

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Tenet Healthcare Corporation Political Action Committee	13 Filer ID (Ethics Commission Filers) 00082830
---	---

14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		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	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 59,969.36
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 33,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 81,165.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Todd Plott

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - GPAC

17 COMMITTEE NAME Tenet Healthcare Corporation Political Action Committee		18 Filer ID (Ethics Commission Filers) 00082830
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 59,969.36
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 33,000.00
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
12.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 60.00
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 6,000.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/229 Rpt: 4/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 01/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ABERCROMBIE, ZACHARY K. <hr/> 6 Contributor address; City; State; Zip Code Talladega, AL 35160-2217	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) CFO		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ABERCROMBIE, ZACHARY K. <hr/> Contributor address; City; State; Zip Code Talladega, AL 35160-2217	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ABERCROMBIE, ZACHARY K. <hr/> Contributor address; City; State; Zip Code Talladega, AL 35160-2217	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ABERCROMBIE, ZACHARY K. <hr/> Contributor address; City; State; Zip Code Talladega, AL 35160-2217	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ABERCROMBIE, ZACHARY K. <hr/> Contributor address; City; State; Zip Code Talladega, AL 35160-2217	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/229 Rpt: 5/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 03/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ABERCROMBIE, ZACHARY K. <hr/> 6 Contributor address; City; State; Zip Code Talladega, AL 35160-2217	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) CFO		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ABERCROMBIE, ZACHARY K. <hr/> Contributor address; City; State; Zip Code Talladega, AL 35160-2217	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ABERCROMBIE, ZACHARY K. <hr/> Contributor address; City; State; Zip Code Talladega, AL 35160-2217	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ABERCROMBIE, ZACHARY K. <hr/> Contributor address; City; State; Zip Code Talladega, AL 35160-2217	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ATTEBERRY, MARK L. <hr/> Contributor address; City; State; Zip Code Palm Desert, CA 92260-5713	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, CONSTRUCTN & DESIGN		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/229 Rpt: 6/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 01/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ATTEBERRY, MARK L. <hr/> 6 Contributor address; City; State; Zip Code Palm Desert, CA 92260-5713	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) DIR, CONSTRUCTN & DESIGN		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ATTEBERRY, MARK L. <hr/> Contributor address; City; State; Zip Code Palm Desert, CA 92260-5713	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, CONSTRUCTN & DESIGN		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ATTEBERRY, MARK L. <hr/> Contributor address; City; State; Zip Code Palm Desert, CA 92260-5713	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, CONSTRUCTN & DESIGN		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ATTEBERRY, MARK L. <hr/> Contributor address; City; State; Zip Code Palm Desert, CA 92260-5713	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, CONSTRUCTN & DESIGN		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ATTEBERRY, MARK L. <hr/> Contributor address; City; State; Zip Code Palm Desert, CA 92260-5713	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, CONSTRUCTN & DESIGN		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/229 Rpt: 7/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 03/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ATTEBERRY, MARK L. <hr/> 6 Contributor address; City; State; Zip Code Palm Desert, CA 92260-5713	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) DIR, CONSTRUCTN & DESIGN		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ATTEBERRY, MARK L. <hr/> Contributor address; City; State; Zip Code Palm Desert, CA 92260-5713	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, CONSTRUCTN & DESIGN		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ATTEBERRY, MARK L. <hr/> Contributor address; City; State; Zip Code Palm Desert, CA 92260-5713	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, CONSTRUCTN & DESIGN		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ATTEBERRY, MARK L. <hr/> Contributor address; City; State; Zip Code Palm Desert, CA 92260-5713	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, CONSTRUCTN & DESIGN		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ATTEBERRY, MARK L. <hr/> Contributor address; City; State; Zip Code Palm Desert, CA 92260-5713	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, CONSTRUCTN & DESIGN		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/229 Rpt: 8/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 06/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ATTEBERRY, MARK L. <hr/> 6 Contributor address; City; State; Zip Code Palm Desert, CA 92260-5713	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) DIR, CONSTRUCTN & DESIGN		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ATTEBERRY, MARK L. <hr/> Contributor address; City; State; Zip Code Palm Desert, CA 92260-5713	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, CONSTRUCTN & DESIGN		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 06/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnst, Tom <hr/> Contributor address; City; State; Zip Code Plano, TX 75093-7629	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Chief Administrative Officer		Employer (See Instructions) Tenet Healthcare
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BAYER, JENNIFER L. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) MGR, CORP COMMUNICATIONS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BAYER, JENNIFER L. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) MGR, CORP COMMUNICATIONS		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/229 Rpt: 9/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 02/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BAYER, JENNIFER L.	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Dallas, TX 75254-2916		
8 Principal occupation / Job title (See Instructions) MGR, CORP COMMUNICATIONS		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BAYER, JENNIFER L.	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Dallas, TX 75254-2916		
Principal occupation / Job title (See Instructions) MGR, CORP COMMUNICATIONS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BAYER, JENNIFER L.	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Dallas, TX 75254-2916		
Principal occupation / Job title (See Instructions) MGR, CORP COMMUNICATIONS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BAYER, JENNIFER L.	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Dallas, TX 75254-2916		
Principal occupation / Job title (See Instructions) MGR, CORP COMMUNICATIONS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BAYER, JENNIFER L.	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Dallas, TX 75254-2916		
Principal occupation / Job title (See Instructions) MGR, CORP COMMUNICATIONS		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/229 Rpt: 10/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 03/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BAYER, JENNIFER L.	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75254-2916	
8 Principal occupation / Job title (See Instructions) MGR, CORP COMMUNICATIONS		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BECKMAN, CYNTHIA Z.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Philadelphia, PA 19130-3771	
Principal occupation / Job title (See Instructions) MGR, LITIGATION		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BECKMAN, CYNTHIA Z.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Philadelphia, PA 19130-3771	
Principal occupation / Job title (See Instructions) MGR, LITIGATION		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BECKMAN, CYNTHIA Z.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Philadelphia, PA 19130-3771	
Principal occupation / Job title (See Instructions) MGR, LITIGATION		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BECKMAN, CYNTHIA Z.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Philadelphia, PA 19130-3771	
Principal occupation / Job title (See Instructions) MGR, LITIGATION		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/229 Rpt: 11/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 03/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BECKMAN, CYNTHIA Z.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Philadelphia, PA 19130-3771	
8 Principal occupation / Job title (See Instructions) MGR, LITIGATION		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BECKMAN, CYNTHIA Z.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Philadelphia, PA 19130-3771	
Principal occupation / Job title (See Instructions) MGR, LITIGATION		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BECKMAN, CYNTHIA Z.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Philadelphia, PA 19130-3771	
Principal occupation / Job title (See Instructions) MGR, LITIGATION		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BECKMAN, CYNTHIA Z.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Philadelphia, PA 19130-3771	
Principal occupation / Job title (See Instructions) MGR, LITIGATION		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BECKMAN, CYNTHIA Z.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Philadelphia, PA 19130-3771	
Principal occupation / Job title (See Instructions) MGR, LITIGATION		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/229 Rpt: 12/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 05/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BECKMAN, CYNTHIA Z.	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Philadelphia, PA 19130-3771	
8 Principal occupation / Job title (See Instructions) MGR, LITIGATION		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BECKMAN, CYNTHIA Z.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Philadelphia, PA 19130-3771	
Principal occupation / Job title (See Instructions) MGR, LITIGATION		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BECKMAN, CYNTHIA Z.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Philadelphia, PA 19130-3771	
Principal occupation / Job title (See Instructions) MGR, LITIGATION		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BECKMAN, CYNTHIA Z.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Philadelphia, PA 19130-3771	
Principal occupation / Job title (See Instructions) MGR, LITIGATION		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BENDER, LINDA M.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code La Quinta, CA 92247-1683	
Principal occupation / Job title (See Instructions) CHIEF STRATEGY OFFICER		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/229 Rpt: 13/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 01/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BENDER, LINDA M.	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code La Quinta, CA 92247-1683	
8 Principal occupation / Job title (See Instructions) CHIEF STRATEGY OFFICER		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BENDER, LINDA M.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code La Quinta, CA 92247-1683	
Principal occupation / Job title (See Instructions) CHIEF STRATEGY OFFICER		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BENDER, LINDA M.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code La Quinta, CA 92247-1683	
Principal occupation / Job title (See Instructions) CHIEF STRATEGY OFFICER		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BENDER, LINDA M.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code La Quinta, CA 92247-1683	
Principal occupation / Job title (See Instructions) CHIEF STRATEGY OFFICER		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BENDER, LINDA M.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code La Quinta, CA 92247-1683	
Principal occupation / Job title (See Instructions) CHIEF STRATEGY OFFICER		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/229 Rpt: 14/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 03/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BENDER, LINDA M.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code La Quinta, CA 92247-1683	
8 Principal occupation / Job title (See Instructions) CHIEF STRATEGY OFFICER		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BENDER, LINDA M.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code La Quinta, CA 92247-1683	
Principal occupation / Job title (See Instructions) CHIEF STRATEGY OFFICER		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BENDER, LINDA M.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code La Quinta, CA 92247-1683	
Principal occupation / Job title (See Instructions) CHIEF STRATEGY OFFICER		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BENDER, LINDA M.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code La Quinta, CA 92247-1683	
Principal occupation / Job title (See Instructions) CHIEF STRATEGY OFFICER		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BENDER, LINDA M.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code La Quinta, CA 92247-1683	
Principal occupation / Job title (See Instructions) CHIEF STRATEGY OFFICER		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/229 Rpt: 15/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 06/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BENDER, LINDA M.	7 Amount of Contribution (\$) \$19.00
	6 Contributor address; City; State; Zip Code La Quinta, CA 92247-1683	
8 Principal occupation / Job title (See Instructions) CHIEF STRATEGY OFFICER		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BENDER, LINDA M.	Amount of Contribution (\$) \$19.00
	Contributor address; City; State; Zip Code La Quinta, CA 92247-1683	
Principal occupation / Job title (See Instructions) CHIEF STRATEGY OFFICER		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BIERMAN Jr., MICHAEL	Amount of Contribution (\$) \$19.00
	Contributor address; City; State; Zip Code Rockwall, TX 75032-7478	
Principal occupation / Job title (See Instructions) SVP, FINANCIAL OPERATION		Employer (See Instructions) TENET EMPLOYMENT INC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BIERMAN Jr., MICHAEL	Amount of Contribution (\$) \$19.00
	Contributor address; City; State; Zip Code Rockwall, TX 75032-7478	
Principal occupation / Job title (See Instructions) SVP, FINANCIAL OPERATION		Employer (See Instructions) TENET EMPLOYMENT INC
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BIERMAN Jr., MICHAEL	Amount of Contribution (\$) \$19.00
	Contributor address; City; State; Zip Code Rockwall, TX 75032-7478	
Principal occupation / Job title (See Instructions) SVP, FINANCIAL OPERATION		Employer (See Instructions) TENET EMPLOYMENT INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/229 Rpt: 16/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 02/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BIERMAN Jr., MICHAEL <hr/> 6 Contributor address; City; State; Zip Code Rockwall, TX 75032-7478	7 Amount of Contribution (\$) \$19.00
8 Principal occupation / Job title (See Instructions) SVP, FINANCIAL OPERATION		9 Employer (See Instructions) TENET EMPLOYMENT INC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BIERMAN Jr., MICHAEL <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75032-7478	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) SVP, FINANCIAL OPERATION		Employer (See Instructions) TENET EMPLOYMENT INC
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BIERMAN Jr., MICHAEL <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75032-7478	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) SVP, FINANCIAL OPERATION		Employer (See Instructions) TENET EMPLOYMENT INC
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BIERMAN Jr., MICHAEL <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75032-7478	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) SVP, FINANCIAL OPERATION		Employer (See Instructions) TENET EMPLOYMENT INC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BIERMAN Jr., MICHAEL <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75032-7478	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) SVP, FINANCIAL OPERATION		Employer (See Instructions) TENET EMPLOYMENT INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/229 Rpt: 17/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 04/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BIERMAN Jr., MICHAEL <hr/> 6 Contributor address; City; State; Zip Code Rockwall, TX 75032-7478	7 Amount of Contribution (\$) \$19.00
8 Principal occupation / Job title (See Instructions) SVP, FINANCIAL OPERATION		9 Employer (See Instructions) TENET EMPLOYMENT INC
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BIERMAN Jr., MICHAEL <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75032-7478	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) SVP, FINANCIAL OPERATION		Employer (See Instructions) TENET EMPLOYMENT INC
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BIERMAN Jr., MICHAEL <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75032-7478	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) SVP, FINANCIAL OPERATION		Employer (See Instructions) TENET EMPLOYMENT INC
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BIERMAN Jr., MICHAEL <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75032-7478	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) SVP, FINANCIAL OPERATION		Employer (See Instructions) TENET EMPLOYMENT INC
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BIERMAN Jr., MICHAEL <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75032-7478	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) SVP, FINANCIAL OPERATION		Employer (See Instructions) TENET EMPLOYMENT INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/229 Rpt: 18/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 01/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BODINE, KIMBERLY <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75254-2916	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) SR DIR, APPLIED CLIN INF		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BODINE, KIMBERLY <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) SR DIR, APPLIED CLIN INF		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BODINE, KIMBERLY <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) SR DIR, APPLIED CLIN INF		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BODINE, KIMBERLY <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) SR DIR, APPLIED CLIN INF		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BODINE, KIMBERLY <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) SR DIR, APPLIED CLIN INF		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/229 Rpt: 19/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 03/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BODINE, KIMBERLY <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75254-2916	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) SR DIR, APPLIED CLIN INF		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BODINE, KIMBERLY <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) SR DIR, APPLIED CLIN INF		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BODINE, KIMBERLY <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) SR DIR, APPLIED CLIN INF		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BODINE, KIMBERLY <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) SR DIR, APPLIED CLIN INF		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BODINE, KIMBERLY <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) SR DIR, APPLIED CLIN INF		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/229 Rpt: 20/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 05/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BODINE, KIMBERLY <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75254-2916	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) SR DIR, APPLIED CLIN INF		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BODINE, KIMBERLY <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) SR DIR, APPLIED CLIN INF		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOON, ERIC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$96.00
Principal occupation / Job title (See Instructions) MARKET PRESIDENT		Employer (See Instructions) USPI
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOON, ERIC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$96.00
Principal occupation / Job title (See Instructions) MARKET PRESIDENT		Employer (See Instructions) USPI
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOON, ERIC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$96.00
Principal occupation / Job title (See Instructions) MARKET PRESIDENT		Employer (See Instructions) USPI

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/229 Rpt: 21/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 02/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOON, ERIC <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75254-2916	7 Amount of Contribution (\$) \$96.00
8 Principal occupation / Job title (See Instructions) MARKET PRESIDENT		9 Employer (See Instructions) USPI
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOON, ERIC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$96.00
Principal occupation / Job title (See Instructions) MARKET PRESIDENT		Employer (See Instructions) USPI
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOON, ERIC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$96.00
Principal occupation / Job title (See Instructions) MARKET PRESIDENT		Employer (See Instructions) USPI
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOON, ERIC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$96.00
Principal occupation / Job title (See Instructions) MARKET PRESIDENT		Employer (See Instructions) USPI
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOON, ERIC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$96.00
Principal occupation / Job title (See Instructions) MARKET PRESIDENT		Employer (See Instructions) USPI

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/229 Rpt: 22/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 04/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOON, ERIC <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75254-2916	7 Amount of Contribution (\$) \$96.00
8 Principal occupation / Job title (See Instructions) MARKET PRESIDENT		9 Employer (See Instructions) USPI
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOON, ERIC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$96.00
Principal occupation / Job title (See Instructions) MARKET PRESIDENT		Employer (See Instructions) USPI
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOON, ERIC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$96.00
Principal occupation / Job title (See Instructions) MARKET PRESIDENT		Employer (See Instructions) USPI
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOON, ERIC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$96.00
Principal occupation / Job title (See Instructions) MARKET PRESIDENT		Employer (See Instructions) USPI
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOON, ERIC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$96.00
Principal occupation / Job title (See Instructions) MARKET PRESIDENT		Employer (See Instructions) USPI

