See Instructions | |
| DIR, GME (NO | ON-PHYSICIAN) | BCDC EMPLOYEECO I | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 01/19/2024 | BREAUX, STANLEY | | \$5.00 |
| | Contributor address; City; State; Zip Code | | |
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| | Dallas, TX 75254-2916 | | |
| | pation / Job title (See Instructions) | Employer (See Instructions | |
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| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 02/02/2024 | BREAUX, STANLEY | | \$5.00 |
| | Contributor address; City; State; Zip Code | | |
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| Principal occup | Dallas, TX 75254-2916 | Employer (See Instructions | <u>ا</u> |
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| DIR, GME (No | Dation / Job title (See Instructions) ON-PHYSICIAN) Full name of contributor BREAUX, STANLEY Contributor address; City; State; Zip Code | | LLC Amount of Contribution (\$) |
| DIR, GME (No Date 02/16/2024 | Dation / Job title (See Instructions) ON-PHYSICIAN) Full name of contributor out-of-state PAC (ID#:_ BREAUX, STANLEY Contributor address; City; State; Zip Code Dallas, TX 75254-2916 | | LLC Amount of Contribution (\$) \$5.00 |
| DIR, GME (No Date 02/16/2024 Principal occup | Dation / Job title (See Instructions) ON-PHYSICIAN) Full name of contributor BREAUX, STANLEY Contributor address; City; State; Zip Code | | LLC Amount of Contribution (\$) \$5.00 |
| DIR, GME (No Date 02/16/2024 Principal occup DIR, GME (No | Dation / Job title (See Instructions) ON-PHYSICIAN) Full name of contributor BREAUX, STANLEY Contributor address; City; State; Zip Code Dallas, TX 75254-2916 Dation / Job title (See Instructions) ON-PHYSICIAN) | BCDC EMPLOYEECO I | LLC Amount of Contribution (\$) \$5.00 |
| DIR, GME (No Date 02/16/2024 Principal occup DIR, GME (No Date | Dation / Job title (See Instructions) ON-PHYSICIAN) Full name of contributor out-of-state PAC (ID#:_ BREAUX, STANLEY Contributor address; City; State; Zip Code Dallas, TX 75254-2916 Dation / Job title (See Instructions) ON-PHYSICIAN) Full name of contributor Gout-of-state PAC (ID#:_ | BCDC EMPLOYEECO I | LLC Amount of Contribution (\$) \$5.00 (\$) LLC Amount of Contribution (\$) |
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| DIR, GME (No Date 02/16/2024 Principal occup DIR, GME (No Date 03/01/2024 | Dation / Job title (See Instructions) ON-PHYSICIAN) Full name of contributor out-of-state PAC (ID#:_ BREAUX, STANLEY Contributor address; City; State; Zip Code Dallas, TX 75254-2916 Dation / Job title (See Instructions) ON-PHYSICIAN) Full name of contributor Out-of-state PAC (ID#:_ BREAUX, STANLEY Contributor address; City; State; Zip Code | BCDC EMPLOYEECO I | LLC Amount of Contribution (\$) \$5.00 S) LLC Amount of Contribution (\$) \$5.00 |

| | ction Guide explains how to complete this fo | orm. | 1 Total pages Schedule A1: Sch: 21/229 Rpt: 24/240 |
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| 2 FILER NAME Tenet Health | care Corporation Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00082830 |
| 4 Date 03/15/2024 | 5 Full name of contributor Out-of-state PAC (ID#: BREAUX, STANLEY |) | 7 Amount of Contribution (\$) \$5.00 |
| | 6 Contributor address; City; State; Zip Code | | |
| | Dallas, TX 75254-2916 | | |
| | pation / Job title (See Instructions) ION-PHYSICIAN) | 9 Employer (See Instructions BCDC EMPLOYEECO | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 03/29/2024 | BREAUX, STANLEY Contributor address; City; State; Zip Code Dallas, TX 75254-2916 | | \$5.00 |
| Drincinal occur | Dallas, TX 75254-2916 pation / Job title (See Instructions) | Employer (See Instructions | <u></u> |
| | ION-PHYSICIAN) | BCDC EMPLOYEECO | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 04/12/2024 | BREAUX, STANLEY | | \$5.00 |
| Principal occu | Dallas, TX 75254-2916 pation / Job title (See Instructions) | Employer (See Instructions | 5) |
| | ION-PHYSICIAN) | BCDC EMPLOYEECO | |
| | - | | 220 |
| Date 04/26/2024 | Full name of contributor out-of-state PAC (ID#: BREAUX, STANLEY Contributor address; City; State; Zip Code |) | Amount of Contribution (\$) \$5.00 |
| 04/26/2024 | BREAUX, STANLEY Contributor address; City; State; Zip Code Dallas, TX 75254-2916 |) | Amount of Contribution (\$) \$5.00 |
| 04/26/2024 Principal occup | BREAUX, STANLEY Contributor address; City; State; Zip Code Dallas, TX 75254-2916 pation / Job title (See Instructions) ION-PHYSICIAN) | Employer (See Instructions BCDC EMPLOYEECO | Amount of Contribution (\$) \$5.00 |
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| The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 22/229 Rpt: 25/240 | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers | rs) |
| | ncare Corporation Political Action Committee | | 00082830 | -, |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| 05/24/2024 | BREAUX, STANLEY | | \$ | \$5.00 |
| | 6 Contributor address; City; State; Zip Code | | 1 | |
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| | Dallas, TX 75254-2916 | | | |
| 8 Principal occu | ipation / Job title (See Instructions) | 9 Employer (See Instructions | s) | |
| DIR, GME (N | NON-PHYSICIAN) | BCDC EMPLOYEECO | LLC | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 06/07/2024 | BREAUX, STANLEY | | | \$5.00 |
| | Contributor address; City; State; Zip Code | | 1 | |
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| | Dallas, TX 75254-2916 | | | |
| Principal occu | I Ipation / Job title (See Instructions) | Employer (See Instructions | s) | |
| | NON-PHYSICIAN) | BCDC EMPLOYEECO | | |
| Date | Full name of contributor Out-of-state PAC (ID#:_ | <u> </u> | Amount of Contribution (\$) | |
| 06/21/2024 | BREAUX, STANLEY | / | | \$5.00 |
| 00/22/202 | Contributor address; City; State; Zip Code | | · | 10100 |
| | Continuation address, City, State, Zip Code | | | |
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| | Dallas, TX 75254-2916 | | | |
| | ipation / Job title (See Instructions) | Employer (See Instructions | | |
| DIR, GME (N | NON-PHYSICIAN) | BCDC EMPLOYEECO | LLC | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 01/05/2024 | BYRD, DAVID | | \$1 | 19.00 |
| | Contributor address; City; State; Zip Code | | 1 | |
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| | El Paso, TX 79911-3601 | | | |
| Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions | 5) | |
| COO | | TENET EMPLOYMENT | INC | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 01/19/2024 | BYRD, DAVID | | \$1 | 19.00 |
| | Contributor address; City; State; Zip Code | | 1 | |
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| | El Paso, TX 79911-3601 | | | |
| Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions | s) | |
| соо | | TENET EMPLOYMENT | INC | |
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| | The Instruc | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 23/229 Rpt: 26/240 | |
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| 2 | FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |) |
| | Tenet Health | ncare Corporation Political Action Committee | | 00082830 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| | 02/02/2024 | BYRD, DAVID | | \$19 | 9.00 |
| | | 6 Contributor address; City; State; Zip Code | | | |
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| 8 | Principal occu COO | upation / Job title (See Instructions) | 9 Employer (See Instructions TENET EMPLOYMENT | | |
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| | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| | 02/16/2024 | BYRD, DAVID | | \$19 | 9.00 |
| | | Contributor address; City; State; Zip Code | | | |
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| | | El Paso, TX 79911-3601 | | | |
| ⊢ | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | |
| | CO0 | | TENET EMPLOYMENT | | |
| ⊢ | Date | Full name of contributor Out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| | 03/01/2024 | BYRD, DAVID | | \$19 | 9.00 |
| | | Contributor address; City; State; Zip Code | | | |
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| | | El Paso, TX 79911-3601 | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | | |
| | COO | | TENET EMPLOYMENT | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| | 03/15/2024 | BYRD, DAVID | | \$19 | 9.00 |
| | | Contributor address; City; State; Zip Code | | | |
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| | | El Paso, TX 79911-3601 | | | |
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| ⊨ | Date | Full name of contributor out-of-state PAC (ID#: | <u> </u>) | Amount of Contribution (\$) | |
| | 03/29/2024 | BYRD, DAVID | , | | 9.00 |
| | | Contributor address; City; State; Zip Code | | | - |
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| | | ipation / Job title (See Instructions) | Employer (See Instructions | | |
| | CO0 | | TENET EMPLOYMENT | INC | |
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| The Instru | ction Guide explains how to complete this f | iorm. | 1 Total pages Schedule A1: Sch: 24/229 Rpt: 27/240 |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Tenet Health | hcare Corporation Political Action Committee | | 00082830 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) |
| 04/12/2024 | BYRD, DAVID | | \$19 |
| | 6 Contributor address; City; State; Zip Code | | 1 |
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| | El Paso, TX 79911-3601 | 1 _ · · · · · · · · · · · · · · · · · · | |
| | upation / Job title (See Instructions) | 9 Employer (See Instructions | |
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| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 04/26/2024 | BYRD, DAVID | | \$19 |
| | Contributor address; City; State; Zip Code | | |
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| | El Paso, TX 79911-3601 | | |
| Principal occl | upation / Job title (See Instructions) | Employer (See Instructions | s) |
| COO | | TENET EMPLOYMENT | , |
| Date | Full name of contributor out-of-state PAC (ID#:_ | <u> </u>) | Amount of Contribution (\$) |
| 05/10/2024 | BYRD, DAVID | , | \$19 |
| | Contributor address; City; State; Zip Code | | 1 |
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| | El Paso, TX 79911-3601 | | |
| - | upation / Job title (See Instructions) | Employer (See Instructions | |
| COO | | TENET EMPLOYMENT | · INC |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 05/24/2024 | BYRD, DAVID | | \$19 |
| | Contributor address; City; State; Zip Code | | |
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| | El Paso, TX 79911-3601 | | |
| Principal occl | upation / Job title (See Instructions) | Employer (See Instructions | s) |
| COO | | TENET EMPLOYMENT | |
| Date | Full name of contributor out-of-state PAC (ID#:_ | | Amount of Contribution (\$) |
| 06/07/2024 | BYRD, DAVID | , | \$19 |
| | Contributor address; City; State; Zip Code | | 4 |
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| | El Paso, TX 79911-3601 | | |
| | ipation / Job title (See Instructions) | Employer (See Instructions | |
| COO | | TENET EMPLOYMENT | INC |
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| The Instru | uction Guide explains how to complete this f | form. | 1 Total pages Schedule A1: Sch: 25/229 Rpt: 28/240 |
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| 2 FILER NAME | Ē | | 3 Filer ID (Ethics Commission Filers) |
| Tenet Heal | thcare Corporation Political Action Committee | | 00082830 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) |
| 06/21/2024 | BYRD, DAVID | | \$19.00 |
| | 6 Contributor address; City; State; Zip Code | | |
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| | El Paso, TX 79911-3601 | | |
| - | cupation / Job title (See Instructions) | 9 Employer (See Instructions | |
| COO | | TENET EMPLOYMENT | |
| Date | Full name of contributor out-of-state PAC (ID#:_ | <u>.</u>) | Amount of Contribution (\$) |
| 05/10/2024 | | | \$250.00 |
| | Contributor address; City; State; Zip Code | | |
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| | | | |
| | San Antonio, TX 78229-3925 | | |
| | cupation / Job title (See Instructions) | Employer (See Instructions | |
| CHIEF HR | OFFICER | Tenet HealthSystem Me | edical, Inc |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 05/10/2024 | Bradford, Alexander | | \$19.00 |
| | Contributor address; City; State; Zip Code | | 1 |
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| | Dallas, TX 75254-2916 | | |
| - | cupation / Job title (See Instructions) | Employer (See Instructions | , |
| Associate A | Administrator | Tenet Healthcare Corp. | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 05/24/2024 | Bradford, Alexander | | \$19.00 |
| | Contributor address; City; State; Zip Code | | 1 |
| | | | |
| | | | |
| | Dallas, TX 75254-2916 | | <u> </u> |
| - | cupation / Job title (See Instructions) | Employer (See Instructions | |
| Associate F | Administrator | Tenet Healthcare Corp. | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 06/07/2024 | Bradford, Alexander | | \$19.00 |
| | Contributor address; City; State; Zip Code | | |
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| = · · · · · · · · · · · · | Dallas, TX 75254-2916 | | |
| - | cupation / Job title (See Instructions) | Employer (See Instructions | |
| ASSOCIALE F | Administrator | Tenet Healthcare Corp. | |
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| The Instruc | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 26/229 Rpt: 29/240 | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filer | rs) |
| Tenet Healtho | care Corporation Political Action Committee | | 00082830 | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| 06/21/2024 | Bradford, Alexander | | \$1 | 19.00 |
| | 6 Contributor address; City; State; Zip Code | | | |
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| | Dallas, TX 75254-2916 | | | |
| | pation / Job title (See Instructions) | 9 Employer (See Instructions | | |
| Associate Ad | ministrator | Tenet Healthcare Corp. | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 01/05/2024 | Bressman, Sara | | \$3 | 39.00 |
| ľ | Contributor address; City; State; Zip Code | | | |
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| | Dallas, TX 75254-2916 | | | |
| | pation / Job title (See Instructions) | Employer (See Instructions | , | |
| MARKET PR | | TENET HLTHSYSTEM | MED INC | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 01/19/2024 | Bressman, Sara | | \$3 | 39.00 |
| ľ | Contributor address; City; State; Zip Code | | | |
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| | Dallas, TX 75254-2916 | <u>1 </u> | | |
| | Dation / Job title (See Instructions) | Employer (See Instructions | , | |
| MARKET PR | | TENET HLTHSYSTEM | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 02/02/2024 | Bressman, Sara | | \$3 | 39.00 |
| | Contributor address; City; State; Zip Code | | | |
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| | Dallas, TX 75254-2916 | | | |
| Principal occur | bation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | |
| MARKET PR | | TENET HLTHSYSTEM | | |
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| Date 02/16/2024 | Full name of contributor out-of-state PAC (ID#: Bressman, Sara |) | Amount of Contribution (\$) | 39.00 |
| 02/10/2024 | | | · · · | 39.00 |
| | Contributor address; City; State; Zip Code | | | |
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| | Dallas, TX 75254-2916 | | | |
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| The Instru | iction Guide explains how to complete this f | iorm. | 1 Total pages Schedule A1: Sch: 27/229 Rpt: 30/240 | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission File | ers) |
| Tenet Health | hcare Corporation Political Action Committee | | 00082830 | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| 03/01/2024 | Bressman, Sara | | \$ | \$39.00 |
| | 6 Contributor address; City; State; Zip Code | | • | |
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| | Dallas, TX 75254-2916 | | | |
| - | upation / Job title (See Instructions) | 9 Employer (See Instructions | | |
| MARKET PF | RESIDENT | TENET HLTHSYSTEM | MED INC | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 03/15/2024 | Bressman, Sara | | \$ | \$39.00 |
| | Contributor address; City; State; Zip Code | | 1 | |
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| | Dallas, TX 75254-2916 | | | |
| | upation / Job title (See Instructions) | Employer (See Instructions | | |
| MARKET PF | RESIDENT | TENET HLTHSYSTEM | MED INC | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 03/29/2024 | Bressman, Sara | | \$ | \$39.00 |
| | Contributor address; City; State; Zip Code | | 1 | |
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| | Dallas, TX 75254-2916 | | | |
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| 04/12/2024 | Bressman, Sara | | \$ | \$39.00 |
| 1 | Contributor address; City; State; Zip Code | | | |
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| | Dallas, TX 75254-2916 | | <u> </u> | |
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| 1 | Contributor address; City; State; Zip Code | | | |
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| The Instruc | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 28/229 Rpt: 31/240 | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filer | rs) |
| Tenet Health | care Corporation Political Action Committee | | 00082830 | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) | |
| 05/24/2024 | Bressman, Sara | | \$3 | 39.00 |
| ľ | 6 Contributor address; City; State; Zip Code | | | |
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| | Dallas, TX 75254-2916 | | | |
| | pation / Job title (See Instructions) | 9 Employer (See Instructions | | |
| MARKET PR | ESIDENT | TENET HLTHSYSTEM | MED INC | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 01/05/2024 | CANCELMI, DAN | | \$9 | 96.00 |
| ĺ | Contributor address; City; State; Zip Code | | | |
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| | Dallas, TX 75254-2916 | · | | |
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| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 01/19/2024 | CANCELMI, DAN | | \$9 | 96.00 |
| | Contributor address; City; State; Zip Code | | | |
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| Driveinel ecour | Dallas, TX 75254-2916 | 1 Employee (Cool Instructions | <u> </u> | |
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| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | ~~ ~~ |
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| | The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 29/229 Rpt: 32/240 |
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| 2 | FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| | Tenet Health | ncare Corporation Political Action Committee | | 00082830 |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) |
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| | Date 03/15/2024 | Full name of contributor out-of-state PAC (ID#: CANCELMI, DAN |) | Amount of Contribution (\$) \$96.00 |
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| The Instru | uction Guide explains how to complete this f | form. | 1 Total pages Schedule A1: Sch: 30/229 Rpt: 33/240 | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission F | -ilers) |
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| 4 Date | 5 Full name of contributor Out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission File | ers) |
| | hcare Corporation Political Action Committee | | 00082830 | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) | , |
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| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) | |
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| DIR, LITIGATION TENET EMPLOYMENT INC Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 02/16/2024 CARTER, MICHAEL A. \$10.00 Contributor address; City; State; Zip Code Plano, TX 75025-6073 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 03/01/2024 CARTER, MICHAEL A.) Amount of Contribution (\$) 03/01/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Plano, TX 75025-6073 | Drizoinal acour | | | | |
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| 02/16/2024 CARTER, MICHAEL A. \$10.00 Contributor address; City; State; Zip Code Plano, TX 75025-6073 \$10.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) TENET EMPLOYMENT INC Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 03/01/2024 CARTER, MICHAEL A. \$10.00 Contributor address; City; State; Zip Code Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) O3/01/2024 Contributor address; City; State; Zip Code Amount of Contribution (\$) Plano, TX 75025-6073 Employer (See Instructions) \$10.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | | 1 | |
| Contributor address; City; State; Zip Code Plano, TX 75025-6073 Principal occupation / Job title (See Instructions) DIR, LITIGATION Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) CARTER, MICHAEL A. Contributor address; City; State; Zip Code Plano, TX 75025-6073 Principal occupation / Job title (See Instructions) Employer (See Instructions) TENET EMPLOYMENT INC | | |) | | * 10.00 |
| Plano, TX 75025-6073 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) DIR, LITIGATION TENET EMPLOYMENT INC Date Full name of contributor out-of-state PAC (ID#:) O3/01/2024 CARTER, MICHAEL A. Amount of Contribution (\$) Contributor address; City; State; Zip Code Full non, TX 75025-6073 \$10.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) \$10.00 | 02/16/2024 | | | | \$10.00 |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) DIR, LITIGATION TENET EMPLOYMENT INC Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 03/01/2024 CARTER, MICHAEL A. \$10.00 Contributor address; City; State; Zip Code Plano, TX 75025-6073 Full not title (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) | | Contributor address; City; State; Zip Code | | | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) DIR, LITIGATION TENET EMPLOYMENT INC Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 03/01/2024 CARTER, MICHAEL A. \$10.00 Contributor address; City; State; Zip Code Plano, TX 75025-6073 Full not title (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) | | | | | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) DIR, LITIGATION TENET EMPLOYMENT INC Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 03/01/2024 CARTER, MICHAEL A. \$10.00 Contributor address; City; State; Zip Code Plano, TX 75025-6073 Full not title (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) | | Plano TX 75025-6073 | | | |
| DIR, LITIGATION TENET EMPLOYMENT INC Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 03/01/2024 CARTER, MICHAEL A. \$10.00 Contributor address; City; State; Zip Code Plano, TX 75025-6073 Funployer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) | Principal occur | | Employer (See Instructions | <u> </u> | |
| Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 03/01/2024 CARTER, MICHAEL A. \$10.00 Contributor address; City; State; Zip Code Plano, TX 75025-6073 \$10.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) | | | | , | |
| 03/01/2024 CARTER, MICHAEL A. \$10.00 Contributor address; City; State; Zip Code Plano, TX 75025-6073 Principal occupation / Job title (See Instructions) Employer (See Instructions) | · | | | | |
| Contributor address; City; State; Zip Code Plano, TX 75025-6073 Principal occupation / Job title (See Instructions) Employer (See Instructions) | | |) | | ¢10.00 |
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| The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 37/229 Rpt: 40/240 | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Fil | lers) |
| Tenet Health | hcare Corporation Political Action Committee | | 00082830 | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) | |
| 03/15/2024 | CARTER, MICHAEL A. | | | \$10.00 |
| | 6 Contributor address; City; State; Zip Code | | • | |
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| | Plano, TX 75025-6073 | | | |
| 8 Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instructions | s) | |
| DIR, LITIGA | .TION | TENET EMPLOYMENT | - INC | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 03/29/2024 | CARTER, MICHAEL A. | | · · · · · · · · · · · · · · · · · · · | \$10.00 |
| | Contributor address; City; State; Zip Code | | 1 | |
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| | Plano, TX 75025-6073 | | | |
| | upation / Job title (See Instructions) | Employer (See Instructions | | |
| DIR, LITIGA | .TION | TENET EMPLOYMENT | ´ INC | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 04/12/2024 | CARTER, MICHAEL A. | | | \$10.00 |
| | Contributor address; City; State; Zip Code | | 1 | |
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| | Plano, TX 75025-6073 | I | | |
| | upation / Job title (See Instructions) | Employer (See Instructions | | |
| DIR, LITIGA | | TENET EMPLOYMENT | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 04/26/2024 | CARTER, MICHAEL A. | | | \$10.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | Plano, TX 75025-6073 | | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | <u></u> | |
| DIR, LITIGA | | TENET EMPLOYMENT | , | |
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| Date | Full name of contributor Out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | ±10.00 |
| 05/10/2024 | CARTER, MICHAEL A. | | | \$10.00 |
| | Contributor address; City; State; Zip Code | | | |
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| | Plano, TX 75025-6073 | | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | <u> </u> د) | |
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| The Instruc | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 38/229 Rpt: 41/240 |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| | ncare Corporation Political Action Committee | | 00082830 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) |
| 05/24/2024 | CARTER, MICHAEL A. | | \$10. |
| | 6 Contributor address; City; State; Zip Code | | 1 |
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| Dringinglocou | Plano, TX 75025-6073 Ipation / Job title (See Instructions) | 9 Employer (See Instructions | |
| DIR, LITIGA | | TENET EMPLOYMENT | |
| | | | |
| Date 06/07/2024 | Full name of contributor out-of-state PAC (ID#: CARTER, MICHAEL A. |) | Amount of Contribution (\$) \$10. |
| 00/07/2024 | Contributor address; City; State; Zip Code | | ψ±υ. |
| | Contributor address, City, State, Zip Code | | |
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| | Plano, TX 75025-6073 | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | \$) |
| DIR, LITIGA | TION | TENET EMPLOYMENT | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 06/21/2024 | CARTER, MICHAEL A. | | \$10. |
| | Contributor address; City; State; Zip Code | | 1 |
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| | Plano, TX 75025-6073 | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | <u> </u> |
| DIR, LITIGA | | TENET EMPLOYMENT | , |
| Date | Full name of contributor Out-of-state PAC (ID#: | <u> </u> | Amount of Contribution (\$) |
| 06/15/2024 | CHESTER, DON | | \$1,000. |
| | Contributor address; City; State; Zip Code | | • |
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| Drinsipal assu | West Palm Bch, FL 33405-4102 | | |
| - | ipation / Job title (See Instructions) ir, Comm - Govt Rel | Employer (See Instructions ST MARY'S MEDICAL (| |
| | | | |
| Date 01/05/2024 | Full name of contributor out-of-state PAC (ID#: CLARK, JEREMY |) | Amount of Contribution (\$) \$39. |
| 01/03/202- | Contributor address; City; State; Zip Code | | |
| | Continuutor address, City, State, Zip Code | | |
| | | | |
| | Hilton Head, SC 29928-5556 | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 3) |
| CEO, GROU | IP | TENET HLTHSYSTEM | MED INC |
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| The Inst | ruction Guide explains how to complete this | form. | 1 Total pages Schedule A1: Sch: 39/229 Rpt: 42/240 |
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| 2 FILER NAM | ΛE | | 3 Filer ID (Ethics Commission Filers) |
| Tenet Hea | althcare Corporation Political Action Committee | | 00082830 |
| 4 Date | 5 Full name of contributor Out-of-state PAC (ID#: | .) | 7 Amount of Contribution (\$) |
| 01/19/202 | | | \$39.0 |
| | 6 Contributor address; City; State; Zip Code | | |
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| | | | |
| | Hilton Head, SC 29928-5556 | | |
| 8 Principal o | ccupation / Job title (See Instructions) | 9 Employer (See Instructions | 5) |
| CEO, GR | OUP | TENET HLTHSYSTEM | MED INC |
| Date | Full name of contributor out-of-state PAC (ID#: | <u> </u> | Amount of Contribution (\$) |
| 02/02/202 | | / | \$39.0 |
| 01,01,101 | Contributor address; City; State; Zip Code | | - |
| | Contributor address, City, State, Zip Code | | |
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| | Hilton Head, SC 29928-5556 | | |
| Principal o | ccupation / Job title (See Instructions) | Employer (See Instructions | S) |
| CEO, GR | | TENET HLTHSYSTEM | |
| Date | Full name of contributor out-of-state PAC (ID#: | <u> </u> | Amount of Contribution (\$) |
| 02/16/202 | | / | \$39.0 |
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| | Hilton Head, SC 29928-5556 | | |
| Principal o | ccupation / Job title (See Instructions) | Employer (See Instructions | s) |
| CEO, GR | OUP | TENET HLTHSYSTEM | MED INC |
| Date | Full name of contributor out-of-state PAC (ID#: | ·) | Amount of Contribution (\$) |
| 03/01/202 | 4 CLARK, JEREMY | | \$39.0 |
| | Contributor address; City; State; Zip Code | | • |
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| | Hilton Head, SC 29928-5556 | | |
| Principal o | ccupation / Job title (See Instructions) | Employer (See Instructions | S) |
| CEO, GR | OUP | TENET HLTHSYSTEM | MED INC |
| Date | Full name of contributor out-of-state PAC (ID#: | ·) | Amount of Contribution (\$) |
| 03/15/202 | 4 CLARK, JEREMY | | \$39.0 |
| | Contributor address; City; State; Zip Code | | 1 |
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| | Hilton Head, SC 29928-5556 | | |
| Principal o | ccupation / Job title (See Instructions) | Employer (See Instructions | s) |
| CEO, GR | OUP | TENET HLTHSYSTEM | MED INC |
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| The Instru | uction Guide explains how to complete this f | iorm. | 1 Total pages Schedule A1: Sch: 40/229 Rpt: 43/240 | |
|------------------|---|------------------------------|---|----------|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) | s) |
| Tenet Healt | thcare Corporation Political Action Committee | | 00082830 | |
| 4 Date | 5 Full name of contributor Out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| 03/29/2024 | | | | 9.00 |
| | 6 Contributor address; City; State; Zip Code | | 1 | |
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| | Hilton Head, SC 29928-5556 | | | |
| 8 Principal occi | upation / Job title (See Instructions) | 9 Employer (See Instructions | s) | |
| CEO, GROU | UP | TENET HLTHSYSTEM | MED INC | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 04/12/2024 | · · · · · · · · · · · · · · · · · · · | | \$39 | 9.00 |
| | Contributor address; City; State; Zip Code | | 1 | |
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| | Hilton Head, SC 29928-5556 | | | |
| | upation / Job title (See Instructions) | Employer (See Instructions | , | |
| CEO, GROU | JP | TENET HLTHSYSTEM | MED INC | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 04/26/2024 | CLARK, JEREMY | | \$39 | 9.00 |
| | Contributor address; City; State; Zip Code | | 1 | |
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| | Hilton Head, SC 29928-5556 | 1 | | |
| | upation / Job title (See Instructions) | Employer (See Instructions | | |
| CEO, GRO | JP | TENET HLTHSYSTEM | - | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | _ |
| 05/10/2024 | CLARK, JEREMY | | \$39 | 9.00 |
| | Contributor address; City; State; Zip Code | | | |
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| | Hilton Head, SC 29928-5556 | | | |
| Principal occ | upation / Job title (See Instructions) | Employer (See Instructions | | |
| CEO, GRO | | TENET HLTHSYSTEM | | |
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| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | <u> </u> |
| 05/24/2024 | | | φο: | 9.00 |
| | Contributor address; City; State; Zip Code | | | |
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| | Hilton Head, SC 29928-5556 | | | |
| Principal occ | upation / Job title (See Instructions) | Employer (See Instructions | s) | |
| CEO, GRO | | TENET HLTHSYSTEM | | |
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| SCHEDULE | A1 |
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| | The Instru | iction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 41/229 Rpt: 44/240 |
|----------|----------------|--|------------------------------|---|
| 2 | FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| | | hcare Corporation Political Action Committee | | 00082830 |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) |
| | 06/07/2024 | | | \$39.00 |
| | | 6 Contributor address; City; State; Zip Code | | |
| | | | | |
| | | | | |
| | | Hilton Head, SC 29928-5556 | | |
| 8 | | upation / Job title (See Instructions) | 9 Employer (See Instructions | |
| | CEO, GROL | JP | TENET HLTHSYSTEM | MED INC |
| Γ | Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| | 06/21/2024 | CLARK, JEREMY | | \$39.00 |
| | | Contributor address; City; State; Zip Code | | |
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| | | | | |
| | | Hilton Head, SC 29928-5556 | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | s) |
| | CEO, GROL | JP | TENET HLTHSYSTEM | MED INC |
| F | Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| | 01/05/2024 | —————————————————————————————————————— | | \$38.00 |
| | | Contributor address; City; State; Zip Code | | · |
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| | | | | |
| | | Villa Park, CA 92861-2711 | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | s) |
| | CEO | | TENET HLTHSYSTEM | MED INC |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| | 01/19/2024 | CLAYTON, KENT | | \$38.00 |
| | | Contributor address; City; State; Zip Code | | |
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| | | | | |
| | | Villa Park, CA 92861-2711 | | |
| ┢ | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | s) |
| | CEO | | TENET HLTHSYSTEM | MED INC |
| ╞ | Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| | 02/02/2024 | | | \$38.00 |
| | | Contributor address; City; State; Zip Code | | |
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| | | Villa Park, CA 92861-2711 | | |
| \vdash | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | <u> </u> s) |
| | CEO | | TENET HLTHSYSTEM | |
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| SCHEDULE | A1 |
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| | The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 42/229 Rpt: 45/240 |
|---|----------------|---|------------------------------|---|
| 2 | FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| | Tenet Health | ncare Corporation Political Action Committee | | 00082830 |
| 4 | Date | 5 Full name of contributor Out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) |
| Ľ | 02/16/2024 | | | \$38.00 |
| | 02/10/2021 | 6 Contributor address; City; State; Zip Code | | |
| | | Contributor address, City, State, Zip Code | | |
| | | | | |
| | | Villa Park, CA 92861-2711 | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) |
| | CEO | | TENET HLTHSYSTEM | MED INC |
| ╞ | Date | Full name of contributor Out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| | 03/01/2024 | |) | \$38.00 |
| | 00/01/2021 | Contributor address: City; State: Zip Code | | |
| | | Contributor address, City, State, Zip Code | | |
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| | | Villa Park, CA 92861-2711 | | |
| ⊢ | Principal occu | I Ipation / Job title (See Instructions) | Employer (See Instructions | 5) |
| | CEO | | TENET HLTHSYSTEM | MED INC |
| ╞ | Date | Full name of contributor Out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| | 03/15/2024 | | | \$38.00 |
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| | | Contributor address, City, State, Zip Code | | |
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| | | Villa Park, CA 92861-2711 | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) |
| | CEO | | TENET HLTHSYSTEM | MED INC |
| ╞ | Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| | 03/27/2024 | CLAYTON, KENT | | \$38.00 |
| | | Contributor address; City; State; Zip Code | | |
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| | | Villa Park, CA 92861-2711 | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) |
| | CEO | | TENET HLTHSYSTEM | MED INC |
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| | 03/27/2024 | CLAYTON, KENT | | \$38.00 |
| | | Contributor address; City; State; Zip Code | | |
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| | | Villa Park, CA 92861-2711 | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) |
| | CEO | | TENET HLTHSYSTEM | MED INC |
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| The I | nstruction Guide explains how to complete this | form. | 1 Total pages Schedule A1: Sch: 43/229 Rpt: 46/240 |
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| 2 FILER | NAME | | 3 Filer ID (Ethics Commission Filers) |
| Tenet | Healthcare Corporation Political Action Committee | | 00082830 |
| 4 Date | 5 Full name of contributor Out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) |
| 05/10 | 2024 CLINE, MICHAEL | | \$39.00 |
| | 6 Contributor address; City; State; Zip Code | | • |
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| | | | |
| | San Antonio, TX 78217-5415 | | |
| 8 Princip | al occupation / Job title (See Instructions) | 9 Employer (See Instructions | 5) |
| ASSC | CIATE ADMINISTRATOR | Northeast Baptist Hospi | ital |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 05/24 | — | | \$39.00 |
| | Contributor address; City; State; Zip Code | | |
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| | San Antonio, TX 78217-5415 | | |
| Princip | al occupation / Job title (See Instructions) | Employer (See Instructions | 5) |
| ASSC | CIATE ADMINISTRATOR | Northeast Baptist Hospi | ital |
| Date | Full name of contributor out-of-state PAC (ID#: | ·) | Amount of Contribution (\$) |
| 06/07 | 2024 CLINE, MICHAEL | | \$39.00 |
| | Contributor address; City; State; Zip Code | | |
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| | San Antonio, TX 78217-5415 | | |
| | al occupation / Job title (See Instructions) | Employer (See Instructions | |
| ASSC | CIATE ADMINISTRATOR | Northeast Baptist Hospi | ital |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 06/21 | 2024 CLINE, MICHAEL | | \$39.00 |
| | Contributor address; City; State; Zip Code | | |
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| | San Antonio, TX 78217-5415 | | |
| | al occupation / Job title (See Instructions) | Employer (See Instructions | |
| ASSC | CIATE ADMINISTRATOR | Northeast Baptist Hospi | ital |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 01/05 | 2024 CLINE, PAULA B. | | \$5.00 |
| | Contributor address; City; State; Zip Code | | 1 |
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| | | | |
| | Boerne, TX 78015-5009 | 1 | |
| | al occupation / Job title (See Instructions) | Employer (See Instructions | |
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| SCHEDULE | A1 |
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| | The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 44/229 Rpt: 47/240 |
| 2 | FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| | | hcare Corporation Political Action Committee | | 00082830 |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) |
| | 01/19/2024 | CLINE, PAULA B. | | \$5.00 |
| | | 6 Contributor address; City; State; Zip Code | | 1 |
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| | | Boerne, TX 78015-5009 | | |
| 8 | Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instructions | 5) |
| | CNO | | TENET EMPLOYMENT | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| | 02/02/2024 | CLINE, PAULA B. | | \$5.00 |
| | | Contributor address; City; State; Zip Code | | |
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| | | Boerne, TX 78015-5009 | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | s) |
| | CNO | | TENET EMPLOYMENT | INC |
| | Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| | 02/16/2024 | CLINE, PAULA B. | | \$5.00 |
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| | | Boerne, TX 78015-5009 | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | s) |
| | CNO | | TENET EMPLOYMENT | INC |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| | 03/01/2024 | CLINE, PAULA B. | | \$5.00 |
| | | Contributor address; City; State; Zip Code | | 4 |
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| | | | | |
| | | Boerne, TX 78015-5009 | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | s) |
| | CNO | | TENET EMPLOYMENT | INC |
| F | Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| | 03/15/2024 | CLINE, PAULA B. | | \$5.00 |
| | | Contributor address; City; State; Zip Code | | 4 |
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| | | Boerne, TX 78015-5009 | | |
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| SCHEDULE | A1 |
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| | The Instru | ction Guide explains how to complete this f | iorm. | 1 Total pages Schedule A1: Sch: 45/229 Rpt: 48/240 |
|---|----------------|--|------------------------------|---|
| 2 | FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| | | ncare Corporation Political Action Committee | | 00082830 |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) |
| | 03/29/2024 | CLINE, PAULA B. | | \$5.00 |
| | I | 6 Contributor address; City; State; Zip Code | | |
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| | | | | |
| | | Boerne, TX 78015-5009 | | |
| | | upation / Job title (See Instructions) | 9 Employer (See Instructions | |
| | CNO | | TENET EMPLOYMENT | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| | 04/12/2024 | CLINE, PAULA B. | | \$5.00 |
| | I | Contributor address; City; State; Zip Code | | |
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| | | Boerne, TX 78015-5009 | | |
| | Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions | s) |
| | CNO | | TENET EMPLOYMENT | 「 INC |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| | 04/26/2024 | CLINE, PAULA B. | | \$5.00 |
| | 1 | Contributor address; City; State; Zip Code | | |
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| | | | | |
| | | Boerne, TX 78015-5009 | | |
| | - | upation / Job title (See Instructions) | Employer (See Instructions | |
| | CNO | | TENET EMPLOYMENT | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| | 05/10/2024 | CLINE, PAULA B. | | \$5.00 |
| | I | Contributor address; City; State; Zip Code | | |
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| | | | | |
| | | Boerne, TX 78015-5009 | | |
| | | upation / Job title (See Instructions) | Employer (See Instructions | |
| | CNO | | TENET EMPLOYMENT | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| | 05/24/2024 | CLINE, PAULA B. | | \$5.00 |
| | 1 | Contributor address; City; State; Zip Code | | |
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| | | Boerne, TX 78015-5009 | | |
| | Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions | s) |
| | CNO | | TENET EMPLOYMENT | T INC |
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| SCHEDULE | A1 |
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| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 46/229 Rpt: 49/240 | |
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| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | ı Filers) |
| | Tenet Health | hcare Corporation Political Action Committee | | | 00082830 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 | Amount of Contribution (\$) | |
| | 06/07/2024 | CLINE, PAULA B. | | | ., | \$5.00 |
| | ••••• | 6 Contributor address; City; State; Zip Code | | · | | Ŧ |
| | | Contributor address, City, State, Zip Code | | | | |
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| | | Boerne, TX 78015-5009 | | | | |
| 8 | Principal occu | | 9 Employer (See Instructions | (2) | | |
| ľ | CNO | | TENET EMPLOYMENT | | r | |
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| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/21/2024 | CLINE, PAULA B. | | | | \$5.00 |
| | | Contributor address; City; State; Zip Code | | Ί | | |
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| | CNO | | TENET EMPLOYMENT | ΓΙΝ | С | |
| ╞ | Date | Full name of contributor Out-of-state PAC (ID#: |) | Т | Amount of Contribution (\$) | |
| | 01/05/2024 | COBB, WAYNE E. | , | | | \$10.00 |
| | 01,00,111 | | | | | <i><i>v</i></i> _ <i>v</i> |
| | | Continuutor address, City, State, Zip Code | | | | |
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| | | Mansfield, TX 76063-5577 | | | | |
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| | MGR, TAX | | TENET EMPLOYMENT | | r | |
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| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 01/19/2024 | COBB, WAYNE E. | | | | \$10.00 |
| | | Contributor address; City; State; Zip Code | | Ί | | |
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| | | Mansfield, TX 76063-5577 | | | | |
| \square | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | is) | | |
| | MGR, TAX | | TENET EMPLOYMENT | ΓΙΝ | С | |
| F | Date | Full name of contributor out-of-state PAC (ID#:_ | <u></u>) | Т | Amount of Contribution (\$) | |
| | 02/02/2024 | COBB, WAYNE E. | | | | \$10.00 |
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| | | Continuation address, City, State, Zip Code | | | | |
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| | | Mansfield, TX 76063-5577 | | | | |
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| | | upation / Job title (See Instructions) | Employer (See Instructions | | <u>^</u> | |
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| | The Instru | ction Guide explains how to complete this f | iorm. | 1 Total pages Schedule A1: Sch: 47/229 Rpt: 50/240 |
|---|----------------|---|------------------------------|---|
| 2 | FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| | Tenet Health | hcare Corporation Political Action Committee | | 00082830 |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) |
| | 02/16/2024 | COBB, WAYNE E. | | \$10.00 |
| | | 6 Contributor address; City; State; Zip Code | | |
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| | | | | |
| | | Mansfield, TX 76063-5577 | | |
| 8 | Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instructions | s) |
| | MGR, TAX | | TENET EMPLOYMENT | INC . |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| | 03/01/2024 | COBB, WAYNE E. | | \$10.00 |
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| | | Mansfield, TX 76063-5577 | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | s) |
| | MGR, TAX | | TENET EMPLOYMENT | T INC |
| | Date | Full name of contributor Out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| | 03/15/2024 | COBB, WAYNE E. | | \$10.00 |
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| | | Mansfield, TX 76063-5577 | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | s) |
| | MGR, TAX | | TENET EMPLOYMENT | T INC |
| ⊨ | Date | Full name of contributor Out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| | 03/29/2024 | COBB, WAYNE E. | | \$10.00 |
| | | Contributor address; City; State; Zip Code | | |
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| | | Mansfield, TX 76063-5577 | | |
| ┢ | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | s) |
| | MGR, TAX | | TENET EMPLOYMENT | 「 INC |
| ⊨ | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| | 04/12/2024 | COBB, WAYNE E. | | \$10.00 |
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| | | Mansfield, TX 76063-5577 | | |
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| SCHEDULE | A1 |
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| | The Instru | ction Guide explains how to complete this fo | orm. | 1 Total pages Schedule A1: Sch: 48/229 Rpt: 51/240 |
| 2 | FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| | | hcare Corporation Political Action Committee | | 00082830 |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) |
| | 04/26/2024 | COBB, WAYNE E. | ł | \$10.00 |
| | | 6 Contributor address; City; State; Zip Code | | 1 |
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| | | Mansfield, TX 76063-5577 | | |
| 8 | Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instructions | s) |
| | MGR, TAX | ! | TENET EMPLOYMENT | (INC |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| | 05/10/2024 | COBB, WAYNE E. | | \$10.00 |
| | | Contributor address; City; State; Zip Code | | 1 |
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| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | s) |
| | MGR, TAX | 1 | TENET EMPLOYMENT | INC |
| ⊨ | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| | 05/24/2024 | COBB, WAYNE E. | | \$10.00 |
| | | Contributor address; City; State; Zip Code | | 1 |
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| | | Mansfield, TX 76063-5577 | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | s) |
| | MGR, TAX | 1 | TENET EMPLOYMENT | INC |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| | 06/07/2024 | COBB, WAYNE E. | | \$10.00 |
| | | Contributor address; City; State; Zip Code | | 1 |
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| | | Mansfield, TX 76063-5577 | | |
| \vdash | | upation / Job title (See Instructions) | Employer (See Instructions | s) |
| | MGR, TAX | ! | TENET EMPLOYMENT | |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| | 06/21/2024 | COBB, WAYNE E. | | \$10.00 |
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| | | Mansfield, TX 76063-5577 | , | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | s) |
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| The Instru | iction Guide explains how to complete this fo | orm. | 1 Total pages Schedule A1: Sch: 49/229 Rpt: 52/240 | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission F | -ilers) |
| | hcare Corporation Political Action Committee | | 00082830 | , |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) | |
| 01/05/2024 | | | | \$192.00 |
| | 6 Contributor address; City; State; Zip Code | | • | • - |
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| | The Colony, TX 75056-6427 | | | |
| 8 Principal occı | upation / Job title (See Instructions) | 9 Employer (See Instructions | s) | |
| VP, GOVER | RNMENT RELATIONS | TENET EMPLOYMENT | INC | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 01/19/2024 | DAVISON, COREY | | | \$192.00 |
| | Contributor address; City; State; Zip Code | | | ļ |
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| | The Colony, TX 75056-6427 | | | |
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| VP, GOVER | RNMENT RELATIONS | TENET EMPLOYMENT | INC | I |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 02/02/2024 | DAVISON, COREY | | { | \$192.00 |
| | Contributor address; City; State; Zip Code | | 1 | |
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| | The Colony, TX 75056-6427 | | | |
| | upation / Job title (See Instructions) | Employer (See Instructions | | |
| VP, GOVER | RNMENT RELATIONS | TENET EMPLOYMENT | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 02/16/2024 | DAVISON, COREY | | | \$192.00 |
| | Contributor address; City; State; Zip Code | ļ | | |
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| | The Colony, TX 75056-6427 | | | |
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| VP, GOVER | | TENET EMPLOYMENT | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 03/01/2024 | DAVISON, COREY | | | \$192.00 |
| | Contributor address; City; State; Zip Code | | | |
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| | The Colony, TX 75056-6427 | | - | |
| | The Colony, TX 75056-6427 upation / Job title (See Instructions) RNMENT RELATIONS | Employer (See Instructions TENET EMPLOYMENT | | |
| VP, GOVER Date | upation / Job title (See Instructions) RNMENT RELATIONS Full name of contributor out-of-state PAC (ID#: DAVISON, COREY | Employer (See Instructions TENET EMPLOYMENT | Amount of Contribution (\$) | |

| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 50/229 Rpt: 53/240 | |
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| 2 | FILER NAME | | | | Filer ID (Ethics Commission | 1 Filers) |
| | | care Corporation Political Action Committee | | | 00082830 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 03/15/2024 | DAVISON, COREY | | | | \$192.00 |
| | | 6 Contributor address; City; State; Zip Code | | " | | |
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| | | The Colony, TX 75056-6427 | | | | |
| | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | <u>ا</u> | | |
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| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 03/29/2024 | DAVISON, COREY | | | | \$192.00 |
| | | Contributor address; City; State; Zip Code | | | | |
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| | | pation / Job title (See Instructions) NMENT RELATIONS | Employer (See Instructions TENET EMPLOYMENT | | | |
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| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 04/12/2024 | | | | | \$192.00 |
| | | Contributor address; City; State; Zip Code | | | | |
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| | | The Colony, TX 75056-6427 | | | | |
| - | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u>।</u> ९) | | |
| | | NMENT RELATIONS | | | 2 | |
| ⊨ | Date | Full name of contributor out-of-state PAC (ID#: | <u> </u> | | Amount of Contribution (\$) | |
| | 01/05/2024 | DELBURN, BRIAN |) | | | \$10.00 |
| | 01/00/2024 | Contributor address; City; State; Zip Code | | · | | \$10.00 |
| | | Contributor address, City, State, Zip Code | | | | |
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| | | Coral Springs, FL 33076-3374 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | DIR, GOVT I | | TENET HLTHSYSTEM | | D INC | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 01/19/2024 | DELBURN, BRIAN |) | | | \$10.00 |
| | | Contributor address; City; State; Zip Code | | · | | , |
| | | Contributor address, City, State, Zip Code | | | | |
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| 1 | | Coral Springs, FL 33076-3374 | | | | |
| \vdash | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| 1 | DIR, GOVT I | | TENET HLTHSYSTEM | | D INC | |
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| The Instruc | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 51/229 Rpt: 54/240 | |
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| 2 FILER NAME Tenet Health | care Corporation Political Action Committee | | 3 Filer ID (Ethics Commission F 00082830 | -ilers) |
| 4 Date 02/02/2024 | 5 Full name of contributor out-of-state PAC (ID#: DELBURN, BRIAN |) | 7 Amount of Contribution (\$) | \$10.00 |
| | 6 Contributor address; City; State; Zip Code Coral Springs, FL 33076-3374 | | | |
| 8 Principal occur | pation / Job title (See Instructions) | 9 Employer (See Instructions | ;) | |
| DIR, GOVT F | RELATIONS | TENET HLTHSYSTEM | MED INC | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 02/16/2024 | DELBURN, BRIAN | | | \$10.00 |
| | Contributor address; City; State; Zip Code | | | |
| | Coral Springs, FL 33076-3374 | | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | ;) | |
| DIR, GOVT F | RELATIONS | TENET HLTHSYSTEM | MED INC | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 03/01/2024 | DELBURN, BRIAN | | | \$10.00 |
| | Contributor address; City; State; Zip Code | | | |
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| | Coral Springs, FL 33076-3374 | | | |
| | pation / Job title (See Instructions) | Employer (See Instructions | · | |
| Principal occu DIR, GOVT F | pation / Job title (See Instructions) | Employer (See Instructions TENET HLTHSYSTEM | · | |
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| DIR, GOVT F | pation / Job title (See Instructions) RELATIONS Full name of contributor out-of-state PAC (ID#:_ DELBURN, BRIAN | | MED INC | \$10.00 |
| DIR, GOVT F Date 03/15/2024 | pation / Job title (See Instructions) RELATIONS Full name of contributor out-of-state PAC (ID#: DELBURN, BRIAN Contributor address; City; State; Zip Code | | MED INC Amount of Contribution (\$) | \$10.00 |
| DIR, GOVT F Date 03/15/2024 | pation / Job title (See Instructions) RELATIONS Full name of contributor out-of-state PAC (ID#:_ DELBURN, BRIAN Contributor address; City; State; Zip Code Coral Springs, FL 33076-3374 pation / Job title (See Instructions) | TENET HLTHSYSTEM | MED INC Amount of Contribution (\$) | \$10.00 |
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| 4 Date | 5 Full name of contributor Out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) |
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| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | Filers) |
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| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 02/16/2024 | DEMARAIS, ALLISON M. | | | | \$10.00 |
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| 2 FILER NAME Tenet Health | hcare Corporation Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00082830 |
| 4 Date 04/26/2024 | 5 Full name of contributor out-of-state PAC (ID#: DEMARAIS, ALLISON M. 6 Contributor address; City; State; Zip Code |) | 7 Amount of Contribution (\$) \$10.0 |
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| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| 04/26/2024 | DOZIER, AMY | | | \$500.00 |
| | 6 Contributor address; City; State; Zip Code | | | |
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| | Atlanta, GA 30328-3561 | | | |
| | · · · | 9 Employer (See Instructions | ;) | |
| VP, Manage | d Care-Natl Acct | Tenet Healthcare | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
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| | care Corporation Political Action Committee | | 00082830 | , |
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| | Goodyear, AZ 85395-2635 | | | |
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| CEO | | TENET HEALTHCARE | CORPORATION | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 01/05/2024 | EASTER, JAMES K. | | | \$10.00 |
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| 4 Date 02/16/2024 | 5 Full name of contributor Out-of-state PAC (ID#:_ EASTER, JAMES K. |) | 7 Amount of Contribution (\$)\$10 |
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| | 06/07/2024 | ELISCO, BRIAN | | \$19.00 |
| | | Contributor address; City; State; Zip Code | | · |
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| | | San Antonio, TX 78258-2967 | | |
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| | Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| | 01/05/2024 | ENNIS, ELIZABETH | | \$39.00 |
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| | | Birmingham, AL 35205-2870 | | |
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| The Instru | ction Guide explains how to complete this fo | orm. | 1 Total pages Schedule A1: Sch: 62/229 Rpt: 65/240 | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Fi | lers) |
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| 4 Date 02/02/2024 | 5 Full name of contributor out-of-state PAC (ID#: ENNIS, ELIZABETH |) | 7 Amount of Contribution (\$) | \$39.00 |
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| The Instruction Guide explains how to complete this form. | | es Schedule A1: 229 Rpt: 68/240 |
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| SCHEDULE | A1 |
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| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: Sch: 68/229 Rpt: 71/240 |
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| 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| Tenet Healthcare Corporation Political Action Committee | 00082830 |
| 4 Date 5 Full name of contributor out-of-state PAC (ID#: |) 7 Amount of Contribution (\$) |
| 04/26/2024 FIELDING, ADAM | \$39.00 |
| 6 Contributor address; City; State; Zip Code | |
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| | |
| Phoenix, AZ 85016-5533 | |
| 8Principal occupation / Job title (See Instructions)9Em | ployer (See Instructions) |
| COMPLIANCE OFCR GRP LEAD TE | NET HLTHSYSTEM MED INC |
| Date Full name of contributor out-of-state PAC (ID#: |) Amount of Contribution (\$) |
| 05/10/2024 FIELDING, ADAM | \$39.00 |
| Contributor address; City; State; Zip Code | |
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| Phoenix, AZ 85016-5533 | |
| | ployer (See Instructions) |
| COMPLIANCE OFCR GRP LEAD TE | |
| Date Full name of contributor out-of-state PAC (ID#: | |
| 05/24/2024 FIELDING, ADAM | \$39.00 |
| Contributor address; City; State; Zip Code | |
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| Phoenix, AZ 85016-5533 | |
| | ployer (See Instructions) |
| | NET HLTHSYSTEM MED INC |
| Date Full name of contributor Out-of-state PAC (ID#: | |
| Dale I Full hame of continuous I pout-of-state PAC (D#. | |
| |) Amount of Contribution (\$) |
| 06/07/2024 FIELDING, ADAM |) Amount of Contribution (\$) \$39.00 |
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| 06/07/2024 FIELDING, ADAM | |
| 06/07/2024 FIELDING, ADAM | |
| 06/07/2024 FIELDING, ADAM Contributor address; City; State; Zip Code Phoenix, AZ 85016-5533 | |
| 06/07/2024 FIELDING, ADAM Contributor address; City; State; Zip Code Phoenix, AZ 85016-5533 Principal occupation / Job title (See Instructions) Em | \$39.00 |
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| 06/07/2024 FIELDING, ADAM Contributor address; City; State; Zip Code Phoenix, AZ 85016-5533 Principal occupation / Job title (See Instructions) COMPLIANCE OFCR GRP LEAD Date Full name of contributor out-of-state PAC (ID#: | ployer (See Instructions) NET HLTHSYSTEM MED INC) Amount of Contribution (\$) |
| 06/07/2024 FIELDING, ADAM Contributor address; City; State; Zip Code Phoenix, AZ 85016-5533 Principal occupation / Job title (See Instructions) COMPLIANCE OFCR GRP LEAD Date Full name of contributor 06/21/2024 FIELDING, ADAM | ployer (See Instructions) NET HLTHSYSTEM MED INC) Amount of Contribution (\$) |
| 06/07/2024 FIELDING, ADAM Contributor address; City; State; Zip Code Phoenix, AZ 85016-5533 Principal occupation / Job title (See Instructions) COMPLIANCE OFCR GRP LEAD Date Full name of contributor 06/21/2024 FIELDING, ADAM | ployer (See Instructions) NET HLTHSYSTEM MED INC) Amount of Contribution (\$) |
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| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: Sch: 69/229 Rpt: 72/240 |
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| 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| Tenet Healthcare Corporation Political Action Committee | 00082830 |
| 4 Date 5 Full name of contributor out-of-state PAC (ID#: |) 7 Amount of Contribution (\$) |
| 01/05/2024 FINNEY, CONNIE | \$10.00 |
| 6 Contributor address; City; State; Zip Code | |
| | |
| | |
| Frisco, TX 75034-8635 | |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See In | nstructions) |
| MGR, CONTRACTS ADMIN CONIFER REV | / CYCL SOL LLC |
| Date Full name of contributor out-of-state PAC (ID#: |) Amount of Contribution (\$) |
| 01/19/2024 FINNEY, CONNIE | \$10.00 |
| Contributor address; City; State; Zip Code | |
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| Frisco, TX 75034-8635 | |
| Principal occupation / Job title (See Instructions) Employer (See In | nstructions) |
| MGR, CONTRACTS ADMIN CONIFER REV | / CYCL SOL LLC |
| Date Full name of contributor out-of-state PAC (ID#: |) Amount of Contribution (\$) |
| 02/02/2024 FINNEY, CONNIE | \$10.00 |
| Contributor address; City; State; Zip Code | |
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| Frisco, TX 75034-8635 | |
| Principal occupation / Job title (See Instructions) Employer (See In | - |
| MGR, CONTRACTS ADMIN CONIFER REV | / CYCL SOL LLC |
| Date Full name of contributor out-of-state PAC (ID#: |) Amount of Contribution (\$) |
| 02/16/2024 FINNEY, CONNIE | \$10.00 |
| Contributor address; City; State; Zip Code | |
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| Frisco, TX 75034-8635 | |
| Principal occupation / Job title (See Instructions) Employer (See In | |
| MGR, CONTRACTS ADMIN CONIFER REV | / CYCL SOL LLC |
| Date Full name of contributor in out-of-state PAC (ID#: |) Amount of Contribution (\$) |
| 03/01/2024 FINNEY, CONNIE | \$10.00 |
| Contributor address; City; State; Zip Code | |
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| The Instruc | tion Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 70/229 Rpt: 73/240 | |
|-----------------|--|------------------------------|---|--------|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filer | rs) |
| Tenet Healtho | care Corporation Political Action Committee | | 00082830 | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) | |
| 03/15/2024 | FINNEY, CONNIE | | \$1 | 10.00 |
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| MGR, CONTI | RACTS ADMIN | CONIFER REV CYCL S | SOL LLC | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 03/29/2024 | FINNEY, CONNIE | | \$1 | 10.00 |
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| I | Frisco, TX 75034-8635 | 1 | | |
| | pation / Job title (See Instructions) | Employer (See Instructions | | |
| MGR, CONTI | RACTS ADMIN | CONIFER REV CYCL S | | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 04/12/2024 | FINNEY, CONNIE | | \$1 | 10.00 |
| | Contributor address; City; State; Zip Code | ļ | | |
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| Dringingl occur | Frisco, TX 75034-8635 | Employer (See Instructions | | |
| | pation / Job title (See Instructions) RACTS ADMIN | CONIFER REV CYCL S | | |
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| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | 10.00 |
| 04/26/2024 | FINNEY, CONNIE | | רو | 10.00 |
| | Contributor address; City; State; Zip Code | | | |
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| | Frisco, TX 75034-8635 | | | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | |
| | RACTS ADMIN | CONIFER REV CYCL S | | |
| Date | Full name of contributor out-of-state PAC (ID#: | <u> </u> | Amount of Contribution (\$) | |
| 05/10/2024 | FINNEY, CONNIE | / | | 10.00 |
| - | Contributor address; City; State; Zip Code | | | 10.0.2 |
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| | Frisco, TX 75034-8635 | | | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instructions | <u>ا</u> ۶) | |
| | RACTS ADMIN | CONIFER REV CYCL S | | |
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| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 71/229 Rpt: 74/240 | |
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| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | Filers) |
| | Tenet Health | ncare Corporation Political Action Committee | | | 00082830 | , |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 05/24/2024 | FINNEY, CONNIE | | | | \$10.00 |
| | | 6 Contributor address; City; State; Zip Code | | " | | |
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| | | Frisco, TX 75034-8635 | | | | |
| 8 | Principal occu | ipation / Job title (See Instructions) | 9 Employer (See Instructions | s) | | |
| | MGR, CONT | IRACTS ADMIN | CONIFER REV CYCL S | SOL | _ LLC | |
| F | Date | Full name of contributor out-of-state PAC (ID#:_ |) | Ι | Amount of Contribution (\$) | |
| | 06/07/2024 | FINNEY, CONNIE | | | | \$10.00 |
| | | Contributor address; City; State; Zip Code | | | | |
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| | | Frisco, TX 75034-8635 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | | |
| | MGR, CONT | FRACTS ADMIN | CONIFER REV CYCL S | SOL | LLC | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Τ | Amount of Contribution (\$) | |
| | 06/21/2024 | FINNEY, CONNIE | | | | \$10.00 |
| | | Contributor address; City; State; Zip Code | | · | | |
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| | | Frisco, TX 75034-8635 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | | | |
| | MGR, CONT | IRACTS ADMIN | CONIFER REV CYCL S | SOL | LLC | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | T | Amount of Contribution (\$) | |
| | 01/05/2024 | FINNEY, MICHELE | | | | \$38.00 |
| | | Contributor address; City; State; Zip Code | | " | | |
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| | | | | | | |
| | | Rancho Mirage, CA 92270-4138 | | | | |
| | | ipation / Job title (See Instructions) | Employer (See Instructions | | | |
| | CEO, GROL | IP | TENET HLTHSYSTEM | ME | ED INC | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 01/19/2024 | FINNEY, MICHELE | | | | \$38.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
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| | | Rancho Mirage, CA 92270-4138 | | | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | | | |
| | CEO, GROL | IP | TENET HLTHSYSTEM | ME | ED INC | |
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| The Instru | iction Guide explains how to complete this f | form. | 1 Total pages Schedule A1: |
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| 2 FILER NAME | | | Sch: 72/229 Rpt: 75/240 3 Filer ID (Ethics Commission Filers) |
| Tenet Health | hcare Corporation Political Action Committee | | 00082830 |
| 4 Date 02/02/2024 | 5 Full name of contributor out-of-state PAC (ID#: FINNEY, MICHELE |) | 7 Amount of Contribution (\$)\$38.00 |
| | 6 Contributor address; City; State; Zip Code | | |
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| | Rancho Mirage, CA 92270-4138 | | |
| 8 Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instructions | s) |
| CEO, GROL | JP | TENET HLTHSYSTEM | MED INC |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 02/16/2024 | — | | \$38.00 |
| | Contributor address; City; State; Zip Code | | 1 |
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| | Rancho Mirage, CA 92270-4138 | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | s) |
| CEO, GROL | JP | TENET HLTHSYSTEM | |
| Date | Full name of contributor out-of-state PAC (ID#:_ | <u> </u>) | Amount of Contribution (\$) |
| 03/01/2024 | | | \$38.00 |
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| | Rancho Mirage, CA 92270-4138 | | |
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| CEO, GROU | | TENET HLTHSYSTEM | |
| Date | Full name of contributor Out-of-state PAC (ID#: | <u> </u> | Amount of Contribution (\$) |
| 03/15/2024 | | / | \$38.00 |
| 00/10/202 . | Contributor address; City; State; Zip Code | | |
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| CEO, GROU | | TENET HLTHSYSTEM | |
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|---|------------|--|------------------------------|---|
| 2 | FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| | | hcare Corporation Political Action Committee | | 00082830 |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) |
| | 04/12/2024 | FINNEY, MICHELE | | \$38.00 |
| | | 6 Contributor address; City; State; Zip Code | | 1 |
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| | | Rancho Mirage, CA 92270-4138 | | |
| 8 | | upation / Job title (See Instructions) | 9 Employer (See Instructions | |
| | CEO, GROL | JP | TENET HLTHSYSTEM | MED INC |
| Γ | Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| | 04/26/2024 | FINNEY, MICHELE | | \$38.00 |
| | | Contributor address; City; State; Zip Code | | 1 |
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| | | Rancho Mirage, CA 92270-4138 | | |
| | | upation / Job title (See Instructions) | Employer (See Instructions | |
| | CEO, GROU | JP | TENET HLTHSYSTEM | MED INC |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| | 05/10/2024 | FINNEY, MICHELE | | \$38.00 |
| | | Contributor address; City; State; Zip Code | | 1 |
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| | | Rancho Mirage, CA 92270-4138 | | |
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| | CEO, GROL | JP | TENET HLTHSYSTEM | MED INC |
| | Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| | 05/24/2024 | FINNEY, MICHELE | | \$38.00 |
| | | Contributor address; City; State; Zip Code | | 1 |
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| | | Rancho Mirage, CA 92270-4138 | 1 | |
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| | CEO, GROL | | TENET HLTHSYSTEM | MED INC |
| | Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| | 06/07/2024 | FINNEY, MICHELE | | \$38.00 |
| | | Contributor address; City; State; Zip Code | |] |
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| | | Rancho Mirage, CA 92270-4138 | 1 | |
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| The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: Sch: 74/229 Rpt: 77/240 2 FILER NAME 3 Filer ID (Ethics Commiss 00082830) Tenet Healthcare Corporation Political Action Committee 00082830 | |
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| Tenet Healthcare Corporation Political Action Committee 00082830 | on Filers) |
| Tenet Healthcare Corporation Political Action Committee 00082830 | |
| | |
| 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) | |
| 06/21/2024 FINNEY, MICHELE | \$38.00 |
| 6 Contributor address; City; State; Zip Code | |
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| Rancho Mirage, CA 92270-4138 | |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) | |
| CEO, GROUP TENET HLTHSYSTEM MED INC | |
| Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) | |
| 04/26/2024 FORRY, BRYAN | \$250.00 |
| Contributor address; City; State; Zip Code | |
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| | |
| Scottsdale, AZ 85255-6503 | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | |
| CFO, Market/Sys Tenet Healthcare | |
| Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) | |
| 01/12/2024 FOSTER, RAYMOND J. | \$10.00 |
| Contributor address; City; State; Zip Code | |
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| | |
| Cathedral City, CA 92234-3657 | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | |
| DIR, RADIOLOGY DESERT RGNL MED CTR INC | |
| Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) | |
| 01/26/2024 FOSTER, RAYMOND J. | \$10.00 |
| Contributor address; City; State; Zip Code | |
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| Cathedral City, CA 92234-3657 | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | |
| DIR, RADIOLOGY DESERT RGNL MED CTR INC | |
| Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) | |
| 02/09/2024 FOSTER, RAYMOND J. | \$10.00 |
| Contributor address; City; State; Zip Code | |
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| Cathedral City, CA 92234-3657 | |
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| Principal occupation / Job title (See Instructions) Employer (See Instructions) | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) DIR, RADIOLOGY DESERT RGNL MED CTR INC | |