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/229 Rpt: 23/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 01/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BREAUX, STANLEY <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75254-2916	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) DIR, GME (NON-PHYSICIAN)		9 Employer (See Instructions) BCDC EMPLOYEECO LLC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BREAUX, STANLEY <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) DIR, GME (NON-PHYSICIAN)		Employer (See Instructions) BCDC EMPLOYEECO LLC
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BREAUX, STANLEY <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) DIR, GME (NON-PHYSICIAN)		Employer (See Instructions) BCDC EMPLOYEECO LLC
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BREAUX, STANLEY <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) DIR, GME (NON-PHYSICIAN)		Employer (See Instructions) BCDC EMPLOYEECO LLC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BREAUX, STANLEY <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) DIR, GME (NON-PHYSICIAN)		Employer (See Instructions) BCDC EMPLOYEECO LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/229 Rpt: 24/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 03/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BREAUX, STANLEY <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75254-2916	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) DIR, GME (NON-PHYSICIAN)		9 Employer (See Instructions) BCDC EMPLOYEECO LLC
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BREAUX, STANLEY <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) DIR, GME (NON-PHYSICIAN)		Employer (See Instructions) BCDC EMPLOYEECO LLC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BREAUX, STANLEY <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) DIR, GME (NON-PHYSICIAN)		Employer (See Instructions) BCDC EMPLOYEECO LLC
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BREAUX, STANLEY <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) DIR, GME (NON-PHYSICIAN)		Employer (See Instructions) BCDC EMPLOYEECO LLC
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BREAUX, STANLEY <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) DIR, GME (NON-PHYSICIAN)		Employer (See Instructions) BCDC EMPLOYEECO LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/229 Rpt: 25/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 05/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BREAUX, STANLEY <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75254-2916	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) DIR, GME (NON-PHYSICIAN)		9 Employer (See Instructions) BCDC EMPLOYEECO LLC
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BREAUX, STANLEY <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) DIR, GME (NON-PHYSICIAN)		Employer (See Instructions) BCDC EMPLOYEECO LLC
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BREAUX, STANLEY <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) DIR, GME (NON-PHYSICIAN)		Employer (See Instructions) BCDC EMPLOYEECO LLC
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BYRD, DAVID <hr/> Contributor address; City; State; Zip Code El Paso, TX 79911-3601	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) TENET EMPLOYMENT INC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BYRD, DAVID <hr/> Contributor address; City; State; Zip Code El Paso, TX 79911-3601	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) TENET EMPLOYMENT INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/229 Rpt: 26/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 02/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BYRD, DAVID <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79911-3601	7 Amount of Contribution (\$) \$19.00
8 Principal occupation / Job title (See Instructions) COO		9 Employer (See Instructions) TENET EMPLOYMENT INC
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BYRD, DAVID <hr/> Contributor address; City; State; Zip Code El Paso, TX 79911-3601	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) TENET EMPLOYMENT INC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BYRD, DAVID <hr/> Contributor address; City; State; Zip Code El Paso, TX 79911-3601	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) TENET EMPLOYMENT INC
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BYRD, DAVID <hr/> Contributor address; City; State; Zip Code El Paso, TX 79911-3601	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) TENET EMPLOYMENT INC
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BYRD, DAVID <hr/> Contributor address; City; State; Zip Code El Paso, TX 79911-3601	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) TENET EMPLOYMENT INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/229 Rpt: 27/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 04/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BYRD, DAVID <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79911-3601	7 Amount of Contribution (\$) \$19.00
8 Principal occupation / Job title (See Instructions) COO		9 Employer (See Instructions) TENET EMPLOYMENT INC
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BYRD, DAVID <hr/> Contributor address; City; State; Zip Code El Paso, TX 79911-3601	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) TENET EMPLOYMENT INC
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BYRD, DAVID <hr/> Contributor address; City; State; Zip Code El Paso, TX 79911-3601	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) TENET EMPLOYMENT INC
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BYRD, DAVID <hr/> Contributor address; City; State; Zip Code El Paso, TX 79911-3601	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) TENET EMPLOYMENT INC
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BYRD, DAVID <hr/> Contributor address; City; State; Zip Code El Paso, TX 79911-3601	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) TENET EMPLOYMENT INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/229 Rpt: 28/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 06/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BYRD, DAVID <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79911-3601	7 Amount of Contribution (\$) \$19.00
8 Principal occupation / Job title (See Instructions) COO		9 Employer (See Instructions) TENET EMPLOYMENT INC
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banks, Robbi <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78229-3925	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) CHIEF HR OFFICER		Employer (See Instructions) Tenet HealthSystem Medical, Inc
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradford, Alexander <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) Associate Administrator		Employer (See Instructions) Tenet Healthcare Corp.
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradford, Alexander <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) Associate Administrator		Employer (See Instructions) Tenet Healthcare Corp.
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradford, Alexander <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) Associate Administrator		Employer (See Instructions) Tenet Healthcare Corp.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/229 Rpt: 29/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 06/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradford, Alexander <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75254-2916	7 Amount of Contribution (\$) \$19.00
8 Principal occupation / Job title (See Instructions) Associate Administrator		9 Employer (See Instructions) Tenet Healthcare Corp.
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bressman, Sara <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) MARKET PRESIDENT		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bressman, Sara <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) MARKET PRESIDENT		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bressman, Sara <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) MARKET PRESIDENT		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bressman, Sara <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) MARKET PRESIDENT		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/229 Rpt: 30/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 03/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bressman, Sara <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75254-2916	7 Amount of Contribution (\$) \$39.00
8 Principal occupation / Job title (See Instructions) MARKET PRESIDENT		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bressman, Sara <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) MARKET PRESIDENT		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bressman, Sara <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) MARKET PRESIDENT		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bressman, Sara <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) MARKET PRESIDENT		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bressman, Sara <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) MARKET PRESIDENT		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/229 Rpt: 31/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 05/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bressman, Sara <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75254-2916	7 Amount of Contribution (\$) \$39.00
8 Principal occupation / Job title (See Instructions) MARKET PRESIDENT		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANCELMI, DAN <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$96.00
Principal occupation / Job title (See Instructions) EVP,CHIEF FINANCIAL OFCR		Employer (See Instructions) TENET EMPLOYMENT INC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANCELMI, DAN <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$96.00
Principal occupation / Job title (See Instructions) EVP,CHIEF FINANCIAL OFCR		Employer (See Instructions) TENET EMPLOYMENT INC
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANCELMI, DAN <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$96.00
Principal occupation / Job title (See Instructions) EVP,CHIEF FINANCIAL OFCR		Employer (See Instructions) TENET EMPLOYMENT INC
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANCELMI, DAN <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$96.00
Principal occupation / Job title (See Instructions) EVP,CHIEF FINANCIAL OFCR		Employer (See Instructions) TENET EMPLOYMENT INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/229 Rpt: 32/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 03/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANCELMI, DAN <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75254-2916	7 Amount of Contribution (\$) \$96.00
8 Principal occupation / Job title (See Instructions) EVP,CHIEF FINANCIAL OFCR		9 Employer (See Instructions) TENET EMPLOYMENT INC
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANCELMI, DAN <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$96.00
Principal occupation / Job title (See Instructions) EVP,CHIEF FINANCIAL OFCR		Employer (See Instructions) TENET EMPLOYMENT INC
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANCELMI, DAN <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$96.00
Principal occupation / Job title (See Instructions) EVP,CHIEF FINANCIAL OFCR		Employer (See Instructions) TENET EMPLOYMENT INC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANCELMI, DAN <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$96.00
Principal occupation / Job title (See Instructions) EVP,CHIEF FINANCIAL OFCR		Employer (See Instructions) TENET EMPLOYMENT INC
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANCELMI, DAN <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$96.00
Principal occupation / Job title (See Instructions) EVP,CHIEF FINANCIAL OFCR		Employer (See Instructions) TENET EMPLOYMENT INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/229 Rpt: 33/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 05/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANCELMI, DAN <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75254-2916	7 Amount of Contribution (\$) \$96.00
8 Principal occupation / Job title (See Instructions) EVP,CHIEF FINANCIAL OFCR		9 Employer (See Instructions) TENET EMPLOYMENT INC
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANCELMI, DAN <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$96.00
Principal occupation / Job title (See Instructions) EVP,CHIEF FINANCIAL OFCR		Employer (See Instructions) TENET EMPLOYMENT INC
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANCELMI, DAN <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$96.00
Principal occupation / Job title (See Instructions) EVP,CHIEF FINANCIAL OFCR		Employer (See Instructions) TENET EMPLOYMENT INC
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CANCELMI, DAN <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$96.00
Principal occupation / Job title (See Instructions) EVP,CHIEF FINANCIAL OFCR		Employer (See Instructions) TENET EMPLOYMENT INC
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARACCIOLO, KEVIN J. <hr/> Contributor address; City; State; Zip Code Jupiter, FL 33458-1644	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CHIEF HR OFFICER		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/229 Rpt: 34/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 01/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARACCIOLO, KEVIN J. <hr/> 6 Contributor address; City; State; Zip Code Jupiter, FL 33458-1644	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) CHIEF HR OFFICER		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARACCIOLO, KEVIN J. <hr/> Contributor address; City; State; Zip Code Jupiter, FL 33458-1644	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CHIEF HR OFFICER		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARACCIOLO, KEVIN J. <hr/> Contributor address; City; State; Zip Code Jupiter, FL 33458-1644	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CHIEF HR OFFICER		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARACCIOLO, KEVIN J. <hr/> Contributor address; City; State; Zip Code Jupiter, FL 33458-1644	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CHIEF HR OFFICER		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARACCIOLO, KEVIN J. <hr/> Contributor address; City; State; Zip Code Jupiter, FL 33458-1644	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CHIEF HR OFFICER		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/229 Rpt: 35/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 03/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARACCIOLO, KEVIN J. <hr/> 6 Contributor address; City; State; Zip Code Jupiter, FL 33458-1644	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) CHIEF HR OFFICER		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARACCIOLO, KEVIN J. <hr/> Contributor address; City; State; Zip Code Jupiter, FL 33458-1644	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CHIEF HR OFFICER		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARACCIOLO, KEVIN J. <hr/> Contributor address; City; State; Zip Code Jupiter, FL 33458-1644	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CHIEF HR OFFICER		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARACCIOLO, KEVIN J. <hr/> Contributor address; City; State; Zip Code Jupiter, FL 33458-1644	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CHIEF HR OFFICER		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARACCIOLO, KEVIN J. <hr/> Contributor address; City; State; Zip Code Jupiter, FL 33458-1644	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CHIEF HR OFFICER		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/229 Rpt: 36/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 06/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARACCIOLO, KEVIN J. <hr/> 6 Contributor address; City; State; Zip Code Jupiter, FL 33458-1644	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) CHIEF HR OFFICER		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARACCIOLO, KEVIN J. <hr/> Contributor address; City; State; Zip Code Jupiter, FL 33458-1644	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CHIEF HR OFFICER		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARTER, FELITA A. <hr/> Contributor address; City; State; Zip Code Sharpsburg, GA 30277-1958	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, MGD CARE ECONOMICS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARTER, FELITA A. <hr/> Contributor address; City; State; Zip Code Sharpsburg, GA 30277-1958	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, MGD CARE ECONOMICS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARTER, FELITA A. <hr/> Contributor address; City; State; Zip Code Sharpsburg, GA 30277-1958	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, MGD CARE ECONOMICS		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/229 Rpt: 37/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 02/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARTER, FELITA A. <hr/> 6 Contributor address; City; State; Zip Code Sharpsburg, GA 30277-1958	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) DIR, MGD CARE ECONOMICS		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARTER, FELITA A. <hr/> Contributor address; City; State; Zip Code Sharpsburg, GA 30277-1958	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, MGD CARE ECONOMICS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARTER, FELITA A. <hr/> Contributor address; City; State; Zip Code Sharpsburg, GA 30277-1958	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, MGD CARE ECONOMICS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARTER, FELITA A. <hr/> Contributor address; City; State; Zip Code Sharpsburg, GA 30277-1958	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, MGD CARE ECONOMICS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARTER, FELITA A. <hr/> Contributor address; City; State; Zip Code Sharpsburg, GA 30277-1958	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, MGD CARE ECONOMICS		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/229 Rpt: 38/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 04/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARTER, FELITA A.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Sharpsburg, GA 30277-1958	
8 Principal occupation / Job title (See Instructions) DIR, MGD CARE ECONOMICS		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARTER, FELITA A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Sharpsburg, GA 30277-1958	
Principal occupation / Job title (See Instructions) DIR, MGD CARE ECONOMICS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARTER, FELITA A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Sharpsburg, GA 30277-1958	
Principal occupation / Job title (See Instructions) DIR, MGD CARE ECONOMICS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARTER, FELITA A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Sharpsburg, GA 30277-1958	
Principal occupation / Job title (See Instructions) DIR, MGD CARE ECONOMICS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARTER, FELITA A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Sharpsburg, GA 30277-1958	
Principal occupation / Job title (See Instructions) DIR, MGD CARE ECONOMICS		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/229 Rpt: 39/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 01/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARTER, MICHAEL A.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Plano, TX 75025-6073	
8 Principal occupation / Job title (See Instructions) DIR, LITIGATION		9 Employer (See Instructions) TENET EMPLOYMENT INC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARTER, MICHAEL A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Plano, TX 75025-6073	
Principal occupation / Job title (See Instructions) DIR, LITIGATION		Employer (See Instructions) TENET EMPLOYMENT INC
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARTER, MICHAEL A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Plano, TX 75025-6073	
Principal occupation / Job title (See Instructions) DIR, LITIGATION		Employer (See Instructions) TENET EMPLOYMENT INC
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARTER, MICHAEL A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Plano, TX 75025-6073	
Principal occupation / Job title (See Instructions) DIR, LITIGATION		Employer (See Instructions) TENET EMPLOYMENT INC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARTER, MICHAEL A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Plano, TX 75025-6073	
Principal occupation / Job title (See Instructions) DIR, LITIGATION		Employer (See Instructions) TENET EMPLOYMENT INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/229 Rpt: 40/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 03/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARTER, MICHAEL A.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Plano, TX 75025-6073	
8 Principal occupation / Job title (See Instructions) DIR, LITIGATION		9 Employer (See Instructions) TENET EMPLOYMENT INC
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARTER, MICHAEL A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Plano, TX 75025-6073	
Principal occupation / Job title (See Instructions) DIR, LITIGATION		Employer (See Instructions) TENET EMPLOYMENT INC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARTER, MICHAEL A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Plano, TX 75025-6073	
Principal occupation / Job title (See Instructions) DIR, LITIGATION		Employer (See Instructions) TENET EMPLOYMENT INC
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARTER, MICHAEL A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Plano, TX 75025-6073	
Principal occupation / Job title (See Instructions) DIR, LITIGATION		Employer (See Instructions) TENET EMPLOYMENT INC
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARTER, MICHAEL A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Plano, TX 75025-6073	
Principal occupation / Job title (See Instructions) DIR, LITIGATION		Employer (See Instructions) TENET EMPLOYMENT INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/229 Rpt: 41/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 05/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARTER, MICHAEL A.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Plano, TX 75025-6073	
8 Principal occupation / Job title (See Instructions) DIR, LITIGATION		9 Employer (See Instructions) TENET EMPLOYMENT INC
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARTER, MICHAEL A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Plano, TX 75025-6073	
Principal occupation / Job title (See Instructions) DIR, LITIGATION		Employer (See Instructions) TENET EMPLOYMENT INC
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARTER, MICHAEL A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Plano, TX 75025-6073	
Principal occupation / Job title (See Instructions) DIR, LITIGATION		Employer (See Instructions) TENET EMPLOYMENT INC
Date 06/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHESTER, DON	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code West Palm Bch, FL 33405-4102	
Principal occupation / Job title (See Instructions) Adm Director, Comm - Govt Rel		Employer (See Instructions) ST MARY'S MEDICAL CENTER
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLARK, JEREMY	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Hilton Head, SC 29928-5556	
Principal occupation / Job title (See Instructions) CEO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/229 Rpt: 42/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 01/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLARK, JEREMY <hr/> 6 Contributor address; City; State; Zip Code Hilton Head, SC 29928-5556	7 Amount of Contribution (\$) \$39.00
8 Principal occupation / Job title (See Instructions) CEO, GROUP		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLARK, JEREMY <hr/> Contributor address; City; State; Zip Code Hilton Head, SC 29928-5556	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) CEO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLARK, JEREMY <hr/> Contributor address; City; State; Zip Code Hilton Head, SC 29928-5556	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) CEO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLARK, JEREMY <hr/> Contributor address; City; State; Zip Code Hilton Head, SC 29928-5556	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) CEO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLARK, JEREMY <hr/> Contributor address; City; State; Zip Code Hilton Head, SC 29928-5556	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) CEO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/229 Rpt: 43/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 03/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLARK, JEREMY <hr/> 6 Contributor address; City; State; Zip Code Hilton Head, SC 29928-5556	7 Amount of Contribution (\$) \$39.00
8 Principal occupation / Job title (See Instructions) CEO, GROUP		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLARK, JEREMY <hr/> Contributor address; City; State; Zip Code Hilton Head, SC 29928-5556	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) CEO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLARK, JEREMY <hr/> Contributor address; City; State; Zip Code Hilton Head, SC 29928-5556	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) CEO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLARK, JEREMY <hr/> Contributor address; City; State; Zip Code Hilton Head, SC 29928-5556	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) CEO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLARK, JEREMY <hr/> Contributor address; City; State; Zip Code Hilton Head, SC 29928-5556	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) CEO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/229 Rpt: 44/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 06/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLARK, JEREMY <hr/> 6 Contributor address; City; State; Zip Code Hilton Head, SC 29928-5556	7 Amount of Contribution (\$) \$39.00
8 Principal occupation / Job title (See Instructions) CEO, GROUP		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLARK, JEREMY <hr/> Contributor address; City; State; Zip Code Hilton Head, SC 29928-5556	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) CEO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLAYTON, KENT <hr/> Contributor address; City; State; Zip Code Villa Park, CA 92861-2711	Amount of Contribution (\$) \$38.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLAYTON, KENT <hr/> Contributor address; City; State; Zip Code Villa Park, CA 92861-2711	Amount of Contribution (\$) \$38.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLAYTON, KENT <hr/> Contributor address; City; State; Zip Code Villa Park, CA 92861-2711	Amount of Contribution (\$) \$38.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/229 Rpt: 45/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 02/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLAYTON, KENT <hr/> 6 Contributor address; City; State; Zip Code Villa Park, CA 92861-2711	7 Amount of Contribution (\$) \$38.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLAYTON, KENT <hr/> Contributor address; City; State; Zip Code Villa Park, CA 92861-2711	Amount of Contribution (\$) \$38.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLAYTON, KENT <hr/> Contributor address; City; State; Zip Code Villa Park, CA 92861-2711	Amount of Contribution (\$) \$38.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLAYTON, KENT <hr/> Contributor address; City; State; Zip Code Villa Park, CA 92861-2711	Amount of Contribution (\$) \$38.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLAYTON, KENT <hr/> Contributor address; City; State; Zip Code Villa Park, CA 92861-2711	Amount of Contribution (\$) \$38.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/229 Rpt: 46/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 05/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLINE, MICHAEL <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78217-5415	7 Amount of Contribution (\$) \$39.00
8 Principal occupation / Job title (See Instructions) ASSOCIATE ADMINISTRATOR		9 Employer (See Instructions) Northeast Baptist Hospital
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLINE, MICHAEL <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78217-5415	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) ASSOCIATE ADMINISTRATOR		Employer (See Instructions) Northeast Baptist Hospital
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLINE, MICHAEL <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78217-5415	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) ASSOCIATE ADMINISTRATOR		Employer (See Instructions) Northeast Baptist Hospital
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLINE, MICHAEL <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78217-5415	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) ASSOCIATE ADMINISTRATOR		Employer (See Instructions) Northeast Baptist Hospital
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLINE, PAULA B. <hr/> Contributor address; City; State; Zip Code Boerne, TX 78015-5009	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) CNO		Employer (See Instructions) TENET EMPLOYMENT INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/229 Rpt: 47/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 01/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLINE, PAULA B.	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Boerne, TX 78015-5009	
8 Principal occupation / Job title (See Instructions) CNO		9 Employer (See Instructions) TENET EMPLOYMENT INC
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLINE, PAULA B.	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Boerne, TX 78015-5009	
Principal occupation / Job title (See Instructions) CNO		Employer (See Instructions) TENET EMPLOYMENT INC
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLINE, PAULA B.	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Boerne, TX 78015-5009	
Principal occupation / Job title (See Instructions) CNO		Employer (See Instructions) TENET EMPLOYMENT INC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLINE, PAULA B.	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Boerne, TX 78015-5009	
Principal occupation / Job title (See Instructions) CNO		Employer (See Instructions) TENET EMPLOYMENT INC
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLINE, PAULA B.	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Boerne, TX 78015-5009	
Principal occupation / Job title (See Instructions) CNO		Employer (See Instructions) TENET EMPLOYMENT INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/229 Rpt: 48/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 03/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLINE, PAULA B.	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Boerne, TX 78015-5009	
8 Principal occupation / Job title (See Instructions) CNO		9 Employer (See Instructions) TENET EMPLOYMENT INC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLINE, PAULA B.	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Boerne, TX 78015-5009	
Principal occupation / Job title (See Instructions) CNO		Employer (See Instructions) TENET EMPLOYMENT INC
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLINE, PAULA B.	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Boerne, TX 78015-5009	
Principal occupation / Job title (See Instructions) CNO		Employer (See Instructions) TENET EMPLOYMENT INC
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLINE, PAULA B.	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Boerne, TX 78015-5009	
Principal occupation / Job title (See Instructions) CNO		Employer (See Instructions) TENET EMPLOYMENT INC
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLINE, PAULA B.	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Boerne, TX 78015-5009	
Principal occupation / Job title (See Instructions) CNO		Employer (See Instructions) TENET EMPLOYMENT INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/229 Rpt: 49/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 06/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLINE, PAULA B.	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Boerne, TX 78015-5009	
8 Principal occupation / Job title (See Instructions) CNO		9 Employer (See Instructions) TENET EMPLOYMENT INC
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLINE, PAULA B.	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Boerne, TX 78015-5009	
Principal occupation / Job title (See Instructions) CNO		Employer (See Instructions) TENET EMPLOYMENT INC
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COBB, WAYNE E.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Mansfield, TX 76063-5577	
Principal occupation / Job title (See Instructions) MGR, TAX		Employer (See Instructions) TENET EMPLOYMENT INC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COBB, WAYNE E.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Mansfield, TX 76063-5577	
Principal occupation / Job title (See Instructions) MGR, TAX		Employer (See Instructions) TENET EMPLOYMENT INC
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COBB, WAYNE E.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Mansfield, TX 76063-5577	
Principal occupation / Job title (See Instructions) MGR, TAX		Employer (See Instructions) TENET EMPLOYMENT INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/229 Rpt: 50/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 02/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COBB, WAYNE E.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Mansfield, TX 76063-5577	
8 Principal occupation / Job title (See Instructions) MGR, TAX		9 Employer (See Instructions) TENET EMPLOYMENT INC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COBB, WAYNE E.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Mansfield, TX 76063-5577	
Principal occupation / Job title (See Instructions) MGR, TAX		Employer (See Instructions) TENET EMPLOYMENT INC
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COBB, WAYNE E.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Mansfield, TX 76063-5577	
Principal occupation / Job title (See Instructions) MGR, TAX		Employer (See Instructions) TENET EMPLOYMENT INC
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COBB, WAYNE E.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Mansfield, TX 76063-5577	
Principal occupation / Job title (See Instructions) MGR, TAX		Employer (See Instructions) TENET EMPLOYMENT INC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COBB, WAYNE E.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Mansfield, TX 76063-5577	
Principal occupation / Job title (See Instructions) MGR, TAX		Employer (See Instructions) TENET EMPLOYMENT INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/229 Rpt: 51/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 04/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COBB, WAYNE E.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Mansfield, TX 76063-5577	
8 Principal occupation / Job title (See Instructions) MGR, TAX		9 Employer (See Instructions) TENET EMPLOYMENT INC
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COBB, WAYNE E.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Mansfield, TX 76063-5577	
Principal occupation / Job title (See Instructions) MGR, TAX		Employer (See Instructions) TENET EMPLOYMENT INC
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COBB, WAYNE E.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Mansfield, TX 76063-5577	
Principal occupation / Job title (See Instructions) MGR, TAX		Employer (See Instructions) TENET EMPLOYMENT INC
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COBB, WAYNE E.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Mansfield, TX 76063-5577	
Principal occupation / Job title (See Instructions) MGR, TAX		Employer (See Instructions) TENET EMPLOYMENT INC
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COBB, WAYNE E.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Mansfield, TX 76063-5577	
Principal occupation / Job title (See Instructions) MGR, TAX		Employer (See Instructions) TENET EMPLOYMENT INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/229 Rpt: 52/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 01/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVISON, COREY <hr/> 6 Contributor address; City; State; Zip Code The Colony, TX 75056-6427	7 Amount of Contribution (\$) \$192.00
8 Principal occupation / Job title (See Instructions) VP, GOVERNMENT RELATIONS		9 Employer (See Instructions) TENET EMPLOYMENT INC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVISON, COREY <hr/> Contributor address; City; State; Zip Code The Colony, TX 75056-6427	Amount of Contribution (\$) \$192.00
Principal occupation / Job title (See Instructions) VP, GOVERNMENT RELATIONS		Employer (See Instructions) TENET EMPLOYMENT INC
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVISON, COREY <hr/> Contributor address; City; State; Zip Code The Colony, TX 75056-6427	Amount of Contribution (\$) \$192.00
Principal occupation / Job title (See Instructions) VP, GOVERNMENT RELATIONS		Employer (See Instructions) TENET EMPLOYMENT INC
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVISON, COREY <hr/> Contributor address; City; State; Zip Code The Colony, TX 75056-6427	Amount of Contribution (\$) \$192.00
Principal occupation / Job title (See Instructions) VP, GOVERNMENT RELATIONS		Employer (See Instructions) TENET EMPLOYMENT INC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVISON, COREY <hr/> Contributor address; City; State; Zip Code The Colony, TX 75056-6427	Amount of Contribution (\$) \$192.00
Principal occupation / Job title (See Instructions) VP, GOVERNMENT RELATIONS		Employer (See Instructions) TENET EMPLOYMENT INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/229 Rpt: 53/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 03/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVISON, COREY <hr/> 6 Contributor address; City; State; Zip Code The Colony, TX 75056-6427	7 Amount of Contribution (\$) \$192.00
8 Principal occupation / Job title (See Instructions) VP, GOVERNMENT RELATIONS		9 Employer (See Instructions) TENET EMPLOYMENT INC
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVISON, COREY <hr/> Contributor address; City; State; Zip Code The Colony, TX 75056-6427	Amount of Contribution (\$) \$192.00
Principal occupation / Job title (See Instructions) VP, GOVERNMENT RELATIONS		Employer (See Instructions) TENET EMPLOYMENT INC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVISON, COREY <hr/> Contributor address; City; State; Zip Code The Colony, TX 75056-6427	Amount of Contribution (\$) \$192.00
Principal occupation / Job title (See Instructions) VP, GOVERNMENT RELATIONS		Employer (See Instructions) TENET EMPLOYMENT INC
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DELBURN, BRIAN <hr/> Contributor address; City; State; Zip Code Coral Springs, FL 33076-3374	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, GOVT RELATIONS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DELBURN, BRIAN <hr/> Contributor address; City; State; Zip Code Coral Springs, FL 33076-3374	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, GOVT RELATIONS		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/229 Rpt: 54/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 02/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DELBURN, BRIAN <hr/> 6 Contributor address; City; State; Zip Code Coral Springs, FL 33076-3374	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) DIR, GOVT RELATIONS		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DELBURN, BRIAN <hr/> Contributor address; City; State; Zip Code Coral Springs, FL 33076-3374	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, GOVT RELATIONS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DELBURN, BRIAN <hr/> Contributor address; City; State; Zip Code Coral Springs, FL 33076-3374	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, GOVT RELATIONS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DELBURN, BRIAN <hr/> Contributor address; City; State; Zip Code Coral Springs, FL 33076-3374	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, GOVT RELATIONS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DELBURN, BRIAN <hr/> Contributor address; City; State; Zip Code Coral Springs, FL 33076-3374	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, GOVT RELATIONS		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/229 Rpt: 55/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 04/12/2024	5 Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions) DIR, GOVT RELATIONS		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DELBURN, BRIAN	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Coral Springs, FL 33076-3374		
Principal occupation / Job title (See Instructions) DIR, GOVT RELATIONS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEMARAIS, ALLISON M.	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Pinckney, MI 48169-9562		
Principal occupation / Job title (See Instructions) CHRO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEMARAIS, ALLISON M.	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Pinckney, MI 48169-9562		
Principal occupation / Job title (See Instructions) CHRO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEMARAIS, ALLISON M.	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Pinckney, MI 48169-9562		
Principal occupation / Job title (See Instructions) CHRO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/229 Rpt: 56/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 02/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEMARAIS, ALLISON M.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Pinckney, MI 48169-9562	
8 Principal occupation / Job title (See Instructions) CHRO, GROUP		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEMARAIS, ALLISON M.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pinckney, MI 48169-9562	
Principal occupation / Job title (See Instructions) CHRO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEMARAIS, ALLISON M.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pinckney, MI 48169-9562	
Principal occupation / Job title (See Instructions) CHRO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEMARAIS, ALLISON M.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pinckney, MI 48169-9562	
Principal occupation / Job title (See Instructions) CHRO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEMARAIS, ALLISON M.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pinckney, MI 48169-9562	
Principal occupation / Job title (See Instructions) CHRO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/229 Rpt: 57/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 04/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEMARAIS, ALLISON M. <hr/> 6 Contributor address; City; State; Zip Code Pinckney, MI 48169-9562	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) CHRO, GROUP		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEMARAIS, ALLISON M. <hr/> Contributor address; City; State; Zip Code Pinckney, MI 48169-9562	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CHRO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEMARAIS, ALLISON M. <hr/> Contributor address; City; State; Zip Code Pinckney, MI 48169-9562	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CHRO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEMARAIS, ALLISON M. <hr/> Contributor address; City; State; Zip Code Pinckney, MI 48169-9562	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CHRO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEMARAIS, ALLISON M. <hr/> Contributor address; City; State; Zip Code Pinckney, MI 48169-9562	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CHRO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/229 Rpt: 58/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 04/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOZIER, AMY <hr/> 6 Contributor address; City; State; Zip Code Atlanta, GA 30328-3561	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) VP, Managed Care-Natl Acct		9 Employer (See Instructions) Tenet Healthcare
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DYLE, AMANDA <hr/> Contributor address; City; State; Zip Code Bluffton, SC 29910-7935	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) BAPTIST HEALTH SYSTEM
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DYLE, AMANDA <hr/> Contributor address; City; State; Zip Code Bluffton, SC 29910-7935	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) BAPTIST HEALTH SYSTEM
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DYLE, AMANDA <hr/> Contributor address; City; State; Zip Code Bluffton, SC 29910-7935	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) BAPTIST HEALTH SYSTEM
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DYLE, AMANDA <hr/> Contributor address; City; State; Zip Code Bluffton, SC 29910-7935	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) BAPTIST HEALTH SYSTEM