| The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 75/229 Rpt: 78/240 |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Tenet Health | ncare Corporation Political Action Committee | | 00082830 |
| 4 Date 02/23/2024 | 5 Full name of contributor out-of-state PAC (ID#: FOSTER, RAYMOND J. |) | 7 Amount of Contribution (\$) \$10.0 |
| 02/20/202 . | | | |
| | 6 Contributor address; City; State; Zip Code Cathedral City, CA 92234-3657 | | |
| Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instructions | <u> </u> |
| DIR, RADIO | | DESERT RGNL MED C | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 03/08/2024 | FOSTER, RAYMOND J. | | \$10.0 |
| | Contributor address; City; State; Zip Code | | |
| | Cathedral City, CA 92234-3657 | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) |
| DIR, RADIO | LOGY | DESERT RGNL MED C | CTR INC |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 03/22/2024 | FOSTER, RAYMOND J. | | \$10.0 |
| | Contributor address; City; State; Zip Code | | |
| | Cathedral City, CA 92234-3657 | | |
| Principal occu DIR, RADIO | ipation / Job title (See Instructions) ILOGY | Employer (See Instructions DESERT RGNL MED C | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 04/05/2024 | FOSTER, RAYMOND J. | | \$10.0 |
| | Contributor address; City; State; Zip Code | | |
| | Cathedral City, CA 92234-3657 | | |
| Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions | s) |
| DIR, RADIO | LOGY | DESERT RGNL MED C | CTR INC |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 04/19/2024 | FOSTER, RAYMOND J. | | \$10.0 |
| | Contributor address; City; State; Zip Code | | |
| 1 | Cathedral City, CA 92234-3657 | | |
| Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions | s) |
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| The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 76/229 Rpt: 79/240 |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Tenet Health | ncare Corporation Political Action Committee | | 00082830 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) |
| 05/03/2024 | FOSTER, RAYMOND J. | | \$10.00 |
| | 6 Contributor address; City; State; Zip Code | | |
| | Cathedral City, CA 92234-3657 | | |
| 8 Principal occu | ipation / Job title (See Instructions) | 9 Employer (See Instructions | s) |
| DIR, RADIOI | LOGY | DESERT RGNL MED C | CTR INC |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 05/17/2024 | FOSTER, RAYMOND J. | | \$10.00 |
| | Contributor address; City; State; Zip Code | | |
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| | Cathedral City, CA 92234-3657 | | |
| Principal occu | Ipation / Job title (See Instructions) | Employer (See Instructions | <u> </u> s) |
| DIR, RADIOI | | DESERT RGNL MED C | |
| Date | Full name of contributor Out-of-state PAC (ID#: | <u> </u>) | Amount of Contribution (\$) |
| 05/31/2024 | FOSTER, RAYMOND J. | / | \$10.00 |
| 00,01,202. | | | ··· |
| | Contributor address; City; State; Zip Code | | |
| | Cathedral City, CA 92234-3657 | | |
| Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions | |
| DIR, RADIOI | LOGY | DESERT RGNL MED C | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 06/14/2024 | FOSTER, RAYMOND J. | | \$10.00 |
| | Contributor address; City; State; Zip Code | | |
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| l' | Cathedral City, CA 92234-3657 | | |
| Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions | s) |
| DIR, RADIOI | LOGY | DESERT RGNL MED C | CTR INC |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 06/28/2024 | FOSTER, RAYMOND J. | | \$10.00 |
| ' | Contributor address; City; State; Zip Code | | · |
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| | Cathedral City, CA 92234-3657 | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| | ncare Corporation Political Action Committee | | 00082830 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) |
| 05/10/2024 | Flynn, James | | \$150.00 |
| | 6 Contributor address; City; State; Zip Code | | • |
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| | | | |
| | Vestavia, AL 35243-2942 | | |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) |
| Chief Securit | | Princeton Baptist | |
| Date | Full name of contributor Out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 04/12/2024 | Franklin, Ernest | | \$5,000.00 |
| • <u></u> | Contributor address; City; State; Zip Code | | |
| | Continuation address, City, State, Lip Code | | |
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| | Dallas, TX 75254-2916 | | |
| Princinal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) |
| | I Operations Officer | Tenet Healthcare | |
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| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 05/10/2024 | GAMBINO, CONNIE | | \$250.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | San Antonio, TX 78235-5154 | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u></u> |
| Admin Direct | | Mission Trail Baptist Ho | |
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| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 01/05/2024 | GARNER, STEPHEN | | \$19.00 |
| | Contributor address; City; State; Zip Code | | |
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| | Clandala AZ 95209 Z100 | | |
| Driveire Leser | Glendale, AZ 85308-7100 | | |
| | pation / Job title (See Instructions) | Employer (See Instructions | |
| CEO | | TENET HLTHSYSTEM | MEDINC |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 01/19/2024 | GARNER, STEPHEN | | \$19.00 |
| | Contributor address; City; State; Zip Code | | 1 |
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| | Glendale, AZ 85308-7100 | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | ŝ) |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers | (p) |
| | hcare Corporation Political Action Committee | | 00082830 | 3) |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| 02/02/2024 | GARNER, STEPHEN | | \$1 | 19.00 |
| | 6 Contributor address; City; State; Zip Code | | | |
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| | Glendale, AZ 85308-7100 | | | |
| - | upation / Job title (See Instructions) | 9 Employer (See Instructions | | |
| CEO | | TENET HLTHSYSTEM | MED INC | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 02/16/2024 | GARNER, STEPHEN | | \$1 | 19.00 |
| | Contributor address; City; State; Zip Code | | | |
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| | Glendale, AZ 85308-7100 | | | |
| | upation / Job title (See Instructions) | Employer (See Instructions | | |
| CEO | | TENET HLTHSYSTEM | MED INC | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 03/01/2024 | GARNER, STEPHEN | | \$1 | 19.00 |
| | Contributor address; City; State; Zip Code | | | |
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| | Glendale, AZ 85308-7100 | i | | |
| - | upation / Job title (See Instructions) | Employer (See Instructions | | |
| CEO | | TENET HLTHSYSTEM | MED INC | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 03/15/2024 | GARNER, STEPHEN | | \$1 | 19.00 |
| | Contributor address; City; State; Zip Code | | | |
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| | | | | |
| | Glendale, AZ 85308-7100 | | <u> </u> | |
| | upation / Job title (See Instructions) | Employer (See Instructions | | |
| CEO | | TENET HLTHSYSTEM | | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 03/29/2024 | GARNER, STEPHEN | | \$1 | 19.00 |
| | Contributor address; City; State; Zip Code | | | |
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| <u> </u> | Glendale, AZ 85308-7100 | | | |
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| CEO | | TENET HLTHSYSTEM | | |
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| poration Political Action Committee | | 00082830 | |
| me of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) | |
| IER, STEPHEN | | | \$19.00 |
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| | oration Political Action Committee me of contributor leR, STEPHEN outor address; City; State; Zip Code ale, AZ 85308-7100 o title (See Instructions) me of contributor out-of-state PAC (ID#; | me of contributor | idde explains how to complete this form. Sch: 79/229 Rpt: 82/240 iorration Political Action Committee 3 Filer ID (Ethics Commission File 00082830) me of contributor out-of-state PAC (ID#:) Iters, STEPHEN 7 Amount of Contribution (\$) utor address; City; State; Zip Code 7 Amount of Contribution (\$) iet, AZ 85308-7100 9 Employer (See Instructions) iet, STEPHEN out-of-state PAC (ID#:) Amount of Contribution (\$) Employer (See Instructions) iet, STEPHEN Amount of Contribution (\$) iet, STEPHEN Employer (See Instructions) iet, STEPHEN Employer (See Instructions) iet, STEPHEN Amount of Contribution (\$) iet, STEPHEN Amount of Contribution (\$) iet, STEPHEN Employer (See Instructions) iet, STEPHEN Employer (See Instructions) iet, STEPHEN Employer (See Instructions) iet, STEPHEN Amount of Contribution (\$) iete (See Instructions) Employer (See Instructions) iete (See Instructions) Employer (See Instructions) iete (See Instructions) Employer (See Instructions) iete (See Instructions) Employer (See Instr |

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| 2 FILER NA | ME | | 3 Filer ID (Ethics Commission Filers) |
| Tenet He | althcare Corporation Political Action Committee | | 00082830 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: | | 7 Amount of Contribution (\$) |
| 06/21/20 | | | \$19 |
| | 6 Contributor address; City; State; Zip Code | | 1 |
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| | Glendale, AZ 85308-7100 | | |
| 8 Principal of | occupation / Job title (See Instructions) | 9 Employer (See Instructions | s) |
| CEO | | TENET HLTHSYSTEM | MED INC |
| Date | Full name of contributor out-of-state PAC (ID#: | | Amount of Contribution (\$) |
| 01/05/20 | — | | \$10 |
| | Contributor address; City; State; Zip Code | | 1 |
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| | | | |
| | Delray Beach, FL 33446-2707 | | |
| Principal of | occupation / Job title (See Instructions) | Employer (See Instructions | δ) |
| GROUP, | PRESIDENT | TENET HLTHSYSTEM | MED INC |
| Date | Full name of contributor out-of-state PAC (ID#: | <u> </u> | Amount of Contribution (\$) |
| 01/19/20 | | | \$10 |
| | Contributor address; City; State; Zip Code | | 1 |
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| | Delray Beach, FL 33446-2707 | | |
| Principal of | occupation / Job title (See Instructions) | Employer (See Instructions | s) |
| GROUP, | PRESIDENT | TENET HLTHSYSTEM | MED INC |
| Date | Full name of contributor out-of-state PAC (ID#: | :) | Amount of Contribution (\$) |
| 02/02/20 | 24 GILL, MARGARET M. | | \$10. |
| | Contributor address; City; State; Zip Code | | 1 |
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| | Delray Beach, FL 33446-2707 | | |
| | occupation / Job title (See Instructions) | Employer (See Instructions | |
| GROUP, | PRESIDENT | TENET HLTHSYSTEM | MED INC |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 02/16/20 | 24 GILL, MARGARET M. | | \$10. |
| | Contributor address; City; State; Zip Code | | 1 |
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| | Delray Beach, FL 33446-2707 | | |
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| GROUP, | PRESIDENT | TENET HLTHSYSTEM | MED INC |
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| SCHEDULE A | 1\ |
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| The Instru | ction Guide explains how to complete this f | form. | 1 Total pages Schedule A1: Sch: 81/229 Rpt: 84/240 | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filer | ers) |
| Tenet Health | hcare Corporation Political Action Committee | | 00082830 | |
| 4 Date | 5 Full name of contributor Out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| 03/01/2024 | GILL, MARGARET M. | | | 10.00 |
| | 6 Contributor address; City; State; Zip Code | | 1 | |
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| | Delray Beach, FL 33446-2707 | | | |
| 8 Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instructions | δ) | |
| GROUP, PF | RESIDENT | TENET HLTHSYSTEM | MED INC | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 03/15/2024 | GILL, MARGARET M. | | | 10.00 |
| | Contributor address; City; State; Zip Code | | | |
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| | Delray Beach, FL 33446-2707 | | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | <u>)</u> | |
| GROUP, PF | RESIDENT | TENET HLTHSYSTEM | MED INC | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 03/29/2024 | GILL, MARGARET M. | | | 10.00 |
| | Contributor address; City; State; Zip Code | | | |
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| | Delray Beach, FL 33446-2707 | | | |
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| GROUP, PF | Resident | TENET HLTHSYSTEM | MED INC | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 04/12/2024 | GILL, MARGARET M. | | \$1 | 10.00 |
| | Contributor address; City; State; Zip Code | | | |
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| | Delray Beach, FL 33446-2707 | | | |
| | upation / Job title (See Instructions) | Employer (See Instructions | | |
| GROUP, PF | Resident | TENET HLTHSYSTEM | MED INC | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 04/26/2024 | GILL, MARGARET M. | | \$1 | 10.00 |
| | Contributor address; City; State; Zip Code | | | |
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| | Delray Beach, FL 33446-2707 | <u>.</u> | | |
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| GROUP, PF | Resident | TENET HLTHSYSTEM | MED INC | |
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|---|----------------|--|------------------------------|---|
| | The Instruc | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 82/229 Rpt: 85/240 |
| 2 | FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| | Tenet Health | ncare Corporation Political Action Committee | | 00082830 |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) |
| | 05/10/2024 | GILL, MARGARET M. | | \$10.00 |
| | | 6 Contributor address; City; State; Zip Code | | |
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| 8 | Principal occu | ipation / Job title (See Instructions) | 9 Employer (See Instructions | 5) |
| | GROUP, PR | ESIDENT | TENET HLTHSYSTEM | MED INC |
| F | Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| | 05/24/2024 | GILL, MARGARET M. | | \$10.00 |
| | | Contributor address; City; State; Zip Code | | |
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| | | Delray Beach, FL 33446-2707 | | |
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| | GROUP, PR | ESIDENT | TENET HLTHSYSTEM | MED INC |
| F | Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| | 06/07/2024 | GILL, MARGARET M. | | \$10.00 |
| | | Contributor address; City; State; Zip Code | | |
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| | | Delray Beach, FL 33446-2707 | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | • |
| | GROUP, PR | | TENET HLTHSYSTEM | MED INC |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| | 06/21/2024 | GILL, MARGARET M. | | \$10.00 |
| | | Contributor address; City; State; Zip Code | | 1 |
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| | | Delray Beach, FL 33446-2707 | | |
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| | GROUP, PR | .ESIDENT | TENET HLTHSYSTEM | MED INC |
| | Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| | 01/05/2024 | GONZALEZ, ERIN | | \$19.00 |
| | | Contributor address; City; State; Zip Code | | |
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| | | | | |
| | | Phoenix, AZ 85031-1703 | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | |
| | CHRO, GRC |)UP | TENET HLTHSYSTEM | MED INC |
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| SCHEDULE | A1 |
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| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 83/229 Rpt: 86/240 | |
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| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | Filers) |
| | Tenet Health | ncare Corporation Political Action Committee | | | 00082830 | |
| 4 | Date | 5 Full name of contributor Out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 01/19/2024 | GONZALEZ, ERIN | - | | | \$19.00 |
| | | 6 Contributor address; City; State; Zip Code | | • | | |
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| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | <u>і</u> S) | | |
| | CHRO, GRO | DUP | TENET HLTHSYSTEM | ME | ED INC | |
| ⊨ | Date | Full name of contributor Out-of-state PAC (ID#: |) | Г | Amount of Contribution (\$) | |
| | 02/02/2024 | GONZALEZ, ERIN | | | | \$19.00 |
| | | Contributor address; City; State; Zip Code | | | | +20.00 |
| | | Contributor address, City, State, Zip Code | | | | |
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| | | Phoenix, AZ 85031-1703 | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | CHRO, GRO | DUP | TENET HLTHSYSTEM | | ED INC | |
| ⊨ | Date | Full name of contributor Out-of-state PAC (ID#:_ | <u> </u> | Г | Amount of Contribution (\$) | |
| | 02/16/2024 | GONZALEZ, ERIN |) | | | \$19.00 |
| | 02/10/2021 | | | | | <i>410.00</i> |
| | | Contributor address, City, State, Zip Code | | | | |
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| | | Phoenix, AZ 85031-1703 | | | | |
| ⊢ | Principal occu | I pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | CHRO, GRO |)UP | TENET HLTHSYSTEM | | ED INC | |
| ⊨ | Date | Full name of contributor Out-of-state PAC (ID#: |) | Г | Amount of Contribution (\$) | |
| | 03/01/2024 | GONZALEZ, ERIN | | | | \$19.00 |
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| | CHRO, GRO | DUP | TENET HLTHSYSTEM | ME | ED INC | |
| | Date | Full name of contributor out-of-state PAC (ID#:_ |) | Γ | Amount of Contribution (\$) | |
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| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | Filers) |
| | Tenet Health | care Corporation Political Action Committee | | | 00082830 | |
| 4 | Date 03/29/2024 | 5 Full name of contributor out-of-state PAC (ID#: GONZALEZ, ERIN 6 Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) | \$19.00 |
| | | Phoenix, AZ 85031-1703 | | | | |
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| | Date 04/12/2024 | Full name of contributor out-of-state PAC (ID#:_ GONZALEZ, ERIN Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$19.00 |
| | | Phoenix, AZ 85031-1703 | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | CHRO, GRC | | TENET HLTHSYSTEM | , | | |
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| | Date | Full name of contributor out-of-state PAC (ID#: |) | 1 ' | Amount of Contribution (\$) | ¢10.00 |
| | 04/26/2024 | GONZALEZ, ERIN | | | | \$19.00 |
| | | Contributor address; City; State; Zip Code Phoenix, AZ 85031-1703 | | | | |
| | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | is) | | |
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| | Date 05/10/2024 | Full name of contributor out-of-state PAC (ID#:_ GONZALEZ, ERIN Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$19.00 |
| | | Phoenix, AZ 85031-1703 | | | | |
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| 2 FILER NAME | Ē | | 3 Filer ID (Ethics Commission Filers) |
| Tenet Heal | thcare Corporation Political Action Committee | | 00082830 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: | | 7 Amount of Contribution (\$) |
| 06/07/2024 | GONZALEZ, ERIN | | \$19.00 |
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| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
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| | Contributor address; City; State; Zip Code | | |
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| | San Benito, TX 78586-8917 | | |
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| DIR, RADIO |)LOGY | VHS VALLEY MGMT C | :OMPANY |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 01/19/2024 | GOVEA JR., JOSE L. | | \$10.00 |
| | Contributor address; City; State; Zip Code | | |
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| | San Benito, TX 78586-8917 | | |
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| DIR, RADIO | JLOGY | VHS VALLEY MGMT C | COMPANY |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 02/02/2024 | GOVEA JR., JOSE L. | | \$10.00 |
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| | San Benito, TX 78586-8917 | | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Tenet Health | care Corporation Political Action Committee | | 00082830 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) |
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| | | | 3 Filer ID (Ethics Commission Filer | rs) |
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| 4 Date 5 | Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
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| 6 | Contributor address; City; State; Zip Code | | | |
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| 05/24/2024 | Contributor address; City; State; Zip Code San Benito, TX 78586-8917 tion / Job title (See Instructions) OGY Full name of contributor | VHS VALLEY MGMT CO | S) OMPANY Amount of Contribution (\$) | |
| 05/24/2024 | Contributor address; City; State; Zip Code San Benito, TX 78586-8917 tion / Job title (See Instructions) OGY Full name of contributor out-of-state PAC (ID#:_ GOVEA JR., JOSE L. Contributor address; City; State; Zip Code San Benito, TX 78586-8917 tion / Job title (See Instructions) | VHS VALLEY MGMT CO | S) OMPANY Amount of Contribution (\$) S) | |
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| 4 Date | 5 F | Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
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| ╞ | Date | Full name of contributor out-of-state PAC (ID#: | ·) | Amount of Contribution (\$) | |
| | 01/05/2024 | GULCZEWSKI, VICTORIA J. | | | \$10.00 |
| | | Contributor address; City; State; Zip Code | | | |
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| | | San Antonio, TX 78247-5419 | | | |
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| | CEO | | TENET EMPLOYMENT | INC | |
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| | CEO | | TENET EMPLOYMENT | Í INC | |
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| The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 94/229 Rpt: 97/240 |
|----------------|---|------------------------------|---|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Tenet Health | ncare Corporation Political Action Committee | | 00082830 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) |
| 03/01/2024 | GULCZEWSKI, VICTORIA J. | | \$10. |
| | 6 Contributor address; City; State; Zip Code | | 1 |
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| | San Antonio, TX 78247-5419 | | |
| | ipation / Job title (See Instructions) | 9 Employer (See Instructions | |
| CEO | | TENET EMPLOYMENT | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 03/15/2024 | GULCZEWSKI, VICTORIA J. | | \$10. |
| | Contributor address; City; State; Zip Code | | 1 |
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| | San Antonio, TX 78247-5419 | | |
| | upation / Job title (See Instructions) | Employer (See Instructions | , |
| CEO | | TENET EMPLOYMENT | INC |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 03/29/2024 | GULCZEWSKI, VICTORIA J. | | \$10. |
| | Contributor address; City; State; Zip Code | | 1 |
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| | San Antonio, TX 78247-5419 | | |
| - | upation / Job title (See Instructions) | Employer (See Instructions | |
| CEO | | TENET EMPLOYMENT | ` INC |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 04/12/2024 | GULCZEWSKI, VICTORIA J. | | \$10. |
| | Contributor address; City; State; Zip Code | | 1 |
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| | San Antonio, TX 78247-5419 | | |
| | upation / Job title (See Instructions) | Employer (See Instructions | |
| CEO | | TENET EMPLOYMENT | ` INC |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 04/26/2024 | GULCZEWSKI, VICTORIA J. | | \$10. |
| | Contributor address; City; State; Zip Code | | 1 |
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| | San Antonio, TX 78247-5419 | | l |
| Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions | s) |
| CEO | | TENET EMPLOYMENT | INC |
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| The Instru | iction Guide explains how to complete this f | form. | 1 Total pages Schedule A1: Sch: 95/229 Rpt: 98/240 |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Tenet Healt | hcare Corporation Political Action Committee | | 00082830 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) |
| 05/10/2024 | GULCZEWSKI, VICTORIA J. | | \$1,000.00 |
| | 6 Contributor address; City; State; Zip Code | | 1 |
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| | San Antonio, TX 78247-5419 | | |
| 8 Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instructions | s) |
| CEO | | TENET EMPLOYMENT | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 04/26/2024 | — | | \$250.00 |
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| | | | |
| | Fort Worth, TX 76109-1034 | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | б) |
| SVP, Chief | Managed Care Officer | Tenet Healthcare | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 01/05/2024 | HANDLEY, CHARLES | | \$5.00 |
| | Contributor address; City; State; Zip Code | | 1 |
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| | | | |
| | San Antonio, TX 78260-6420 | | |
| | upation / Job title (See Instructions) | Employer (See Instructions | |
| CFO, GROL | | TENET EMPLOYMENT | - |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 01/19/2024 | · | | \$5.00 |
| | Contributor address; City; State; Zip Code | | |
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| | San Antonio, TX 78260-6420 | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | c) |
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| | | | • |
| Date 02/02/2024 | |) | Amount of Contribution (\$) \$5.00 |
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| | Contributor address; City; State; Zip Code | | |
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| Principal occı | upation / Job title (See Instructions) | Employer (See Instructions | 1s) |
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| The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 96/229 Rpt: 99/240 |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Tenet Health | ncare Corporation Political Action Committee | | 00082830 |
| 4 Date | 5 Full name of contributor Out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) |
| 02/16/2024 | HANDLEY, CHARLES | | \$5.00 |
| | 6 Contributor address; City; State; Zip Code | | 1 |
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| | San Antonio, TX 78260-6420 | | |
| 8 Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instructions | <u> </u> s) |
| CFO, GROU | | TENET EMPLOYMENT | |
| Date | Full name of contributor out-of-state PAC (ID#: | <u> </u> | Amount of Contribution (\$) |
| 03/01/2024 | HANDLEY, CHARLES |) | \$5.00 |
| 00,01,202 | Contributor address; City; State; Zip Code | | |
| | Contributor address, City, State, Zip Code | | |
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| | San Antonio, TX 78260-6420 | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) |
| CFO, GROL | JP | TENET EMPLOYMENT | INC |
| Date | Full name of contributor out-of-state PAC (ID#:_ | <u> </u>) | Amount of Contribution (\$) |
| 03/15/2024 | HANDLEY, CHARLES | | \$5.00 |
| | Contributor address; City; State; Zip Code | | 1 |
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| | San Antonio, TX 78260-6420 | | |
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| CFO, GROL | JP | TENET EMPLOYMENT | INC |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 03/29/2024 | HANDLEY, CHARLES | | \$5.00 |
| | Contributor address; City; State; Zip Code | | 1 |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Tenet Health | ncare Corporation Political Action Committee | | 00082830 |
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| 05/24/2024 | HANDLEY, CHARLES | | \$5.00 |
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| CFO, GROU | JP | TENET EMPLOYMENT | - INC |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 06/07/2024 | HANDLEY, CHARLES | | \$5.00 |
| | Contributor address; City; State; Zip Code | | |
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| | San Antonio, TX 78260-6420 | | |
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| Date 06/21/2024 | Full name of contributor out-of-state PAC (ID#: HANDLEY, CHARLES |) | Amount of Contribution (\$) \$5.00 |
| 0012112027 | | | |
| | Contributor address; City; State; Zip Code | | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers | s) |
| Tenet Health | care Corporation Political Action Committee | | 00082830 | , |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| 01/05/2024 | HARARI, JACK | | \$10 | 0.00 |
| ľ | 6 Contributor address; City; State; Zip Code | | | |
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| | Fort Lauderdale, FL 33301-2537 | | | |
| | pation / Job title (See Instructions) | 9 Employer (See Instructions | | |
| СМО | | TENET HLTHSYSTEM | MED INC | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 01/19/2024 | HARARI, JACK | | \$10 | 0.00 |
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| | Fort Lauderdale, FL 33301-2537 | | | |
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| СМО | | TENET HLTHSYSTEM | MED INC | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 02/02/2024 | HARARI, JACK | | \$10 | 0.00 |
| | Contributor address; City; State; Zip Code | | | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filer | rs) |
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| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
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| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
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| | Contributor address; City; State; Zip Code | | | |
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| The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: Sch: 100/229 Rpt: 103/240 2 FILER NAME Tenet Healthcare Corporation Political Action Committee 000023830 000022830 4 Date 06/07/024 5 Full name of contributor | | | | |
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| 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date S Full name of contribution out-of-state PAC (DP: | The Instruc | ction Guide explains how to complete this f | orm. | |
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| CMO TENET HLTHSYSTEM MED INC Date Full name of contributor out-of-state PAC (IDE: Amount of Contribution (S) 06/21/2024 HARARI, JACK S10. Contributor address, City; State; Zip Code Fort Lauderdale, FL 33301-2537 Fincipal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) TENET HLTHSYSTEM MED INC Date Full name of contributor out-of-state PAC (IDE: Amount of Contribution (S) 01/05/2024 Full name of contributor out-of-state PAC (IDE: Amount of Contribution (S) 01/05/2024 Full name of contributor out-of-state PAC (IDE: Amount of Contribution (S) 01/05/2024 Full name of contributor out-of-state PAC (IDE: Amount of Contribution (S) 01/05/2024 Full name of contributor out-of-state PAC (IDE: Amount of Contribution (S) 01/19/2024 Full name of contributor out-of-state PAC (IDE: Amount of Contribution (S) 01/19/2024 Full name of contributor out-of-state PAC (IDE: Amount of Contribution (S) 01/19/2024 Full name of contributor out-of-state PAC (IDE: Amount of Contribution (S) 01/19/2024 <td></td> <td></td> <td></td> <td></td> | | | | |
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| Contributor address; City; State; Zip Code Fort Lauderdale, FL 33301-2537 Principal occupation / Job title (See Instructions) CMO Date 01/05/2024 HARRIS, SAMUEL G. Contributor address; City; State; Zip Code West Hollywood, CA 90046-6919 Principal occupation / Job title (See Instructions) DR. REG REIMBURSEMENT Date HARRIS, SAMUEL G. Contributor address; City; State; Zip Code West Hollywood, CA 90046-6919 Principal occupation / Job title (See Instructions) DIR, REG REIMBURSEMENT Date O1/19/2024 HARRIS, SAMUEL G. Contributor address; City; State; Zip Code West Hollywood, CA 90046-6919 Principal occupation / Job title (See Instructions) DIR, REG REIMBURSEMENT Principal occupation / Job title (See Instructions) DIR, REG REIMBURSEMENT Date Principal occupation / Job title (See Instructions) DIR, REG REIMBURSEMENT Direct HLTHSYSTEM MED INC Date O2/02/2024 Full name of contributor Out-of- | Date | |) | Amount of Contribution (\$) |
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| The Instruc | ction Guide explains how to complete this f | örm. | 1 Total pages Schedule A1: Sch: 101/229 Rpt: 104/240 | |
|-------------------|---|------------------------------|---|---------|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission File | ers) |
| | ncare Corporation Political Action Committee | | 00082830 | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| 02/16/2024 | HARRIS, SAMUEL G. | | \$ | \$10.00 |
| | 6 Contributor address; City; State; Zip Code | | | |
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| | West Hollywood, CA 90046-6919 | | | |
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| 03/01/2024 | HARRIS, SAMUEL G. | | \$ | \$10.00 |
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| 03/15/2024 | HARRIS, SAMUEL G. | | | \$10.00 |
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| 03/29/2024 | HARRIS, SAMUEL G. | | \$ | \$10.00 |
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| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 04/12/2024 | HARRIS, SAMUEL G. | | | \$10.00 |
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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 102/229 Rpt: 105/240 | | |
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| 2 FILER NAME Tenet Health | FILER NAME Tenet Healthcare Corporation Political Action Committee | | 3 Filer ID (Ethics Commission Filer 00082830 | rs) |
| 4 Date 04/26/2024 | Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | 10.00 |
| | West Hollywood, CA 90046-6919 | | | |
| | ipation / Job title (See Instructions) EIMBURSEMENT | 9 Employer (See Instructions TENET HLTHSYSTEM | | |
| Date 05/10/2024 | Full name of contributor out-of-state PAC (ID#: HARRIS, SAMUEL G. Contributor address; City; State; Zip Code West Hollywood, CA 90046-6919 |) | Amount of Contribution (\$) \$1 | 10.00 |
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| | Brentwood, TN 37027-2218 | | | |

| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 103/229 Rpt: 106/240 | | |
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| 2 FILER NAME | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filer | lers) |
| | ncare Corporation Political Action Committee | | 00082830 | - / |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| 01/05/2024 | HILL, STEPHEN | | | \$19.00 |
| | 6 Contributor address; City; State; Zip Code | | | |
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| | Harlingen, TX 78550-8307 | 1 | | |
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| 01/19/2024 | HILL, STEPHEN | | | \$19.00 |
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| Tenet Healttrace Corporation Political Action Committee 00082830 4 Date 03/15/2024 5 Full name of contributor HILL, STEPHEN act-ot-state PAC (ID#) 7 Amount of Contribution (\$) 6 Contributor address; City; State; Zip Code Harlingen, TX 78550-8307 9 Employer (See Instructions) TENET EMPLOYMENT INC 8 Principal occupation / Job title (See Instructions) CNO Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 9 Employer (See Instructions) CNO Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 03/29/2024 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 03/29/2024 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) 03/29/2024 Full name of contributor out-of-state PAC (ID#) Amount of Contribution (\$) Principal occupation / Job title (See Instructions) CNO Employer (See Instructions) TENET EMPLOYMENT INC Amount of Contribution (\$) O4/12/2024 Full name of contributor out-of-state PAC (ID# | The Instruction Guide explains how to complete this form. | | | | |
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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 105/229 Rpt: 108/240 | | |
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| 2 FILER NAME | 2 FILER NAME | | 3 Filer ID (Ethics Commission F | ilers) |
| Tenet Health | ncare Corporation Political Action Committee | | 00082830 | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) | |
| 05/24/2024 | HILL, STEPHEN | | | \$19.00 |
| | 6 Contributor address; City; State; Zip Code | | | |
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| | Harlingen, TX 78550-8307 | | | |
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| CNO | | TENET EMPLOYMENT | INC | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 06/07/2024 | HILL, STEPHEN | | | \$19.00 |
| | Contributor address; City; State; Zip Code | | | |
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| | Harlingen, TX 78550-8307 | | | |
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| CNO | | TENET EMPLOYMENT | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 06/21/2024 | HILL, STEPHEN | | | \$19.00 |
| | Contributor address; City; State; Zip Code | | | |
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| | Harlingen, TX 78550-8307 | 1 | | |
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| CNO | | TENET EMPLOYMENT | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 01/05/2024 | HOPPER, TASHA | | | \$19.00 |
| | Contributor address; City; State; Zip Code | | | |
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| | EL Daca, TX 70011 2601 | | | |
| Dringing Loogu | El Paso, TX 79911-3601 Ipation / Job title (See Instructions) | Employer (See Instruction | | |
| CEO | | Employer (See Instructions TENET EMPLOYMENT | | |
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| 01/19/2024 | HOPPER, TASHA | | | \$19.00 |
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| The Instru | ction Guide explains how to complete this f | form. | 1 Total pages Schedule A1: Sch: 106/229 Rpt: 109/240 | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission F | ilers) |
| | ncare Corporation Political Action Committee | | 00082830 | |
| 4 Date | 5 Full name of contributor Out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| 02/02/2024 | HOPPER, TASHA | | | \$19.00 |
| | 6 Contributor address; City; State; Zip Code | | • | |
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| | El Paso, TX 79911-3601 | | | |
| - | upation / Job title (See Instructions) | 9 Employer (See Instructions | | |
| CEO | | TENET EMPLOYMENT | ' INC | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 02/16/2024 | HOPPER, TASHA | | | \$19.00 |
| | Contributor address; City; State; Zip Code | | 1 | |
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| | El Paso, TX 79911-3601 | 1 | | |
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| CEO | | TENET EMPLOYMENT | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 03/01/2024 | HOPPER, TASHA | | | \$19.00 |
| | Contributor address; City; State; Zip Code | | | |
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| | El Paso, TX 79911-3601 | | | |
| Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions | ~\ | |
| CEO | | TENET EMPLOYMENT | | |
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| CEO | | TENET EMPLOYMENT | | |
| Date | Full name of contributor out-of-state PAC (ID#:_ | <u> </u>) | Amount of Contribution (\$) | |
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| | El Paso, TX 79911-3601 | | | |
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| CEO | | TENET EMPLOYMENT | - INC | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Fi | ilers) |
| | hcare Corporation Political Action Committee | | 00082830 | . |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| 04/12/2024 | HOPPER, TASHA | | | \$19.00 |
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| | El Paso, TX 79911-3601 | | | |
| 8 Principal occu | ipation / Job title (See Instructions) | 9 Employer (See Instructions | s) | |
| CEO | | TENET EMPLOYMENT | INC | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 04/26/2024 | HOPPER, TASHA | | | \$19.00 |
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| CEO | | TENET EMPLOYMENT | INC | |
| Date | Full name of contributor out-of-state PAC (ID#: | <u> </u> | Amount of Contribution (\$) | |
| 05/10/2024 | HOPPER, TASHA | | | \$19.00 |
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| | El Paso, TX 79911-3601 | | | |
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| CEO | | TENET EMPLOYMENT | INC | |
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| 05/24/2024 | HOPPER, TASHA | | | \$19.00 |
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| | El Paso, TX 79911-3601 | | | |
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| CEO | | TENET EMPLOYMENT | - INC | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 06/07/2024 | HOPPER, TASHA | | | \$19.00 |
| | Contributor address; City; State; Zip Code | | 1 | |
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| | El Paso, TX 79911-3601 | | | |
| | upation / Job title (See Instructions) | Employer (See Instructions | | |
| CEO | | TENET EMPLOYMENT | . INC | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Tenet Healt | hcare Corporation Political Action Committee | | 00082830 |
| 4 Date 06/21/2024 | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) |
| 00/21/2024 | | | \$19.00 |
| | 6 Contributor address; City; State; Zip Code | | |
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| 8 Principal occu CEO | upation / Job title (See Instructions) | 9 Employer (See Instructions TENET EMPLOYMENT | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 05/10/2024 | | | \$250.00 |
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| | Atlanta, GA 30339-5640 | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | s) |
| Director, Fin | n Phys Practice | Tenet Healthcare | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 01/05/2024 | HOSKIN, PATRICIA J. | | \$57.72 |
| | Contributor address; City; State; Zip Code | | 1 |
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| | Harsens Island, MI 48028-9548 | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | s) |
| CEO | | TENET HLTHSYSTEM | MED INC |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 01/19/2024 | HOSKIN, PATRICIA J. | | \$57.72 |
| | Contributor address; City; State; Zip Code | | 1 |
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| | Harsens Island, MI 48028-9548 | | |
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| CEO | • | TENET HLTHSYSTEM | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 02/02/2024 | | | \$57.72 |
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| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | s) |
| CEO | | TENET HLTHSYSTEM | MED INC |
| CEO | | TENET HLTHSYSTEM | MED INC |

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| 4 Date 02/16/2024 | 5 Full name of contributor Out-of-state PAC (ID#:_ HOSKIN, PATRICIA J. | | Amount of Contribution (\$) \$57.7 |
| | 6 Contributor address; City; State; Zip Code | | |
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| 03/15/2024 | HOSKIN, PATRICIA J. | | \$57.7 |
| | Contributor address; City; State; Zip Code | | |
| | Harsens Island, MI 48028-9548 | | |
| Principal occu CEO | upation / Job title (See Instructions) | Employer (See Instructions TENET HLTHSYSTEM | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 03/29/2024 | HOSKIN, PATRICIA J. | | \$57.7 |
| | Contributor address; City; State; Zip Code | | |
| | Harsens Island, MI 48028-9548 | | |
| Principal occu CEO | upation / Job title (See Instructions) | Employer (See Instructions TENET HLTHSYSTEM | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 04/12/2024 | HOSKIN, PATRICIA J. | | \$57.7 |
| | Contributor address; City; State; Zip Code | | |
| | Harsens Island, MI 48028-9548 | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | s) |
| CEO | | TENET HLTHSYSTEM | MED INC |
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| The Instru | ction Guide explains how to complete this fo | orm. | 1 Total pages Schedule A1: Sch: 110/229 Rpt: 113/240 | |
|-------------------------|--|--|---|-------|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers | s) |
| Tenet Health | ncare Corporation Political Action Committee | | 00082830 | |
| 4 Date 04/26/2024 | 5 Full name of contributor out-of-state PAC (ID#: HOSKIN, PATRICIA J. |) | 7 Amount of Contribution (\$) \$5 | 57.72 |
| | 6 Contributor address; City; State; Zip Code | | | • |
| | Harsens Island, MI 48028-9548 | | | |
| 8 Principal occu CEO | ipation / Job title (See Instructions) | 9 Employer (See Instructions TENET HLTHSYSTEM I | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 05/10/2024 | HOSKIN, PATRICIA J. | | | 57.72 |
| | Contributor address; City; State; Zip Code | | | |
| · | Harsens Island, MI 48028-9548 | | | |
| Principal occu CEO | ipation / Job title (See Instructions) | Employer (See Instructions TENET HLTHSYSTEM I | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 05/24/2024 | HOSKIN, PATRICIA J. | | | 57.72 |
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| | Harsens Island, MI 48028-9548 | | | |
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| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 06/07/2024 | HOSKIN, PATRICIA J. | | \$5 | 57.72 |
| | Contributor address; City; State; Zip Code | | | |
| | Harsens Island, MI 48028-9548 | | | |
| Principal occu CEO | ipation / Job title (See Instructions) | Employer (See Instructions TENET HLTHSYSTEM | | |
| | Full name of contributor out-of-state PAC (ID#: | | Amount of Contribution (\$) | 57.72 |
| Date 06/21/2024 | HOSKIN, PATRICIA J. | | \$5 | |
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| | HOSKIN, PATRICIA J. | | \$5 | |
| 06/21/2024 | HOSKIN, PATRICIA J. Contributor address; City; State; Zip Code | Employer (See Instructions | | |