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/229 Rpt: 59/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 06/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DYLE, AMANDA <hr/> 6 Contributor address; City; State; Zip Code Bluffton, SC 29910-7935	7 Amount of Contribution (\$) \$39.00
8 Principal occupation / Job title (See Instructions) CFO		9 Employer (See Instructions) BAPTIST HEALTH SYSTEM
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Driessnack, Hans <hr/> Contributor address; City; State; Zip Code Goodyear, AZ 85395-2635	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EASTER, JAMES K. <hr/> Contributor address; City; State; Zip Code Talladega, AL 35160-2217	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, PHARMACY SERVICES		Employer (See Instructions) BCDC EMPLOYEECO LLC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EASTER, JAMES K. <hr/> Contributor address; City; State; Zip Code Talladega, AL 35160-2217	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, PHARMACY SERVICES		Employer (See Instructions) BCDC EMPLOYEECO LLC
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EASTER, JAMES K. <hr/> Contributor address; City; State; Zip Code Talladega, AL 35160-2217	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, PHARMACY SERVICES		Employer (See Instructions) BCDC EMPLOYEECO LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/229 Rpt: 60/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 02/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EASTER, JAMES K.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Talladega, AL 35160-2217	
8 Principal occupation / Job title (See Instructions) DIR, PHARMACY SERVICES		9 Employer (See Instructions) BCDC EMPLOYEECO LLC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EASTER, JAMES K.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Talladega, AL 35160-2217	
Principal occupation / Job title (See Instructions) DIR, PHARMACY SERVICES		Employer (See Instructions) BCDC EMPLOYEECO LLC
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EASTER, JAMES K.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Talladega, AL 35160-2217	
Principal occupation / Job title (See Instructions) DIR, PHARMACY SERVICES		Employer (See Instructions) BCDC EMPLOYEECO LLC
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EASTER, JAMES K.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Talladega, AL 35160-2217	
Principal occupation / Job title (See Instructions) DIR, PHARMACY SERVICES		Employer (See Instructions) BCDC EMPLOYEECO LLC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EASTER, JAMES K.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Talladega, AL 35160-2217	
Principal occupation / Job title (See Instructions) DIR, PHARMACY SERVICES		Employer (See Instructions) BCDC EMPLOYEECO LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/229 Rpt: 61/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 04/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EASTER, JAMES K.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Talladega, AL 35160-2217	
8 Principal occupation / Job title (See Instructions) DIR, PHARMACY SERVICES		9 Employer (See Instructions) BCDC EMPLOYEECO LLC
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EASTER, JAMES K.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Talladega, AL 35160-2217	
Principal occupation / Job title (See Instructions) DIR, PHARMACY SERVICES		Employer (See Instructions) BCDC EMPLOYEECO LLC
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EASTER, JAMES K.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Talladega, AL 35160-2217	
Principal occupation / Job title (See Instructions) DIR, PHARMACY SERVICES		Employer (See Instructions) BCDC EMPLOYEECO LLC
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EASTER, JAMES K.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Talladega, AL 35160-2217	
Principal occupation / Job title (See Instructions) DIR, PHARMACY SERVICES		Employer (See Instructions) BCDC EMPLOYEECO LLC
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EASTER, JAMES K.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Talladega, AL 35160-2217	
Principal occupation / Job title (See Instructions) DIR, PHARMACY SERVICES		Employer (See Instructions) BCDC EMPLOYEECO LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/229 Rpt: 62/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 01/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELISCO, BRIAN <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78258-2967	7 Amount of Contribution (\$) \$19.00
8 Principal occupation / Job title (See Instructions) CEO, GROUP		9 Employer (See Instructions) BAPTIST HEALTH SYSTEM
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELISCO, BRIAN <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258-2967	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CEO, GROUP		Employer (See Instructions) BAPTIST HEALTH SYSTEM
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELISCO, BRIAN <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258-2967	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CEO, GROUP		Employer (See Instructions) BAPTIST HEALTH SYSTEM
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELISCO, BRIAN <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258-2967	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CEO, GROUP		Employer (See Instructions) BAPTIST HEALTH SYSTEM
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELISCO, BRIAN <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258-2967	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CEO, GROUP		Employer (See Instructions) BAPTIST HEALTH SYSTEM

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 60/229 Rpt: 63/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 03/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELISCO, BRIAN	7 Amount of Contribution (\$) \$19.00
6 Contributor address; City; State; Zip Code San Antonio, TX 78258-2967		
8 Principal occupation / Job title (See Instructions) CEO, GROUP		9 Employer (See Instructions) BAPTIST HEALTH SYSTEM
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELISCO, BRIAN	Amount of Contribution (\$) \$19.00
Contributor address; City; State; Zip Code San Antonio, TX 78258-2967		
Principal occupation / Job title (See Instructions) CEO, GROUP		Employer (See Instructions) BAPTIST HEALTH SYSTEM
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELISCO, BRIAN	Amount of Contribution (\$) \$19.00
Contributor address; City; State; Zip Code San Antonio, TX 78258-2967		
Principal occupation / Job title (See Instructions) CEO, GROUP		Employer (See Instructions) BAPTIST HEALTH SYSTEM
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELISCO, BRIAN	Amount of Contribution (\$) \$19.00
Contributor address; City; State; Zip Code San Antonio, TX 78258-2967		
Principal occupation / Job title (See Instructions) CEO, GROUP		Employer (See Instructions) BAPTIST HEALTH SYSTEM
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELISCO, BRIAN	Amount of Contribution (\$) \$19.00
Contributor address; City; State; Zip Code San Antonio, TX 78258-2967		
Principal occupation / Job title (See Instructions) CEO, GROUP		Employer (See Instructions) BAPTIST HEALTH SYSTEM

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 61/229 Rpt: 64/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 05/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELISCO, BRIAN <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78258-2967	7 Amount of Contribution (\$) \$19.00
8 Principal occupation / Job title (See Instructions) CEO, GROUP		9 Employer (See Instructions) BAPTIST HEALTH SYSTEM
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELISCO, BRIAN <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258-2967	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CEO, GROUP		Employer (See Instructions) BAPTIST HEALTH SYSTEM
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELISCO, BRIAN <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258-2967	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CEO, GROUP		Employer (See Instructions) BAPTIST HEALTH SYSTEM
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ENNIS, ELIZABETH <hr/> Contributor address; City; State; Zip Code Birmingham, AL 35205-2870	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) CMO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ENNIS, ELIZABETH <hr/> Contributor address; City; State; Zip Code Birmingham, AL 35205-2870	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) CMO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 62/229 Rpt: 65/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 02/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ENNIS, ELIZABETH <hr/> 6 Contributor address; City; State; Zip Code Birmingham, AL 35205-2870	7 Amount of Contribution (\$) \$39.00
8 Principal occupation / Job title (See Instructions) CMO, GROUP		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ENNIS, ELIZABETH <hr/> Contributor address; City; State; Zip Code Birmingham, AL 35205-2870	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) CMO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ENNIS, ELIZABETH <hr/> Contributor address; City; State; Zip Code Birmingham, AL 35205-2870	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) CMO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ENNIS, ELIZABETH <hr/> Contributor address; City; State; Zip Code Birmingham, AL 35205-2870	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) CMO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ENNIS, ELIZABETH <hr/> Contributor address; City; State; Zip Code Birmingham, AL 35205-2870	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) CMO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 63/229 Rpt: 66/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 04/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ENNIS, ELIZABETH <hr/> 6 Contributor address; City; State; Zip Code Birmingham, AL 35205-2870	7 Amount of Contribution (\$) \$39.00
8 Principal occupation / Job title (See Instructions) CMO, GROUP		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ENNIS, ELIZABETH <hr/> Contributor address; City; State; Zip Code Birmingham, AL 35205-2870	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) CMO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ENNIS, ELIZABETH <hr/> Contributor address; City; State; Zip Code Birmingham, AL 35205-2870	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) CMO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ENNIS, ELIZABETH <hr/> Contributor address; City; State; Zip Code Birmingham, AL 35205-2870	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) CMO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FARRAR, RODNEY <hr/> Contributor address; City; State; Zip Code Lewisville, TX 75067-5567	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) MGR, VAL BASED CARE INFO		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 64/229 Rpt: 67/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 01/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FARRAR, RODNEY <hr/> 6 Contributor address; City; State; Zip Code Lewisville, TX 75067-5567	7 Amount of Contribution (\$) \$19.00
8 Principal occupation / Job title (See Instructions) MGR, VAL BASED CARE INFO		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FARRAR, RODNEY <hr/> Contributor address; City; State; Zip Code Lewisville, TX 75067-5567	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) MGR, VAL BASED CARE INFO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FARRAR, RODNEY <hr/> Contributor address; City; State; Zip Code Lewisville, TX 75067-5567	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) MGR, VAL BASED CARE INFO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FARRAR, RODNEY <hr/> Contributor address; City; State; Zip Code Lewisville, TX 75067-5567	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) MGR, VAL BASED CARE INFO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FARRAR, RODNEY <hr/> Contributor address; City; State; Zip Code Lewisville, TX 75067-5567	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) MGR, VAL BASED CARE INFO		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 65/229 Rpt: 68/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 03/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FARRAR, RODNEY <hr/> 6 Contributor address; City; State; Zip Code Lewisville, TX 75067-5567	7 Amount of Contribution (\$) \$19.00
8 Principal occupation / Job title (See Instructions) MGR, VAL BASED CARE INFO		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FARRAR, RODNEY <hr/> Contributor address; City; State; Zip Code Lewisville, TX 75067-5567	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) MGR, VAL BASED CARE INFO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FARRAR, RODNEY <hr/> Contributor address; City; State; Zip Code Lewisville, TX 75067-5567	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) MGR, VAL BASED CARE INFO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FARRAR, RODNEY <hr/> Contributor address; City; State; Zip Code Lewisville, TX 75067-5567	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) MGR, VAL BASED CARE INFO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FARRAR, RODNEY <hr/> Contributor address; City; State; Zip Code Lewisville, TX 75067-5567	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) MGR, VAL BASED CARE INFO		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 66/229 Rpt: 69/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 06/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FARRAR, RODNEY <hr/> 6 Contributor address; City; State; Zip Code Lewisville, TX 75067-5567	7 Amount of Contribution (\$) \$19.00
8 Principal occupation / Job title (See Instructions) MGR, VAL BASED CARE INFO		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FARRAR, RODNEY <hr/> Contributor address; City; State; Zip Code Lewisville, TX 75067-5567	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) MGR, VAL BASED CARE INFO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FIELDING, ADAM <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85016-5533	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) COMPLIANCE OFCR GRP LEAD		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FIELDING, ADAM <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85016-5533	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) COMPLIANCE OFCR GRP LEAD		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FIELDING, ADAM <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85016-5533	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) COMPLIANCE OFCR GRP LEAD		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 67/229 Rpt: 70/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 02/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FIELDING, ADAM	7 Amount of Contribution (\$) \$39.00
6 Contributor address; City; State; Zip Code Phoenix, AZ 85016-5533		
8 Principal occupation / Job title (See Instructions) COMPLIANCE OFCR GRP LEAD		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FIELDING, ADAM	Amount of Contribution (\$) \$39.00
Contributor address; City; State; Zip Code Phoenix, AZ 85016-5533		
Principal occupation / Job title (See Instructions) COMPLIANCE OFCR GRP LEAD		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FIELDING, ADAM	Amount of Contribution (\$) \$39.00
Contributor address; City; State; Zip Code Phoenix, AZ 85016-5533		
Principal occupation / Job title (See Instructions) COMPLIANCE OFCR GRP LEAD		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FIELDING, ADAM	Amount of Contribution (\$) \$39.00
Contributor address; City; State; Zip Code Phoenix, AZ 85016-5533		
Principal occupation / Job title (See Instructions) COMPLIANCE OFCR GRP LEAD		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FIELDING, ADAM	Amount of Contribution (\$) \$39.00
Contributor address; City; State; Zip Code Phoenix, AZ 85016-5533		
Principal occupation / Job title (See Instructions) COMPLIANCE OFCR GRP LEAD		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 68/229 Rpt: 71/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 04/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FIELDING, ADAM <hr/> 6 Contributor address; City; State; Zip Code Phoenix, AZ 85016-5533	7 Amount of Contribution (\$) \$39.00
8 Principal occupation / Job title (See Instructions) COMPLIANCE OFCR GRP LEAD		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FIELDING, ADAM <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85016-5533	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) COMPLIANCE OFCR GRP LEAD		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FIELDING, ADAM <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85016-5533	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) COMPLIANCE OFCR GRP LEAD		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FIELDING, ADAM <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85016-5533	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) COMPLIANCE OFCR GRP LEAD		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FIELDING, ADAM <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85016-5533	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) COMPLIANCE OFCR GRP LEAD		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 69/229 Rpt: 72/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 01/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FINNEY, CONNIE <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75034-8635	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) MGR, CONTRACTS ADMIN		9 Employer (See Instructions) CONIFER REV CYCL SOL LLC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FINNEY, CONNIE <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034-8635	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) MGR, CONTRACTS ADMIN		Employer (See Instructions) CONIFER REV CYCL SOL LLC
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FINNEY, CONNIE <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034-8635	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) MGR, CONTRACTS ADMIN		Employer (See Instructions) CONIFER REV CYCL SOL LLC
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FINNEY, CONNIE <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034-8635	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) MGR, CONTRACTS ADMIN		Employer (See Instructions) CONIFER REV CYCL SOL LLC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FINNEY, CONNIE <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034-8635	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) MGR, CONTRACTS ADMIN		Employer (See Instructions) CONIFER REV CYCL SOL LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 70/229 Rpt: 73/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 03/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FINNEY, CONNIE <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75034-8635	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) MGR, CONTRACTS ADMIN		9 Employer (See Instructions) CONIFER REV CYCL SOL LLC
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FINNEY, CONNIE <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034-8635	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) MGR, CONTRACTS ADMIN		Employer (See Instructions) CONIFER REV CYCL SOL LLC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FINNEY, CONNIE <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034-8635	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) MGR, CONTRACTS ADMIN		Employer (See Instructions) CONIFER REV CYCL SOL LLC
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FINNEY, CONNIE <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034-8635	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) MGR, CONTRACTS ADMIN		Employer (See Instructions) CONIFER REV CYCL SOL LLC
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FINNEY, CONNIE <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034-8635	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) MGR, CONTRACTS ADMIN		Employer (See Instructions) CONIFER REV CYCL SOL LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 71/229 Rpt: 74/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 05/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FINNEY, CONNIE <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75034-8635	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) MGR, CONTRACTS ADMIN		9 Employer (See Instructions) CONIFER REV CYCL SOL LLC
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FINNEY, CONNIE <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034-8635	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) MGR, CONTRACTS ADMIN		Employer (See Instructions) CONIFER REV CYCL SOL LLC
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FINNEY, CONNIE <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034-8635	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) MGR, CONTRACTS ADMIN		Employer (See Instructions) CONIFER REV CYCL SOL LLC
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FINNEY, MICHELE <hr/> Contributor address; City; State; Zip Code Rancho Mirage, CA 92270-4138	Amount of Contribution (\$) \$38.00
Principal occupation / Job title (See Instructions) CEO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FINNEY, MICHELE <hr/> Contributor address; City; State; Zip Code Rancho Mirage, CA 92270-4138	Amount of Contribution (\$) \$38.00
Principal occupation / Job title (See Instructions) CEO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 72/229 Rpt: 75/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 02/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FINNEY, MICHELE <hr/> 6 Contributor address; City; State; Zip Code Rancho Mirage, CA 92270-4138	7 Amount of Contribution (\$) \$38.00
8 Principal occupation / Job title (See Instructions) CEO, GROUP		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FINNEY, MICHELE <hr/> Contributor address; City; State; Zip Code Rancho Mirage, CA 92270-4138	Amount of Contribution (\$) \$38.00
Principal occupation / Job title (See Instructions) CEO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FINNEY, MICHELE <hr/> Contributor address; City; State; Zip Code Rancho Mirage, CA 92270-4138	Amount of Contribution (\$) \$38.00
Principal occupation / Job title (See Instructions) CEO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FINNEY, MICHELE <hr/> Contributor address; City; State; Zip Code Rancho Mirage, CA 92270-4138	Amount of Contribution (\$) \$38.00
Principal occupation / Job title (See Instructions) CEO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FINNEY, MICHELE <hr/> Contributor address; City; State; Zip Code Rancho Mirage, CA 92270-4138	Amount of Contribution (\$) \$38.00
Principal occupation / Job title (See Instructions) CEO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 73/229 Rpt: 76/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 04/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FINNEY, MICHELE <hr/> 6 Contributor address; City; State; Zip Code Rancho Mirage, CA 92270-4138	7 Amount of Contribution (\$) \$38.00
8 Principal occupation / Job title (See Instructions) CEO, GROUP		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FINNEY, MICHELE <hr/> Contributor address; City; State; Zip Code Rancho Mirage, CA 92270-4138	Amount of Contribution (\$) \$38.00
Principal occupation / Job title (See Instructions) CEO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FINNEY, MICHELE <hr/> Contributor address; City; State; Zip Code Rancho Mirage, CA 92270-4138	Amount of Contribution (\$) \$38.00
Principal occupation / Job title (See Instructions) CEO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FINNEY, MICHELE <hr/> Contributor address; City; State; Zip Code Rancho Mirage, CA 92270-4138	Amount of Contribution (\$) \$38.00
Principal occupation / Job title (See Instructions) CEO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FINNEY, MICHELE <hr/> Contributor address; City; State; Zip Code Rancho Mirage, CA 92270-4138	Amount of Contribution (\$) \$38.00
Principal occupation / Job title (See Instructions) CEO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 74/229 Rpt: 77/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 06/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FINNEY, MICHELE <hr/> 6 Contributor address; City; State; Zip Code Rancho Mirage, CA 92270-4138	7 Amount of Contribution (\$) \$38.00
8 Principal occupation / Job title (See Instructions) CEO, GROUP		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FORRY, BRYAN <hr/> Contributor address; City; State; Zip Code Scottsdale, AZ 85255-6503	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) CFO, Market/Sys		Employer (See Instructions) Tenet Healthcare
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOSTER, RAYMOND J. <hr/> Contributor address; City; State; Zip Code Cathedral City, CA 92234-3657	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, RADIOLOGY		Employer (See Instructions) DESERT RGNL MED CTR INC
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOSTER, RAYMOND J. <hr/> Contributor address; City; State; Zip Code Cathedral City, CA 92234-3657	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, RADIOLOGY		Employer (See Instructions) DESERT RGNL MED CTR INC
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOSTER, RAYMOND J. <hr/> Contributor address; City; State; Zip Code Cathedral City, CA 92234-3657	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, RADIOLOGY		Employer (See Instructions) DESERT RGNL MED CTR INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 75/229 Rpt: 78/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 02/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOSTER, RAYMOND J.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Cathedral City, CA 92234-3657	
8 Principal occupation / Job title (See Instructions) DIR, RADIOLOGY		9 Employer (See Instructions) DESERT RGNL MED CTR INC
Date 03/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOSTER, RAYMOND J.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Cathedral City, CA 92234-3657	
Principal occupation / Job title (See Instructions) DIR, RADIOLOGY		Employer (See Instructions) DESERT RGNL MED CTR INC
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOSTER, RAYMOND J.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Cathedral City, CA 92234-3657	
Principal occupation / Job title (See Instructions) DIR, RADIOLOGY		Employer (See Instructions) DESERT RGNL MED CTR INC
Date 04/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOSTER, RAYMOND J.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Cathedral City, CA 92234-3657	
Principal occupation / Job title (See Instructions) DIR, RADIOLOGY		Employer (See Instructions) DESERT RGNL MED CTR INC
Date 04/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOSTER, RAYMOND J.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Cathedral City, CA 92234-3657	
Principal occupation / Job title (See Instructions) DIR, RADIOLOGY		Employer (See Instructions) DESERT RGNL MED CTR INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 76/229 Rpt: 79/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 05/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOSTER, RAYMOND J.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Cathedral City, CA 92234-3657	
8 Principal occupation / Job title (See Instructions) DIR, RADIOLOGY		9 Employer (See Instructions) DESERT RGNL MED CTR INC
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOSTER, RAYMOND J.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Cathedral City, CA 92234-3657	
Principal occupation / Job title (See Instructions) DIR, RADIOLOGY		Employer (See Instructions) DESERT RGNL MED CTR INC
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOSTER, RAYMOND J.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Cathedral City, CA 92234-3657	
Principal occupation / Job title (See Instructions) DIR, RADIOLOGY		Employer (See Instructions) DESERT RGNL MED CTR INC
Date 06/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOSTER, RAYMOND J.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Cathedral City, CA 92234-3657	
Principal occupation / Job title (See Instructions) DIR, RADIOLOGY		Employer (See Instructions) DESERT RGNL MED CTR INC
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOSTER, RAYMOND J.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Cathedral City, CA 92234-3657	
Principal occupation / Job title (See Instructions) DIR, RADIOLOGY		Employer (See Instructions) DESERT RGNL MED CTR INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 77/229 Rpt: 80/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 05/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flynn, James <hr/> 6 Contributor address; City; State; Zip Code Vestavia, AL 35243-2942	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Chief Security Officer		9 Employer (See Instructions) Princeton Baptist
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Franklin, Ernest <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Chief Clinical Operations Officer		Employer (See Instructions) Tenet Healthcare
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GAMBINO, CONNIE <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78235-5154	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Admin Director, Surgery		Employer (See Instructions) Mission Trail Baptist Hospital
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARNER, STEPHEN <hr/> Contributor address; City; State; Zip Code Glendale, AZ 85308-7100	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARNER, STEPHEN <hr/> Contributor address; City; State; Zip Code Glendale, AZ 85308-7100	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 78/229 Rpt: 81/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 02/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARNER, STEPHEN <hr/> 6 Contributor address; City; State; Zip Code Glendale, AZ 85308-7100	7 Amount of Contribution (\$) \$19.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARNER, STEPHEN <hr/> Contributor address; City; State; Zip Code Glendale, AZ 85308-7100	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARNER, STEPHEN <hr/> Contributor address; City; State; Zip Code Glendale, AZ 85308-7100	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARNER, STEPHEN <hr/> Contributor address; City; State; Zip Code Glendale, AZ 85308-7100	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARNER, STEPHEN <hr/> Contributor address; City; State; Zip Code Glendale, AZ 85308-7100	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 79/229 Rpt: 82/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 04/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARNER, STEPHEN <hr/> 6 Contributor address; City; State; Zip Code Glendale, AZ 85308-7100	7 Amount of Contribution (\$) \$19.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARNER, STEPHEN <hr/> Contributor address; City; State; Zip Code Glendale, AZ 85308-7100	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARNER, STEPHEN <hr/> Contributor address; City; State; Zip Code Glendale, AZ 85308-7100	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARNER, STEPHEN <hr/> Contributor address; City; State; Zip Code Glendale, AZ 85308-7100	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARNER, STEPHEN <hr/> Contributor address; City; State; Zip Code Glendale, AZ 85308-7100	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 80/229 Rpt: 83/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 06/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARNER, STEPHEN <hr/> 6 Contributor address; City; State; Zip Code Glendale, AZ 85308-7100	7 Amount of Contribution (\$) \$19.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GILL, MARGARET M. <hr/> Contributor address; City; State; Zip Code Delray Beach, FL 33446-2707	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) GROUP, PRESIDENT		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GILL, MARGARET M. <hr/> Contributor address; City; State; Zip Code Delray Beach, FL 33446-2707	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) GROUP, PRESIDENT		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GILL, MARGARET M. <hr/> Contributor address; City; State; Zip Code Delray Beach, FL 33446-2707	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) GROUP, PRESIDENT		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GILL, MARGARET M. <hr/> Contributor address; City; State; Zip Code Delray Beach, FL 33446-2707	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) GROUP, PRESIDENT		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 81/229 Rpt: 84/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 03/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GILL, MARGARET M.	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Delray Beach, FL 33446-2707	
8 Principal occupation / Job title (See Instructions) GROUP, PRESIDENT		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GILL, MARGARET M.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Delray Beach, FL 33446-2707	
Principal occupation / Job title (See Instructions) GROUP, PRESIDENT		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GILL, MARGARET M.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Delray Beach, FL 33446-2707	
Principal occupation / Job title (See Instructions) GROUP, PRESIDENT		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GILL, MARGARET M.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Delray Beach, FL 33446-2707	
Principal occupation / Job title (See Instructions) GROUP, PRESIDENT		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GILL, MARGARET M.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Delray Beach, FL 33446-2707	
Principal occupation / Job title (See Instructions) GROUP, PRESIDENT		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 82/229 Rpt: 85/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 05/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GILL, MARGARET M.	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Delray Beach, FL 33446-2707	
8 Principal occupation / Job title (See Instructions) GROUP, PRESIDENT		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GILL, MARGARET M.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Delray Beach, FL 33446-2707	
Principal occupation / Job title (See Instructions) GROUP, PRESIDENT		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GILL, MARGARET M.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Delray Beach, FL 33446-2707	
Principal occupation / Job title (See Instructions) GROUP, PRESIDENT		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GILL, MARGARET M.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Delray Beach, FL 33446-2707	
Principal occupation / Job title (See Instructions) GROUP, PRESIDENT		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, ERIN	Amount of Contribution (\$) \$19.00
	Contributor address; City; State; Zip Code Phoenix, AZ 85031-1703	
Principal occupation / Job title (See Instructions) CHRO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 83/229 Rpt: 86/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 01/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, ERIN <hr/> 6 Contributor address; City; State; Zip Code Phoenix, AZ 85031-1703	7 Amount of Contribution (\$) \$19.00
8 Principal occupation / Job title (See Instructions) CHRO, GROUP		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, ERIN <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85031-1703	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CHRO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, ERIN <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85031-1703	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CHRO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, ERIN <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85031-1703	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CHRO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, ERIN <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85031-1703	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CHRO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 84/229 Rpt: 87/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 03/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, ERIN <hr/> 6 Contributor address; City; State; Zip Code Phoenix, AZ 85031-1703	7 Amount of Contribution (\$) \$19.00
8 Principal occupation / Job title (See Instructions) CHRO, GROUP		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, ERIN <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85031-1703	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CHRO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, ERIN <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85031-1703	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CHRO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, ERIN <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85031-1703	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CHRO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, ERIN <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85031-1703	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CHRO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 85/229 Rpt: 88/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 06/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, ERIN <hr/> 6 Contributor address; City; State; Zip Code Phoenix, AZ 85031-1703	7 Amount of Contribution (\$) \$19.00
8 Principal occupation / Job title (See Instructions) CHRO, GROUP		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, ERIN <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85031-1703	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CHRO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GOVEA JR., JOSE L. <hr/> Contributor address; City; State; Zip Code San Benito, TX 78586-8917	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, RADIOLOGY		Employer (See Instructions) VHS VALLEY MGMT COMPANY
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GOVEA JR., JOSE L. <hr/> Contributor address; City; State; Zip Code San Benito, TX 78586-8917	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, RADIOLOGY		Employer (See Instructions) VHS VALLEY MGMT COMPANY
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GOVEA JR., JOSE L. <hr/> Contributor address; City; State; Zip Code San Benito, TX 78586-8917	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, RADIOLOGY		Employer (See Instructions) VHS VALLEY MGMT COMPANY