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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Tenet Health | hcare Corporation Political Action Committee | | 00082830 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) |
| 01/19/2024 | HUTCHINSON, SUSAN | | \$1,000.00 |
| | 6 Contributor address; City; State; Zip Code | | 1 |
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| | Dallas, TX 75254-2916 | | |
| 8 Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instructions | <u> </u> s) |
| VP, ASST G | SENERAL COUNSEL | Tenet Healthcare | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 01/05/2024 | Harris, Darlene | | \$39.00 |
| | Contributor address; City; State; Zip Code | | |
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| Drippingl oppu | Dallas, TX 75254-2916 | | |
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| VP, AUDIT S | 3VCS | TENET HLTHSYSTEM | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 02/02/2024 | Harris, Darlene | | \$39.00 |
| | Contributor address; City; State; Zip Code | | |
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| | Dallas, TX 75254-2916 | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | s) |
| VP, AUDIT S | 3VCS | TENET HLTHSYSTEM | MED INC |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 02/16/2024 | Harris, Darlene | | \$39.00 |
| | Contributor address; City; State; Zip Code | | |
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| | Dallas, TX 75254-2916 | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | s) |
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| Tenet Healtheater Corporation Political Action Committee 00082830 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$) 03/01/2024 6 Contributor address; City; State; Zip Code 00082830 Dallas, TX 75254-2916 Dallas, TX 75254-2916 00082830 | |
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| 2 FILER NAME Tenet Healtho | care Corporation Political Action Committee | | 3 Filer ID (Ethics Commission File 00082830 | ərs) |
| 4 Date 05/10/2024 | 5 Full name of contributor Out-of-state PAC (ID#:_ Harris, Darlene |) | 7 Amount of Contribution (\$) | \$39.00 |
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| | care Corporation Political Action Committee | | 00082830 | |
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| 01/05/2024 | JENKINS, CHRISTOPHER M. | | | \$10.00 |
| ľ | 6 Contributor address; City; State; Zip Code | | 1 | |
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| | Cordova, TN 38018-7761 | | | |
| 8 Principal occup | pation / Job title (See Instructions) | 9 Employer (See Instructions | s) | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Tenet Health | ncare Corporation Political Action Committee | | 00082830 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) |
| 04/12/2024 | KATZ, DAVID | | \$19.00 |
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| DIR, GOVT F | RELATIONS | TENET HLTHSYSTEM | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 04/26/2024 | KATZ, DAVID | | \$250.00 |
| | Contributor address; City; State; Zip Code | | |
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| | Grosse Pointe, MI 48230-1501 | | |
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| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 01/05/2024 | KESMAN, J. PAIGE | | \$10.00 |
| | Contributor address; City; State; Zip Code | | · • |
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| | | | |
| | Dallas, TX 75254-2916 | | |
| | pation / Job title (See Instructions) | Employer (See Instructions | |
| VP, ASST G | ENERAL COUNSEL | TENET EMPLOYMENT | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 01/19/2024 | KESMAN, J. PAIGE | | \$10.00 |
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| 02/02/2024 | KESMAN, J. PAIGE | | \$10.00 |
| | Contributor address; City; State; Zip Code | | |
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| | Dallas, TX 75254-2916 | | |
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| 2 FILER NAME Tenet Health | ncare Corporation Political Action Committee | | 3 Filer ID (Ethics Commission Filer 00082830 | rs) |
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| | 6 Contributor address; City; State; Zip Code Dallas, TX 75254-2916 | | | |
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| 06/07/2024 | KESMAN, J. PAIGE | | \$1 | \$10.00 |
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| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission File | ers) |
| Tenet Health | hcare Corporation Political Action Committee | | 00082830 | |
| 4 Date 05/24/2024 | 5 Full name of contributor out-of-state PAC (ID#: KOVACS, TINA |) | 7 Amount of Contribution (\$) \$ | 519.00 |
| | 6 Contributor address; City; State; Zip Code | | | |
| | Bartlett, TN 38133-4003 | | | |
| • | upation / Job title (See Instructions) | 9 Employer (See Instructions | | |
| CFO (POOL | .) | TENET HLTHSYSTEM | MED INC | |
| Date | Full name of contributor out-of-state PAC (ID#: | ·) | Amount of Contribution (\$) | |
| 06/07/2024 | KOVACS, TINA | | \$ | 519.00 |
| | Contributor address; City; State; Zip Code | | • | |
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| | Bartlett, TN 38133-4003 | | | |
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| CFO (POOL | | TENET HLTHSYSTEM | | |
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| | Contributor address; City; State; Zip Code | | | |
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| | Bartlett, TN 38133-4003 | 1 | | |
| | upation / Job title (See Instructions) | Employer (See Instructions | | |
| CFO (POOL | .) | TENET HLTHSYSTEM | | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 01/05/2024 | KRETZSCHMAR, NORMA | | \$ | 519.00 |
| | Contributor address; City; State; Zip Code | | 1 | |
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| | Dallas, TX 75254-2916 | | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | s) | |
| VP, FIN HO | SP OPS & INTEG | TENET EMPLOYMENT | T INC | |
| Date | Full name of contributor Out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 01/19/2024 | KRETZSCHMAR, NORMA | | | 19.00 |
| v= , = | Contributor address; City; State; Zip Code | | · | |
| | Continuation address, City, State, Zip Code | | | |
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| | Dallas, TX 75254-2916 | | | |
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| VP, FIN HO | SP OPS & INTEG | TENET EMPLOYMENT | INC | |
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| The Instruction Guide exp | plains how to complete this f | orm. | 1 Total pages Schedule A1: | |
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| 2 FILER NAME | | | Sch: 124/229 Rpt: 127/240 3 Filer ID (Ethics Commission I | Tilore) |
| Tenet Healthcare Corporation | Political Action Committee | | 00082830 | riiers) |
| 4 Date 5 Full name of cor | |) | 7 Amount of Contribution (\$) | |
| 02/02/2024 KRETZSCHM | | | | \$19.00 |
| | ress; City; State; Zip Code | | | |
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| Dallas, TX 752 | | | \ | |
| 8 Principal occupation / Job title (See VP, FIN HOSP OPS & INTEG | e Instructions) | 9 Employer (See Instructions TENET EMPLOYMENT | | |
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| Date Full name of cor | |) | Amount of Contribution (\$) | *10.00 |
| 02/16/2024 KRETZSCHM | | | | \$19.00 |
| Contributor add | ress; City; State; Zip Code | | | |
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| Dallas, TX 752 | 254-2916 | | | |
| Principal occupation / Job title (See | | Employer (See Instructions | <u> </u> s) | |
| VP, FIN HOSP OPS & INTEG | | TENET EMPLOYMENT | | |
| Date Full name of cor | ntributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
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| Dallas, TX 752 | 254-2916 | | | |
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| Principal occupation / Job title (See VP, FIN HOSP OPS & INTEG | e Instructions) | Employer (See Instructions TENET EMPLOYMENT | , | |
| VP, FIN HOSP OPS & INTEG Date Full name of cor | ntributor out-of-state PAC (ID#:_ | TENET EMPLOYMENT | , | |
| VP, FIN HOSP OPS & INTEG Date Full name of cor 03/15/2024 KRETZSCHM | ntributor out-of-state PAC (ID#:_ AR, NORMA | TENET EMPLOYMENT | | \$19.00 |
| VP, FIN HOSP OPS & INTEG Date Full name of cor 03/15/2024 KRETZSCHM | ntributor out-of-state PAC (ID#: AR, NORMA | TENET EMPLOYMENT | | \$19.00 |
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| VP, FIN HOSP OPS & INTEG Date Date Full name of cor 03/15/2024 KRETZSCHM Contributor add Dallas, TX 752 | ntributor out-of-state PAC (ID#:_ AR, NORMA ress; City; State; Zip Code 254-2916 | TENET EMPLOYMENT | s) | \$19.00 |
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| The Instruc | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 125/229 Rpt: 128/240 | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission | Filers) |
| Tenet Health | care Corporation Political Action Committee | | 00082830 | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| 04/12/2024 | KRETZSCHMAR, NORMA | | | \$19.00 |
| l İ. | 6 Contributor address; City; State; Zip Code | | | |
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| | Dallas, TX 75254-2916 | | | |
| | pation / Job title (See Instructions) | 9 Employer (See Instructions | | |
| VP, FIN HOS | SP OPS & INTEG | TENET EMPLOYMENT | TINC | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 04/26/2024 | KRETZSCHMAR, NORMA | | | \$19.00 |
| | Contributor address; City; State; Zip Code | | | |
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| | Dallas, TX 75254-2916 | t | | |
| | pation / Job title (See Instructions) | Employer (See Instructions | | |
| VP, FIN HOS | SP OPS & INTEG | TENET EMPLOYMENT | TINC | |
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| 05/10/2024 | KRETZSCHMAR, NORMA | | | \$19.00 |
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| | Dallas, TX 75254-2916 | <u> </u> | | |
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| 06/07/2024 | KRETZSCHMAR, NORMA | | | \$19.00 |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Tenet Health | hcare Corporation Political Action Committee | | 00082830 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) |
| 06/21/2024 | KRETZSCHMAR, NORMA | | \$19.00 |
| | 6 Contributor address; City; State; Zip Code | | |
| | Dallas, TX 75254-2916 | | |
| 8 Principal occu | ipation / Job title (See Instructions) | 9 Employer (See Instructions | s) |
| VP, FIN HOS | SP OPS & INTEG | TENET EMPLOYMENT | · INC |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 01/05/2024 | LAKTASH, VALERIE D. | | \$10.00 |
| | Contributor address; City; State; Zip Code | | 1 |
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| | Anaheim, CA 92807-3046 | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | δ) |
| DIR, PLANT | OPERATIONS | PLACENTIA-LINDA HO | SP INC |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 01/19/2024 | LAKTASH, VALERIE D. | | \$10.00 |
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| DIR, PLANT | OPERATIONS | PLACENTIA-LINDA HO | SP INC |
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| 02/02/2024 | LAKTASH, VALERIE D. | | \$10.00 |
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| | Anaheim, CA 92807-3046 | | |
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| 02/16/2024 | LAKTASH, VALERIE D. | | \$10.00 |
| | Contributor address; City; State; Zip Code | | • |
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| | Anaheim, CA 92807-3046 | | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission File | ers) |
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| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| 03/01/2024 | LAKTASH, VALERIE D. | | 5 | \$10.00 |
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| DIR, PLANT | OPERATIONS | PLACENTIA-LINDA HO | SP INC | |
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| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 03/27/2024 | LAKTASH, VALERIE D. | | [| \$10.00 |
| | Contributor address; City; State; Zip Code | | | |
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| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 01/05/2024 | LAVIS, BRITTANY | | 5 | \$19.00 |
| | Contributor address; City; State; Zip Code | | 1 | |
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| | Detroit, MI 48201-2018 | 1 | <u> </u> | |
| | pation / Job title (See Instructions) | Employer (See Instructions | | |
| CEO, GROU | ۲ | TENET HLTHSYSTEM | | |
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| 2 FILER NAME | E thcare Corporation Political Action Committee | | Sch: 128/229 Rpt: 131/240 3 Filer ID (Ethics Commission Filers) 00082830 |
| 4 Date 01/19/2024 | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) \$19.0 |
| | Detroit, MI 48201-2018 | | |
| 8 Principal occu CEO, GROU | upation / Job title (See Instructions) UP | 9 Employer (See Instructions TENET HLTHSYSTEM | |
| Date 02/02/2024 | Full name of contributor out-of-state PAC (ID#: LAVIS, BRITTANY Contributor address; City; State; Zip Code Detroit, MI 48201-2018 |) | Amount of Contribution (\$) \$19.0 |
| Principal occu CEO, GROI | upation / Job title (See Instructions) | Employer (See Instructions TENET HLTHSYSTEM | |
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| | Detroit, MI 48201-2018 | | |
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| 4 Date 03/29/2024 | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) \$19. |
| | Detroit, MI 48201-2018 | | Į |
| 8 Principal occu CEO, GROU | upation / Job title (See Instructions) UP | 9 Employer (See Instructions TENET HLTHSYSTEM | |
| Date 04/12/2024 | Contributor address; City; State; Zip Code |) | Amount of Contribution (\$) \$19. |
| Principal occi | Detroit, MI 48201-2018 upation / Job title (See Instructions) | Employer (See Instructions | 3) |
| CEO, GROL | | TENET HLTHSYSTEM | , |
| Date 04/26/2024 | Full name of contributor out-of-state PAC (ID#: LAVIS, BRITTANY | | Amount of Contribution (\$) \$19. |
| | Detroit, MI 48201-2018 | | |
| Principal occu CEO, GROU | upation / Job title (See Instructions) UP | Employer (See Instructions TENET HLTHSYSTEM | |
| Date 05/10/2024 | Full name of contributor out-of-state PAC (ID#: LAVIS, BRITTANY Contributor address; City; State; Zip Code | | Amount of Contribution (\$) \$19. |
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| 2 FILER NAME Tenet Health | care Corporation Political Action Committee | | 3 Filer ID (Ethics Commission Fi 00082830 | ilers) |
| 06/07/2024 | 5 Full name of contributor out-of-state PAC (ID#:_ LAVIS, BRITTANY |) | 7 Amount of Contribution (\$) | \$19.00 |
| | 6 Contributor address; City; State; Zip Code Detroit, MI 48201-2018 | | | |
| 8 Principal occup CEO, GROUI | pation / Job title (See Instructions) P | 9 Employer (See Instructions TENET HLTHSYSTEM | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 06/21/2024 | | / | Amount of Contribution (+) | \$19.00 |
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| CEO, GROU | P | TENET HLTHSYSTEM | MED INC | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 01/12/2024 | LAWLOR, GERARD F. | | | \$10.00 |
| | Contributor address; City; State; Zip Code | | | |
| | 2 | | | |
| | Goodyear, AZ 85395-2635 | | | |
| Principal occup DIR, NURSIN | pation / Job title (See Instructions) | Employer (See Instructions | | |
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| DIR, NURSIN | Dation / Job title (See Instructions) NG Full name of contributor out-of-state PAC (ID#:_ | | W PHX | \$10.00 |
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| DIR, NURSIN Date 01/26/2024 | Contributor address; City; State; Zip Code Goodyear, AZ 85395-2635 Dation / Job title (See Instructions) | | W PHX Amount of Contribution (\$) | \$10.00 |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission F | ilers) |
| | care Corporation Political Action Committee | | 00082830 | nore, |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| 02/23/2024 | LAWLOR, GERARD F. | | | \$10.00 |
| | 6 Contributor address; City; State; Zip Code | | • | |
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| | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | |
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| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 03/08/2024 | LAWLOR, GERARD F. | | | \$10.00 |
| | Contributor address; City; State; Zip Code | | | |
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| | Goodyear, AZ 85395-2635 | | | |
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| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 03/22/2024 | LAWLOR, GERARD F. | | | \$10.00 |
| | Contributor address; City; State; Zip Code | | | - |
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| | Goodyear, AZ 85395-2635 | | | |
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| 04/05/2024 | LAWLOR, GERARD F. |) | (1) | \$10.00 |
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| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 04/19/2024 | LAWLOR, GERARD F. |) | | \$10.00 |
| 04/13/2024 | | | | φ10.00 |
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| The Instruc | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 132/229 Rpt: 135/240 | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission F | -ilers) |
| | care Corporation Political Action Committee | | 00082830 | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| 05/03/2024 | LAWLOR, GERARD F. | | | \$10.00 |
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| DIR, NURSIN | | HOSPITAL DEVLP OF | | |
| Date | Full name of contributor out-of-state PAC (ID#: | | Amount of Contribution (\$) | |
| 05/31/2024 | LAWLOR, GERARD F. | / | | \$10.00 |
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| DIR, NURSIN | | HOSPITAL DEVLP OF | , | |
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| 06/14/2024 | LAWLOR, GERARD F. | , | | \$10.00 |
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| | Contributor address; City; State; Zip Code | | | |
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| DIR, NURSIN | | HOSPITAL DEVLP OF | | |
| Date | Full name of contributor out-of-state PAC (ID#: | | Amount of Contribution (\$) | |
| 06/28/2024 | LAWLOR, GERARD F. | , | | \$10.00 |
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| | Contributor address; City; State; Zip Code | | | |
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| 2 FILER NAME | | | 3 | Filer ID (Ethics Commission I | Filers) |
| | care Corporation Political Action Committee | | | 00082830 | |
| | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | _ |
| 01/05/2024 | LEMAISTRE, COLLIN | ! | | | \$96.00 |
| | 6 Contributor address; City; State; Zip Code | | | | |
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| | Marietta, GA 30068-4809 | 1 | | | |
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| 2 FILER NAME | | | 3 | Filer ID (Ethics Commission | Filers) |
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| 4 Date ! | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| 03/15/2024 | LEMAISTRE, COLLIN | | | | \$96.00 |
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| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| 05/24/2024 | LEMAISTRE, COLLIN | | \$9 | 96.00 |
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| | Marietta, GA 30068-4809 | | | |
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| | Boca Raton, FL 33431 | | | |
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| 02/02/2024 | LETTERS, LESLIE | | \$39 | 9.00 |
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| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) | |
| 01/12/2024 | LEWIS, BRIAN K. | | 4 | \$10.00 |
| ľ | 6 Contributor address; City; State; Zip Code | | 1 | |
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| | pation / Job title (See Instructions) | 9 Employer (See Instructions | , | |
| DIR, REIMBL | JRSEMENT | VHS ACQN SUBSIDRY | ′ #8 INC | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 01/26/2024 | LEWIS, BRIAN K. | | 4 | \$10.00 |
| ľ | Contributor address; City; State; Zip Code | | | |
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| | Phoenix, AZ 85021-1660 | | | |
| | pation / Job title (See Instructions) | Employer (See Instructions | | |
| DIR, REIMBU | JRSEMENT | VHS ACQN SUBSIDRY | ′ #8 INC | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 02/09/2024 | LEWIS, BRIAN K. | | 4 | \$10.00 |
| ľ | Contributor address; City; State; Zip Code | | 1 | |
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| | Phoenix, AZ 85021-1660 | | | |
| | pation / Job title (See Instructions) | Employer (See Instructions | | |
| DIR, REIMBL | JRSEMENT | VHS ACQN SUBSIDRY | ′ #8 INC | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 02/23/2024 | LEWIS, BRIAN K. | | \$ | \$10.00 |
| ľ | Contributor address; City; State; Zip Code | | 1 | |
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| | Phoenix, AZ 85021-1660 | i | | |
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| DIR, REIMBL | JRSEMENT | VHS ACQN SUBSIDRY | ′ #8 INC | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 03/08/2024 | LEWIS, BRIAN K. | | \$ | \$10.00 |
| | Contributor address; City; State; Zip Code | |] | |
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| | Phoenix, AZ 85021-1660 | 1 | | |
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| DIR, REIMBL | JRSEMENT | VHS ACQN SUBSIDRY | ′ #8 INC | |
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| The Instruc | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 138/229 Rpt: 141/240 | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission File | ers) |
| | ncare Corporation Political Action Committee | | 00082830 | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| 03/22/2024 | LEWIS, BRIAN K. | l | \$ | \$10.00 |
| ľ | 6 Contributor address; City; State; Zip Code | | | |
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| | Phoenix, AZ 85021-1660 | | | |
| | pation / Job title (See Instructions) | 9 Employer (See Instructions | , | |
| DIR, REIMBL | JRSEMENT | VHS ACQN SUBSIDRY | ′ #8 INC | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 04/05/2024 | LEWIS, BRIAN K. | I | \$ | \$10.00 |
| ľ | Contributor address; City; State; Zip Code | | | |
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| | Phoenix, AZ 85021-1660 | | | |
| | pation / Job title (See Instructions) | Employer (See Instructions | | |
| DIR, REIMBU | JRSEMENT | VHS ACQN SUBSIDRY | ′ #8 INC | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 04/19/2024 | LEWIS, BRIAN K. | I | \$ | \$10.00 |
| ľ | Contributor address; City; State; Zip Code | | 1 | |
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| | Phoenix, AZ 85021-1660 | | | |
| | pation / Job title (See Instructions) | Employer (See Instructions | | |
| DIR, REIMBU | JRSEMENT | VHS ACQN SUBSIDRY | ′ #8 INC | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 05/03/2024 | LEWIS, BRIAN K. | I | \$ | \$10.00 |
| ľ | Contributor address; City; State; Zip Code | | 1 | |
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| | Phoenix, AZ 85021-1660 | | | |
| | pation / Job title (See Instructions) | Employer (See Instructions | | |
| DIR, REIMBL | JRSEMENT | VHS ACQN SUBSIDRY | ′ #8 INC | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 05/17/2024 | LEWIS, BRIAN K. | I | \$ | \$10.00 |
| ľ | Contributor address; City; State; Zip Code | | 1 | |
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| | Phoenix, AZ 85021-1660 | I | | |
| Principal occur | pation / Job title (See Instructions) | Employer (See Instructions | s) | |
| DIR, REIMBU | JRSEMENT | VHS ACQN SUBSIDRY | / #8 INC | |
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| The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 139/229 Rpt: 142/240 |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| | ncare Corporation Political Action Committee | | 00082830 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) |
| 05/31/2024 | LEWIS, BRIAN K. | | \$10.00 |
| | 6 Contributor address; City; State; Zip Code | | 1 |
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| 0 Dringingloogu | Phoenix, AZ 85021-1660 | Employer (See Instruction) | |
| | upation / Job title (See Instructions) URSEMENT | 9 Employer (See Instructions VHS ACQN SUBSIDRY | |
| | | - | 1 |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 06/14/2024 | LEWIS, BRIAN K. | | \$10.00 |
| | Contributor address; City; State; Zip Code | | |
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| | Phoenix, AZ 85021-1660 | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | s) |
| - | URSEMENT | VHS ACQN SUBSIDRY | |
| Date | Full name of contributor Out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 06/28/2024 | LEWIS, BRIAN K. | | \$10.00 |
| | Contributor address; City; State; Zip Code | | 4 |
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| | Phoenix, AZ 85021-1660 | | |
| | ipation / Job title (See Instructions) | Employer (See Instructions | |
| DIR, REIMB | URSEMENT | VHS ACQN SUBSIDRY | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 01/05/2024 | LISA, MARK | | \$39.00 |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | Paso Robles, CA 93446-4845 | | |
| Principal occu | I upation / Job title (See Instructions) | Employer (See Instructions | <u> </u> s) |
| MARKET CE | EO | TENET HLTHSYSTEM | MED INC |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 01/19/2024 | LISA, MARK | | \$39.00 |
| | Contributor address; City; State; Zip Code | | · |
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| | Paso Robles, CA 93446-4845 | | |
| - | upation / Job title (See Instructions) | Employer (See Instructions | |
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| The Instru | iction Guide explains how to complete this f | form. | 1 Total pages Schedule A1: Sch: 140/229 Rpt: 143/240 |
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| 2 FILER NAME Tenet Health | hcare Corporation Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00082830 |
| 4 Date 02/02/2024 | - 1 | | 7 Amount of Contribution (\$)\$39. |
| | 6 Contributor address; City; State; Zip Code Paso Robles, CA 93446-4845 | | |
| 8 Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instructions | <u> </u> |
| MARKET C | | TENET HLTHSYSTEM | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 02/16/2024 | LISA, MARK | | \$39. |
| | Contributor address; City; State; Zip Code | | |
| | Paso Robles, CA 93446-4845 | | |
| | upation / Job title (See Instructions) | Employer (See Instructions | s) |
| MARKET CE | EO | TENET HLTHSYSTEM | MED INC |
| Date | |) | Amount of Contribution (\$) |
| 03/01/2024 | | | \$39. |
| | Contributor address; City; State; Zip Code Paso Robles, CA 93446-4845 | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | s) |
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| Date | Full name of contributor out-of-state PAC (ID#: | ······································ | Amount of Contribution (\$) |
| 03/15/2024 | LISA, MARK | | \$39. |
| | Contributor address; City; State; Zip Code | | |
| | Paso Robles, CA 93446-4845 | | |
| Principal occu MARKET CE | upation / Job title (See Instructions) EO | Employer (See Instructions TENET HLTHSYSTEM | |
| Date 03/29/2024 | Full name of contributor out-of-state PAC (ID#: LISA, MARK |) | Amount of Contribution (\$) |
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| | ILER NAME enet Health | ncare Corporation Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00082830 |
| 4 Da | ate | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) |
| 04 | 4/01/2024 | LISA, MARK | | \$39.00 |
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| | | Paso Robles, CA 93446-4845 | | |
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| Da | ate | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 01 | 1/05/2024 | LISTI, DANIEL A. | | \$39.00 |
| | | Contributor address; City; State; Zip Code | , | 1 |
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| | | Harlingen, TX 78550-8307 | | |
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| CE | EO | | TENET HLTHSYSTEM | MED INC |
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| 01 | 1/19/2024 | LISTI, DANIEL A. | | \$39.00 |
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| 02 | 2/02/2024 | LISTI, DANIEL A. | | \$39.00 |
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| 02 | 2/16/2024 | LISTI, DANIEL A. | | \$39.00 |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission F | ilers) |
| Tenet Health | hcare Corporation Political Action Committee | | 00082830 | |
| 4 Date 03/01/2024 | 5 Full name of contributor out-of-state PAC (ID#: LISTI, DANIEL A. |) | 7 Amount of Contribution (\$) | \$39.00 |
| | 6 Contributor address; City; State; Zip Code | | • | |
| | Harlingen, TX 78550-8307 | | | |
| 8 Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | |
| CEO | | TENET HLTHSYSTEM | MED INC | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 03/15/2024 | LISTI, DANIEL A. | | | \$39.00 |
| | Contributor address; City; State; Zip Code | | | |
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| | Harlingen, TX 78550-8307 | | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | 5) | |
| CEO | | TENET HLTHSYSTEM | MED INC | |
| Date | Full name of contributor Out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 03/29/2024 | LISTI, DANIEL A. | | ••• | \$39.00 |
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| | Harlingen, TX 78550-8307 | | | |
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| CEO | | TENET HLTHSYSTEM | MED INC | |
| Date | Full name of contributor Out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 04/12/2024 | LISTI, DANIEL A. | | | \$39.00 |
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| CEO | | TENET HLTHSYSTEM | MED INC | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 04/26/2024 | | | | \$500.00 |
| | Contributor address; City; State; Zip Code | | | + |
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| | Duncanville, TX 75116-2018 | | | |
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| The Instruc | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 143/229 Rpt: 146/240 |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Tenet Health | ncare Corporation Political Action Committee | | 00082830 |
| 4 Date | 5 Full name of contributor Out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) |
| 05/10/2024 | LUDWIG, PHILIPP N. | | \$1,001.0 |
| | 6 Contributor address; City; State; Zip Code | | 4 |
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| | | | |
| | Phoenix, AZ 85018-4083 | | |
| 8 Principal occu | ipation / Job title (See Instructions) | 9 Employer (See Instructions | s) |
| SR DIR, PH | Y PRACTICE OPS | TENET PHYSICIAN RE | ESOURCE |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 01/05/2024 | Lalla-Reddy, Sujata | | \$96.0 |
| | Contributor address; City; State; Zip Code | | · |
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| | Dallas, TX 75254-2916 | | |
| Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions | s) |
| CMO, HEAL | TH PLANS | TENET HEALTHCARE | CORPORATION |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 01/19/2024 | Lalla-Reddy, Sujata | | \$96.0 |
| | Contributor address; City; State; Zip Code | | |
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| | Dallas, TX 75254-2916 | | |
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| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 02/02/2024 | Lalla-Reddy, Sujata | | \$96.0 |
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| 02/16/2024 | Lalla-Reddy, Sujata | | \$96.0 |
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| | Dallas, TX 75254-2916 | | |
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| 03/01/2024 Lalla-Reddy, Sujata \$3 6 Contributor address; City; State; Zip Code Dallas, TX 75254-2916 \$1 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) TENET HEALTHCARE CORPORATION Date Full name of contributor out-of-state PAC (ID#: | Tenet Health | hcare Corporation Political Action Committee | , | | |
| 03/01/2024 Lalla-Reddy, Sujata \$3 6 Contributor address; City, State; Zip Code Dallas, TX 75254-2916 \$1 8 Principal occupation / Job title (See Instructions) \$1 Employer (See Instructions) TENET HEALTHCARE CORPORATION Date Full name of contributor out-of-stae PAC (ID:::::::::::::::::::::::::::::::::::: | 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| Ballas, TX 75254-2916 Principal occupation / Job title (See Instructions) CMO, HEALTH PLANS P Employer (See Instructions) TENET HEALTHCARE CORPORATION Date Full name of contributor out-of-state PAC (ID#: | 03/01/2024 | | | | 96.00 |
| B Principal occupation / Job title (See Instructions) CMO, HEALTH PLANS 9 Employer (See Instructions) TENET HEALTHCARE CORPORATION Date Full name of contributor out-of-state PAC (ID#: | | 6 Contributor address; City; State; Zip Code | | • | |
| 8 Principal occupation / Job title (See Instructions) CMO, HEALTH PLANS 9 Employer (See Instructions) TENET HEALTHCARE CORPORATION Date 03/15/2024 Full name of contributor Lalla-Reddy, Sujata out-of-state PAC (ID#:) Amount of Contribution (\$) O3/15/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) O3/15/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Oate Dallas, TX 75254-2916 Employer (See Instructions) TENET HEALTHCARE CORPORATION Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 03/29/2024 Lalla-Reddy, Sujata Contributor address; City; State; Zip Code Amount of Contribution (\$) Oate Dallas, TX 75254-2916 Employer (See Instructions) TENET HEALTHCARE CORPORATION \$3 O3/29/2024 Lalla-Reddy, Sujata Employer (See Instructions) TENET HEALTHCARE CORPORATION \$3 CMO, HEALTH PLANS TENET HEALTHCARE CORPORATION \$3 Date Full name of contributor out-of-state PAC (ID#: | | | , | | |
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| The Instruc | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 145/229 Rpt: 148/240 | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers | s) |
| Tenet Health | care Corporation Political Action Committee | | 00082830 | |
| 06/21/2024 | 5 Full name of contributor out-of-state PAC (ID#:_ Lyles, Thomas 6 Contributor address; City; State; Zip Code |) | 7 Amount of Contribution (\$) \$50 | 0.00 |
| | San Antonio, TX 78205 | | | |
| 8 Principal occup Group CSO | pation / Job title (See Instructions) | 9 Employer (See Instructions Tenet HealthSystem Me | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 01/05/2024 | MALONEY, MICHAEL | | \$1 | 9.00 |
| | Contributor address; City; State; Zip Code Dallas, TX 75209-1926 | | | |
| Principal occur | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | |
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| 01/19/2024 | MALONEY, MICHAEL | / | | 9.00 |
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| EVP, CORP | DEVELOPMENT | TENET EMPLOYMENT | INC | |
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| 4 Date 03/01/2024 | 5 Full name of contributor out-of-state PAC (ID#: MALONEY, MICHAEL |) | 7 Amount of Contribution (\$) \$19. |
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| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) | |
| 01/05/2024 | MILLER, JESSICA | | | \$10.00 |
| | 6 Contributor address; City; State; Zip Code | | | |
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| | Coral Gables, FL 33134-6914 | | | |
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| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 02/02/2024 | MILLER, JESSICA | | | \$10.00 |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) | ;) |
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| REGIONAL | VP - OPS II | USPI | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
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| 02,02,202 | · | | | 50.00 |
| I | Contributor address; City; State; Zip Code | | | |
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| | Dallas, TX 75254-2916 | | | |
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| The Instruction Guide explains how to complete this for | rm. | 1 Total pages Schedule A1: Sch: 154/229 Rpt: 157/240 |
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| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| Tenet Healthcare Corporation Political Action Committee | | 00082830 |
| 4 Date 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) |
| 03/01/2024 MONTALBO III, PHILIP | | \$39.00 |
| 6 Contributor address; City; State; Zip Code | | |
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| Dallas, TX 75254-2916 | | |
| | Employer (See Instructions | <u>ا</u> |
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| Date Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
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| Date Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 03/29/2024 MONTALBO III, PHILIP | | \$39.00 |
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| Dallas, TX 75254-2916 | | |
| Principal occupation / Job title (See Instructions) | Employer (See Instructions |) |
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| Date Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 04/12/2024 MONTALBO III, PHILIP | | \$39.00 |
| Contributor address; City; State; Zip Code | | |
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| Dallas, TX 75254-2916 | | |
| Principal occupation / Job title (See Instructions) | Employer (See Instructions | .) |
| REGIONAL VP - OPS II | USPI | |
| Date Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 01/05/2024 MONTGOMERY, RACHEL C. | | \$10.00 |
| Contributor address; City; State; Zip Code | | |
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| San Antonio, TX 78258-2581 | | |
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| 2 FILER NAI | л F | | 3 Filer ID (Ethics Commission Filers) | |
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| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
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| | San Antonio, TX 78258-2581 | | | |
| 8 Principal o | ccupation / Job title (See Instructions) | 9 Employer (See Instructions | | |
| COO | | TENET EMPLOYMENT | | |
| Date | Full name of contributor out-of-state PAC (ID#:_ | ·) | Amount of Contribution (\$) | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| | acare Corporation Political Action Committee | | 00082830 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) |
| 03/29/2024 | MONTGOMERY, RACHEL C. | | \$10.00 |
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| 8 Principal occur | pation / Job title (See Instructions) | 9 Employer (See Instructions | <u>ع</u> ٤) |
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| Date | Full name of contributor out-of-state PAC (ID#: | <u> </u> | Amount of Contribution (\$) |
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| Date | Full name of contributor out-of-state PAC (ID#: | <u> </u> | Amount of Contribution (\$) |
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| 04/26/2024 | MONTGOMERY, RACHEL C. | | \$1,000.00 |
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| 01/05/2024 | MOREY, SCOTT | , | \$19.00 |
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| | Contributor address; City; State; Zip Code | | |
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| | Palm Springs, CA 92262-0507 | | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission File | ers) |
| Tenet Health | ncare Corporation Political Action Committee | | 00082830 | , |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) | |
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| 05/24/2024 | MOREY, SCOTT | | • | \$19.00 |
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| 06/07/2024 | MOREY, SCOTT | / | | \$19.00 |
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| 2 FILER NAME | | 3 Filer ID (Ethics Commission F | -ilers) |
| Tenet Healthcare Corporation Political Action Committee | | 00082830 | |
| 4 Date 5 Full name of contributor out-of-state PAC (ID# | £:) | 7 Amount of Contribution (\$) | |
| 06/21/2024 MOREY, SCOTT | | | \$19.00 |
| 6 Contributor address; City; State; Zip Code | | | |
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| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions | | |
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| Date Full name of contributor out-of-state PAC (ID# | t:) | Amount of Contribution (\$) | |
| 04/26/2024 McDowell, William | | | \$39.00 |
| Contributor address; City; State; Zip Code | | | |
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| Dallas, TX 75254-2916 | | 、 、 | |
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| | Tenet Healthcare Corp. | | |
| Date Full name of contributor out-of-state PAC (ID# | t:) | Amount of Contribution (\$) | |
| 05/10/2024 McDowell, William | | | \$39.00 |
| Contributor address; City; State; Zip Code | | | |
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| Dallas, TX 75254-2916 | | | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| | hcare Corporation Political Action Committee | | 00082830 |
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| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 04/26/2024 | McElroy, Kyle | | \$1,000.00 |
| | Contributor address; City; State; Zip Code | | 1 |
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| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 01/05/2024 | Mitchell, Christopher | | \$19.00 |
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| | Dallas, TX 75254-2916 | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | \$) |
| Executive | | TENET HLTHSYSTEM | MED INC |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 01/19/2024 | Mitchell, Christopher | | \$19.00 |
| | Contributor address; City; State; Zip Code | | 1 |
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| Principal occu | Dallas, TX 75254-2916 | Employer (See Instructions | ~\ |
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| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | Filers) |
| | Tenet Health | hcare Corporation Political Action Committee | | | 00082830 | - |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 | Amount of Contribution (\$) | |
| | 02/16/2024 | Mitchell, Christopher | | | | \$19.00 |
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| | 03/29/2024 | Mitchell, Christopher | | | | \$19.00 |
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| | 04/12/2024 | Mitchell, Christopher | | | | \$19.00 |
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| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commission | Filers) |
| | Tenet Health | hcare Corporation Political Action Committee | | | 00082830 | - |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 | Amount of Contribution (\$) | |
| | 04/26/2024 | Mitchell, Christopher | | | | \$19.00 |
| | | 6 Contributor address; City; State; Zip Code | | 1 | | |
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| | 05/10/2024 | Mitchell, Christopher | | | | \$19.00 |
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| | 05/24/2024 | Mitchell, Christopher | | | | \$19.00 |
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| | <u> </u> | Dallas, TX 75254-2916 | | Ĺ | | |
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| | Executive | | TENET HLTHSYSTEM | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 06/07/2024 | Mitchell, Christopher | | | | \$19.00 |
| | | Contributor address; City; State; Zip Code | | | | |
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| | | Dallas, TX 75254-2916 | | | | |
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| | 06/21/2024 | Mitchell, Christopher | | | | \$6.00 |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Tenet Health | hcare Corporation Political Action Committee | | 00082830 |
| 4 Date | 5 Full name of contributor Out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) |
| 05/10/2024 | Mohan, Sowjanya | | \$500.00 |
| | 6 Contributor address; City; State; Zip Code | | 4 |
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| | San Antonio, TX 78205-1201 | | |
| 8 Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instructions | s) |
| СМО | | Tenet HealthSystem Me | edical, Inc |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 01/05/2024 | NESTER, DARLENE | | \$10.00 |
| | Contributor address; City; State; Zip Code | | 4 |
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| | | | |
| | Bluffton, SC 29910-4775 | | |
| Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions | s) |
| CHIEF HR C |)FFICER | TENET HLTHSYSTEM | MED INC |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 01/19/2024 | NESTER, DARLENE | | \$10.00 |
| | Contributor address; City; State; Zip Code | | • |
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| | Bluffton, SC 29910-4775 | | |
| - | upation / Job title (See Instructions) | Employer (See Instructions | |
| CHIEF HR C |)FFICER | TENET HLTHSYSTEM | MED INC |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 02/02/2024 | NESTER, DARLENE | | \$10.00 |
| | Contributor address; City; State; Zip Code | | 1 |
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| | Bluffton, SC 29910-4775 | | <u> </u> |
| | upation / Job title (See Instructions) | Employer (See Instructions | , |
| CHIEF HR C |)FFICER | TENET HLTHSYSTEM | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 02/16/2024 | NESTER, DARLENE | | \$10.00 |
| | Contributor address; City; State; Zip Code | |] |
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| | Bluffton, SC 29910-4775 | | |
| | upation / Job title (See Instructions) | Employer (See Instructions | |
| CHIEF HR C |)FFICER | TENET HLTHSYSTEM | MED INC |
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| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: Sch: 164/229 Rpt: 167/240 |
|--|---|
| 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| Tenet Healthcare Corporation Political Action Committee | 00082830 |
| 4 Date 5 Full name of contributor out-of-state PAC (ID#: |) 7 Amount of Contribution (\$) |
| 03/01/2024 NESTER, DARLENE | \$10.00 |
| 6 Contributor address; City; State; Zip Code | |
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| Bluffton, SC 29910-4775 | |
| | byer (See Instructions) |
| CHIEF HR OFFICER TEN | |
| Date Full name of contributor out-of-state PAC (ID#: | |
| 03/15/2024 NESTER, DARLENE | \$10.00 |
| Contributor address; City; State; Zip Code | |
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| Bluffton, SC 29910-4775 | |
| | byer (See Instructions) |
| | ET HLTHSYSTEM MED INC |
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| Date Full name of contributor out-of-state PAC (ID#: 03/29/2024 NESTER, DARLENE |) Amount of Contribution (\$) \$10.00 |
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| Contributor address; City; State; Zip Code | |
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| Bluffton, SC 29910-4775 | |
| Principal occupation / Job title (See Instructions) Empl | byer (See Instructions) |
| CHIEF HR OFFICER TEN | ET HLTHSYSTEM MED INC |
| Date Full name of contributor out-of-state PAC (ID#: |) Amount of Contribution (\$) |
| 04/12/2024 NESTER, DARLENE | \$10.00 |
| Contributor address; City; State; Zip Code | |
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| Bluffton, SC 29910-4775 | |
| | oyer (See Instructions) ET HLTHSYSTEM MED INC |
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| Date Full name of contributor out-of-state PAC (ID#: |) Amount of Contribution (\$) |
| 04/26/2024 NESTER, DARLENE | \$10.00 |
| Contributor address; City; State; Zip Code | |
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| Bluffton, SC 29910-4775 | |
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| | ET HLTHSYSTEM MED INC |
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| F | The Instruction Guide explains how to complete this form. | | | 1 Total pages Schedule A1: Sch: 165/229 Rpt: 168/240 | |
|---|---|--|------------------------------|---|----|
| 2 | FILER NAME | | | 3 Filer ID (Ethics Commission Filers) | |
| | Tenet Health | ncare Corporation Political Action Committee | | 00082830 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) | |
| | 05/10/2024 | NESTER, DARLENE | | \$10. | 00 |
| | I | 6 Contributor address; City; State; Zip Code | | • | |
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| | | Bluffton, SC 29910-4775 | | | |
| 8 | | pation / Job title (See Instructions) | 9 Employer (See Instructions | | |
| | CHIEF HR C |)FFICER | TENET HLTHSYSTEM | MED INC | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| | 05/24/2024 | NESTER, DARLENE | | \$10. | 00 |
| | I | Contributor address; City; State; Zip Code | | ·] | |
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| | | Bluffton, SC 29910-4775 | 1 | | |
| | | ipation / Job title (See Instructions) | Employer (See Instructions | | |
| | CHIEF HR C | | TENET HLTHSYSTEM | | |
| | Date Full name of contributor out-of-state PAC (ID#:) | | Amount of Contribution (\$) | - | |
| | 06/07/2024 | NESTER, DARLENE | | \$10. | 00 |
| | I | Contributor address; City; State; Zip Code | | | |
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| | l | Bluffton, SC 29910-4775 | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) | |
| | CHIEF HR C |)FFICER | TENET HLTHSYSTEM | MED INC | |
| F | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | — |
| | 06/21/2024 | NESTER, DARLENE | | \$10. | 00 |
| | I | Contributor address; City; State; Zip Code | | | |
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| | | Bluffton, SC 29910-4775 | | | |
| | | upation / Job title (See Instructions) | Employer (See Instructions | | |
| | CHIEF HR C |)FFICER | TENET HLTHSYSTEM | MED INC | |
| | Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| | 05/10/2024 | Nelson, Ryan | | \$1,000. | 00 |
| | I | Contributor address; City; State; Zip Code | | 1 | |
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| | I | | | | |
| | | Memphis, TN 38119-5200 | 1 | | |
| | | pation / Job title (See Instructions) | Employer (See Instructions | | |
| | CFO | | Tenet HealthSystem Me | edical, Inc | |
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| The Instruc | tion Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 166/229 Rpt: 169/240 | |
|-----------------|--|---|---|----------|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |) |
| Tenet Healtho | care Corporation Political Action Committee | | 00082830 | , |
| | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) | |
| 01/05/2024 | Oconnor, Kristen | | | 9.00 |
| | 6 Contributor address; City; State; Zip Code | | • | |
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| | | | | |
| | Dallas, TX 75254-2916 | | | |
| | pation / Job title (See Instructions) | 9 Employer (See Instructions | | |
| MARKET PR | | Tenet HealthSystem Me | edical | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 01/19/2024 | Oconnor, Kristen | | \$39 | 9.00 |
| ľ | Contributor address; City; State; Zip Code | | 1 | |
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| | Dallas, TX 75254-2916 | | | |
| | pation / Job title (See Instructions) | Employer (See Instructions | | |
| MARKET PR | ESIDENT | Tenet HealthSystem Me | edical | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 02/02/2024 | Oconnor, Kristen | | \$39 | 9.00 |
| ſ | Contributor address; City; State; Zip Code | | 1 | |
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| Driveinel ecour | Dallas, TX 75254-2916 | | \ | |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instructions Tenet HealthSystem Me | · | |
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| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 02/16/2024 | Oconnor, Kristen | | ୍କ କଟନ କଟନ | 9.00 |
| | Contributor address; City; State; Zip Code | ſ | | |
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| | Dallas, TX 75254-2916 | ſ | | |
| Principal occur | bation / Job title (See Instructions) | Employer (See Instructions | 2) | |
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| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | <u>0</u> |
| 03/01/2024 | Oconnor, Kristen | | φου | 9.00 |
| | Contributor address; City; State; Zip Code | | | |
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| | Dallas, TX 75254-2916 | | | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instructions | s) | |
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| The Instruc | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 167/229 Rpt: 170/240 | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission F | ilers) |
| | care Corporation Political Action Committee | | 00082830 | - |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| 03/15/2024 | Oconnor, Kristen | | | \$39.00 |
| | 6 Contributor address; City; State; Zip Code | | · | |
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| | Dallas, TX 75254-2916 | | | |
| | pation / Job title (See Instructions) | 9 Employer (See Instructions | | |
| MARKET PR | | Tenet HealthSystem Me | edical | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 03/29/2024 | Oconnor, Kristen | | | \$39.00 |
| | Contributor address; City; State; Zip Code | | | |
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| | Dallas, TX 75254-2916 | | | |
| | pation / Job title (See Instructions) | Employer (See Instructions | | |
| MARKET PR | (ESIDENT | Tenet HealthSystem Me | edical | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 04/12/2024 | Oconnor, Kristen | | | \$39.00 |
| | Contributor address; City; State; Zip Code | | 1 | |
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| I | Dallas, TX 75254-2916 | <u> </u> | | |
| | pation / Job title (See Instructions) | Employer (See Instructions | , | |
| MARKET PR | | Tenet HealthSystem Me | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 04/26/2024 | Oconnor, Kristen | | | \$39.00 |
| | Contributor address; City; State; Zip Code | | | |
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| | Dallas, TX 75254-2916 | | | |
| Principal occur | pation / Job title (See Instructions) | Employer (See Instructions | <u></u> | |
| MARKET PR | | Tenet HealthSystem Me | , | |
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| Date 05/10/2024 | Full name of contributor out-of-state PAC (ID#: Oconnor, Kristen |) | Amount of Contribution (\$) | \$39.00 |
| 03/10/2024 | | | | φ39.00 |
| | Contributor address; City; State; Zip Code | | | |
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| | Dallas, TX 75254-2916 | | | |
| Principal occur | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> s) | |
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| The Instruc | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 168/229 Rpt: 171/240 | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers | s) |
| | hcare Corporation Political Action Committee | | 00082830 | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) | |
| 05/24/2024 | Oconnor, Kristen | | | 39.00 |
| | 6 Contributor address; City; State; Zip Code | | • | |
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| | Dallas, TX 75254-2916 | | | |
| - | upation / Job title (See Instructions) | 9 Employer (See Instructions | | |
| MARKET PF | RESIDENT | Tenet HealthSystem Me | edical | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 06/07/2024 | Oconnor, Kristen | | \$39 | 39.00 |
| | Contributor address; City; State; Zip Code | | 1 | |
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| Di indene | Dallas, TX 75254-2916 | | <u> </u> | |
| Principal occu MARKET PF | Ipation / Job title (See Instructions) | Employer (See Instructions Tenet HealthSystem Me | | |
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| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 06/21/2024 | Oconnor, Kristen | | ຸ | 39.00 |
| | Contributor address; City; State; Zip Code | | | |
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| | Dallas, TX 75254-2916 | | | |
| Principal occu | I upation / Job title (See Instructions) | Employer (See Instructions | s) | |
| MARKET PF | | Tenet HealthSystem Me | | |
| Date | Full name of contributor Out-of-state PAC (ID#: | | Amount of Contribution (\$) | |
| 04/12/2024 | Oertel, Robert | | | .0.00 |
| | Contributor address; City; State; Zip Code | | 4 | |
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| | Glendale, AZ 85308 | | | |
| - | ipation / Job title (See Instructions) | Employer (See Instructions | | |
| CFO | | Tenet Healthcare Corp. | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 04/26/2024 | Oertel, Robert | | \$10 | .0.00 |
| | Contributor address; City; State; Zip Code | | 1 | |
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| | Glendale, AZ 85308 | | | |
| - | upation / Job title (See Instructions) | Employer (See Instructions | | |
| CFO | | Tenet Healthcare Corp. | | |
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| The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 169/229 Rpt: 172/240 |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| | ncare Corporation Political Action Committee | | 00082830 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) |
| 05/10/2024 | Oertel, Robert | | \$10.00 |
| | 6 Contributor address; City; State; Zip Code | | 1 |
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| | Glendale, AZ 85308 | | |
| 8 Principal occu | I upation / Job title (See Instructions) | 9 Employer (See Instructions | <u> </u> 6) |
| CFO | , | Tenet Healthcare Corp. | |
| Date | Full name of contributor Out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 05/24/2024 | Oertel, Robert | / | \$10.00 |
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| | Glendale, AZ 85308 | | |
| Principal occu | I Ipation / Job title (See Instructions) | Employer (See Instructions | ۱ ۶) |
| CFO | • | Tenet Healthcare Corp. | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 06/07/2024 | Oertel, Robert | / | \$10.00 |
| | Contributor address; City; State; Zip Code | | |
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| | Glendale, AZ 85308 | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | 5) |
| CFO | | Tenet Healthcare Corp. | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 06/21/2024 | Oertel, Robert | | \$10.00 |
| | Contributor address; City; State; Zip Code | | • |
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| | Glendale, AZ 85308 | | |
| Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions | s) |
| CFO | | Tenet Healthcare Corp | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 04/12/2024 | Ormiston, Gary | | \$500.00 |
| | Contributor address; City; State; Zip Code | | |
| | - · · | | |
| | | | |
| | Dallas, TX 75254-2916 | | |
| Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions | s) |
| Manager of ' | Vendor Qualification | TENET HEALTHCARE | CORPORATION |
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| The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 170/229 Rpt: 173/240 | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission F | -ilers) |
| | hcare Corporation Political Action Committee | | 00082830 | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) | |
| 04/26/2024 | PATTERSON, JEFFREY | | | \$39.00 |
| | 6 Contributor address; City; State; Zip Code | | | |
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| | Nacogdoches, TX 75965-6975 | 1 | | |
| - | upation / Job title (See Instructions) | 9 Employer (See Instructions | | |
| CEO | | TENET EMPLOYMENT | - INC | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 05/10/2024 | PATTERSON, JEFFREY | | | \$39.00 |
| | Contributor address; City; State; Zip Code | | 1 | |
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| | Nacogdoches, TX 75965-6975 | | | |
| | upation / Job title (See Instructions) | Employer (See Instructions | | |
| CEO | | TENET EMPLOYMENT | - INC | |
| Date | Full name of contributor Dut-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 05/24/2024 | PATTERSON, JEFFREY | | | \$39.00 |
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| | Nacogdoches, TX 75965-6975 | | | |
| | upation / Job title (See Instructions) | Employer (See Instructions | | |
| CEO | | TENET EMPLOYMENT | - INC | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 06/07/2024 | PATTERSON, JEFFREY | | | \$39.00 |
| | Contributor address; City; State; Zip Code | | | |
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| | Nacogdoches, TX 75965-6975 | 1 | | |
| | upation / Job title (See Instructions) | Employer (See Instructions | | |
| CEO | | TENET EMPLOYMENT | - | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 06/21/2024 | PATTERSON, JEFFREY | | | \$39.00 |
| | Contributor address; City; State; Zip Code | | 1 | |
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| | Nacogdoches, TX 75965-6975 | | | |
| | upation / Job title (See Instructions) | Employer (See Instructions | | |
| CEO | | TENET EMPLOYMENT | | |
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| The Instruc | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 171/229 Rpt: 174/240 | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Fil | ers) |
| Tenet Health | care Corporation Political Action Committee | | 00082830 | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| 01/12/2024 | PERSINGER, JONI | | | \$5.00 |
| ŀ | 6 Contributor address; City; State; Zip Code | | | |
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| | Loxahatchee, FL 33470-5204 | | | |
| 8 Principal occup | pation / Job title (See Instructions) | 9 Employer (See Instructions | ;) | |
| DIR, REVEN | UE ANALYSIS | PALM BEACH GDNS C | OM HOSP | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 01/26/2024 | PERSINGER, JONI | | | \$5.00 |
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| DIR, REVEN | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
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| 2 FILER NAME Tenet Health | care Corporation Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00082830 |
| | 5 Full name of contributor out-of-state PAC (ID#:_ PERSINGER, JONI |) | 7 Amount of Contribution (\$)\$5. |
| | 6 Contributor address; City; State; Zip Code | | |
| | Loxahatchee, FL 33470-5204 | | |
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| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 04/05/2024 | PERSINGER, JONI | | \$5. |
| | Contributor address; City; State; Zip Code | | |
| | Loxahatchee, FL 33470-5204 | | |
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| 04/19/2024 | PERSINGER, JONI | | \$5. |
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| Date | Full name of contributor out-of-state PAC (ID#:) |) | Amount of Contribution (\$) |
| Date 05/03/2024 | |) | Amount of Contribution (\$) \$5. |
| | Full name of contributor out-of-state PAC (ID#: |) | |
| 05/03/2024 | Full name of contributor out-of-state PAC (ID#:_ PERSINGER, JONI Contributor address; City; State; Zip Code Loxahatchee, FL 33470-5204 |) | \$5. |
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| 2 FILER NAME Tenet Health | ncare Corporation Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00082830 |
| 4 Date 05/31/2024 | 5 Full name of contributor out-of-state PAC (ID#:_ PERSINGER, JONI |) | 7 Amount of Contribution (\$) \$5.00 |
| | 6 Contributor address; City; State; Zip Code Loxahatchee, FL 33470-5204 | | |
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| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
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| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
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| | Dallas, TX 75254-2916 | | |
| Principal occup DIR, GOVT F | pation / Job title (See Instructions) RELATIONS | Employer (See Instructions TENET HLTHSYSTEM | |
| Date 01/19/2024 | Full name of contributor out-of-state PAC (ID#: PHILLIPS, BROCK G. |) | Amount of Contribution (\$) \$10.00 |
| | Contributor address; City; State; Zip Code | | |
| | Dallas, TX 75254-2916 | | |
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| Date 02/02/2024 | Full name of contributor out-of-state PAC (ID#: PHILLIPS, BROCK G. Contributor address; City; State; Zip Code |) | Amount of Contribution (\$) \$10.00 |
| | Dallas, TX 75254-2916 | | |
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| 2 FILER NAME Tenet Healthc | care Corporation Political Action Committee | | 3 Filer ID (Ethics Commission Filer 00082830 | rs) |
| 02/16/2024 | Full name of contributor out-of-state PAC (ID#: PHILLIPS, BROCK G. 6 Contributor address; City; State; Zip Code |) | 7 Amount of Contribution (\$) \$1 | \$10.00 |
| | Dallas, TX 75254-2916 | | | |
| 8 Principal occupa DIR, GOVT RI | | 9 Employer (See Instructions) TENET HLTHSYSTEM | | |
| Date 03/01/2024 | Full name of contributor out-of-state PAC (ID#: PHILLIPS, BROCK G. Contributor address; City; State; Zip Code Dallas, TX 75254-2916 |) | Amount of Contribution (\$) \$1 | \$10.00 |
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| Date 04/12/2024 | Full name of contributor out-of-state PAC (ID#: PHILLIPS, BROCK G. Contributor address; City; State; Zip Code Dallas, TX 75254-2916 |) | Amount of Contribution (\$) \$1 | \$10.00 |
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| 2 FILER NAME Tenet Health | care Corporation Political Action Committee | | 3 Filer ID (Ethics Commission File 00082830 | ers) |
| 04/26/2024 | 5 Full name of contributor out-of-state PAC (ID#:_ PHILLIPS, BROCK G. 6 Contributor address; City; State; Zip Code |) | 7 Amount of Contribution (\$) \$ | \$10.00 |
| | Dallas, TX 75254-2916 | | | |
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| Principal occup DIR, GOVT F | Dallas, TX 75254-2916 pation / Job title (See Instructions) | Employer (See Instructions TENET HLTHSYSTEM | | |
| Date 06/07/2024 | Full name of contributor out-of-state PAC (ID#: PHILLIPS, BROCK G. Contributor address; City; State; Zip Code Dallas, TX 75254-2916 | <u> </u> | Amount of Contribution (\$) | \$10.00 |
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| 2 FILER NAME Tenet Healthcare Corpo | pration Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00082830 |
| 4 Date 5 Full nam 01/05/2024 PINKA | ne of contributor out-of-state PAC (ID#:_ LL, JASON utor address; City; State; Zip Code |) | 7 Amount of Contribution (\$) \$39.00 |
| | TX 75214-2706 | 1 | |
| 8 Principal occupation / Job SR. MANAGING COUN | · , | 9 Employer (See Instructions TENET EMPLOYMENT | |
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| 2 FILER NAME Tenet Health | ncare Corporation Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00082830 |
| 4 Date 03/15/2024 | 5 Full name of contributor out-of-state PAC (ID#: PINKALL, JASON 6 Contributor address; City; State; Zip Code |) | 7 Amount of Contribution (\$) \$39. |
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| Date 03/29/2024 | Full name of contributor out-of-state PAC (ID#: PINKALL, JASON Contributor address; City; State; Zip Code |) | Amount of Contribution (\$) \$39. |
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| Principal occu SR. MANAG Date 01/05/2024 Principal occu SVP, HUMA Date | Contributor address; City; State; Zip Code Dallas, TX 75214-2706 pation / Job title (See Instructions) ING COUNSEL Full name of contributor out-of-state PAC (ID#:POOL, KELLY Contributor address; City; State; Zip Code Dallas, TX 75254-2916 pation / Job title (See Instructions) N RESOURCES Full name of contributor out-of-state PAC (ID#:) Out-of-state PAC (ID#:) | TENET EMPLOYMENT | Amount of Contribution (\$) \$96 \$30 CORPORATION Amount of Contribution (\$) | 6.00 |
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| 2 FILER NAME Tenet Health | care Corporation Political Action Committee | | 3 Filer ID (Ethics Commission Fi 00082830 | ilers) |
| 4 Date 04/12/2024 | | | 7 Amount of Contribution (\$) | \$96.00 |
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| 04/26/2024 | POOL, KELLY | | | \$96.00 |
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| | pation / Job title (See Instructions) | Employer (See Instructions | | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Tenet Health | care Corporation Political Action Committee | | 00082830 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) |
| 01/19/2024 | PREDAINA, ELLEN | | \$39.00 |
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| 8 Principal occup | pation / Job title (See Instructions) | 9 Employer (See Instructions | s) |
| VP, CLIENT S | SERVICES | TENET HLTHSYSTEM | MED INC |
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| 06/07/2024 | RODRIGUEZ, RUBEN | | | \$58.00 |
| | 6 Contributor address; City; State; Zip Code | | | |
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| | El Paso, TX 79912-2342 | | | |
| | Ipation / Job title (See Instructions) | 9 Employer (See Instructions | | |
| DIR, PLANT | OPERATIONS | TENET HOSPITALS LI | MITED | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 06/21/2024 | RODRIGUEZ, RUBEN | | [| \$58.00 |
| | Contributor address; City; State; Zip Code | | 1 | |
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| DIR, PLANT | OPERATIONS | TENET HOSPITALS LI | MITED | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 01/05/2024 | ROGERS, RHONDA | | [| \$10.00 |
| | Contributor address; City; State; Zip Code | | 1 | |
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| | New Braunfels, TX 78132-2557 | 1 . <u></u> | | |
| - | ipation / Job title (See Instructions) | Employer (See Instructions | | |
| CFO | | TENET EMPLOYMENT | - | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 01/19/2024 | ROGERS, RHONDA | | | \$10.00 |
| | Contributor address; City; State; Zip Code | | | |
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| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 02/02/2024 | ROGERS, RHONDA | | | \$10.00 |
| | Contributor address; City; State; Zip Code | | | |
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| D in sized asso | New Braunfels, TX 78132-2557 | | Į | |
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| | The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 192/229 Rpt: 195/240 | |
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| 2 | FILER NAME | | | 3 Filer ID (Ethics Commission Filers | s) |
| | Tenet Health | ncare Corporation Political Action Committee | | 00082830 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) | |
| | 02/16/2024 | ROGERS, RHONDA | | \$10 | 0.00 |
| | | 6 Contributor address; City; State; Zip Code | | 1 | |
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| 8 | | ipation / Job title (See Instructions) | 9 Employer (See Instructions | | |
| | CFO | | TENET EMPLOYMENT | INC | |
| Γ | Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| | 03/01/2024 | ROGERS, RHONDA | I | \$10 | 0.00 |
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| | 03/15/2024 | ROGERS, RHONDA | I | \$10 | 0.00 |
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| | 03/29/2024 | ROGERS, RHONDA | | \$10 | 0.00 |
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| | 04/12/2024 | ROGERS, RHONDA | | \$10 | 0.00 |
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| The Instru | iction Guide explains how to complete this f | form. | 1 Total pages Schedule A1: Sch: 193/229 Rpt: 196/240 | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Fi | ilers) |
| Tenet Healt | hcare Corporation Political Action Committee | | 00082830 | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) | |
| 04/26/2024 | | | | \$10.00 |
| | 6 Contributor address; City; State; Zip Code | | • | |
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| | New Braunfels, TX 78132-2557 | | | |
| 8 Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instructions | s) | |
| CFO | | TENET EMPLOYMENT | INC | |
| Date | Full name of contributor out-of-state PAC (ID#: | •) | Amount of Contribution (\$) | |
| 05/10/2024 | | | | \$10.00 |
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| CFO | | TENET EMPLOYMENT | - INC | |
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| 06/07/2024 | ROGERS, RHONDA | | | \$10.00 |
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| The Instruc | ction Guide explains how to complete this fo | orm. | 1 Total pages Schedule A1: Sch: 194/229 Rpt: 197/240 | |
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| 2 FILER NAME Tenet Health | care Corporation Political Action Committee | | 3 Filer ID (Ethics Commission File 00082830 | ers) |
| 4 Date 01/05/2024 | 5 Full name of contributor Out-of-state PAC (ID#:_ ROTH, SAMUEL |) | 7 Amount of Contribution (\$) \$ | \$10.00 |
| | 6 Contributor address; City; State; Zip Code | | | |
| | Concord, CA 94518-1941 | | | |
| 8 Principal occu DIR, GOVT F | | 9 Employer (See Instructions TENET HLTHSYSTEM | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 01/19/2024 | ROTH, SAMUEL | | \$ | \$10.00 |
| | Contributor address; City; State; Zip Code Concord, CA 94518-1941 | | | |
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| 02/02/2024 | ROTH, SAMUEL | | | \$10.00 |
| | Contributor address; City; State; Zip Code | | | |
| | Concord, CA 94518-1941 | | | |
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| | · · · | | Amount of Contribution (\$) | \$10.00 |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Tenet Health | ncare Corporation Political Action Committee | | 00082830 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) |
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| 04/12/2024 | ROTH, SAMUEL | / | \$10.00 |
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| 04/26/2024 | ROTH, SAMUEL | | \$10.00 |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission File | ers) |
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| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) | |
| 05/24/2024 | ROTH, SAMUEL | | \$ | 610.00 |
| | 6 Contributor address; City; State; Zip Code | | | |
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| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 06/21/2024 | ROTH, SAMUEL | | \$ | 610.00 |
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| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 05/10/2024 | Reyes, Rogelio | | \$40 | 00.00 |
| | Contributor address; City; State; Zip Code | | | |
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| | San Antonio, TX 78229-3925 | | | |
| | upation / Job title (See Instructions) | Employer (See Instructions | | |
| CFO | | Tenet HealthSystem Me | dical, Inc | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 01/05/2024 | Rogers, Randall | | \$1 | .92.00 |
| | Contributor address; City; State; Zip Code | | | |
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| | Dallas, TX 75254-2916 | | | |
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| | care Corporation Political Action Committee | | 00082830 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) |
| 01/19/2024 | Rogers, Randall | | \$192.00 |
| | 6 Contributor address; City; State; Zip Code | | |
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| | Dallas, TX 75254-2916 | | |
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| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 02/02/2024 | Rogers, Randall | | \$192.00 |
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| | Dallas, TX 75254-2916 | | <u> </u> |
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| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 03/01/2024 | Rogers, Randall | | \$192.00 |
| | Contributor address; City; State; Zip Code | | |
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| | Dallas, TX 75254-2916 | | |
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| Hospital CEC | | TENET HEALTHCARE | • |
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| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
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| Hospital CEC |) | TENET HEALTHCARE | CORPORATION | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 01/05/2024 | SASSANO, DAVID | | | \$19.00 |
| | Contributor address; City; State; Zip Code | | 1 | |
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| | Dallas, TX 75218-1201 | 1 | | |
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| Tenet Health | ncare Corporation Political Action Committee | | 00082830 | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) | |
| 02/16/2024 | SASSANO, DAVID | | [| \$19.00 |
| | 6 Contributor address; City; State; Zip Code | | | |
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| | Dallas, TX 75218-1201 | | | |
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| 03/15/2024 | SASSANO, DAVID | | 9 | \$19.00 |
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| 03/29/2024 | SASSANO, DAVID | | | \$19.00 |
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| | Dallas, TX 75218-1201 | | | |
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| The Instruc | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 200/229 Rpt: 203/240 | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission File | ers) |
| Tenet Health | ncare Corporation Political Action Committee | | 00082830 | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| 04/26/2024 | SASSANO, DAVID | | | \$19.00 |
| | 6 Contributor address; City; State; Zip Code | | | |
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| | Dallas, TX 75218-1201 | 1 | | |
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| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 05/10/2024 | SASSANO, DAVID | | \$ | \$19.00 |
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| | Dallas, TX 75218-1201 | | | |
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| 0012412024 | | | |)13.00 |
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| | Dallas, TX 75218-1201 | | | |
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| DIR, REG PI | HY BUS DEV | TENET EMPLOYMENT | INC | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 06/07/2024 | SASSANO, DAVID | | \$ | \$19.00 |
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| | Dallas, TX 75218-1201 | | | |
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| Date | Full name of contributor out-of-state PAC (ID#:_ | <u> </u> | Amount of Contribution (\$) | |
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| The Instru | ction Guide explains how to complete this f | form. | 1 Total pages Schedule A1: Sch: 201/229 Rpt: 204/240 | |
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission File | lers) |
| Tenet Health | hcare Corporation Political Action Committee | | 00082830 | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| 01/05/2024 | SCHWARTZ, KEN | | | \$19.00 |
| | 6 Contributor address; City; State; Zip Code | | | |
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| Drincipal occu | Frisco, TX 75034-8635 upation / Job title (See Instructions) | 9 Employer (See Instructions | | |
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| SR MANAGI | ING COUNSEL | CONIFER REV CYCL S | SOL LLC | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 02/02/2024 | SCHWARTZ, KEN | | . | \$19.00 |
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| 02/16/2024 | SCHWARTZ, KEN | | | \$T3.00 |
| | Contributor address; City; State; Zip Code | | | |
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| | Frisco, TX 75034-8635 | | | |
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| SR MANAGI | ING COUNSEL | CONIFER REV CYCL S | SOL LLC | |
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| The Instruc | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 202/229 Rpt: 205/240 | |
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission File | ers) |
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| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| 03/15/2024 | SCHWARTZ, KEN | | 1 | \$19.00 |
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| 0312912024 | SCHWARTZ, KEN | | | \$19.00 |
| | Contributor address; City; State; Zip Code | | | |
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| SR MANAGI | ING COUNSEL | CONIFER REV CYCL S | SOL LLC | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 04/12/2024 | SCHWARTZ, KEN | | 4 | \$19.00 |
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| | Contributor address; City; State; Zip Code | | | |
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| Date | Full name of contributor out-of-state PAC (ID#: | | Amount of Contribution (\$) | |
| 05/10/2024 | SCHWARTZ, KEN | | \$ | \$19.00 |
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| | ncare Corporation Political Action Committee | | 00082830 | |
| 4 Date | 5 Full name of contributor Out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) | |
| 05/24/2024 | SCHWARTZ, KEN | | \$1 | 19.00 |
| | 6 Contributor address; City; State; Zip Code | | | |
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| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | s) | |
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| 06/07/2024 | SCHWARTZ, KEN | | | 19.00 |
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| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 01/05/2024 | SEHER, BRIAN L. | | \$1 | 10.00 |
| | Contributor address; City; State; Zip Code | | 1 | |
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| | Chandler, AZ 85224-3924 | | | |
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| CFO, MKT/S | ;YS | TENET HLTHSYSTEM | MED INC | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 01/19/2024 | SEHER, BRIAN L. | | \$1 | 10.00 |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
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| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) |
| 02/02/2024 | SEHER, BRIAN L. | | \$10.00 |
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| 02/16/2024 | SEHER, BRIAN L. | | \$10.00 |
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| Date | Full name of contributor out-of-state PAC (ID#: | <u> </u> | Amount of Contribution (\$) |
| 03/01/2024 | SEHER, BRIAN L. | | \$10.00 |
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| | pation / Job title (See Instructions) | Employer (See Instructions | |
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| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 03/15/2024 | SEHER, BRIAN L. | | \$10.00 |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
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| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) |
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| 2 FILER NAME Tenet Healthcare Corporation Political Action Committee | | Filer ID (Ethics Commission Filers) 00082830 |
| 4 Date 5 Full name of contributor Image: Composition Pointical Action Committee | | 7 Amount of Contribution (\$) |
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| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions |) |
| CFO, MKT/SYS | TENET HLTHSYSTEM | MED INC |
| Date Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 01/05/2024 SMITH, LISA | | \$19.0 |
| Contributor address; City; State; Zip Code | | |
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| Montgomery, TX 77316-3198 | | |
| Principal occupation / Job title (See Instructions) | Employer (See Instructions | |
| DIR, EES | CONIFER REV CYCL S | |
| Date Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 01/19/2024 SMITH, LISA | | \$19.0 |
| Contributor address; City; State; Zip Code | | |
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| Montgomery, TX 77316-3198 | | |
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| Date Full name of contributor Out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 02/02/2024 SMITH, LISA | | \$19.0 |
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| Montgomery, TX 77316-3198 | | |
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| Date Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
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| Contributor address; City; State; Zip Code | | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission File | lers) |
| Tenet Health | care Corporation Political Action Committee | | 00082830 | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| 03/01/2024 | SMITH, LISA | | | \$19.00 |
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| | Montgomery, TX 77316-3198 | | | |
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| DIR, EES | | CONIFER REV CYCL S | SOL LLC | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 03/15/2024 | SMITH, LISA | | | \$19.00 |
| | Contributor address; City; State; Zip Code | | • | |
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| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 03/29/2024 | SMITH, LISA | | | \$19.00 |
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| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 04/26/2024 | SMITH, LISA | | | \$19.00 |
| | Contributor address; City; State; Zip Code | | | |
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| | Montgomery, TX 77316-3198 | | <u> </u> | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission File | ers) |
| | ncare Corporation Political Action Committee | | 00082830 | -, |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| 05/10/2024 | SMITH, LISA | | \$ | \$19.00 |
| | 6 Contributor address; City; State; Zip Code | | 1 | |
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| | Montgomery, TX 77316-3198 | | | |
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| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 05/24/2024 | SMITH, LISA | | \$ | 519.00 |
| | Contributor address; City; State; Zip Code | | | |
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| | Montgomery, TX 77316-3198 | <u> </u> | | |
| | pation / Job title (See Instructions) | Employer (See Instructions | | |
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| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 06/07/2024 | SMITH, LISA | | \$ | 519.00 |
| | Contributor address; City; State; Zip Code | | | |
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| | Montgomery, TX 77316-3198 | <u> </u> | | |
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| 06/21/2024 | SMITH, LISA | | \$ | \$19.00 |
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| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 01/05/2024 | STOWELL, WARREN | | \$ | \$19.00 |
| | Contributor address; City; State; Zip Code | | | |
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| | Dallas, TX 75254-2916 | 1 | | |
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| The Instru | iction Guide explains how to complete this f | form. | 1 Total pages Schedule A1: Sch: 209/229 Rpt: 212/240 | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission F | ilers) |
| Tenet Health | hcare Corporation Political Action Committee | | 00082830 | |
| 4 Date 01/19/2024 | 5 Full name of contributor out-of-state PAC (ID#: STOWELL, WARREN |) | 7 Amount of Contribution (\$) | \$19.00 |
| | 6 Contributor address; City; State; Zip Code | | | |
| | Dallas, TX 75254-2916 | | | |
| 8 Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instructions | s) | |
| VP, PHYSIC | CIAN RESOURCES | TENET EMPLOYMENT | INC | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 02/02/2024 | | | | \$19.00 |
| | Contributor address; City; State; Zip Code | | • | |
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| | Dallas, TX 75254-2916 | | | |
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| VP, PHYSIC | CIAN RESOURCES | TENET EMPLOYMENT | | |
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| 03/01/2024 | STOWELL, WARREN | | | \$19.00 |
| | Contributor address; City; State; Zip Code | | | |
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| | Dallas, TX 75254-2916 | | | |
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| VP, PHYSIC | CIAN RESOURCES | TENET EMPLOYMENT | INC | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
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| The Instru | iction Guide explains how to complete this f | örm. | 1 Total pages Schedule A1: Sch: 210/229 Rpt: 213/240 |
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| 2 FILER NAME Tenet Health | hcare Corporation Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00082830 |
| 4 Date 01/05/2024 | 5 Full name of contributor out-of-state PAC (ID#: SUTARIA, SAUMYA | | 7 Amount of Contribution (\$)\$192. |
| | 6 Contributor address; City; State; Zip Code | | |
| 2 Dringing and | Dallas, TX 75254-2916 | | <u> </u> |
| 8 Principal occu Chief Execut | upation / Job title (See Instructions) Itive Officer | 9 Employer (See Instructions TENET HLTHSYSTEM | |
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| 01/19/2024 | SUTARIA, SAUMYA | | \$192. |
| | Contributor address; City; State; Zip Code | | |
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| Date 03/01/2024 | Full name of contributor out-of-state PAC (ID#: SUTARIA, SAUMYA |) | Amount of Contribution (\$) \$192. |
| | Contributor address; City; State; Zip Code Dallas, TX 75254-2916 | | |
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| 4 Date 03/15/2024 | 5 Full name of contributor Out-of-state PAC (ID#: | | 7 Amount of Contribution (\$) \$19 | .92.00 |
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| | Dallas, TX 75254-2916 | | | |
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| Date 04/26/2024 | Full name of contributor out-of-state PAC (ID#: SUTARIA, SAUMYA |) | Amount of Contribution (\$) \$19 | .92.00 |
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| Chief Execut | tive Officer | TENET HLTHSYSTEM | MED INC | |
| Date 05/10/2024 | Full name of contributor out-of-state PAC (ID#: SUTARIA, SAUMYA |) | Amount of Contribution (\$) | .92.00 |
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| Chief Executive Officer TENET HLTHSYSTEM N | VIED INC |
| Date Full name of contributor out-of-state PAC (ID#:) 04/12/2024 Slack, Martin Contributor address; City; State; Zip Code | Amount of Contribution (\$) \$250.00 |
| Dallas, TX 75254-2916 Principal occupation / Job title (See Instructions) USPI Employer (See Instructions) Tenet Healthcare Corpor | |
| Date Full name of contributor out-of-state PAC (ID#:) 04/12/2024 Smith, Scott Contributor address; City; State; Zip Code | Amount of Contribution (\$) \$192.00 |
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| The Instruc | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 213/229 Rpt: 216/240 |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
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| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 Amount of Contribution (\$) |
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| 2 FILER NAME | | , | 3 Filer ID (Ethics Commission Filers) |
| | ncare Corporation Political Action Committee | | 00082830 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) |
| 05/24/2024 | TALLEY, STEPHANIE | , | \$250.0 |
| | 6 Contributor address; City; State; Zip Code | | 1 |
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| | El Paso, TX 79902-3320 | | |
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| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 01/05/2024 | TAYLOR, JOEL | , | \$19.0 |
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| | Talladega, AL 35160-2217 | | l |
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| CEO | | BAPTIST HEALTH SYS | STEM |
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| | 5 Full name of contributor out-of-state PAC (ID#: TAYLOR, JOEL |) | 7 Amount of Contribution (\$) | \$19.00 |
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| The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 217/229 Rpt: 220/240 |
| 2 FILER NAME | | | · · · · · · · · · · · · · · · · · · · |
| | hcare Corporation Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00082830 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:_ | | 7 Amount of Contribution (\$) |
| 4 Date 01/05/2024 | THOMAS, FRANK |) | \$10.00 |
| 01/00/202 . | 6 Contributor address; City; State; Zip Code | | |
| | CUITIBUTION AUGUESS, City, State, Zip Code | | |
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| | Alabaster, AL 35007-8703 | | |
| 8 Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instructions | s) |
| CEO | | TENET HLTHSYSTEM | MED INC |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) |
| 01/19/2024 | THOMAS, FRANK | | \$10.00 |
| | Contributor address; City; State; Zip Code | | 1 |
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| | Alabaster, AL 35007-8703 | | |
| | upation / Job title (See Instructions) | Employer (See Instructions | |
| CEO | | TENET HLTHSYSTEM | MED INC |
| Date | |) | Amount of Contribution (\$) |
| 02/02/2024 | THOMAS, FRANK | | \$10.00 |
| | Contributor address; City; State; Zip Code | | |
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| | Alabaster, AL 35007-8703 | | |
| Principal occur | apation / Job title (See Instructions) | Employer (See Instructions | e) |
| CEO | | TENET HLTHSYSTEM | |
| Date | Full name of contributor out-of-state PAC (ID#: | | Amount of Contribution (\$) |
| 02/16/2024 | THOMAS, FRANK | | \$10.00 |
| | Contributor address; City; State; Zip Code | | |
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| | Alabaster, AL 35007-8703 | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | s) |
| CEO | | TENET HLTHSYSTEM | MED INC |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 03/01/2024 | THOMAS, FRANK | | \$10.00 |
| | Contributor address; City; State; Zip Code | | 1 |
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| | Alabaster, AL 35007-8703 | 1 | <u> </u> |
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| The Instru | ction Guide explains how to complete this f | form. | Sch: 218/229 Rpt: 221/240 | |
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers | s) |
| Tenet Health | hcare Corporation Political Action Committee | | 00082830 | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| 03/15/2024 | THOMAS, FRANK | | \$1 | 10.00 |
| | 6 Contributor address; City; State; Zip Code | |] | |
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| | Alabaster, AL 35007-8703 | | | |
| 8 Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instructions | <u> </u> \$) | |
| CEO | | TENET HLTHSYSTEM | | |
| Date | Full name of contributor out-of-state PAC (ID#:_ | I) | Amount of Contribution (\$) | |
| 03/29/2024 | THOMAS, FRANK | | \$1 | 10.00 |
| | Contributor address; City; State; Zip Code | | 1 | |
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| Dringinal occu | Alabaster, AL 35007-8703 upation / Job title (See Instructions) | Employer (See Instructions | | |
| CEO | | TENET HLTHSYSTEM | | |
| Date | Full name of contributor Out-of-state PAC (ID#: | | Amount of Contribution (\$) | |
| 04/12/2024 | THOMAS, FRANK |) | | 10.00 |
| ••••• | Contributor address; City; State; Zip Code | | | |
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| | Alabaster, AL 35007-8703 | 1 | | |
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| Date 04/26/2024 | Full name of contributor out-of-state PAC (ID#: THOMAS, FRANK |) | Amount of Contribution (\$) | 10.00 |
| 04/20/2024 | | | ψ⊥' · | 10.00 |
| | Contributor address; City; State; Zip Code | | | |
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| | Alabaster, AL 35007-8703 | | | |
| | ipation / Job title (See Instructions) | Employer (See Instructions | | |
| CEO | | TENET HLTHSYSTEM | MED INC | |
| Date | Full name of contributor Out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 05/10/2024 | THOMAS, FRANK | | \$1 | 10.00 |
| | Contributor address; City; State; Zip Code | | | |
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| | Alabaster, AL 35007-8703 | | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | <u> </u> s) | |
| CEO | • | TENET HLTHSYSTEM | | |
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| The Instruc | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 219/229 Rpt: 222/240 |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| | ncare Corporation Political Action Committee | | 00082830 |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) |
| 05/24/2024 | THOMAS, FRANK | | \$10.00 |
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| 2 Drizzinal again | Alabaster, AL 35007-8703 | | - |
| 8 Principal occu CEO | ipation / Job title (See Instructions) | 9 Employer (See Instructions TENET HLTHSYSTEM | |
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| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 06/07/2024 | THOMAS, FRANK | | \$10.00 |
| | Contributor address; City; State; Zip Code | | 1 |
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| | Alabaster, AL 35007-8703 | - | |
| | pation / Job title (See Instructions) | Employer (See Instructions | |
| CEO | | TENET HLTHSYSTEM | MED INC |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 06/21/2024 | THOMAS, FRANK | | \$10.00 |
| | Contributor address; City; State; Zip Code | | 1 |
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| | Alabaster, AL 35007-8703 | | |
| Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions | 3) |
| CEO | | TENET HLTHSYSTEM | MED INC |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 05/24/2024 | Treadwell, Terry | | \$1,000.00 |
| | Contributor address; City; State; Zip Code | | 1 |
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| | | | |
| | San Antonio, TX 78217-5415 | | l |
| Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions | s) |
| CEO | | Tenet HealthSystem Me | edical Inc. |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 05/10/2024 | VALDENEGRO, RICHARD | | \$250.00 |
| | Contributor address; City; State; Zip Code | | 1 |
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| | | | |
| | San Antonio, TX 78235-5154 | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | δ) |
| Director, Phy | ysical Therapy | Mission Trail Baptist Ho | spital |
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| The Ir | nstruction Guide explains how to complete this f | form. | 1 Total pages Schedule A1: Sch: 220/229 Rpt: 223/240 | |
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| 2 FILER | VAME | | 3 Filer ID (Ethics Commission File | rs) |
| Tenet | Healthcare Corporation Political Action Committee | | 00082830 | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| 01/05/2 | | | | 10.00 |
| | 6 Contributor address; City; State; Zip Code | | • | |
| | Contributor address, City, State, Zip Code | | | |
| | | | | |
| | Spring, TX 77379-3061 | | | |
| 8 Principa | al occupation / Job title (See Instructions) | 9 Employer (See Instructions | Ι ξ) | |
| | R, CLIENT DELIVERY | CONIFER REV CYCL S | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 01/19/2 | | / | | 10.00 |
| ~_ , | Contributor address; City; State; Zip Code | | | 10.0.2 |
| | Contributor address, City, State, Zip Code | | | |
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| | Spring, TX 77379-3061 | | | |
| Principa | al occupation / Job title (See Instructions) | Employer (See Instructions | 1 s) | |
| | R, CLIENT DELIVERY | CONIFER REV CYCL S | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 02/02/2 | | , | | 10.00 |
| <u> </u> | Contributor address; City; State; Zip Code | | | |
| | Contributor address, Oity, State, Zip Code | | | |
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| | Spring, TX 77379-3061 | | | |
| Principa | al occupation / Job title (See Instructions) | Employer (See Instructions | 5) | |
| SR DIF | R, CLIENT DELIVERY | CONIFER REV CYCL S | SOL LLC | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 02/16/2 | 2024 VARGAS, INEZ | | \$ | 10.00 |
| | Contributor address; City; State; Zip Code | | • | |
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| | Spring, TX 77379-3061 | | | |
| | al occupation / Job title (See Instructions) | Employer (See Instructions | | |
| SR DIF | R, CLIENT DELIVERY | CONIFER REV CYCL S | SOL LLC | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 03/01/2 | 2024 VARGAS, INEZ | | \$ | 10.00 |
| | Contributor address; City; State; Zip Code | | 1 | |
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| | Spring, TX 77379-3061 | | | |
| | al occupation / Job title (See Instructions) | Employer (See Instructions | | |
| SR DIF | R, CLIENT DELIVERY | CONIFER REV CYCL S | SOL LLC | |
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| The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 221/229 Rpt: 224/240 | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission File | ers) |
| Tenet Health | hcare Corporation Political Action Committee | | 00082830 | |
| 4 Date | 5 Full name of contributor Out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| 03/15/2024 | VARGAS, INEZ | | | \$10.00 |
| | 6 Contributor address; City; State; Zip Code | | • | |
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| | Spring, TX 77379-3061 | | | |
| 8 Principal occu | ipation / Job title (See Instructions) | 9 Employer (See Instructions | s) | |
| SR DIR, CLI | IENT DELIVERY | CONIFER REV CYCL S | 30L LLC | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 03/29/2024 | VARGAS, INEZ | | \$ | \$10.00 |
| | Contributor address; City; State; Zip Code | | 1 | |
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| | Spring, TX 77379-3061 | | | |
| | upation / Job title (See Instructions) | Employer (See Instructions | | |
| SR DIR, CLI | IENT DELIVERY | CONIFER REV CYCL S | 30L LLC | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 04/12/2024 | VARGAS, INEZ | | \$ | \$10.00 |
| | Contributor address; City; State; Zip Code | | | |
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| | Caring TV 77970 2061 | | | |
| Dringing occu | Spring, TX 77379-3061 upation / Job title (See Instructions) | Employer (See Instructions | | |
| | IENT DELIVERY | CONIFER REV CYCL S | | |
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| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | \$10.00 |
| 04/26/2024 | VARGAS, INEZ | | | \$10.00 |
| | Contributor address; City; State; Zip Code | | | |
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| | Spring, TX 77379-3061 | | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | |
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| 05/10/2024 | VARGAS, INEZ | / | | \$10.00 |
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| The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 222/229 Rpt: 225/240 |
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| 2 FILER NAME Tenet Health | hcare Corporation Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00082830 |
| 4 Date 05/24/2024 | 5 Full name of contributor out-of-state PAC (ID#: VARGAS, INEZ |) | 7 Amount of Contribution (\$)\$10. |
| | 6 Contributor address; City; State; Zip Code Spring, TX 77379-3061 | | |
| 8 Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instructions | ۲ ۶) |
| SR DIR, CLI | IENT DELIVERY | CONIFER REV CYCL S | SOL LLC |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 06/07/2024 | VARGAS, INEZ | | \$10. |
| | Contributor address; City; State; Zip Code | | |
| | Spring, TX 77379-3061 | | |
| | upation / Job title (See Instructions) | Employer (See Instructions | |
| SR DIR, CLI | | CONIFER REV CYCL S | ;OL LLC |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 06/21/2024 | VARGAS, INEZ | | \$10. |
| | Contributor address; City; State; Zip Code Spring, TX 77379-3061 | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | Σ δ) |
| SR DIR, CLI | IENT DELIVERY | CONIFER REV CYCL S | SOL LLC |
| Date 04/12/2024 | Full name of contributor out-of-state PAC (ID#: VARGAS, MONICA |) | Amount of Contribution (\$) \$500. |
| | Contributor address; City; State; Zip Code | | |
| | El Paso, TX 79902-1313 | ļ | |
| Principal occu CEO | upation / Job title (See Instructions) | Employer (See Instructions TENET EMPLOYMENT | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 01/05/2024 | WINSTON, RACHAEL Contributor address; City; State; Zip Code | | \$40. |
| 01/05/2024 | WINSTON, RACHAEL | | \$40 |
| | WINSTON, RACHAEL Contributor address; City; State; Zip Code | Employer (See Instructions | |

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| - | tion Guide explains how to complete this fo | orm. | 1 Total pages Schedule A1: Sch: 223/229 Rpt: 226/240 | |
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission | Filers) |
| | care Corporation Political Action Committee | | 00082830 | |
| 4 Date 5 | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| 01/19/2024 | WINSTON, RACHAEL | | | \$40.00 |
| 6 | 6 Contributor address; City; State; Zip Code | | • | |
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| | Fultondale, AL 35068-1996 | | | |
| | | 9 Employer (See Instructions | | |
| DIR, NURSING | G | BCDC EMPLOYEECO | LLC | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 02/02/2024 | WINSTON, RACHAEL | | | \$40.00 |
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| | Fultondale, AL 35068-1996 | | | |
| Principal occupa | ation / Job title (See Instructions) | Employer (See Instructions | s) | |
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| 02/16/2024 | WINSTON, RACHAEL Contributor address; City; State; Zip Code Fultondale, AL 35068-1996 ation / Job title (See Instructions) | Employer (See Instructions | s) | \$40.00 |
| 02/16/2024 | WINSTON, RACHAEL Contributor address; City; State; Zip Code Fultondale, AL 35068-1996 ation / Job title (See Instructions) | | s) | \$40.00 |
| 02/16/2024 | WINSTON, RACHAEL Contributor address; City; State; Zip Code Fultondale, AL 35068-1996 ation / Job title (See Instructions) | Employer (See Instructions BCDC EMPLOYEECO | s) | \$40.00 |
| 02/16/2024 | WINSTON, RACHAEL Contributor address; City; State; Zip Code Fultondale, AL 35068-1996 ation / Job title (See Instructions) IG Full name of contributor out-of-state PAC (ID#: | Employer (See Instructions BCDC EMPLOYEECO | s) LLC | \$40.00 |
| 02/16/2024 Principal occupa DIR, NURSING Date | WINSTON, RACHAEL Contributor address; City; State; Zip Code Fultondale, AL 35068-1996 ation / Job title (See Instructions) IG Full name of contributor out-of-state PAC (ID#:) | Employer (See Instructions BCDC EMPLOYEECO | s) LLC | |
| 02/16/2024 Principal occupa DIR, NURSING Date | WINSTON, RACHAEL Contributor address; City; State; Zip Code Fultondale, AL 35068-1996 ation / Job title (See Instructions) IG Full name of contributor out-of-state PAC (ID#: | Employer (See Instructions BCDC EMPLOYEECO | s) LLC | |
| 02/16/2024 Principal occupa DIR, NURSING Date | WINSTON, RACHAEL Contributor address; City; State; Zip Code Fultondale, AL 35068-1996 ation / Job title (See Instructions) IG Full name of contributor out-of-state PAC (ID#:_ WINSTON, RACHAEL Contributor address; City; State; Zip Code | Employer (See Instructions BCDC EMPLOYEECO | s) LLC | |
| 02/16/2024 | WINSTON, RACHAEL Contributor address; City; State; Zip Code Fultondale, AL 35068-1996 ation / Job title (See Instructions) IG Full name of contributor out-of-state PAC (ID#:_ WINSTON, RACHAEL Contributor address; City; State; Zip Code Fultondale, AL 35068-1996 | Employer (See Instructions BCDC EMPLOYEECO | s) LLC | |
| 02/16/2024 Principal occupa DIR, NURSING Date 03/01/2024 | WINSTON, RACHAEL Contributor address; City; State; Zip Code Fultondale, AL 35068-1996 ation / Job title (See Instructions) IG Full name of contributor out-of-state PAC (ID#: | Employer (See Instructions BCDC EMPLOYEECO) | s) LLC Amount of Contribution (\$) | |
| 02/16/2024 | WINSTON, RACHAEL Contributor address; City; State; Zip Code Fultondale, AL 35068-1996 ation / Job title (See Instructions) IG Full name of contributor out-of-state PAC (ID#: | Employer (See Instructions BCDC EMPLOYEECO | s) LLC Amount of Contribution (\$) | |
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| 02/16/2024 Principal occupa DIR, NURSING Date 03/01/2024 Principal occupa DIR, NURSING Date | WINSTON, RACHAEL Contributor address; City; State; Zip Code Fultondale, AL 35068-1996 ation / Job title (See Instructions) IG Full name of contributor | Employer (See Instructions BCDC EMPLOYEECO) | s) LLC Amount of Contribution (\$) s) LLC | \$40.00 |
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| The Instru | iction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 224/229 Rpt: 227/240 | |
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| 2 FILER NAME | | | 3 Filer ID (Ethics Commission File | ers) |
| | - hcare Corporation Political Action Committee | | 00082830 | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| 03/29/2024 | | I | \$ | \$40.00 |
| | 6 Contributor address; City; State; Zip Code | | 1 | |
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| | Fultondale, AL 35068-1996 | | | |
| | upation / Job title (See Instructions) | 9 Employer (See Instructions | | |
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| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
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| | Continuation address, City, State, Zip Code | I | | |
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| 04/26/2024 | WINSTON, RACHAEL | | \$ | \$40.00 |
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| I | Fultondale, AL 35068-1996 | | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | |
| DIR, NURSI | | BCDC EMPLOYEECO I | | |
| | | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 05/24/2024 | WINSTON, RACHAEL | | * | \$40.00 |
| | Contributor address; City; State; Zip Code | |] | |
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| | Fultondale, AL 35068-1996 | | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | ξ) | |
| DIR, NURSI | NG | BCDC EMPLOYEECO I | LLC | |
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| The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 225/229 Rpt: 228/240 | |
|------------------|---|------------------------------|---|---------|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission File | ers) |
| | hcare Corporation Political Action Committee | | 00082830 | , |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| 06/07/2024 | WINSTON, RACHAEL | | \$ | 640.00 |
| | 6 Contributor address; City; State; Zip Code | | 1 | |
| | | | | |
| | | | | |
| l | Fultondale, AL 35068-1996 | | | |
| 8 Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instructions | s) | |
| DIR, NURSII | NG | BCDC EMPLOYEECO | LLC | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 06/21/2024 | WINSTON, RACHAEL | | | 640.00 |
| | | | | |
| l | Continuation address, City, State, Zip Code | | | |
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| l | Fultondale, AL 35068-1996 | | | |
| Bringinal occu | | Employer (See Instructions | | |
| DIR, NURSI | upation / Job title (See Instructions) | BCDC EMPLOYEECO | | |
| | | | | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 01/05/2024 | WOLF, THOMAS | | \$ | 616.00 |
| | Contributor address; City; State; Zip Code | | 1 | |
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| | | | | |
| I | Plano, TX 75093-3560 | | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | s) | |
| TEMP PROF | FESSIONAL STAFF | TENET EMPLOYMENT | - INC | |
| Date | Full name of contributor out-of-state PAC (ID#:_ |) | Amount of Contribution (\$) | |
| 01/19/2024 | WOLF, THOMAS | | | 616.00 |
| | Contributor address; City; State; Zip Code | | | |
| I | Continuutor autriess, City, State, Zip Code | | | |
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| l | Plano, TX 75093-3560 | | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | <u>ا</u> ج) | |
| · | FESSIONAL STAFF | TENET EMPLOYMENT | , | |
| | | | - | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 02/02/2024 | WOLF, THOMAS | | . → | \$16.00 |
| I | Contributor address; City; State; Zip Code | | | |
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| I | | | | |
| <u> </u> | Plano, TX 75093-3560 | | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | 5) | |
| TEMP PROF | FESSIONAL STAFF | TENET EMPLOYMENT | INC | |
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| The Instruc | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: | |
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| | · · | - | Sch: 226/229 Rpt: 229/240 | 、 |
| 2 FILER NAME | care Corporation Political Action Committee | | 3 Filer ID (Ethics Commission F 00082830 | -ilers) |
| | | | | |
| 4 Date 02/16/2024 | | | 7 Amount of Contribution (\$) | \$16.00 |
| | 6 Contributor address; City; State; Zip Code | | | Φ10.00 |
| | 6 Contributor address; City, State, Zip Code | | | |
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| | Plano, TX 75093-3560 | | | |
| 8 Principal occur | pation / Job title (See Instructions) | 9 Employer (See Instructions | s) | |
| TEMP PROF | ESSIONAL STAFF | TENET EMPLOYMENT | · INC | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 03/01/2024 | WOLF, THOMAS | | | \$16.00 |
| | Contributor address; City; State; Zip Code | | 1 | |
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| Dringing oppu | Plano, TX 75093-3560 | Employer (Cap Instructions | | |
| | pation / Job title (See Instructions) ESSIONAL STAFF | Employer (See Instructions TENET EMPLOYMENT | , | |
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| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | ቀ1ፍ በበ |
| | Full name of contributor out-of-state PAC (ID#:_ WOLF, THOMAS |) | Amount of Contribution (\$) | \$16.00 |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | \$16.00 |
| Date | Full name of contributor out-of-state PAC (ID#:_ WOLF, THOMAS |) | Amount of Contribution (\$) | \$16.00 |
| Date | Full name of contributor out-of-state PAC (ID#:_ WOLF, THOMAS |) | Amount of Contribution (\$) | \$16.00 |
| Date 03/15/2024 | Full name of contributor out-of-state PAC (ID#: WOLF, THOMAS Contributor address; City; State; Zip Code |) Employer (See Instructions | | \$16.00 |
| Date 03/15/2024 Principal occup | Full name of contributor out-of-state PAC (ID#: WOLF, THOMAS Contributor address; City; State; Zip Code Plano, TX 75093-3560 | | s) | \$16.00 |
| Date 03/15/2024 Principal occup | Full name of contributor out-of-state PAC (ID#: WOLF, THOMAS Contributor address; City; State; Zip Code Plano, TX 75093-3560 pation / Job title (See Instructions) | Employer (See Instructions TENET EMPLOYMENT | s) | \$16.00 |
| Date 03/15/2024 Principal occup TEMP PROF | Full name of contributor out-of-state PAC (ID#: WOLF, THOMAS Contributor address; City; State; Zip Code Plano, TX 75093-3560 pation / Job title (See Instructions) ESSIONAL STAFF | Employer (See Instructions TENET EMPLOYMENT | s) INC | \$16.00 |
| Date 03/15/2024 Principal occup TEMP PROF Date | Full name of contributor out-of-state PAC (ID#:_ WOLF, THOMAS Contributor address; City; State; Zip Code Plano, TX 75093-3560 Plano, TX 75093-3560 pation / Job title (See Instructions) ESSIONAL STAFF Full name of contributor out-of-state PAC (ID#:_ | Employer (See Instructions TENET EMPLOYMENT | s) INC | |
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| Date 03/15/2024 Principal occup TEMP PROF Date | Full name of contributor out-of-state PAC (ID#:_ WOLF, THOMAS Contributor address; City; State; Zip Code Plano, TX 75093-3560 pation / Job title (See Instructions) FESSIONAL STAFF out-of-state PAC (ID#:_ WOLF, THOMAS Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Out-of-state PAC (ID#:_ | Employer (See Instructions TENET EMPLOYMENT | s) INC | |
| Date 03/15/2024 Principal occup TEMP PROF Date 03/29/2024 | Full name of contributor out-of-state PAC (ID#:_ WOLF, THOMAS Contributor address; City; State; Zip Code Plano, TX 75093-3560 pation / Job title (See Instructions) FESSIONAL STAFF out-of-state PAC (ID#:_ WOLF, THOMAS Contributor address; City; State; Zip Code Plano, TX 75093-3560 Plano, TX 75093-3560 | Employer (See Instructions TENET EMPLOYMENT) | s) TINC Amount of Contribution (\$) | |
| Date 03/15/2024 Principal occup TEMP PROF Date 03/29/2024 Principal occup | Full name of contributor out-of-state PAC (ID#:_ WOLF, THOMAS Contributor address; City; State; Zip Code Plano, TX 75093-3560 Plano, TX 75093-3560 pation / Job title (See Instructions) ESSIONAL STAFF Full name of contributor out-of-state PAC (ID#:_ WOLF, THOMAS Contributor address; City; State; Zip Code Plano, TX 75093-3560 Plano, TX 75093-3560 pation / Job title (See Instructions) State; Zip Code | Employer (See Instructions TENET EMPLOYMENT) Employer (See Instructions | s) TINC Amount of Contribution (\$) s) | |
| Date 03/15/2024 Principal occup TEMP PROF Date 03/29/2024 Principal occup TEMP PROF | Full name of contributor out-of-state PAC (ID#:_ WOLF, THOMAS Contributor address; City; State; Zip Code Plano, TX 75093-3560 Plano, TX 75093-3560 pation / Job title (See Instructions) ESSIONAL STAFF Full name of contributor out-of-state PAC (ID#:_ WOLF, THOMAS Contributor address; City; State; Zip Code Plano, TX 75093-3560 Plano, TX 75093-3560 pation / Job title (See Instructions) ESSIONAL STAFF | Employer (See Instructions TENET EMPLOYMENT) | s) INC Amount of Contribution (\$) S) INC | |
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| Date 03/15/2024 Principal occup TEMP PROF Date 03/29/2024 Principal occup TEMP PROF | Full name of contributor out-of-state PAC (ID#:_ WOLF, THOMAS Contributor address; City; State; Zip Code Plano, TX 75093-3560 Plano, TX 75093-3560 pation / Job title (See Instructions) ESSIONAL STAFF Full name of contributor out-of-state PAC (ID#:_ WOLF, THOMAS Contributor address; City; State; Zip Code Plano, TX 75093-3560 Plano, TX 75093-3560 pation / Job title (See Instructions) ESSIONAL STAFF Full name of contributor out-of-state PAC (ID#:_ WOLF, THOMAS Out-of-state PAC (ID#:_ Plano, TX 75093-3560 Plano, TX 75093-3560 pation / Job title (See Instructions) ESSIONAL STAFF Full name of contributor out-of-state PAC (ID#:_ WOLF, THOMAS Out-of-state PAC (ID#:_ | Employer (See Instructions TENET EMPLOYMENT) Employer (See Instructions | s) INC Amount of Contribution (\$) S) INC | \$16.00 |
| Date 03/15/2024 Principal occup TEMP PROF Date 03/29/2024 Principal occup TEMP PROF Date | Full name of contributor out-of-state PAC (ID#:_ WOLF, THOMAS Contributor address; City; State; Zip Code Plano, TX 75093-3560 Plano, TX 75093-3560 pation / Job title (See Instructions) ESSIONAL STAFF Full name of contributor out-of-state PAC (ID#:_ WOLF, THOMAS Contributor address; City; State; Zip Code Plano, TX 75093-3560 pation / Job title (See Instructions) ESSIONAL STAFF ESSIONAL STAFF Full name of contributor out-of-state PAC (ID#:_ WOLF, THOMAS Contributor address; City; State; Zip Code Plano, TX 75093-3560 pation / Job title (See Instructions) ESSIONAL STAFF Full name of contributor Full name of contributor out-of-state PAC (ID#:_ | Employer (See Instructions TENET EMPLOYMENT) Employer (See Instructions | s) INC Amount of Contribution (\$) S) INC | \$16.00 |
| Date 03/15/2024 Principal occup TEMP PROF Date 03/29/2024 Principal occup TEMP PROF Date | Full name of contributor out-of-state PAC (ID#:_ WOLF, THOMAS Contributor address; City; State; Zip Code Plano, TX 75093-3560 Plano, TX 75093-3560 pation / Job title (See Instructions) ESSIONAL STAFF Full name of contributor out-of-state PAC (ID#:_ WOLF, THOMAS Contributor address; City; State; Zip Code Plano, TX 75093-3560 Plano, TX 75093-3560 pation / Job title (See Instructions) ESSIONAL STAFF Full name of contributor out-of-state PAC (ID#:_ WOLF, THOMAS Out-of-state PAC (ID#:_ Plano, TX 75093-3560 Plano, TX 75093-3560 pation / Job title (See Instructions) ESSIONAL STAFF Full name of contributor out-of-state PAC (ID#:_ WOLF, THOMAS Out-of-state PAC (ID#:_ | Employer (See Instructions TENET EMPLOYMENT) Employer (See Instructions | s) INC Amount of Contribution (\$) S) INC | \$16.00 |
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| Date 03/15/2024 Principal occup TEMP PROF Date 03/29/2024 Principal occup TEMP PROF Date 04/12/2024 | Full name of contributor out-of-state PAC (ID#:_ WOLF, THOMAS Contributor address; City; State; Zip Code Plano, TX 75093-3560 Plano, TX 75093-3560 pation / Job title (See Instructions) ESSIONAL STAFF Full name of contributor out-of-state PAC (ID#:_ WOLF, THOMAS Contributor address; City; State; Zip Code Plano, TX 75093-3560 Plano, TX 75093-3560 pation / Job title (See Instructions) ESSIONAL STAFF Full name of contributor out-of-state PAC (ID#:_ WOLF, THOMAS Contributor address; City; State; Zip Code Plano, TX 75093-3560 out-of-state PAC (ID#:_ WOLF, THOMAS Contributor address; City; State; Zip Code | Employer (See Instructions TENET EMPLOYMENT) Employer (See Instructions | s) INC Amount of Contribution (\$) s) INC Amount of Contribution (\$) | |