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 86/229 Rpt: 89/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 02/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GOVEA JR., JOSE L.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code San Benito, TX 78586-8917	
8 Principal occupation / Job title (See Instructions) DIR, RADIOLOGY		9 Employer (See Instructions) VHS VALLEY MGMT COMPANY
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GOVEA JR., JOSE L.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Benito, TX 78586-8917	
Principal occupation / Job title (See Instructions) DIR, RADIOLOGY		Employer (See Instructions) VHS VALLEY MGMT COMPANY
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GOVEA JR., JOSE L.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Benito, TX 78586-8917	
Principal occupation / Job title (See Instructions) DIR, RADIOLOGY		Employer (See Instructions) VHS VALLEY MGMT COMPANY
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GOVEA JR., JOSE L.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Benito, TX 78586-8917	
Principal occupation / Job title (See Instructions) DIR, RADIOLOGY		Employer (See Instructions) VHS VALLEY MGMT COMPANY
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GOVEA JR., JOSE L.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Benito, TX 78586-8917	
Principal occupation / Job title (See Instructions) DIR, RADIOLOGY		Employer (See Instructions) VHS VALLEY MGMT COMPANY

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 87/229 Rpt: 90/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 04/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GOVEA JR., JOSE L.	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code San Benito, TX 78586-8917		
8 Principal occupation / Job title (See Instructions) DIR, RADIOLOGY		9 Employer (See Instructions) VHS VALLEY MGMT COMPANY
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GOVEA JR., JOSE L.	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code San Benito, TX 78586-8917		
Principal occupation / Job title (See Instructions) DIR, RADIOLOGY		Employer (See Instructions) VHS VALLEY MGMT COMPANY
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GOVEA JR., JOSE L.	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code San Benito, TX 78586-8917		
Principal occupation / Job title (See Instructions) DIR, RADIOLOGY		Employer (See Instructions) VHS VALLEY MGMT COMPANY
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GOVEA JR., JOSE L.	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code San Benito, TX 78586-8917		
Principal occupation / Job title (See Instructions) DIR, RADIOLOGY		Employer (See Instructions) VHS VALLEY MGMT COMPANY
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GOVEA JR., JOSE L.	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code San Benito, TX 78586-8917		
Principal occupation / Job title (See Instructions) DIR, RADIOLOGY		Employer (See Instructions) VHS VALLEY MGMT COMPANY