| The Instructi | ion Guide explains how to complete this fo | 1 Total pages Schedule A1: Sch: 227/229 Rpt: 230/240 | | |
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| 2 FILER NAME | ILER NAME | | 3 Filer ID (Ethics Commission Filer | rs) |
| | are Corporation Political Action Committee | 00082830 | , | |
| 4 Date 5 | Full name of contributor out-of-state PAC (ID#: |) | 7 Amount of Contribution (\$) | |
| 04/26/2024 | 4/26/2024 WOLF, THOMAS 6 Contributor address; City; State; Zip Code | | \$1 | 16.00 |
| 6 | | | | |
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| I | Plano, TX 75093-3560 | | | |
| | | 9 Employer (See Instructions | | |
| | SSIONAL STAFF | TENET EMPLOYMENT | INC | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 01/05/2024 | Wiener, Chad | | \$3 | 39.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | Dallas TV 75254 2016 | | | |
| Dringing oggung | Dallas, TX 75254-2916 | Employer (See Instructions | | |
| GENERAL CO | ation / Job title (See Instructions) | Employer (See Instructions Tenet HealthSystem Me | | |
| | | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | ~~ ~~ |
| 01/19/2024 | Wiener, Chad | | ა | 39.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | Dallas, TX 75254-2916 | | | |
| Principal occupat | tion / Job title (See Instructions) | Employer (See Instructions | <u> </u> 3) | |
| GENERAL CO | | Tenet HealthSystem Me | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 02/02/2024 | Wiener, Chad | | | 39.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Dallas, TX 75254-2916 | | | |
| | tion / Job title (See Instructions) | Employer (See Instructions | · | |
| GENERAL CO | UNSEL | Tenet HealthSystem Me | edical | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 02/16/2024 | Wiener, Chad | | \$3 | 39.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Dallas, TX 75254-2916 | | | |
| | ation / Job title (See Instructions) | Employer (See Instructions | | |
| GENERAL CO | UNSEL | Tenet HealthSystem Me | edical | |
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| The Instruc | ction Guide explains how to complete this f | 1 Total pages Schedule A1: Sch: 228/229 Rpt: 231/240 | |
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| 2 FILER NAME | ILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| | ncare Corporation Political Action Committee | | 00082830 |
| 4 Date | | | 7 Amount of Contribution (\$) |
| 03/01/2024 | | | \$39.00 |
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| | Dallas, TX 75254-2916 | | |
| | pation / Job title (See Instructions) | 9 Employer (See Instructions | |
| GENERAL C | ;OUNSEL | Tenet HealthSystem Me | edical |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 03/15/2024 | Wiener, Chad | | \$39.00 |
| | Contributor address; City; State; Zip Code | |] |
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| Dringing occu | Dallas, TX 75254-2916 | Employer (See Instructions | |
| GENERAL C | pation / Job title (See Instructions) | Employer (See Instructions Tenet HealthSystem Me | |
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| Date 03/29/2024 | Full name of contributor out-of-state PAC (ID#: Wiepper, Chad |) | Amount of Contribution (\$) \$39.00 |
| 03/29/2024 | Wiener, Chad | | ψυσ.υυ |
| | Contributor address; City; State; Zip Code | | |
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| | Dallas, TX 75254-2916 | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) |
| GENERAL C | OUNSEL | Tenet HealthSystem Me | edical |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 04/12/2024 | Wiener, Chad | | \$39.00 |
| | Contributor address; City; State; Zip Code | | 1 |
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| Dringinglogou | Dallas, TX 75254-2916 | 1 Employee (Cool Instructions | <u> </u> |
| GENERAL C | pation / Job title (See Instructions) | Employer (See Instructions Tenet HealthSystem Me | , |
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| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 04/26/2024 | Wiener, Chad | | \$39.00 |
| | Contributor address; City; State; Zip Code | | |
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| | Dallas, TX 75254-2916 | | |
| Principal occu | pation / Job title (See Instructions) | Employer (See Instructions | s) |
| GENERAL C | | edical | |
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| The In | struction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 229/229 Rpt: 232/240 |
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| 2 FILER N | | | 3 Filer ID (Ethics Commission Filers) |
| | Healthcare Corporation Political Action Committee | 00082830 | |
| 4 Date | te 5 Full name of contributor out-of-state PAC (ID#:) | | 7 Amount of Contribution (\$) |
| 05/10/2 | 05/10/2024 Wiener, Chad | | \$39.00 |
| | 6 Contributor address; City; State; Zip Code | | |
| | Contributor address, City, State, Zip Code | | |
| | | | |
| | Dallas, TX 75254-2916 | | |
| 8 Principa | l occupation / Job title (See Instructions) | 9 Employer (See Instructions | s) |
| | RAL COUNSEL | Tenet HealthSystem Me | |
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| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 05/24/2 | | | \$39.00 |
| | Contributor address; City; State; Zip Code | | |
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| | Dollac TX 75254 2016 | | |
| | Dallas, TX 75254-2916 | | |
| | l occupation / Job title (See Instructions) | Employer (See Instructions | |
| GENE | RAL COUNSEL | Tenet HealthSystem Me | edical |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 06/07/2 | | | \$39.00 |
| 00/01/2 | | | |
| | Contributor address; City; State; Zip Code | | |
| | | | |
| | | | |
| | Dallas, TX 75254-2916 | - | |
| Principa | l occupation / Job title (See Instructions) | Employer (See Instructions | s) |
| GENER | RAL COUNSEL | Tenet HealthSystem Me | edical |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) |
| 06/21/2 | | / | \$39.00 |
| 00/21/2 | | | \$39.00 |
| | Contributor address; City; State; Zip Code | | |
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| | Dallas, TX 75254-2916 | | |
| Principa | l occupation / Job title (See Instructions) | Employer (See Instructions | s) |
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PLEDGED CONTRIBUTIONS