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 88/229 Rpt: 91/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 01/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GUITTAP, TAYLOR J.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Palm Beach Gardens, FL 33410-4323	
8 Principal occupation / Job title (See Instructions) CFO		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GUITTAP, TAYLOR J.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Palm Beach Gardens, FL 33410-4323	
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GUITTAP, TAYLOR J.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Palm Beach Gardens, FL 33410-4323	
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GUITTAP, TAYLOR J.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Palm Beach Gardens, FL 33410-4323	
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GUITTAP, TAYLOR J.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Palm Beach Gardens, FL 33410-4323	
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 89/229 Rpt: 92/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 03/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GUITTAP, TAYLOR J.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Palm Beach Gardens, FL 33410-4323	
8 Principal occupation / Job title (See Instructions) CFO		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GUITTAP, TAYLOR J.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Palm Beach Gardens, FL 33410-4323	
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GUITTAP, TAYLOR J.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Palm Beach Gardens, FL 33410-4323	
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GUITTAP, TAYLOR J.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Palm Beach Gardens, FL 33410-4323	
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GUITTAP, TAYLOR J.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Palm Beach Gardens, FL 33410-4323	
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 90/229 Rpt: 93/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 05/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GUITTAP, TAYLOR J. <hr/> 6 Contributor address; City; State; Zip Code Palm Beach Gardens, FL 33410-4323	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) CFO		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GUITTAP, TAYLOR J. <hr/> Contributor address; City; State; Zip Code Palm Beach Gardens, FL 33410-4323	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GUITTAP, TAYLOR J. <hr/> Contributor address; City; State; Zip Code Palm Beach Gardens, FL 33410-4323	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GULA, JENNIFER J. <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034-8635	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VP, TRANSFORMATION OPS		Employer (See Instructions) CONIFER REV CYCL SOL LLC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GULA, JENNIFER J. <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034-8635	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VP, TRANSFORMATION OPS		Employer (See Instructions) CONIFER REV CYCL SOL LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 91/229 Rpt: 94/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 02/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GULA, JENNIFER J.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Frisco, TX 75034-8635	
8 Principal occupation / Job title (See Instructions) VP, TRANSFORMATION OPS		9 Employer (See Instructions) CONIFER REV CYCL SOL LLC
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GULA, JENNIFER J.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Frisco, TX 75034-8635	
Principal occupation / Job title (See Instructions) VP, TRANSFORMATION OPS		Employer (See Instructions) CONIFER REV CYCL SOL LLC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GULA, JENNIFER J.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Frisco, TX 75034-8635	
Principal occupation / Job title (See Instructions) VP, TRANSFORMATION OPS		Employer (See Instructions) CONIFER REV CYCL SOL LLC
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GULA, JENNIFER J.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Frisco, TX 75034-8635	
Principal occupation / Job title (See Instructions) VP, TRANSFORMATION OPS		Employer (See Instructions) CONIFER REV CYCL SOL LLC
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GULA, JENNIFER J.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Frisco, TX 75034-8635	
Principal occupation / Job title (See Instructions) VP, TRANSFORMATION OPS		Employer (See Instructions) CONIFER REV CYCL SOL LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 92/229 Rpt: 95/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 04/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GULA, JENNIFER J.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Frisco, TX 75034-8635	
8 Principal occupation / Job title (See Instructions) VP, TRANSFORMATION OPS		9 Employer (See Instructions) CONIFER REV CYCL SOL LLC
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GULA, JENNIFER J.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Frisco, TX 75034-8635	
Principal occupation / Job title (See Instructions) VP, TRANSFORMATION OPS		Employer (See Instructions) CONIFER REV CYCL SOL LLC
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GULA, JENNIFER J.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Frisco, TX 75034-8635	
Principal occupation / Job title (See Instructions) VP, TRANSFORMATION OPS		Employer (See Instructions) CONIFER REV CYCL SOL LLC
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GULA, JENNIFER J.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Frisco, TX 75034-8635	
Principal occupation / Job title (See Instructions) VP, TRANSFORMATION OPS		Employer (See Instructions) CONIFER REV CYCL SOL LLC
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GULA, JENNIFER J.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Frisco, TX 75034-8635	
Principal occupation / Job title (See Instructions) VP, TRANSFORMATION OPS		Employer (See Instructions) CONIFER REV CYCL SOL LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 93/229 Rpt: 96/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 06/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GULA, JENNIFER J.	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Frisco, TX 75034-8635	
8 Principal occupation / Job title (See Instructions) VP, TRANSFORMATION OPS		9 Employer (See Instructions) CONIFER REV CYCL SOL LLC
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GULCZEWSKI, VICTORIA J.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code San Antonio, TX 78247-5419	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET EMPLOYMENT INC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GULCZEWSKI, VICTORIA J.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code San Antonio, TX 78247-5419	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET EMPLOYMENT INC
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GULCZEWSKI, VICTORIA J.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code San Antonio, TX 78247-5419	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET EMPLOYMENT INC
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GULCZEWSKI, VICTORIA J.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code San Antonio, TX 78247-5419	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET EMPLOYMENT INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 94/229 Rpt: 97/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 03/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GULCZEWSKI, VICTORIA J.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code San Antonio, TX 78247-5419	
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) TENET EMPLOYMENT INC
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GULCZEWSKI, VICTORIA J.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78247-5419	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET EMPLOYMENT INC
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GULCZEWSKI, VICTORIA J.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78247-5419	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET EMPLOYMENT INC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GULCZEWSKI, VICTORIA J.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78247-5419	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET EMPLOYMENT INC
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GULCZEWSKI, VICTORIA J.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78247-5419	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET EMPLOYMENT INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 95/229 Rpt: 98/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 05/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GULCZEWSKI, VICTORIA J. <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78247-5419	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) TENET EMPLOYMENT INC
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAILEY, CLINT <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76109-1034	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) SVP, Chief Managed Care Officer		Employer (See Instructions) Tenet Healthcare
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HANDLEY, CHARLES <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78260-6420	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) CFO, GROUP		Employer (See Instructions) TENET EMPLOYMENT INC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HANDLEY, CHARLES <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78260-6420	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) CFO, GROUP		Employer (See Instructions) TENET EMPLOYMENT INC
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HANDLEY, CHARLES <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78260-6420	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) CFO, GROUP		Employer (See Instructions) TENET EMPLOYMENT INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 96/229 Rpt: 99/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 02/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HANDLEY, CHARLES <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78260-6420	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) CFO, GROUP		9 Employer (See Instructions) TENET EMPLOYMENT INC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HANDLEY, CHARLES <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78260-6420	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) CFO, GROUP		Employer (See Instructions) TENET EMPLOYMENT INC
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HANDLEY, CHARLES <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78260-6420	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) CFO, GROUP		Employer (See Instructions) TENET EMPLOYMENT INC
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HANDLEY, CHARLES <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78260-6420	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) CFO, GROUP		Employer (See Instructions) TENET EMPLOYMENT INC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HANDLEY, CHARLES <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78260-6420	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) CFO, GROUP		Employer (See Instructions) TENET EMPLOYMENT INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 97/229 Rpt: 100/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 04/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HANDLEY, CHARLES <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78260-6420	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) CFO, GROUP		9 Employer (See Instructions) TENET EMPLOYMENT INC
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HANDLEY, CHARLES <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78260-6420	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) CFO, GROUP		Employer (See Instructions) TENET EMPLOYMENT INC
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HANDLEY, CHARLES <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78260-6420	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) CFO, GROUP		Employer (See Instructions) TENET EMPLOYMENT INC
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HANDLEY, CHARLES <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78260-6420	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) CFO, GROUP		Employer (See Instructions) TENET EMPLOYMENT INC
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HANDLEY, CHARLES <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78260-6420	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) CFO, GROUP		Employer (See Instructions) TENET EMPLOYMENT INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 98/229 Rpt: 101/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 01/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARARI, JACK <hr/> 6 Contributor address; City; State; Zip Code Fort Lauderdale, FL 33301-2537	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) CMO		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARARI, JACK <hr/> Contributor address; City; State; Zip Code Fort Lauderdale, FL 33301-2537	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CMO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARARI, JACK <hr/> Contributor address; City; State; Zip Code Fort Lauderdale, FL 33301-2537	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CMO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARARI, JACK <hr/> Contributor address; City; State; Zip Code Fort Lauderdale, FL 33301-2537	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CMO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARARI, JACK <hr/> Contributor address; City; State; Zip Code Fort Lauderdale, FL 33301-2537	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CMO		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 99/229 Rpt: 102/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 03/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARARI, JACK <hr/> 6 Contributor address; City; State; Zip Code Fort Lauderdale, FL 33301-2537	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) CMO		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARARI, JACK <hr/> Contributor address; City; State; Zip Code Fort Lauderdale, FL 33301-2537	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CMO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARARI, JACK <hr/> Contributor address; City; State; Zip Code Fort Lauderdale, FL 33301-2537	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CMO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARARI, JACK <hr/> Contributor address; City; State; Zip Code Fort Lauderdale, FL 33301-2537	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CMO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARARI, JACK <hr/> Contributor address; City; State; Zip Code Fort Lauderdale, FL 33301-2537	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CMO		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 06/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARARI, JACK <hr/> 6 Contributor address; City; State; Zip Code Fort Lauderdale, FL 33301-2537	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) CMO		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARARI, JACK <hr/> Contributor address; City; State; Zip Code Fort Lauderdale, FL 33301-2537	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CMO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARRIS, SAMUEL G. <hr/> Contributor address; City; State; Zip Code West Hollywood, CA 90046-6919	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, REG REIMBURSEMENT		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARRIS, SAMUEL G. <hr/> Contributor address; City; State; Zip Code West Hollywood, CA 90046-6919	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, REG REIMBURSEMENT		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARRIS, SAMUEL G. <hr/> Contributor address; City; State; Zip Code West Hollywood, CA 90046-6919	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, REG REIMBURSEMENT		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 101/229 Rpt: 104/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 02/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARRIS, SAMUEL G.	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code West Hollywood, CA 90046-6919	
8 Principal occupation / Job title (See Instructions) DIR, REG REIMBURSEMENT		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARRIS, SAMUEL G.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code West Hollywood, CA 90046-6919	
Principal occupation / Job title (See Instructions) DIR, REG REIMBURSEMENT		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARRIS, SAMUEL G.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code West Hollywood, CA 90046-6919	
Principal occupation / Job title (See Instructions) DIR, REG REIMBURSEMENT		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARRIS, SAMUEL G.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code West Hollywood, CA 90046-6919	
Principal occupation / Job title (See Instructions) DIR, REG REIMBURSEMENT		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARRIS, SAMUEL G.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code West Hollywood, CA 90046-6919	
Principal occupation / Job title (See Instructions) DIR, REG REIMBURSEMENT		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 102/229 Rpt: 105/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 04/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARRIS, SAMUEL G.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code West Hollywood, CA 90046-6919	
8 Principal occupation / Job title (See Instructions) DIR, REG REIMBURSEMENT		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARRIS, SAMUEL G.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code West Hollywood, CA 90046-6919	
Principal occupation / Job title (See Instructions) DIR, REG REIMBURSEMENT		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARRIS, SAMUEL G.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code West Hollywood, CA 90046-6919	
Principal occupation / Job title (See Instructions) DIR, REG REIMBURSEMENT		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARRIS, SAMUEL G.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code West Hollywood, CA 90046-6919	
Principal occupation / Job title (See Instructions) DIR, REG REIMBURSEMENT		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HELMICK, CHAD	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Brentwood, TN 37027-2218	
Principal occupation / Job title (See Instructions) SR. MANAGING COUNSEL		Employer (See Instructions) TENET EMPLOYMENT INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 103/229 Rpt: 106/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 01/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HILL, STEPHEN <hr/> 6 Contributor address; City; State; Zip Code Harlingen, TX 78550-8307	7 Amount of Contribution (\$) \$19.00
8 Principal occupation / Job title (See Instructions) CNO		9 Employer (See Instructions) TENET EMPLOYMENT INC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HILL, STEPHEN <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550-8307	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CNO		Employer (See Instructions) TENET EMPLOYMENT INC
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HILL, STEPHEN <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550-8307	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CNO		Employer (See Instructions) TENET EMPLOYMENT INC
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HILL, STEPHEN <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550-8307	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CNO		Employer (See Instructions) TENET EMPLOYMENT INC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HILL, STEPHEN <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550-8307	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CNO		Employer (See Instructions) TENET EMPLOYMENT INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 104/229 Rpt: 107/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 03/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HILL, STEPHEN <hr/> 6 Contributor address; City; State; Zip Code Harlingen, TX 78550-8307	7 Amount of Contribution (\$) \$19.00
8 Principal occupation / Job title (See Instructions) CNO		9 Employer (See Instructions) TENET EMPLOYMENT INC
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HILL, STEPHEN <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550-8307	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CNO		Employer (See Instructions) TENET EMPLOYMENT INC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HILL, STEPHEN <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550-8307	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CNO		Employer (See Instructions) TENET EMPLOYMENT INC
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HILL, STEPHEN <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550-8307	Amount of Contribution (\$) \$269.00
Principal occupation / Job title (See Instructions) CNO		Employer (See Instructions) TENET EMPLOYMENT INC
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HILL, STEPHEN <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550-8307	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CNO		Employer (See Instructions) TENET EMPLOYMENT INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 105/229 Rpt: 108/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 05/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HILL, STEPHEN <hr/> 6 Contributor address; City; State; Zip Code Harlingen, TX 78550-8307	7 Amount of Contribution (\$) \$19.00
8 Principal occupation / Job title (See Instructions) CNO		9 Employer (See Instructions) TENET EMPLOYMENT INC
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HILL, STEPHEN <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550-8307	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CNO		Employer (See Instructions) TENET EMPLOYMENT INC
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HILL, STEPHEN <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550-8307	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CNO		Employer (See Instructions) TENET EMPLOYMENT INC
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOPPER, TASHA <hr/> Contributor address; City; State; Zip Code El Paso, TX 79911-3601	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET EMPLOYMENT INC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOPPER, TASHA <hr/> Contributor address; City; State; Zip Code El Paso, TX 79911-3601	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET EMPLOYMENT INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 106/229 Rpt: 109/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 02/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOPPER, TASHA <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79911-3601	7 Amount of Contribution (\$) \$19.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) TENET EMPLOYMENT INC
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOPPER, TASHA <hr/> Contributor address; City; State; Zip Code El Paso, TX 79911-3601	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET EMPLOYMENT INC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOPPER, TASHA <hr/> Contributor address; City; State; Zip Code El Paso, TX 79911-3601	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET EMPLOYMENT INC
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOPPER, TASHA <hr/> Contributor address; City; State; Zip Code El Paso, TX 79911-3601	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET EMPLOYMENT INC
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOPPER, TASHA <hr/> Contributor address; City; State; Zip Code El Paso, TX 79911-3601	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET EMPLOYMENT INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 107/229 Rpt: 110/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 04/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOPPER, TASHA <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79911-3601	7 Amount of Contribution (\$) \$19.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) TENET EMPLOYMENT INC
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOPPER, TASHA <hr/> Contributor address; City; State; Zip Code El Paso, TX 79911-3601	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET EMPLOYMENT INC
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOPPER, TASHA <hr/> Contributor address; City; State; Zip Code El Paso, TX 79911-3601	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET EMPLOYMENT INC
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOPPER, TASHA <hr/> Contributor address; City; State; Zip Code El Paso, TX 79911-3601	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET EMPLOYMENT INC
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOPPER, TASHA <hr/> Contributor address; City; State; Zip Code El Paso, TX 79911-3601	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET EMPLOYMENT INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 108/229 Rpt: 111/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 06/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOPPER, TASHA <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79911-3601	7 Amount of Contribution (\$) \$19.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) TENET EMPLOYMENT INC
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HORTON III, HEYWARD <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30339-5640	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Director, Fin Phys Practice		Employer (See Instructions) Tenet Healthcare
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOSKIN, PATRICIA J. <hr/> Contributor address; City; State; Zip Code Harsens Island, MI 48028-9548	Amount of Contribution (\$) \$57.72
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOSKIN, PATRICIA J. <hr/> Contributor address; City; State; Zip Code Harsens Island, MI 48028-9548	Amount of Contribution (\$) \$57.72
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOSKIN, PATRICIA J. <hr/> Contributor address; City; State; Zip Code Harsens Island, MI 48028-9548	Amount of Contribution (\$) \$57.72
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 109/229 Rpt: 112/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 02/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOSKIN, PATRICIA J.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Harsens Island, MI 48028-9548	
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOSKIN, PATRICIA J.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Harsens Island, MI 48028-9548	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOSKIN, PATRICIA J.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Harsens Island, MI 48028-9548	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOSKIN, PATRICIA J.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Harsens Island, MI 48028-9548	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOSKIN, PATRICIA J.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Harsens Island, MI 48028-9548	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 110/229 Rpt: 113/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 04/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOSKIN, PATRICIA J. <hr/> 6 Contributor address; City; State; Zip Code Harsens Island, MI 48028-9548	7 Amount of Contribution (\$) \$57.72
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOSKIN, PATRICIA J. <hr/> Contributor address; City; State; Zip Code Harsens Island, MI 48028-9548	Amount of Contribution (\$) \$57.72
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOSKIN, PATRICIA J. <hr/> Contributor address; City; State; Zip Code Harsens Island, MI 48028-9548	Amount of Contribution (\$) \$57.72
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOSKIN, PATRICIA J. <hr/> Contributor address; City; State; Zip Code Harsens Island, MI 48028-9548	Amount of Contribution (\$) \$57.72
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOSKIN, PATRICIA J. <hr/> Contributor address; City; State; Zip Code Harsens Island, MI 48028-9548	Amount of Contribution (\$) \$57.72
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 111/229 Rpt: 114/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 01/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUTCHINSON, SUSAN <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75254-2916	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) VP, ASST GENERAL COUNSEL		9 Employer (See Instructions) Tenet Healthcare
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Darlene <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) VP, AUDIT SVCS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Darlene <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) VP, AUDIT SVCS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Darlene <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) VP, AUDIT SVCS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Darlene <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) VP, AUDIT SVCS		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 112/229 Rpt: 115/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 03/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Darlene <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75254-2916	7 Amount of Contribution (\$) \$39.00
8 Principal occupation / Job title (See Instructions) VP, AUDIT SVCS		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Darlene <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) VP, AUDIT SVCS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Darlene <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) VP, AUDIT SVCS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Darlene <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) VP, AUDIT SVCS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Darlene <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) VP, AUDIT SVCS		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 113/229 Rpt: 116/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 05/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Darlene <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75254-2916	7 Amount of Contribution (\$) \$39.00
8 Principal occupation / Job title (See Instructions) VP, AUDIT SVCS		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Darlene <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) VP, AUDIT SVCS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Darlene <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) VP, AUDIT SVCS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Darlene <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) VP, AUDIT SVCS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hulin, Cynthia <hr/> Contributor address; City; State; Zip Code Fort Lauderdale, FL 33309-6163	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Director, Reg Rev Cycle Tenet Physician Resources		Employer (See Instructions) Tenet HealthSystem Medical, Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 114/229 Rpt: 117/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 01/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JENKINS, CHRISTOPHER M.	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Cordova, TN 38018-7761	
8 Principal occupation / Job title (See Instructions) COO		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JENKINS, CHRISTOPHER M.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Cordova, TN 38018-7761	
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JENKINS, CHRISTOPHER M.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Cordova, TN 38018-7761	
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JENKINS, CHRISTOPHER M.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Cordova, TN 38018-7761	
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JENKINS, CHRISTOPHER M.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Cordova, TN 38018-7761	
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 115/229 Rpt: 118/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 03/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JENKINS, CHRISTOPHER M.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Cordova, TN 38018-7761	
8 Principal occupation / Job title (See Instructions) COO		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JENKINS, CHRISTOPHER M.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Cordova, TN 38018-7761	
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JENKINS, CHRISTOPHER M.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Cordova, TN 38018-7761	
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JENKINS, CHRISTOPHER M.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Cordova, TN 38018-7761	
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JENKINS, CHRISTOPHER M.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Cordova, TN 38018-7761	
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 116/229 Rpt: 119/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 05/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JENKINS, CHRISTOPHER M.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Cordova, TN 38018-7761	
8 Principal occupation / Job title (See Instructions) COO		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JENKINS, CHRISTOPHER M.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Cordova, TN 38018-7761	
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JENKINS, CHRISTOPHER M.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Cordova, TN 38018-7761	
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KATZ, DAVID	Amount of Contribution (\$) \$19.00
	Contributor address; City; State; Zip Code Grosse Pointe, MI 48230-1501	
Principal occupation / Job title (See Instructions) DIR, GOVT RELATIONS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KATZ, DAVID	Amount of Contribution (\$) \$19.00
	Contributor address; City; State; Zip Code Grosse Pointe, MI 48230-1501	
Principal occupation / Job title (See Instructions) DIR, GOVT RELATIONS		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 117/229 Rpt: 120/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 02/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KATZ, DAVID <hr/> 6 Contributor address; City; State; Zip Code Grosse Pointe, MI 48230-1501	7 Amount of Contribution (\$) \$19.00
8 Principal occupation / Job title (See Instructions) DIR, GOVT RELATIONS		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KATZ, DAVID <hr/> Contributor address; City; State; Zip Code Grosse Pointe, MI 48230-1501	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) DIR, GOVT RELATIONS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KATZ, DAVID <hr/> Contributor address; City; State; Zip Code Grosse Pointe, MI 48230-1501	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) DIR, GOVT RELATIONS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KATZ, DAVID <hr/> Contributor address; City; State; Zip Code Grosse Pointe, MI 48230-1501	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) DIR, GOVT RELATIONS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KATZ, DAVID <hr/> Contributor address; City; State; Zip Code Grosse Pointe, MI 48230-1501	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) DIR, GOVT RELATIONS		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 118/229 Rpt: 121/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 04/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KATZ, DAVID <hr/> 6 Contributor address; City; State; Zip Code Grosse Pointe, MI 48230-1501	7 Amount of Contribution (\$) \$19.00
8 Principal occupation / Job title (See Instructions) DIR, GOVT RELATIONS		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KATZ, DAVID <hr/> Contributor address; City; State; Zip Code Grosse Pointe, MI 48230-1501	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) DIR, GOVT RELATIONS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KESMAN, J. PAIGE <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VP, ASST GENERAL COUNSEL		Employer (See Instructions) TENET EMPLOYMENT INC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KESMAN, J. PAIGE <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VP, ASST GENERAL COUNSEL		Employer (See Instructions) TENET EMPLOYMENT INC
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KESMAN, J. PAIGE <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VP, ASST GENERAL COUNSEL		Employer (See Instructions) TENET EMPLOYMENT INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 119/229 Rpt: 122/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 02/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KESMAN, J. PAIGE <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75254-2916	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) VP, ASST GENERAL COUNSEL		9 Employer (See Instructions) TENET EMPLOYMENT INC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KESMAN, J. PAIGE <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VP, ASST GENERAL COUNSEL		Employer (See Instructions) TENET EMPLOYMENT INC
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KESMAN, J. PAIGE <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VP, ASST GENERAL COUNSEL		Employer (See Instructions) TENET EMPLOYMENT INC
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KESMAN, J. PAIGE <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VP, ASST GENERAL COUNSEL		Employer (See Instructions) TENET EMPLOYMENT INC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KESMAN, J. PAIGE <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VP, ASST GENERAL COUNSEL		Employer (See Instructions) TENET EMPLOYMENT INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 120/229 Rpt: 123/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 04/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KESMAN, J. PAIGE <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75254-2916	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) VP, ASST GENERAL COUNSEL		9 Employer (See Instructions) TENET EMPLOYMENT INC
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KESMAN, J. PAIGE <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VP, ASST GENERAL COUNSEL		Employer (See Instructions) TENET EMPLOYMENT INC
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KESMAN, J. PAIGE <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VP, ASST GENERAL COUNSEL		Employer (See Instructions) TENET EMPLOYMENT INC
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KESMAN, J. PAIGE <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VP, ASST GENERAL COUNSEL		Employer (See Instructions) TENET EMPLOYMENT INC
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KESMAN, J. PAIGE <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) VP, ASST GENERAL COUNSEL		Employer (See Instructions) TENET EMPLOYMENT INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 121/229 Rpt: 124/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 01/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KOVACS, TINA <hr/> 6 Contributor address; City; State; Zip Code Bartlett, TN 38133-4003	7 Amount of Contribution (\$) \$19.00
8 Principal occupation / Job title (See Instructions) CFO (POOL)		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KOVACS, TINA <hr/> Contributor address; City; State; Zip Code Bartlett, TN 38133-4003	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CFO (POOL)		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KOVACS, TINA <hr/> Contributor address; City; State; Zip Code Bartlett, TN 38133-4003	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CFO (POOL)		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KOVACS, TINA <hr/> Contributor address; City; State; Zip Code Bartlett, TN 38133-4003	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CFO (POOL)		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KOVACS, TINA <hr/> Contributor address; City; State; Zip Code Bartlett, TN 38133-4003	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CFO (POOL)		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 122/229 Rpt: 125/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 03/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KOVACS, TINA <hr/> 6 Contributor address; City; State; Zip Code Bartlett, TN 38133-4003	7 Amount of Contribution (\$) \$19.00
8 Principal occupation / Job title (See Instructions) CFO (POOL)		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KOVACS, TINA <hr/> Contributor address; City; State; Zip Code Bartlett, TN 38133-4003	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CFO (POOL)		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KOVACS, TINA <hr/> Contributor address; City; State; Zip Code Bartlett, TN 38133-4003	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CFO (POOL)		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KOVACS, TINA <hr/> Contributor address; City; State; Zip Code Bartlett, TN 38133-4003	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CFO (POOL)		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KOVACS, TINA <hr/> Contributor address; City; State; Zip Code Bartlett, TN 38133-4003	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CFO (POOL)		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 123/229 Rpt: 126/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 05/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KOVACS, TINA <hr/> 6 Contributor address; City; State; Zip Code Bartlett, TN 38133-4003	7 Amount of Contribution (\$) \$19.00
8 Principal occupation / Job title (See Instructions) CFO (POOL)		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KOVACS, TINA <hr/> Contributor address; City; State; Zip Code Bartlett, TN 38133-4003	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CFO (POOL)		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KOVACS, TINA <hr/> Contributor address; City; State; Zip Code Bartlett, TN 38133-4003	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CFO (POOL)		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KRETZSCHMAR, NORMA <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) VP, FIN HOSP OPS & INTEG		Employer (See Instructions) TENET EMPLOYMENT INC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KRETZSCHMAR, NORMA <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) VP, FIN HOSP OPS & INTEG		Employer (See Instructions) TENET EMPLOYMENT INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 124/229 Rpt: 127/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 02/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KRETZSCHMAR, NORMA <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75254-2916	7 Amount of Contribution (\$) \$19.00
8 Principal occupation / Job title (See Instructions) VP, FIN HOSP OPS & INTEG		9 Employer (See Instructions) TENET EMPLOYMENT INC
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KRETZSCHMAR, NORMA <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) VP, FIN HOSP OPS & INTEG		Employer (See Instructions) TENET EMPLOYMENT INC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KRETZSCHMAR, NORMA <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) VP, FIN HOSP OPS & INTEG		Employer (See Instructions) TENET EMPLOYMENT INC
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KRETZSCHMAR, NORMA <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) VP, FIN HOSP OPS & INTEG		Employer (See Instructions) TENET EMPLOYMENT INC
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KRETZSCHMAR, NORMA <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) VP, FIN HOSP OPS & INTEG		Employer (See Instructions) TENET EMPLOYMENT INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 125/229 Rpt: 128/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 04/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KRETZSCHMAR, NORMA <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75254-2916	7 Amount of Contribution (\$) \$19.00
8 Principal occupation / Job title (See Instructions) VP, FIN HOSP OPS & INTEG		9 Employer (See Instructions) TENET EMPLOYMENT INC
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KRETZSCHMAR, NORMA <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) VP, FIN HOSP OPS & INTEG		Employer (See Instructions) TENET EMPLOYMENT INC
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KRETZSCHMAR, NORMA <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) VP, FIN HOSP OPS & INTEG		Employer (See Instructions) TENET EMPLOYMENT INC
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KRETZSCHMAR, NORMA <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) VP, FIN HOSP OPS & INTEG		Employer (See Instructions) TENET EMPLOYMENT INC
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KRETZSCHMAR, NORMA <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) VP, FIN HOSP OPS & INTEG		Employer (See Instructions) TENET EMPLOYMENT INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 126/229 Rpt: 129/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 06/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KRETZSCHMAR, NORMA <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75254-2916	7 Amount of Contribution (\$) \$19.00
8 Principal occupation / Job title (See Instructions) VP, FIN HOSP OPS & INTEG		9 Employer (See Instructions) TENET EMPLOYMENT INC
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAKTASH, VALERIE D. <hr/> Contributor address; City; State; Zip Code Anaheim, CA 92807-3046	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, PLANT OPERATIONS		Employer (See Instructions) PLACENTIA-LINDA HOSP INC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAKTASH, VALERIE D. <hr/> Contributor address; City; State; Zip Code Anaheim, CA 92807-3046	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, PLANT OPERATIONS		Employer (See Instructions) PLACENTIA-LINDA HOSP INC
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAKTASH, VALERIE D. <hr/> Contributor address; City; State; Zip Code Anaheim, CA 92807-3046	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, PLANT OPERATIONS		Employer (See Instructions) PLACENTIA-LINDA HOSP INC
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAKTASH, VALERIE D. <hr/> Contributor address; City; State; Zip Code Anaheim, CA 92807-3046	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, PLANT OPERATIONS		Employer (See Instructions) PLACENTIA-LINDA HOSP INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 127/229 Rpt: 130/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 03/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAKTASH, VALERIE D.	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Anaheim, CA 92807-3046	
8 Principal occupation / Job title (See Instructions) DIR, PLANT OPERATIONS		9 Employer (See Instructions) PLACENTIA-LINDA HOSP INC
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAKTASH, VALERIE D.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Anaheim, CA 92807-3046	
Principal occupation / Job title (See Instructions) DIR, PLANT OPERATIONS		Employer (See Instructions) PLACENTIA-LINDA HOSP INC
Date 03/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAKTASH, VALERIE D.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Anaheim, CA 92807-3046	
Principal occupation / Job title (See Instructions) DIR, PLANT OPERATIONS		Employer (See Instructions) PLACENTIA-LINDA HOSP INC
Date 03/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAKTASH, VALERIE D.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Anaheim, CA 92807-3046	
Principal occupation / Job title (See Instructions) DIR, PLANT OPERATIONS		Employer (See Instructions) PLACENTIA-LINDA HOSP INC
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAVIS, BRITTANY	Amount of Contribution (\$) \$19.00
	Contributor address; City; State; Zip Code Detroit, MI 48201-2018	
Principal occupation / Job title (See Instructions) CEO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 128/229 Rpt: 131/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 01/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAVIS, BRITTANY <hr/> 6 Contributor address; City; State; Zip Code Detroit, MI 48201-2018	7 Amount of Contribution (\$) \$19.00
8 Principal occupation / Job title (See Instructions) CEO, GROUP		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAVIS, BRITTANY <hr/> Contributor address; City; State; Zip Code Detroit, MI 48201-2018	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CEO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAVIS, BRITTANY <hr/> Contributor address; City; State; Zip Code Detroit, MI 48201-2018	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CEO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAVIS, BRITTANY <hr/> Contributor address; City; State; Zip Code Detroit, MI 48201-2018	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CEO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAVIS, BRITTANY <hr/> Contributor address; City; State; Zip Code Detroit, MI 48201-2018	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CEO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 129/229 Rpt: 132/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 03/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAVIS, BRITTANY <hr/> 6 Contributor address; City; State; Zip Code Detroit, MI 48201-2018	7 Amount of Contribution (\$) \$19.00
8 Principal occupation / Job title (See Instructions) CEO, GROUP		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAVIS, BRITTANY <hr/> Contributor address; City; State; Zip Code Detroit, MI 48201-2018	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CEO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAVIS, BRITTANY <hr/> Contributor address; City; State; Zip Code Detroit, MI 48201-2018	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CEO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAVIS, BRITTANY <hr/> Contributor address; City; State; Zip Code Detroit, MI 48201-2018	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CEO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAVIS, BRITTANY <hr/> Contributor address; City; State; Zip Code Detroit, MI 48201-2018	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CEO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 130/229 Rpt: 133/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 06/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAVIS, BRITTANY <hr/> 6 Contributor address; City; State; Zip Code Detroit, MI 48201-2018	7 Amount of Contribution (\$) \$19.00
8 Principal occupation / Job title (See Instructions) CEO, GROUP		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAVIS, BRITTANY <hr/> Contributor address; City; State; Zip Code Detroit, MI 48201-2018	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CEO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 01/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAWLOR, GERARD F. <hr/> Contributor address; City; State; Zip Code Goodyear, AZ 85395-2635	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, NURSING		Employer (See Instructions) HOSPITAL DEVL P OF W PHX
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAWLOR, GERARD F. <hr/> Contributor address; City; State; Zip Code Goodyear, AZ 85395-2635	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, NURSING		Employer (See Instructions) HOSPITAL DEVL P OF W PHX
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAWLOR, GERARD F. <hr/> Contributor address; City; State; Zip Code Goodyear, AZ 85395-2635	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, NURSING		Employer (See Instructions) HOSPITAL DEVL P OF W PHX

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 131/229 Rpt: 134/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 02/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAWLOR, GERARD F.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Goodyear, AZ 85395-2635	
8 Principal occupation / Job title (See Instructions) DIR, NURSING		9 Employer (See Instructions) HOSPITAL DEVL P OF W PHX
Date 03/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAWLOR, GERARD F.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Goodyear, AZ 85395-2635	
Principal occupation / Job title (See Instructions) DIR, NURSING		Employer (See Instructions) HOSPITAL DEVL P OF W PHX
Date 03/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAWLOR, GERARD F.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Goodyear, AZ 85395-2635	
Principal occupation / Job title (See Instructions) DIR, NURSING		Employer (See Instructions) HOSPITAL DEVL P OF W PHX
Date 04/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAWLOR, GERARD F.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Goodyear, AZ 85395-2635	
Principal occupation / Job title (See Instructions) DIR, NURSING		Employer (See Instructions) HOSPITAL DEVL P OF W PHX
Date 04/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAWLOR, GERARD F.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Goodyear, AZ 85395-2635	
Principal occupation / Job title (See Instructions) DIR, NURSING		Employer (See Instructions) HOSPITAL DEVL P OF W PHX

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 132/229 Rpt: 135/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 05/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAWLOR, GERARD F.	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Goodyear, AZ 85395-2635	
8 Principal occupation / Job title (See Instructions) DIR, NURSING		9 Employer (See Instructions) HOSPITAL DEVL P OF W PHX
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAWLOR, GERARD F.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Goodyear, AZ 85395-2635	
Principal occupation / Job title (See Instructions) DIR, NURSING		Employer (See Instructions) HOSPITAL DEVL P OF W PHX
Date 05/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAWLOR, GERARD F.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Goodyear, AZ 85395-2635	
Principal occupation / Job title (See Instructions) DIR, NURSING		Employer (See Instructions) HOSPITAL DEVL P OF W PHX
Date 06/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAWLOR, GERARD F.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Goodyear, AZ 85395-2635	
Principal occupation / Job title (See Instructions) DIR, NURSING		Employer (See Instructions) HOSPITAL DEVL P OF W PHX
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAWLOR, GERARD F.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Goodyear, AZ 85395-2635	
Principal occupation / Job title (See Instructions) DIR, NURSING		Employer (See Instructions) HOSPITAL DEVL P OF W PHX

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 133/229 Rpt: 136/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 01/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEMAISTRE, COLLIN	7 Amount of Contribution (\$) \$96.00
6 Contributor address; City; State; Zip Code Marietta, GA 30068-4809		
8 Principal occupation / Job title (See Instructions) MARKET PRESIDENT		9 Employer (See Instructions) USPI
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEMAISTRE, COLLIN	Amount of Contribution (\$) \$96.00
Contributor address; City; State; Zip Code Marietta, GA 30068-4809		
Principal occupation / Job title (See Instructions) MARKET PRESIDENT		Employer (See Instructions) USPI
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEMAISTRE, COLLIN	Amount of Contribution (\$) \$96.00
Contributor address; City; State; Zip Code Marietta, GA 30068-4809		
Principal occupation / Job title (See Instructions) MARKET PRESIDENT		Employer (See Instructions) USPI
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEMAISTRE, COLLIN	Amount of Contribution (\$) \$96.00
Contributor address; City; State; Zip Code Marietta, GA 30068-4809		
Principal occupation / Job title (See Instructions) MARKET PRESIDENT		Employer (See Instructions) USPI
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEMAISTRE, COLLIN	Amount of Contribution (\$) \$96.00
Contributor address; City; State; Zip Code Marietta, GA 30068-4809		
Principal occupation / Job title (See Instructions) MARKET PRESIDENT		Employer (See Instructions) USPI

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 134/229 Rpt: 137/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 03/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEMAISTRE, COLLIN <hr/> 6 Contributor address; City; State; Zip Code Marietta, GA 30068-4809	7 Amount of Contribution (\$) \$96.00
8 Principal occupation / Job title (See Instructions) MARKET PRESIDENT		9 Employer (See Instructions) USPI
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEMAISTRE, COLLIN <hr/> Contributor address; City; State; Zip Code Marietta, GA 30068-4809	Amount of Contribution (\$) \$96.00
Principal occupation / Job title (See Instructions) MARKET PRESIDENT		Employer (See Instructions) USPI
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEMAISTRE, COLLIN <hr/> Contributor address; City; State; Zip Code Marietta, GA 30068-4809	Amount of Contribution (\$) \$96.00
Principal occupation / Job title (See Instructions) MARKET PRESIDENT		Employer (See Instructions) USPI
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEMAISTRE, COLLIN <hr/> Contributor address; City; State; Zip Code Marietta, GA 30068-4809	Amount of Contribution (\$) \$96.00
Principal occupation / Job title (See Instructions) MARKET PRESIDENT		Employer (See Instructions) USPI
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEMAISTRE, COLLIN <hr/> Contributor address; City; State; Zip Code Marietta, GA 30068-4809	Amount of Contribution (\$) \$96.00
Principal occupation / Job title (See Instructions) MARKET PRESIDENT		Employer (See Instructions) USPI

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 135/229 Rpt: 138/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 05/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEMAISTRE, COLLIN	7 Amount of Contribution (\$) \$96.00
6 Contributor address; City; State; Zip Code Marietta, GA 30068-4809		
8 Principal occupation / Job title (See Instructions) MARKET PRESIDENT		9 Employer (See Instructions) USPI
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEMAISTRE, COLLIN	Amount of Contribution (\$) \$96.00
Contributor address; City; State; Zip Code Marietta, GA 30068-4809		
Principal occupation / Job title (See Instructions) MARKET PRESIDENT		Employer (See Instructions) USPI
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEMAISTRE, COLLIN	Amount of Contribution (\$) \$96.00
Contributor address; City; State; Zip Code Marietta, GA 30068-4809		
Principal occupation / Job title (See Instructions) MARKET PRESIDENT		Employer (See Instructions) USPI
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LETTERS, LESLIE	Amount of Contribution (\$) \$39.00
Contributor address; City; State; Zip Code Boca Raton, FL 33431		
Principal occupation / Job title (See Instructions) DIR, RADIOLOGY		Employer (See Instructions) GOOD SAMARITAN MEDICAL CENTER
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LETTERS, LESLIE	Amount of Contribution (\$) \$39.00
Contributor address; City; State; Zip Code Boca Raton, FL 33431		
Principal occupation / Job title (See Instructions) DIR, RADIOLOGY		Employer (See Instructions) GOOD SAMARITAN MEDICAL CENTER

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 136/229 Rpt: 139/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 02/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LETTERS, LESLIE <hr/> 6 Contributor address; City; State; Zip Code Boca Raton, FL 33431	7 Amount of Contribution (\$) \$39.00
8 Principal occupation / Job title (See Instructions) DIR, RADIOLOGY		9 Employer (See Instructions) GOOD SAMARITAN MEDICAL CENTER
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LETTERS, LESLIE <hr/> Contributor address; City; State; Zip Code Boca Raton, FL 33431	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) DIR, RADIOLOGY		Employer (See Instructions) GOOD SAMARITAN MEDICAL CENTER
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LETTERS, LESLIE <hr/> Contributor address; City; State; Zip Code Boca Raton, FL 33431	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) DIR, RADIOLOGY		Employer (See Instructions) GOOD SAMARITAN MEDICAL CENTER
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LETTERS, LESLIE <hr/> Contributor address; City; State; Zip Code Boca Raton, FL 33431	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) DIR, RADIOLOGY		Employer (See Instructions) GOOD SAMARITAN MEDICAL CENTER
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LETTERS, LESLIE <hr/> Contributor address; City; State; Zip Code Boca Raton, FL 33431	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) DIR, RADIOLOGY		Employer (See Instructions) GOOD SAMARITAN MEDICAL CENTER

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 137/229 Rpt: 140/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 01/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEWIS, BRIAN K.	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Phoenix, AZ 85021-1660	
8 Principal occupation / Job title (See Instructions) DIR, REIMBURSEMENT		9 Employer (See Instructions) VHS ACQN SUBSIDRY #8 INC
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEWIS, BRIAN K.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Phoenix, AZ 85021-1660	
Principal occupation / Job title (See Instructions) DIR, REIMBURSEMENT		Employer (See Instructions) VHS ACQN SUBSIDRY #8 INC
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEWIS, BRIAN K.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Phoenix, AZ 85021-1660	
Principal occupation / Job title (See Instructions) DIR, REIMBURSEMENT		Employer (See Instructions) VHS ACQN SUBSIDRY #8 INC
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEWIS, BRIAN K.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Phoenix, AZ 85021-1660	
Principal occupation / Job title (See Instructions) DIR, REIMBURSEMENT		Employer (See Instructions) VHS ACQN SUBSIDRY #8 INC
Date 03/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEWIS, BRIAN K.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Phoenix, AZ 85021-1660	
Principal occupation / Job title (See Instructions) DIR, REIMBURSEMENT		Employer (See Instructions) VHS ACQN SUBSIDRY #8 INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 138/229 Rpt: 141/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEWIS, BRIAN K. 6 Contributor address; City; State; Zip Code Phoenix, AZ 85021-1660	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) DIR, REIMBURSEMENT		9 Employer (See Instructions) VHS ACQN SUBSIDRY #8 INC
Date 04/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEWIS, BRIAN K. Contributor address; City; State; Zip Code Phoenix, AZ 85021-1660	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, REIMBURSEMENT		Employer (See Instructions) VHS ACQN SUBSIDRY #8 INC
Date 04/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEWIS, BRIAN K. Contributor address; City; State; Zip Code Phoenix, AZ 85021-1660	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, REIMBURSEMENT		Employer (See Instructions) VHS ACQN SUBSIDRY #8 INC
Date 05/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEWIS, BRIAN K. Contributor address; City; State; Zip Code Phoenix, AZ 85021-1660	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, REIMBURSEMENT		Employer (See Instructions) VHS ACQN SUBSIDRY #8 INC
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEWIS, BRIAN K. Contributor address; City; State; Zip Code Phoenix, AZ 85021-1660	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, REIMBURSEMENT		Employer (See Instructions) VHS ACQN SUBSIDRY #8 INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 139/229 Rpt: 142/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 05/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEWIS, BRIAN K.	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Phoenix, AZ 85021-1660		
8 Principal occupation / Job title (See Instructions) DIR, REIMBURSEMENT		9 Employer (See Instructions) VHS ACQN SUBSIDRY #8 INC
Date 06/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEWIS, BRIAN K.	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Phoenix, AZ 85021-1660		
Principal occupation / Job title (See Instructions) DIR, REIMBURSEMENT		Employer (See Instructions) VHS ACQN SUBSIDRY #8 INC
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEWIS, BRIAN K.	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Phoenix, AZ 85021-1660		
Principal occupation / Job title (See Instructions) DIR, REIMBURSEMENT		Employer (See Instructions) VHS ACQN SUBSIDRY #8 INC
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LISA, MARK	Amount of Contribution (\$) \$39.00
Contributor address; City; State; Zip Code Paso Robles, CA 93446-4845		
Principal occupation / Job title (See Instructions) MARKET CEO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LISA, MARK	Amount of Contribution (\$) \$39.00
Contributor address; City; State; Zip Code Paso Robles, CA 93446-4845		
Principal occupation / Job title (See Instructions) MARKET CEO		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 140/229 Rpt: 143/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 02/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LISA, MARK <hr/> 6 Contributor address; City; State; Zip Code Paso Robles, CA 93446-4845	7 Amount of Contribution (\$) \$39.00
8 Principal occupation / Job title (See Instructions) MARKET CEO		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LISA, MARK <hr/> Contributor address; City; State; Zip Code Paso Robles, CA 93446-4845	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) MARKET CEO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LISA, MARK <hr/> Contributor address; City; State; Zip Code Paso Robles, CA 93446-4845	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) MARKET CEO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LISA, MARK <hr/> Contributor address; City; State; Zip Code Paso Robles, CA 93446-4845	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) MARKET CEO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LISA, MARK <hr/> Contributor address; City; State; Zip Code Paso Robles, CA 93446-4845	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) MARKET CEO		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 141/229 Rpt: 144/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 04/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LISA, MARK <hr/> 6 Contributor address; City; State; Zip Code Paso Robles, CA 93446-4845	7 Amount of Contribution (\$) \$39.00
8 Principal occupation / Job title (See Instructions) MARKET CEO		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LISTI, DANIEL A. <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550-8307	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LISTI, DANIEL A. <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550-8307	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LISTI, DANIEL A. <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550-8307	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LISTI, DANIEL A. <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550-8307	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 142/229 Rpt: 145/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 03/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LISTI, DANIEL A. <hr/> 6 Contributor address; City; State; Zip Code Harlingen, TX 78550-8307	7 Amount of Contribution (\$) \$39.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LISTI, DANIEL A. <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550-8307	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LISTI, DANIEL A. <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550-8307	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LISTI, DANIEL A. <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550-8307	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOWRANCE, DEBRA <hr/> Contributor address; City; State; Zip Code Duncanville, TX 75116-2018	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Sr Director, Quality Management		Employer (See Instructions) Tenet Healthcare

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 143/229 Rpt: 146/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 05/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LUDWIG, PHILIPP N.	7 Amount of Contribution (\$) \$1,001.00
6 Contributor address; City; State; Zip Code Phoenix, AZ 85018-4083		
8 Principal occupation / Job title (See Instructions) SR DIR, PHY PRACTICE OPS		9 Employer (See Instructions) TENET PHYSICIAN RESOURCE
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lalla-Reddy, Sujata	Amount of Contribution (\$) \$96.00
Contributor address; City; State; Zip Code Dallas, TX 75254-2916		
Principal occupation / Job title (See Instructions) CMO, HEALTH PLANS		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lalla-Reddy, Sujata	Amount of Contribution (\$) \$96.00
Contributor address; City; State; Zip Code Dallas, TX 75254-2916		
Principal occupation / Job title (See Instructions) CMO, HEALTH PLANS		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lalla-Reddy, Sujata	Amount of Contribution (\$) \$96.00
Contributor address; City; State; Zip Code Dallas, TX 75254-2916		
Principal occupation / Job title (See Instructions) CMO, HEALTH PLANS		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lalla-Reddy, Sujata	Amount of Contribution (\$) \$96.00
Contributor address; City; State; Zip Code Dallas, TX 75254-2916		
Principal occupation / Job title (See Instructions) CMO, HEALTH PLANS		Employer (See Instructions) TENET HEALTHCARE CORPORATION

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 144/229 Rpt: 147/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 03/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lalla-Reddy, Sujata <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75254-2916	7 Amount of Contribution (\$) \$96.00
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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Lalla-Reddy, Sujata <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$96.00
Principal occupation / Job title (See Instructions) CMO, HEALTH PLANS		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lalla-Reddy, Sujata <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$96.00
Principal occupation / Job title (See Instructions) CMO, HEALTH PLANS		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lalla-Reddy, Sujata <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$96.00
Principal occupation / Job title (See Instructions) CMO, HEALTH PLANS		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lalla-Reddy, Sujata <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$96.00
Principal occupation / Job title (See Instructions) CMO, HEALTH PLANS		Employer (See Instructions) TENET HEALTHCARE CORPORATION

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 145/229 Rpt: 148/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 06/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lyles, Thomas <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78205	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Group CSO		9 Employer (See Instructions) Tenet HealthSystem Medical
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MALONEY, MICHAEL <hr/> Contributor address; City; State; Zip Code Dallas, TX 75209-1926	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) EVP, CORP DEVELOPMENT		Employer (See Instructions) TENET EMPLOYMENT INC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MALONEY, MICHAEL <hr/> Contributor address; City; State; Zip Code Dallas, TX 75209-1926	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) EVP, CORP DEVELOPMENT		Employer (See Instructions) TENET EMPLOYMENT INC
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MALONEY, MICHAEL <hr/> Contributor address; City; State; Zip Code Dallas, TX 75209-1926	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) EVP, CORP DEVELOPMENT		Employer (See Instructions) TENET EMPLOYMENT INC
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MALONEY, MICHAEL <hr/> Contributor address; City; State; Zip Code Dallas, TX 75209-1926	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) EVP, CORP DEVELOPMENT		Employer (See Instructions) TENET EMPLOYMENT INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 146/229 Rpt: 149/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 03/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MALONEY, MICHAEL <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75209-1926	7 Amount of Contribution (\$) \$19.00
8 Principal occupation / Job title (See Instructions) EVP, CORP DEVELOPMENT		9 Employer (See Instructions) TENET EMPLOYMENT INC
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MALONEY, MICHAEL <hr/> Contributor address; City; State; Zip Code Dallas, TX 75209-1926	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) EVP, CORP DEVELOPMENT		Employer (See Instructions) TENET EMPLOYMENT INC
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MALONEY, MICHAEL <hr/> Contributor address; City; State; Zip Code Dallas, TX 75209-1926	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) EVP, CORP DEVELOPMENT		Employer (See Instructions) TENET EMPLOYMENT INC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MALONEY, MICHAEL <hr/> Contributor address; City; State; Zip Code Dallas, TX 75209-1926	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) EVP, CORP DEVELOPMENT		Employer (See Instructions) TENET EMPLOYMENT INC
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MALONEY, MICHAEL <hr/> Contributor address; City; State; Zip Code Dallas, TX 75209-1926	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) EVP, CORP DEVELOPMENT		Employer (See Instructions) TENET EMPLOYMENT INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 147/229 Rpt: 150/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 05/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MALONEY, MICHAEL <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75209-1926	7 Amount of Contribution (\$) \$19.00
8 Principal occupation / Job title (See Instructions) EVP, CORP DEVELOPMENT		9 Employer (See Instructions) TENET EMPLOYMENT INC
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MALONEY, MICHAEL <hr/> Contributor address; City; State; Zip Code Dallas, TX 75209-1926	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) EVP, CORP DEVELOPMENT		Employer (See Instructions) TENET EMPLOYMENT INC
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MALONEY, MICHAEL <hr/> Contributor address; City; State; Zip Code Dallas, TX 75209-1926	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) EVP, CORP DEVELOPMENT		Employer (See Instructions) TENET EMPLOYMENT INC
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MALONEY, MICHAEL <hr/> Contributor address; City; State; Zip Code Dallas, TX 75209-1926	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) EVP, CORP DEVELOPMENT		Employer (See Instructions) TENET EMPLOYMENT INC
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCBRIDE, ERIC <hr/> Contributor address; City; State; Zip Code Boca Raton, FL 33428-1705	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) SR DIR, PHY PRACTICE OPS		Employer (See Instructions) TENET PRACTICE RESOURCES

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 148/229 Rpt: 151/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 01/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLER, JESSICA <hr/> 6 Contributor address; City; State; Zip Code Coral Gables, FL 33134-6914	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) CNO		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLER, JESSICA <hr/> Contributor address; City; State; Zip Code Coral Gables, FL 33134-6914	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CNO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLER, JESSICA <hr/> Contributor address; City; State; Zip Code Coral Gables, FL 33134-6914	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CNO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLER, JESSICA <hr/> Contributor address; City; State; Zip Code Coral Gables, FL 33134-6914	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CNO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLER, JESSICA <hr/> Contributor address; City; State; Zip Code Coral Gables, FL 33134-6914	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CNO		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 149/229 Rpt: 152/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 03/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLER, JESSICA <hr/> 6 Contributor address; City; State; Zip Code Coral Gables, FL 33134-6914	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) CNO		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLER, JESSICA <hr/> Contributor address; City; State; Zip Code Coral Gables, FL 33134-6914	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CNO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLER, JESSICA <hr/> Contributor address; City; State; Zip Code Coral Gables, FL 33134-6914	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CNO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLER, JESSICA <hr/> Contributor address; City; State; Zip Code Coral Gables, FL 33134-6914	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CNO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLER, JESSICA <hr/> Contributor address; City; State; Zip Code Coral Gables, FL 33134-6914	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CNO		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 150/229 Rpt: 153/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 05/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLER, JESSICA <hr/> 6 Contributor address; City; State; Zip Code Coral Gables, FL 33134-6914	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) CNO		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLER, JESSICA <hr/> Contributor address; City; State; Zip Code Coral Gables, FL 33134-6914	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CNO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLER, JESSICA <hr/> Contributor address; City; State; Zip Code Coral Gables, FL 33134-6914	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CNO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MITCHELL, DANIEL <hr/> Contributor address; City; State; Zip Code Birmingham, AL 35205-2870	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) DIR, GOVT RELATIONS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MITCHELL, DANIEL <hr/> Contributor address; City; State; Zip Code Birmingham, AL 35205-2870	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) DIR, GOVT RELATIONS		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 151/229 Rpt: 154/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 02/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MITCHELL, DANIEL <hr/> 6 Contributor address; City; State; Zip Code Birmingham, AL 35205-2870	7 Amount of Contribution (\$) \$39.00
8 Principal occupation / Job title (See Instructions) DIR, GOVT RELATIONS		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MITCHELL, DANIEL <hr/> Contributor address; City; State; Zip Code Birmingham, AL 35205-2870	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) DIR, GOVT RELATIONS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MITCHELL, DANIEL <hr/> Contributor address; City; State; Zip Code Birmingham, AL 35205-2870	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) DIR, GOVT RELATIONS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MITCHELL, DANIEL <hr/> Contributor address; City; State; Zip Code Birmingham, AL 35205-2870	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) DIR, GOVT RELATIONS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MITCHELL, DANIEL <hr/> Contributor address; City; State; Zip Code Birmingham, AL 35205-2870	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) DIR, GOVT RELATIONS		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 152/229 Rpt: 155/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 04/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MITCHELL, DANIEL <hr/> 6 Contributor address; City; State; Zip Code Birmingham, AL 35205-2870	7 Amount of Contribution (\$) \$39.00
8 Principal occupation / Job title (See Instructions) DIR, GOVT RELATIONS		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MITCHELL, DANIEL <hr/> Contributor address; City; State; Zip Code Birmingham, AL 35205-2870	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) DIR, GOVT RELATIONS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MITCHELL, DANIEL <hr/> Contributor address; City; State; Zip Code Birmingham, AL 35205-2870	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) DIR, GOVT RELATIONS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MITCHELL, DANIEL <hr/> Contributor address; City; State; Zip Code Birmingham, AL 35205-2870	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) DIR, GOVT RELATIONS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MITCHELL, DANIEL <hr/> Contributor address; City; State; Zip Code Birmingham, AL 35205-2870	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) DIR, GOVT RELATIONS		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 153/229 Rpt: 156/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 06/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MITCHELL, DANIEL <hr/> 6 Contributor address; City; State; Zip Code Birmingham, AL 35205-2870	7 Amount of Contribution (\$) \$39.00
8 Principal occupation / Job title (See Instructions) DIR, GOVT RELATIONS		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MONTALBO III, PHILIP <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) REGIONAL VP - OPS II		Employer (See Instructions) USPI
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MONTALBO III, PHILIP <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) REGIONAL VP - OPS II		Employer (See Instructions) USPI
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MONTALBO III, PHILIP <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) REGIONAL VP - OPS II		Employer (See Instructions) USPI
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MONTALBO III, PHILIP <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) REGIONAL VP - OPS II		Employer (See Instructions) USPI

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 154/229 Rpt: 157/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 03/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MONTALBO III, PHILIP <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75254-2916	7 Amount of Contribution (\$) \$39.00
8 Principal occupation / Job title (See Instructions) REGIONAL VP - OPS II		9 Employer (See Instructions) USPI
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MONTALBO III, PHILIP <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) REGIONAL VP - OPS II		Employer (See Instructions) USPI
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MONTALBO III, PHILIP <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) REGIONAL VP - OPS II		Employer (See Instructions) USPI
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MONTALBO III, PHILIP <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) REGIONAL VP - OPS II		Employer (See Instructions) USPI
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MONTGOMERY, RACHEL C. <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258-2581	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) TENET EMPLOYMENT INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 155/229 Rpt: 158/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 01/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MONTGOMERY, RACHEL C.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code San Antonio, TX 78258-2581	
8 Principal occupation / Job title (See Instructions) COO		9 Employer (See Instructions) TENET EMPLOYMENT INC
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MONTGOMERY, RACHEL C.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78258-2581	
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) TENET EMPLOYMENT INC
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MONTGOMERY, RACHEL C.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78258-2581	
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) TENET EMPLOYMENT INC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MONTGOMERY, RACHEL C.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78258-2581	
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) TENET EMPLOYMENT INC
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MONTGOMERY, RACHEL C.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78258-2581	
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) TENET EMPLOYMENT INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 156/229 Rpt: 159/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 03/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MONTGOMERY, RACHEL C.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code San Antonio, TX 78258-2581	
8 Principal occupation / Job title (See Instructions) COO		9 Employer (See Instructions) TENET EMPLOYMENT INC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MONTGOMERY, RACHEL C.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78258-2581	
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) TENET EMPLOYMENT INC
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MONTGOMERY, RACHEL C.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code San Antonio, TX 78258-2581	
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) TENET EMPLOYMENT INC
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOREY, SCOTT	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Palm Springs, CA 92262-0507	
Principal occupation / Job title (See Instructions) CNE, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOREY, SCOTT	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Palm Springs, CA 92262-0507	
Principal occupation / Job title (See Instructions) CNE, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 157/229 Rpt: 160/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 02/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOREY, SCOTT <hr/> 6 Contributor address; City; State; Zip Code Palm Springs, CA 92262-0507	7 Amount of Contribution (\$) \$19.00
8 Principal occupation / Job title (See Instructions) CNE, GROUP		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOREY, SCOTT <hr/> Contributor address; City; State; Zip Code Palm Springs, CA 92262-0507	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CNE, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOREY, SCOTT <hr/> Contributor address; City; State; Zip Code Palm Springs, CA 92262-0507	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CNE, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOREY, SCOTT <hr/> Contributor address; City; State; Zip Code Palm Springs, CA 92262-0507	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CNE, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOREY, SCOTT <hr/> Contributor address; City; State; Zip Code Palm Springs, CA 92262-0507	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CNE, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 158/229 Rpt: 161/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 04/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOREY, SCOTT <hr/> 6 Contributor address; City; State; Zip Code Palm Springs, CA 92262-0507	7 Amount of Contribution (\$) \$19.00
8 Principal occupation / Job title (See Instructions) CNE, GROUP		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOREY, SCOTT <hr/> Contributor address; City; State; Zip Code Palm Springs, CA 92262-0507	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CNE, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOREY, SCOTT <hr/> Contributor address; City; State; Zip Code Palm Springs, CA 92262-0507	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CNE, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOREY, SCOTT <hr/> Contributor address; City; State; Zip Code Palm Springs, CA 92262-0507	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CNE, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOREY, SCOTT <hr/> Contributor address; City; State; Zip Code Palm Springs, CA 92262-0507	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CNE, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 159/229 Rpt: 162/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 06/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOREY, SCOTT <hr/> 6 Contributor address; City; State; Zip Code Palm Springs, CA 92262-0507	7 Amount of Contribution (\$) \$19.00
8 Principal occupation / Job title (See Instructions) CNE, GROUP		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDowell, William <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) VP of Investor Relations		Employer (See Instructions) Tenet Healthcare Corp.
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDowell, William <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) VP of Investor Relations		Employer (See Instructions) Tenet Healthcare Corp.
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDowell, William <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) VP of Investor Relations		Employer (See Instructions) Tenet Healthcare Corp.
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDowell, William <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) VP of Investor Relations		Employer (See Instructions) Tenet Healthcare Corp.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 160/229 Rpt: 163/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 06/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDowell, William <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75254-2916	7 Amount of Contribution (\$) \$39.00
8 Principal occupation / Job title (See Instructions) VP of Investor Relations		9 Employer (See Instructions) Tenet Healthcare Corp.
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McElroy, Kyle <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) VP, HIM OPERATIONS		Employer (See Instructions) Tenet Healthcare
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Christopher <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Christopher <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Christopher <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 161/229 Rpt: 164/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 02/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Christopher <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75254-2916	7 Amount of Contribution (\$) \$19.00
8 Principal occupation / Job title (See Instructions) Executive		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Christopher <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Christopher <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Christopher <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Christopher <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 162/229 Rpt: 165/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 04/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Christopher <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75254-2916	7 Amount of Contribution (\$) \$19.00
8 Principal occupation / Job title (See Instructions) Executive		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Christopher <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Christopher <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Christopher <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Christopher <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 163/229 Rpt: 166/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 05/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mohan, Sowjanya <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78205-1201	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) CMO		9 Employer (See Instructions) Tenet HealthSystem Medical, Inc
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NESTER, DARLENE <hr/> Contributor address; City; State; Zip Code Bluffton, SC 29910-4775	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CHIEF HR OFFICER		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NESTER, DARLENE <hr/> Contributor address; City; State; Zip Code Bluffton, SC 29910-4775	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CHIEF HR OFFICER		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NESTER, DARLENE <hr/> Contributor address; City; State; Zip Code Bluffton, SC 29910-4775	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CHIEF HR OFFICER		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NESTER, DARLENE <hr/> Contributor address; City; State; Zip Code Bluffton, SC 29910-4775	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CHIEF HR OFFICER		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 164/229 Rpt: 167/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 03/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NESTER, DARLENE <hr/> 6 Contributor address; City; State; Zip Code Bluffton, SC 29910-4775	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) CHIEF HR OFFICER		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NESTER, DARLENE <hr/> Contributor address; City; State; Zip Code Bluffton, SC 29910-4775	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CHIEF HR OFFICER		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NESTER, DARLENE <hr/> Contributor address; City; State; Zip Code Bluffton, SC 29910-4775	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CHIEF HR OFFICER		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NESTER, DARLENE <hr/> Contributor address; City; State; Zip Code Bluffton, SC 29910-4775	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CHIEF HR OFFICER		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NESTER, DARLENE <hr/> Contributor address; City; State; Zip Code Bluffton, SC 29910-4775	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CHIEF HR OFFICER		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 165/229 Rpt: 168/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 05/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NESTER, DARLENE <hr/> 6 Contributor address; City; State; Zip Code Bluffton, SC 29910-4775	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) CHIEF HR OFFICER		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NESTER, DARLENE <hr/> Contributor address; City; State; Zip Code Bluffton, SC 29910-4775	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CHIEF HR OFFICER		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NESTER, DARLENE <hr/> Contributor address; City; State; Zip Code Bluffton, SC 29910-4775	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CHIEF HR OFFICER		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NESTER, DARLENE <hr/> Contributor address; City; State; Zip Code Bluffton, SC 29910-4775	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CHIEF HR OFFICER		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Ryan <hr/> Contributor address; City; State; Zip Code Memphis, TN 38119-5200	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) Tenet HealthSystem Medical, Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 166/229 Rpt: 169/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 01/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oconnor, Kristen <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75254-2916	7 Amount of Contribution (\$) \$39.00
8 Principal occupation / Job title (See Instructions) MARKET PRESIDENT		9 Employer (See Instructions) Tenet HealthSystem Medical
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oconnor, Kristen <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) MARKET PRESIDENT		Employer (See Instructions) Tenet HealthSystem Medical
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oconnor, Kristen <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) MARKET PRESIDENT		Employer (See Instructions) Tenet HealthSystem Medical
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oconnor, Kristen <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) MARKET PRESIDENT		Employer (See Instructions) Tenet HealthSystem Medical
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oconnor, Kristen <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) MARKET PRESIDENT		Employer (See Instructions) Tenet HealthSystem Medical