SCHEDULE **B**

| | The Instruction Guide explains how to complete this form. | | | | | 1 Total pages Schedule B: Sch: 1/1 Rpt: 233/240 | | | |
|----|---|------------------------------------|-------------------------|-------------------------|------|--|--------------------------------|--|-----------|
| 2 | FILER NAME | Ē | | | 3 | Filer ID | (Ethics C | Commission Filers) | |
| | Tenet Healt | hcare Corporation Political | Action Committee | | | 00082830 | | | |
| 4 | TOTAL OF | UNITEMIZED PLEDGE | S | | | \$ | | | 0.00 |
| 5 | Date | 6 Full name of pledgor | out-of-state PAC (ID#:_ |) | 8 | Amount of pledge (\$) | 9 | In-kind description (If applicable) | |
| | | 7 Pledgor Address; | City; State; Zip Code | | | Check if trave | I I I I el outside | of Texas. Complete Sch | iedule T. |
| 10 | Principal occ | upation / Job title (See Instructi | ons) | 11 Employer (See Instru | ctio | ns) | | | |

| LOANS | | SCHEE | DULE E |
|---|--|---|-------------|
| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule E: Sch: 1/1 Rpt: 234/240 | | |
| 2 FILER NAME Tenet Healthcare Corporation Political Action Committee | 3 Filer ID 000828 | (Ethics Commissi 830 | ion Filers) |
| ⁴ TOTAL OF UNITEMIZED LOANS | | \$ | 0.00 |
| 5 Date of loan 7 Name of lender out-of-state PAC (ID#: |) | 9 Loan Amount | (\$) |
| 6 Is lender a 8 Lender address; City; State; Zip Code financial institution? | | 10 Interest Rate | |
| | | 11 Maturity Date | |
| 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) | 5) | | |
| 14 Description of Collateral 15 Check if personal funds we None | ere deposited | d into political accou (See Instructio | |
| 16 GUARANTOR 17 Name of guarantor INFORMATION 17 Name of guarantor | | 19 Amount Guara | inteed (\$) |
| not applicable 18 Guarantor address; City; State; Zip Code | | | |
| | | | |
| 20 Principal occupation 21 Employer (See Instructions | 5) | | |
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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8

9

Date

Date

Amount (\$)

OF

Amount (\$)

OF

4 Date

6 Amount (\$)

OF

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 1/4 Rpt: 235/240 Tenet Healthcare Corporation Political Action Committee 00082830 5 Payee name 01/26/2024 BETH VAN DUYNE FOR CONGRESS Payee address; City; State; Zip Code 7 \$2,500.00 PO BOX 630167 Expenditure from **IRVING, TX 75063** corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Contribution to Committee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 04/16/2024 BRITT FOR ALABAMA INC Payee address; City; State; Zip Code \$1,000.00 PO BOX 3759 Expenditure from Montgomery, AL 36109-0759 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By EXPENDITURE Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Contribution to Committee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 03/13/2024 FREEDOM FUND Payee address: City; State; Zip Code \$2,500.00 824 S MILLEDGE AVE, STE 101 Expenditure from ATHENS, GA 30605 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By EXPENDITURE Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Contribution to Committee Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

Forms provided by Texas Ethics Commission

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 2/4 Rpt: 236/240 Tenet Healthcare Corporation Political Action Committee 00082830 4 Date 5 Payee name 01/26/2024 FRIENDS OF DUSTY JOHNSON 6 Amount (\$) Payee address; City; State; Zip Code 7 \$1,000.00 **PO BOX 278** Expenditure from MITCHELL, SD 57301 corporate funds PURPOSE 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Contribution to Committee Complete ONLY if direct Candidate/Officeholder name Office sought Office held 9 expenditure to benefit C/OH Date Payee name 04/02/2024 **GUTHRIE VICTORY FUND** Amount (\$) Payee address; City; State; Zip Code \$2,500.00 P.O. 22401 Expenditure from LOUISVILLE, KY 40252 corporate funds PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By EXPENDITURE Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Contribution to Committee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/16/2024 KAINE FOR VIRGINIA Amount (\$) Payee address: City; State: Zip Code \$2,500.00 1751 POTOMAC GREENS DRIVE Expenditure from corporate funds ALEXANDRIA, VA 22314 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By EXPENDITURE Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Contribution to Committee Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) | | | | | |
|---|---|---|---|--|--|--|--|--|
| 1 | Total pages Schedule F1: Sch: 3/4 Rpt: 237/240 | 2 FILER NAME Tenet Healthcare Corporation Political Action Committee | 3 Filer ID (Ethics Commission Filers) 00082830 | | | | | |
| 4 | Date 01/22/2024 | 5 Payee name REPUBLICAN GOVERNANCE GROUP/TUESDAY GROUP PA | c | | | | | |
| 6 | Amount (\$) \$5,000.00 | 7 Payee address; City; State; Zip Code 610 S. BOULEVARD | | | | | | |
| | Expenditure from corporate funds | Tampa, FL 33606-2647 | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | OF Contributions/Donations Made By | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | |
| | Date 02/01/2024 | Payee name Richard E Neal For Congress Committee | | | | | | |
| | | - | | | | | | |
| | Amount (\$) \$2,500.00 | Payee address; City; State; Zip Code 76 Magnolia Terrace | | | | | | |
| | Expenditure from corporate funds | Springfield, MA 01108-2533 | | | | | | |
| | PURPOSE OF EXPENDITURE | Candidate/Officeholder/Political Committee | outside of Texas. Complete Schedule T. , TX, officeholder living expense to Committee | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | |
| | Date 02/14/2024 | Payee name STANTON FOR CONGRESS | | | | | | |
| | Amount (\$) \$2,500.00 | Payee address; City; State; Zip Code 4340 E INDIAN SCHOOL ROAD SUITE 21-518 | | | | | | |
| | corporate funds | PHOENIX, AZ 85018 | | | | | | |
| | PURPOSE OF EXPENDITURE | | outside of Texas. Complete Schedule T. , TX, officeholder living expense to Committee | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | |
| | | | Office held | | | | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 4/4 Rpt: 238/240 Tenet Healthcare Corporation Political Action Committee 00082830 4 Date 5 Payee name 02/01/2024 VINCE FONG FOR CONGRESS 6 Amount (\$) Payee address; City; State; Zip Code 7 \$1,000.00 PO BOX 11156 Expenditure from BAKERSFIELD, CA 93389 corporate funds PURPOSE 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Contribution to Committee Complete ONLY if direct Candidate/Officeholder name Office sought Office held 9 expenditure to benefit C/OH Date Payee name 05/23/2024 WITH HONOR PAC Amount (\$) Payee address; City; State; Zip Code \$5,000.00 PO BOX 1843 Expenditure from ALEXANDRIA, VA 22313 corporate funds PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By EXPENDITURE Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Contribution to Committee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/26/2024 WONDER WOMEN PAC Amount (\$) Payee address; City: State; Zip Code \$5,000.00 PO BOX 9891 Expenditure from corporate funds ARLINGTON, VA 22219 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By EXPENDITURE Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Contribution to Committee Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

| | The Instruction Guide explains ho | w to complete this form. |
|--|---|--|
| Total pages Schedule I: Sch: 1/1 Rpt: | 2 FILER NAME Tenet Healthcare Corporation Political Ac | tion 3 Filer ID (Ethics Commission Filers |
| Date 05/10/2024 | 5 Payee name BERNARD, MARK | |
| Amount (\$) 60.00 Expenditure from | 7 Payee Address; City; State; Zip 14201 Dallas Pkwy | |
| corporate funds | Dallas, TX 75254 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable cate Refund of contribution made | gories) (b) Description (See instructions regarding type of information required Partial refund of 6/23/23 contribution |
| | | |
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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

| | The Instruction Guide explains how to complete this form | | | ages Schedule K: ./1 Rpt: 240/240 | | |
|---|--|---|----------------|--------------------------------------|--|--|
| 2 | FILER NAME | | 3 Filer ID | (Ethics Commission Filers) | | |
| | Tenet Health | ncare Corporation Political Action Committee | 830 | | | |
| 4 | Date | 5 Name of person from whom amount is received | | 8 Amount (\$) | | |
| | 03/07/2024 | FAIR SHOT PAC | | \$1,000.00 | | |
| | | 6 Address of person from whom amount is received; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Malden, MA 02148 | | | | |
| | | | olitical conti | ribution returned to filer | | |
| | | Void of 3/27/23 Contribution | | | | |
| | Date | Name of person from whom amount is received | | Amount (\$) | | |
| | 04/12/2024 | MCCARTHY VICTORY FUND | | \$5,000.00 | | |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | BETHESDA, MD 20824 | | | | |
| | | | olitical conti | ribution returned to filer | | |
| | | REFUND OF 2/13/23 CONTRIBUTION | | | | |
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