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 167/229 Rpt: 170/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 03/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oconnor, Kristen <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75254-2916	7 Amount of Contribution (\$) \$39.00
8 Principal occupation / Job title (See Instructions) MARKET PRESIDENT		9 Employer (See Instructions) Tenet HealthSystem Medical
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oconnor, Kristen <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) MARKET PRESIDENT		Employer (See Instructions) Tenet HealthSystem Medical
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oconnor, Kristen <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) MARKET PRESIDENT		Employer (See Instructions) Tenet HealthSystem Medical
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oconnor, Kristen <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) MARKET PRESIDENT		Employer (See Instructions) Tenet HealthSystem Medical
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oconnor, Kristen <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) MARKET PRESIDENT		Employer (See Instructions) Tenet HealthSystem Medical

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 168/229 Rpt: 171/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 05/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oconnor, Kristen	7 Amount of Contribution (\$) \$39.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75254-2916	
8 Principal occupation / Job title (See Instructions) MARKET PRESIDENT		9 Employer (See Instructions) Tenet HealthSystem Medical
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oconnor, Kristen	Amount of Contribution (\$) \$39.00
	Contributor address; City; State; Zip Code Dallas, TX 75254-2916	
Principal occupation / Job title (See Instructions) MARKET PRESIDENT		Employer (See Instructions) Tenet HealthSystem Medical
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oconnor, Kristen	Amount of Contribution (\$) \$39.00
	Contributor address; City; State; Zip Code Dallas, TX 75254-2916	
Principal occupation / Job title (See Instructions) MARKET PRESIDENT		Employer (See Instructions) Tenet HealthSystem Medical
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oertel, Robert	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Glendale, AZ 85308	
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) Tenet Healthcare Corp.
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oertel, Robert	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Glendale, AZ 85308	
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) Tenet Healthcare Corp.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 169/229 Rpt: 172/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 05/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oertel, Robert <hr/> 6 Contributor address; City; State; Zip Code Glendale, AZ 85308	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) CFO		9 Employer (See Instructions) Tenet Healthcare Corp.
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oertel, Robert <hr/> Contributor address; City; State; Zip Code Glendale, AZ 85308	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) Tenet Healthcare Corp.
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oertel, Robert <hr/> Contributor address; City; State; Zip Code Glendale, AZ 85308	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) Tenet Healthcare Corp.
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oertel, Robert <hr/> Contributor address; City; State; Zip Code Glendale, AZ 85308	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) Tenet Healthcare Corp.
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ormiston, Gary <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Manager of Vendor Qualification		Employer (See Instructions) TENET HEALTHCARE CORPORATION

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 170/229 Rpt: 173/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 04/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATTERSON, JEFFREY <hr/> 6 Contributor address; City; State; Zip Code Nacogdoches, TX 75965-6975	7 Amount of Contribution (\$) \$39.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) TENET EMPLOYMENT INC
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATTERSON, JEFFREY <hr/> Contributor address; City; State; Zip Code Nacogdoches, TX 75965-6975	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET EMPLOYMENT INC
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATTERSON, JEFFREY <hr/> Contributor address; City; State; Zip Code Nacogdoches, TX 75965-6975	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET EMPLOYMENT INC
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATTERSON, JEFFREY <hr/> Contributor address; City; State; Zip Code Nacogdoches, TX 75965-6975	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET EMPLOYMENT INC
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATTERSON, JEFFREY <hr/> Contributor address; City; State; Zip Code Nacogdoches, TX 75965-6975	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET EMPLOYMENT INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 171/229 Rpt: 174/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 01/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PERSINGER, JONI <hr/> 6 Contributor address; City; State; Zip Code Loxahatchee, FL 33470-5204	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) DIR, REVENUE ANALYSIS		9 Employer (See Instructions) PALM BEACH GDNS COM HOSP
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PERSINGER, JONI <hr/> Contributor address; City; State; Zip Code Loxahatchee, FL 33470-5204	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) DIR, REVENUE ANALYSIS		Employer (See Instructions) PALM BEACH GDNS COM HOSP
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PERSINGER, JONI <hr/> Contributor address; City; State; Zip Code Loxahatchee, FL 33470-5204	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) DIR, REVENUE ANALYSIS		Employer (See Instructions) PALM BEACH GDNS COM HOSP
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PERSINGER, JONI <hr/> Contributor address; City; State; Zip Code Loxahatchee, FL 33470-5204	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) DIR, REVENUE ANALYSIS		Employer (See Instructions) PALM BEACH GDNS COM HOSP
Date 03/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PERSINGER, JONI <hr/> Contributor address; City; State; Zip Code Loxahatchee, FL 33470-5204	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) DIR, REVENUE ANALYSIS		Employer (See Instructions) PALM BEACH GDNS COM HOSP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 172/229 Rpt: 175/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 03/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PERSINGER, JONI <hr/> 6 Contributor address; City; State; Zip Code Loxahatchee, FL 33470-5204	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) DIR, REVENUE ANALYSIS		9 Employer (See Instructions) PALM BEACH GDNS COM HOSP
Date 04/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PERSINGER, JONI <hr/> Contributor address; City; State; Zip Code Loxahatchee, FL 33470-5204	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) DIR, REVENUE ANALYSIS		Employer (See Instructions) PALM BEACH GDNS COM HOSP
Date 04/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PERSINGER, JONI <hr/> Contributor address; City; State; Zip Code Loxahatchee, FL 33470-5204	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) DIR, REVENUE ANALYSIS		Employer (See Instructions) PALM BEACH GDNS COM HOSP
Date 05/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PERSINGER, JONI <hr/> Contributor address; City; State; Zip Code Loxahatchee, FL 33470-5204	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) DIR, REVENUE ANALYSIS		Employer (See Instructions) PALM BEACH GDNS COM HOSP
Date 05/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PERSINGER, JONI <hr/> Contributor address; City; State; Zip Code Loxahatchee, FL 33470-5204	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) DIR, REVENUE ANALYSIS		Employer (See Instructions) PALM BEACH GDNS COM HOSP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 173/229 Rpt: 176/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 05/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PERSINGER, JONI <hr/> 6 Contributor address; City; State; Zip Code Loxahatchee, FL 33470-5204	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) DIR, REVENUE ANALYSIS		9 Employer (See Instructions) PALM BEACH GDNS COM HOSP
Date 06/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PERSINGER, JONI <hr/> Contributor address; City; State; Zip Code Loxahatchee, FL 33470-5204	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) DIR, REVENUE ANALYSIS		Employer (See Instructions) PALM BEACH GDNS COM HOSP
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PHILLIPS, BROCK G. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, GOVT RELATIONS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PHILLIPS, BROCK G. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, GOVT RELATIONS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PHILLIPS, BROCK G. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, GOVT RELATIONS		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 174/229 Rpt: 177/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 02/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PHILLIPS, BROCK G. <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75254-2916	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) DIR, GOVT RELATIONS		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PHILLIPS, BROCK G. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, GOVT RELATIONS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PHILLIPS, BROCK G. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, GOVT RELATIONS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PHILLIPS, BROCK G. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, GOVT RELATIONS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PHILLIPS, BROCK G. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, GOVT RELATIONS		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 175/229 Rpt: 178/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 04/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PHILLIPS, BROCK G. <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75254-2916	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) DIR, GOVT RELATIONS		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PHILLIPS, BROCK G. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, GOVT RELATIONS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PHILLIPS, BROCK G. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, GOVT RELATIONS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PHILLIPS, BROCK G. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, GOVT RELATIONS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PHILLIPS, BROCK G. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, GOVT RELATIONS		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 176/229 Rpt: 179/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 01/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PINKALL, JASON <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75214-2706	7 Amount of Contribution (\$) \$39.00
8 Principal occupation / Job title (See Instructions) SR. MANAGING COUNSEL		9 Employer (See Instructions) TENET EMPLOYMENT INC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PINKALL, JASON <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214-2706	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) SR. MANAGING COUNSEL		Employer (See Instructions) TENET EMPLOYMENT INC
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PINKALL, JASON <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214-2706	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) SR. MANAGING COUNSEL		Employer (See Instructions) TENET EMPLOYMENT INC
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PINKALL, JASON <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214-2706	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) SR. MANAGING COUNSEL		Employer (See Instructions) TENET EMPLOYMENT INC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PINKALL, JASON <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214-2706	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) SR. MANAGING COUNSEL		Employer (See Instructions) TENET EMPLOYMENT INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 177/229 Rpt: 180/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 03/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PINKALL, JASON <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75214-2706	7 Amount of Contribution (\$) \$39.00
8 Principal occupation / Job title (See Instructions) SR. MANAGING COUNSEL		9 Employer (See Instructions) TENET EMPLOYMENT INC
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PINKALL, JASON <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214-2706	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) SR. MANAGING COUNSEL		Employer (See Instructions) TENET EMPLOYMENT INC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PINKALL, JASON <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214-2706	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) SR. MANAGING COUNSEL		Employer (See Instructions) TENET EMPLOYMENT INC
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PINKALL, JASON <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214-2706	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) SR. MANAGING COUNSEL		Employer (See Instructions) TENET EMPLOYMENT INC
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PINKALL, JASON <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214-2706	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) SR. MANAGING COUNSEL		Employer (See Instructions) TENET EMPLOYMENT INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 178/229 Rpt: 181/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 05/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PINKALL, JASON <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75214-2706	7 Amount of Contribution (\$) \$39.00
8 Principal occupation / Job title (See Instructions) SR. MANAGING COUNSEL		9 Employer (See Instructions) TENET EMPLOYMENT INC
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PINKALL, JASON <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214-2706	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) SR. MANAGING COUNSEL		Employer (See Instructions) TENET EMPLOYMENT INC
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PINKALL, JASON <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214-2706	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) SR. MANAGING COUNSEL		Employer (See Instructions) TENET EMPLOYMENT INC
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) POOL, KELLY <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$96.00
Principal occupation / Job title (See Instructions) SVP, HUMAN RESOURCES		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) POOL, KELLY <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$96.00
Principal occupation / Job title (See Instructions) SVP, HUMAN RESOURCES		Employer (See Instructions) TENET HEALTHCARE CORPORATION

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 179/229 Rpt: 182/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 02/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) POOL, KELLY <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75254-2916	7 Amount of Contribution (\$) \$96.00
8 Principal occupation / Job title (See Instructions) SVP, HUMAN RESOURCES		9 Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) POOL, KELLY <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$96.00
Principal occupation / Job title (See Instructions) SVP, HUMAN RESOURCES		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) POOL, KELLY <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$96.00
Principal occupation / Job title (See Instructions) SVP, HUMAN RESOURCES		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) POOL, KELLY <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$96.00
Principal occupation / Job title (See Instructions) SVP, HUMAN RESOURCES		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) POOL, KELLY <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$96.00
Principal occupation / Job title (See Instructions) SVP, HUMAN RESOURCES		Employer (See Instructions) TENET HEALTHCARE CORPORATION

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 180/229 Rpt: 183/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 04/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) POOL, KELLY <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75254-2916	7 Amount of Contribution (\$) \$96.00
8 Principal occupation / Job title (See Instructions) SVP, HUMAN RESOURCES		9 Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) POOL, KELLY <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$96.00
Principal occupation / Job title (See Instructions) SVP, HUMAN RESOURCES		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) POOL, KELLY <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$96.00
Principal occupation / Job title (See Instructions) SVP, HUMAN RESOURCES		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) POOL, KELLY <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$96.00
Principal occupation / Job title (See Instructions) SVP, HUMAN RESOURCES		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PREDAINA, ELLEN <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) VP, CLIENT SERVICES		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 181/229 Rpt: 184/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 01/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PREDAINA, ELLEN <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75254-2916	7 Amount of Contribution (\$) \$39.00
8 Principal occupation / Job title (See Instructions) VP, CLIENT SERVICES		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PREDAINA, ELLEN <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) VP, CLIENT SERVICES		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PREDAINA, ELLEN <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) VP, CLIENT SERVICES		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PREDAINA, ELLEN <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) VP, CLIENT SERVICES		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PREDAINA, ELLEN <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) VP, CLIENT SERVICES		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 182/229 Rpt: 185/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 03/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PREDAINA, ELLEN <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75254-2916	7 Amount of Contribution (\$) \$39.00
8 Principal occupation / Job title (See Instructions) VP, CLIENT SERVICES		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PREDAINA, ELLEN <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) VP, CLIENT SERVICES		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PREDAINA, ELLEN <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) VP, CLIENT SERVICES		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PREDAINA, ELLEN <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) VP, CLIENT SERVICES		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PREDAINA, ELLEN <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) VP, CLIENT SERVICES		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 183/229 Rpt: 186/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 06/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PREDAINA, ELLEN <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75254-2916	7 Amount of Contribution (\$) \$39.00
8 Principal occupation / Job title (See Instructions) VP, CLIENT SERVICES		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PREDAINA, ELLEN <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) VP, CLIENT SERVICES		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PUENTE, LUPE <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78229-3925	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Director, Med/Surg I		Employer (See Instructions) SAINT LUKES HOSPITAL
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Park, Sun <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$192.00
Principal occupation / Job title (See Instructions) Executive Vice President		Employer (See Instructions) Tenet HealthSystem Medical
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Park, Sun <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$192.00
Principal occupation / Job title (See Instructions) Executive Vice President		Employer (See Instructions) Tenet HealthSystem Medical

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 184/229 Rpt: 187/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 02/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Park, Sun <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75254-2916	7 Amount of Contribution (\$) \$192.00
8 Principal occupation / Job title (See Instructions) Executive Vice President		9 Employer (See Instructions) Tenet HealthSystem Medical
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Park, Sun <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$192.00
Principal occupation / Job title (See Instructions) Executive Vice President		Employer (See Instructions) Tenet HealthSystem Medical
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Park, Sun <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$192.00
Principal occupation / Job title (See Instructions) Executive Vice President		Employer (See Instructions) Tenet HealthSystem Medical
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Park, Sun <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$192.00
Principal occupation / Job title (See Instructions) Executive Vice President		Employer (See Instructions) Tenet HealthSystem Medical
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Park, Sun <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$192.00
Principal occupation / Job title (See Instructions) Executive Vice President		Employer (See Instructions) Tenet HealthSystem Medical

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 185/229 Rpt: 188/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 04/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Park, Sun <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75254-2916	7 Amount of Contribution (\$) \$192.00
8 Principal occupation / Job title (See Instructions) Executive Vice President		9 Employer (See Instructions) Tenet HealthSystem Medical
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Park, Sun <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$192.00
Principal occupation / Job title (See Instructions) Executive Vice President		Employer (See Instructions) Tenet HealthSystem Medical
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Park, Sun <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$192.00
Principal occupation / Job title (See Instructions) Executive Vice President		Employer (See Instructions) Tenet HealthSystem Medical
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Park, Sun <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$192.00
Principal occupation / Job title (See Instructions) Executive Vice President		Employer (See Instructions) Tenet HealthSystem Medical
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Park, Sun <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$192.00
Principal occupation / Job title (See Instructions) Executive Vice President		Employer (See Instructions) Tenet HealthSystem Medical

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 186/229 Rpt: 189/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 06/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Park, Sun <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75254-2916	7 Amount of Contribution (\$) \$192.00
8 Principal occupation / Job title (See Instructions) Executive Vice President		9 Employer (See Instructions) Tenet HealthSystem Medical
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAMSEY, RANDY <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) SVP, CONTROLLER		Employer (See Instructions) TENET EMPLOYMENT INC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAMSEY, RANDY <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) SVP, CONTROLLER		Employer (See Instructions) TENET EMPLOYMENT INC
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAMSEY, RANDY <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) SVP, CONTROLLER		Employer (See Instructions) TENET EMPLOYMENT INC
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAMSEY, RANDY <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) SVP, CONTROLLER		Employer (See Instructions) TENET EMPLOYMENT INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 187/229 Rpt: 190/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 03/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAMSEY, RANDY <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75254-2916	7 Amount of Contribution (\$) \$19.00
8 Principal occupation / Job title (See Instructions) SVP, CONTROLLER		9 Employer (See Instructions) TENET EMPLOYMENT INC
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAMSEY, RANDY <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) SVP, CONTROLLER		Employer (See Instructions) TENET EMPLOYMENT INC
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAMSEY, RANDY <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) SVP, CONTROLLER		Employer (See Instructions) TENET EMPLOYMENT INC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAMSEY, RANDY <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) SVP, CONTROLLER		Employer (See Instructions) TENET EMPLOYMENT INC
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAMSEY, RANDY <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) SVP, CONTROLLER		Employer (See Instructions) TENET EMPLOYMENT INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 188/229 Rpt: 191/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 05/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAMSEY, RANDY <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75254-2916	7 Amount of Contribution (\$) \$19.00
8 Principal occupation / Job title (See Instructions) SVP, CONTROLLER		9 Employer (See Instructions) TENET EMPLOYMENT INC
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAMSEY, RANDY <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) SVP, CONTROLLER		Employer (See Instructions) TENET EMPLOYMENT INC
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAMSEY, RANDY <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) SVP, CONTROLLER		Employer (See Instructions) TENET EMPLOYMENT INC
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAMSEY, RANDY <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) SVP, CONTROLLER		Employer (See Instructions) TENET EMPLOYMENT INC
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RODRIGUEZ, RUBEN <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912-2342	Amount of Contribution (\$) \$58.00
Principal occupation / Job title (See Instructions) DIR, PLANT OPERATIONS		Employer (See Instructions) TENET HOSPITALS LIMITED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 189/229 Rpt: 192/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 01/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RODRIGUEZ, RUBEN <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79912-2342	7 Amount of Contribution (\$) \$58.00
8 Principal occupation / Job title (See Instructions) DIR, PLANT OPERATIONS		9 Employer (See Instructions) TENET HOSPITALS LIMITED
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RODRIGUEZ, RUBEN <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912-2342	Amount of Contribution (\$) \$58.00
Principal occupation / Job title (See Instructions) DIR, PLANT OPERATIONS		Employer (See Instructions) TENET HOSPITALS LIMITED
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RODRIGUEZ, RUBEN <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912-2342	Amount of Contribution (\$) \$58.00
Principal occupation / Job title (See Instructions) DIR, PLANT OPERATIONS		Employer (See Instructions) TENET HOSPITALS LIMITED
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RODRIGUEZ, RUBEN <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912-2342	Amount of Contribution (\$) \$58.00
Principal occupation / Job title (See Instructions) DIR, PLANT OPERATIONS		Employer (See Instructions) TENET HOSPITALS LIMITED
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RODRIGUEZ, RUBEN <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912-2342	Amount of Contribution (\$) \$58.00
Principal occupation / Job title (See Instructions) DIR, PLANT OPERATIONS		Employer (See Instructions) TENET HOSPITALS LIMITED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 190/229 Rpt: 193/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 03/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RODRIGUEZ, RUBEN <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79912-2342	7 Amount of Contribution (\$) \$58.00
8 Principal occupation / Job title (See Instructions) DIR, PLANT OPERATIONS		9 Employer (See Instructions) TENET HOSPITALS LIMITED
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RODRIGUEZ, RUBEN <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912-2342	Amount of Contribution (\$) \$58.00
Principal occupation / Job title (See Instructions) DIR, PLANT OPERATIONS		Employer (See Instructions) TENET HOSPITALS LIMITED
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RODRIGUEZ, RUBEN <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912-2342	Amount of Contribution (\$) \$58.00
Principal occupation / Job title (See Instructions) DIR, PLANT OPERATIONS		Employer (See Instructions) TENET HOSPITALS LIMITED
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RODRIGUEZ, RUBEN <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912-2342	Amount of Contribution (\$) \$58.00
Principal occupation / Job title (See Instructions) DIR, PLANT OPERATIONS		Employer (See Instructions) TENET HOSPITALS LIMITED
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RODRIGUEZ, RUBEN <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912-2342	Amount of Contribution (\$) \$58.00
Principal occupation / Job title (See Instructions) DIR, PLANT OPERATIONS		Employer (See Instructions) TENET HOSPITALS LIMITED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 191/229 Rpt: 194/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 06/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RODRIGUEZ, RUBEN <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79912-2342	7 Amount of Contribution (\$) \$58.00
8 Principal occupation / Job title (See Instructions) DIR, PLANT OPERATIONS		9 Employer (See Instructions) TENET HOSPITALS LIMITED
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RODRIGUEZ, RUBEN <hr/> Contributor address; City; State; Zip Code El Paso, TX 79912-2342	Amount of Contribution (\$) \$58.00
Principal occupation / Job title (See Instructions) DIR, PLANT OPERATIONS		Employer (See Instructions) TENET HOSPITALS LIMITED
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROGERS, RHONDA <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132-2557	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) TENET EMPLOYMENT INC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROGERS, RHONDA <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132-2557	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) TENET EMPLOYMENT INC
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROGERS, RHONDA <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132-2557	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) TENET EMPLOYMENT INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 192/229 Rpt: 195/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 02/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROGERS, RHONDA <hr/> 6 Contributor address; City; State; Zip Code New Braunfels, TX 78132-2557	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) CFO		9 Employer (See Instructions) TENET EMPLOYMENT INC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROGERS, RHONDA <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132-2557	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) TENET EMPLOYMENT INC
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROGERS, RHONDA <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132-2557	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) TENET EMPLOYMENT INC
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROGERS, RHONDA <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132-2557	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) TENET EMPLOYMENT INC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROGERS, RHONDA <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132-2557	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) TENET EMPLOYMENT INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 193/229 Rpt: 196/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 04/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROGERS, RHONDA <hr/> 6 Contributor address; City; State; Zip Code New Braunfels, TX 78132-2557	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) CFO		9 Employer (See Instructions) TENET EMPLOYMENT INC
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROGERS, RHONDA <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132-2557	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) TENET EMPLOYMENT INC
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROGERS, RHONDA <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132-2557	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) TENET EMPLOYMENT INC
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROGERS, RHONDA <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132-2557	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) TENET EMPLOYMENT INC
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROGERS, RHONDA <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132-2557	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) TENET EMPLOYMENT INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 194/229 Rpt: 197/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 01/05/2024	5 Full name of contributor <input type="checkbox"/> 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 occupation / Job title (See Instructions) DIR, GOVT RELATIONS		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROTH, SAMUEL	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Concord, CA 94518-1941		
Principal occupation / Job title (See Instructions) DIR, GOVT RELATIONS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROTH, SAMUEL	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Concord, CA 94518-1941		
Principal occupation / Job title (See Instructions) DIR, GOVT RELATIONS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROTH, SAMUEL	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Concord, CA 94518-1941		
Principal occupation / Job title (See Instructions) DIR, GOVT RELATIONS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROTH, SAMUEL	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Concord, CA 94518-1941		
Principal occupation / Job title (See Instructions) DIR, GOVT RELATIONS		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 195/229 Rpt: 198/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 03/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROTH, SAMUEL <hr/> 6 Contributor address; City; State; Zip Code Concord, CA 94518-1941	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) DIR, GOVT RELATIONS		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROTH, SAMUEL <hr/> Contributor address; City; State; Zip Code Concord, CA 94518-1941	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, GOVT RELATIONS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROTH, SAMUEL <hr/> Contributor address; City; State; Zip Code Concord, CA 94518-1941	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, GOVT RELATIONS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROTH, SAMUEL <hr/> Contributor address; City; State; Zip Code Concord, CA 94518-1941	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, GOVT RELATIONS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROTH, SAMUEL <hr/> Contributor address; City; State; Zip Code Concord, CA 94518-1941	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, GOVT RELATIONS		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 196/229 Rpt: 199/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 05/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROTH, SAMUEL <hr/> 6 Contributor address; City; State; Zip Code Concord, CA 94518-1941	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) DIR, GOVT RELATIONS		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROTH, SAMUEL <hr/> Contributor address; City; State; Zip Code Concord, CA 94518-1941	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, GOVT RELATIONS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROTH, SAMUEL <hr/> Contributor address; City; State; Zip Code Concord, CA 94518-1941	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) DIR, GOVT RELATIONS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyes, Rogelio <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78229-3925	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) Tenet HealthSystem Medical, Inc
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Randall <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$192.00
Principal occupation / Job title (See Instructions) Hospital CEO		Employer (See Instructions) TENET HEALTHCARE CORPORATION

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 197/229 Rpt: 200/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 01/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Randall	7 Amount of Contribution (\$) \$192.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75254-2916	
8 Principal occupation / Job title (See Instructions) Hospital CEO		9 Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Randall	Amount of Contribution (\$) \$192.00
	Contributor address; City; State; Zip Code Dallas, TX 75254-2916	
Principal occupation / Job title (See Instructions) Hospital CEO		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Randall	Amount of Contribution (\$) \$192.00
	Contributor address; City; State; Zip Code Dallas, TX 75254-2916	
Principal occupation / Job title (See Instructions) Hospital CEO		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Randall	Amount of Contribution (\$) \$192.00
	Contributor address; City; State; Zip Code Dallas, TX 75254-2916	
Principal occupation / Job title (See Instructions) Hospital CEO		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Randall	Amount of Contribution (\$) \$192.00
	Contributor address; City; State; Zip Code Dallas, TX 75254-2916	
Principal occupation / Job title (See Instructions) Hospital CEO		Employer (See Instructions) TENET HEALTHCARE CORPORATION

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 198/229 Rpt: 201/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 03/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Randall	7 Amount of Contribution (\$) \$192.00
6 Contributor address; City; State; Zip Code Dallas, TX 75254-2916		
8 Principal occupation / Job title (See Instructions) Hospital CEO		9 Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 03/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Randall	Amount of Contribution (\$) \$192.00
Contributor address; City; State; Zip Code Dallas, TX 75254-2916		
Principal occupation / Job title (See Instructions) Hospital CEO		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SASSANO, DAVID	Amount of Contribution (\$) \$19.00
Contributor address; City; State; Zip Code Dallas, TX 75218-1201		
Principal occupation / Job title (See Instructions) DIR, REG PHY BUS DEV		Employer (See Instructions) TENET EMPLOYMENT INC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SASSANO, DAVID	Amount of Contribution (\$) \$19.00
Contributor address; City; State; Zip Code Dallas, TX 75218-1201		
Principal occupation / Job title (See Instructions) DIR, REG PHY BUS DEV		Employer (See Instructions) TENET EMPLOYMENT INC
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SASSANO, DAVID	Amount of Contribution (\$) \$19.00
Contributor address; City; State; Zip Code Dallas, TX 75218-1201		
Principal occupation / Job title (See Instructions) DIR, REG PHY BUS DEV		Employer (See Instructions) TENET EMPLOYMENT INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 199/229 Rpt: 202/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 02/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SASSANO, DAVID <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75218-1201	7 Amount of Contribution (\$) \$19.00
8 Principal occupation / Job title (See Instructions) DIR, REG PHY BUS DEV		9 Employer (See Instructions) TENET EMPLOYMENT INC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SASSANO, DAVID <hr/> Contributor address; City; State; Zip Code Dallas, TX 75218-1201	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) DIR, REG PHY BUS DEV		Employer (See Instructions) TENET EMPLOYMENT INC
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SASSANO, DAVID <hr/> Contributor address; City; State; Zip Code Dallas, TX 75218-1201	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) DIR, REG PHY BUS DEV		Employer (See Instructions) TENET EMPLOYMENT INC
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SASSANO, DAVID <hr/> Contributor address; City; State; Zip Code Dallas, TX 75218-1201	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) DIR, REG PHY BUS DEV		Employer (See Instructions) TENET EMPLOYMENT INC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SASSANO, DAVID <hr/> Contributor address; City; State; Zip Code Dallas, TX 75218-1201	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) DIR, REG PHY BUS DEV		Employer (See Instructions) TENET EMPLOYMENT INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 200/229 Rpt: 203/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 04/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SASSANO, DAVID <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75218-1201	7 Amount of Contribution (\$) \$19.00
8 Principal occupation / Job title (See Instructions) DIR, REG PHY BUS DEV		9 Employer (See Instructions) TENET EMPLOYMENT INC
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SASSANO, DAVID <hr/> Contributor address; City; State; Zip Code Dallas, TX 75218-1201	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) DIR, REG PHY BUS DEV		Employer (See Instructions) TENET EMPLOYMENT INC
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SASSANO, DAVID <hr/> Contributor address; City; State; Zip Code Dallas, TX 75218-1201	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) DIR, REG PHY BUS DEV		Employer (See Instructions) TENET EMPLOYMENT INC
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SASSANO, DAVID <hr/> Contributor address; City; State; Zip Code Dallas, TX 75218-1201	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) DIR, REG PHY BUS DEV		Employer (See Instructions) TENET EMPLOYMENT INC
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SASSANO, DAVID <hr/> Contributor address; City; State; Zip Code Dallas, TX 75218-1201	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) DIR, REG PHY BUS DEV		Employer (See Instructions) TENET EMPLOYMENT INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 201/229 Rpt: 204/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 01/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHWARTZ, KEN <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75034-8635	7 Amount of Contribution (\$) \$19.00
8 Principal occupation / Job title (See Instructions) SR MANAGING COUNSEL		9 Employer (See Instructions) CONIFER REV CYCL SOL LLC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHWARTZ, KEN <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034-8635	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) SR MANAGING COUNSEL		Employer (See Instructions) CONIFER REV CYCL SOL LLC
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHWARTZ, KEN <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034-8635	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) SR MANAGING COUNSEL		Employer (See Instructions) CONIFER REV CYCL SOL LLC
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHWARTZ, KEN <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034-8635	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) SR MANAGING COUNSEL		Employer (See Instructions) CONIFER REV CYCL SOL LLC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHWARTZ, KEN <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034-8635	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) SR MANAGING COUNSEL		Employer (See Instructions) CONIFER REV CYCL SOL LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 202/229 Rpt: 205/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 03/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHWARTZ, KEN <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75034-8635	7 Amount of Contribution (\$) \$19.00
8 Principal occupation / Job title (See Instructions) SR MANAGING COUNSEL		9 Employer (See Instructions) CONIFER REV CYCL SOL LLC
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHWARTZ, KEN <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034-8635	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) SR MANAGING COUNSEL		Employer (See Instructions) CONIFER REV CYCL SOL LLC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHWARTZ, KEN <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034-8635	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) SR MANAGING COUNSEL		Employer (See Instructions) CONIFER REV CYCL SOL LLC
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHWARTZ, KEN <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034-8635	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) SR MANAGING COUNSEL		Employer (See Instructions) CONIFER REV CYCL SOL LLC
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHWARTZ, KEN <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034-8635	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) SR MANAGING COUNSEL		Employer (See Instructions) CONIFER REV CYCL SOL LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 203/229 Rpt: 206/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 05/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHWARTZ, KEN <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75034-8635	7 Amount of Contribution (\$) \$19.00
8 Principal occupation / Job title (See Instructions) SR MANAGING COUNSEL		9 Employer (See Instructions) CONIFER REV CYCL SOL LLC
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHWARTZ, KEN <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034-8635	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) SR MANAGING COUNSEL		Employer (See Instructions) CONIFER REV CYCL SOL LLC
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHWARTZ, KEN <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034-8635	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) SR MANAGING COUNSEL		Employer (See Instructions) CONIFER REV CYCL SOL LLC
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEHER, BRIAN L. <hr/> Contributor address; City; State; Zip Code Chandler, AZ 85224-3924	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CFO, MKT/SYS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEHER, BRIAN L. <hr/> Contributor address; City; State; Zip Code Chandler, AZ 85224-3924	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CFO, MKT/SYS		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 204/229 Rpt: 207/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 02/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEHER, BRIAN L. <hr/> 6 Contributor address; City; State; Zip Code Chandler, AZ 85224-3924	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) CFO, MKT/SYS		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEHER, BRIAN L. <hr/> Contributor address; City; State; Zip Code Chandler, AZ 85224-3924	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CFO, MKT/SYS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEHER, BRIAN L. <hr/> Contributor address; City; State; Zip Code Chandler, AZ 85224-3924	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CFO, MKT/SYS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEHER, BRIAN L. <hr/> Contributor address; City; State; Zip Code Chandler, AZ 85224-3924	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CFO, MKT/SYS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEHER, BRIAN L. <hr/> Contributor address; City; State; Zip Code Chandler, AZ 85224-3924	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CFO, MKT/SYS		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 205/229 Rpt: 208/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 04/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEHER, BRIAN L.	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Chandler, AZ 85224-3924	
8 Principal occupation / Job title (See Instructions) CFO, MKT/SYS		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEHER, BRIAN L.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Chandler, AZ 85224-3924	
Principal occupation / Job title (See Instructions) CFO, MKT/SYS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEHER, BRIAN L.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Chandler, AZ 85224-3924	
Principal occupation / Job title (See Instructions) CFO, MKT/SYS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEHER, BRIAN L.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Chandler, AZ 85224-3924	
Principal occupation / Job title (See Instructions) CFO, MKT/SYS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEHER, BRIAN L.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Chandler, AZ 85224-3924	
Principal occupation / Job title (See Instructions) CFO, MKT/SYS		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 206/229 Rpt: 209/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 06/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEHER, BRIAN L.	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Chandler, AZ 85224-3924	
8 Principal occupation / Job title (See Instructions) CFO, MKT/SYS		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, LISA	Amount of Contribution (\$) \$19.00
	Contributor address; City; State; Zip Code Montgomery, TX 77316-3198	
Principal occupation / Job title (See Instructions) DIR, EES		Employer (See Instructions) CONIFER REV CYCL SOL LLC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, LISA	Amount of Contribution (\$) \$19.00
	Contributor address; City; State; Zip Code Montgomery, TX 77316-3198	
Principal occupation / Job title (See Instructions) DIR, EES		Employer (See Instructions) CONIFER REV CYCL SOL LLC
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, LISA	Amount of Contribution (\$) \$19.00
	Contributor address; City; State; Zip Code Montgomery, TX 77316-3198	
Principal occupation / Job title (See Instructions) DIR, EES		Employer (See Instructions) CONIFER REV CYCL SOL LLC
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, LISA	Amount of Contribution (\$) \$19.00
	Contributor address; City; State; Zip Code Montgomery, TX 77316-3198	
Principal occupation / Job title (See Instructions) DIR, EES		Employer (See Instructions) CONIFER REV CYCL SOL LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 207/229 Rpt: 210/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 03/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, LISA <hr/> 6 Contributor address; City; State; Zip Code Montgomery, TX 77316-3198	7 Amount of Contribution (\$) \$19.00
8 Principal occupation / Job title (See Instructions) DIR, EES		9 Employer (See Instructions) CONIFER REV CYCL SOL LLC
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, LISA <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77316-3198	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) DIR, EES		Employer (See Instructions) CONIFER REV CYCL SOL LLC
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, LISA <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77316-3198	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) DIR, EES		Employer (See Instructions) CONIFER REV CYCL SOL LLC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, LISA <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77316-3198	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) DIR, EES		Employer (See Instructions) CONIFER REV CYCL SOL LLC
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, LISA <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77316-3198	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) DIR, EES		Employer (See Instructions) CONIFER REV CYCL SOL LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 208/229 Rpt: 211/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 05/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, LISA <hr/> 6 Contributor address; City; State; Zip Code Montgomery, TX 77316-3198	7 Amount of Contribution (\$) \$19.00
8 Principal occupation / Job title (See Instructions) DIR, EES		9 Employer (See Instructions) CONIFER REV CYCL SOL LLC
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, LISA <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77316-3198	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) DIR, EES		Employer (See Instructions) CONIFER REV CYCL SOL LLC
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, LISA <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77316-3198	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) DIR, EES		Employer (See Instructions) CONIFER REV CYCL SOL LLC
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, LISA <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77316-3198	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) DIR, EES		Employer (See Instructions) CONIFER REV CYCL SOL LLC
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STOWELL, WARREN <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) VP, PHYSICIAN RESOURCES		Employer (See Instructions) TENET EMPLOYMENT INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 209/229 Rpt: 212/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 01/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STOWELL, WARREN <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75254-2916	7 Amount of Contribution (\$) \$19.00
8 Principal occupation / Job title (See Instructions) VP, PHYSICIAN RESOURCES		9 Employer (See Instructions) TENET EMPLOYMENT INC
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STOWELL, WARREN <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) VP, PHYSICIAN RESOURCES		Employer (See Instructions) TENET EMPLOYMENT INC
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STOWELL, WARREN <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) VP, PHYSICIAN RESOURCES		Employer (See Instructions) TENET EMPLOYMENT INC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STOWELL, WARREN <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) VP, PHYSICIAN RESOURCES		Employer (See Instructions) TENET EMPLOYMENT INC
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STOWELL, WARREN <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) VP, PHYSICIAN RESOURCES		Employer (See Instructions) TENET EMPLOYMENT INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 210/229 Rpt: 213/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 01/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUTARIA, SAUMYA	7 Amount of Contribution (\$) \$192.00
6 Contributor address; City; State; Zip Code Dallas, TX 75254-2916		
8 Principal occupation / Job title (See Instructions) Chief Executive Officer		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUTARIA, SAUMYA	Amount of Contribution (\$) \$192.00
Contributor address; City; State; Zip Code Dallas, TX 75254-2916		
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUTARIA, SAUMYA	Amount of Contribution (\$) \$192.00
Contributor address; City; State; Zip Code Dallas, TX 75254-2916		
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUTARIA, SAUMYA	Amount of Contribution (\$) \$192.00
Contributor address; City; State; Zip Code Dallas, TX 75254-2916		
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUTARIA, SAUMYA	Amount of Contribution (\$) \$192.00
Contributor address; City; State; Zip Code Dallas, TX 75254-2916		
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 211/229 Rpt: 214/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 03/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUTARIA, SAUMYA <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75254-2916	7 Amount of Contribution (\$) \$192.00
8 Principal occupation / Job title (See Instructions) Chief Executive Officer		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUTARIA, SAUMYA <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$192.00
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUTARIA, SAUMYA <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$192.00
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUTARIA, SAUMYA <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$192.00
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUTARIA, SAUMYA <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$192.00
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 212/229 Rpt: 215/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 05/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUTARIA, SAUMYA <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75254-2916	7 Amount of Contribution (\$) \$192.00
8 Principal occupation / Job title (See Instructions) Chief Executive Officer		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUTARIA, SAUMYA <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$192.00
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUTARIA, SAUMYA <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$192.00
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slack, Martin <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) USPI		Employer (See Instructions) Tenet Healthcare Corporation
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Scott <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$192.00
Principal occupation / Job title (See Instructions) CEO-Market Systems		Employer (See Instructions) TENET HEALTHCARE CORPORATION

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 213/229 Rpt: 216/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 04/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Scott <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75254-2916	7 Amount of Contribution (\$) \$192.00
8 Principal occupation / Job title (See Instructions) CEO-Market Systems		9 Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Scott <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$192.00
Principal occupation / Job title (See Instructions) CEO-Market Systems		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Scott <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$192.00
Principal occupation / Job title (See Instructions) CEO-Market Systems		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Scott <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$192.00
Principal occupation / Job title (See Instructions) CEO-Market Systems		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Scott <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$192.00
Principal occupation / Job title (See Instructions) CEO-Market Systems		Employer (See Instructions) TENET HEALTHCARE CORPORATION

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 214/229 Rpt: 217/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 05/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TALLEY, STEPHANIE <hr/> 6 Contributor address; City; State; Zip Code El Paso, TX 79902-3320	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) CHIEF HR OFFICER		9 Employer (See Instructions) Providence Memorial Campus
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAYLOR, JOEL <hr/> Contributor address; City; State; Zip Code Talladega, AL 35160-2217	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) BAPTIST HEALTH SYSTEM
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAYLOR, JOEL <hr/> Contributor address; City; State; Zip Code Talladega, AL 35160-2217	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) BAPTIST HEALTH SYSTEM
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAYLOR, JOEL <hr/> Contributor address; City; State; Zip Code Talladega, AL 35160-2217	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) BAPTIST HEALTH SYSTEM
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAYLOR, JOEL <hr/> Contributor address; City; State; Zip Code Talladega, AL 35160-2217	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) BAPTIST HEALTH SYSTEM

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 215/229 Rpt: 218/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 03/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAYLOR, JOEL	7 Amount of Contribution (\$) \$19.00
6 Contributor address; City; State; Zip Code Talladega, AL 35160-2217		
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) BAPTIST HEALTH SYSTEM
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAYLOR, JOEL	Amount of Contribution (\$) \$19.00
Contributor address; City; State; Zip Code Talladega, AL 35160-2217		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) BAPTIST HEALTH SYSTEM
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAYLOR, JOEL	Amount of Contribution (\$) \$19.00
Contributor address; City; State; Zip Code Talladega, AL 35160-2217		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) BAPTIST HEALTH SYSTEM
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAYLOR, JOEL	Amount of Contribution (\$) \$19.00
Contributor address; City; State; Zip Code Talladega, AL 35160-2217		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) BAPTIST HEALTH SYSTEM
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAYLOR, JOEL	Amount of Contribution (\$) \$19.00
Contributor address; City; State; Zip Code Talladega, AL 35160-2217		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) BAPTIST HEALTH SYSTEM

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 216/229 Rpt: 219/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 05/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAYLOR, JOEL	7 Amount of Contribution (\$) \$19.00
6 Contributor address; City; State; Zip Code Talladega, AL 35160-2217		
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) BAPTIST HEALTH SYSTEM
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAYLOR, JOEL	Amount of Contribution (\$) \$19.00
Contributor address; City; State; Zip Code Talladega, AL 35160-2217		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) BAPTIST HEALTH SYSTEM
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAYLOR, JOEL	Amount of Contribution (\$) \$19.00
Contributor address; City; State; Zip Code Talladega, AL 35160-2217		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) BAPTIST HEALTH SYSTEM
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAYLOR, JOEL	Amount of Contribution (\$) \$19.00
Contributor address; City; State; Zip Code Talladega, AL 35160-2217		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) BAPTIST HEALTH SYSTEM
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEJEDA, NICHOLAS	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code El Paso, TX 79912-7531		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) PROVIDENCE EAST CAMPUS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 217/229 Rpt: 220/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 01/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS, FRANK <hr/> 6 Contributor address; City; State; Zip Code Alabaster, AL 35007-8703	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS, FRANK <hr/> Contributor address; City; State; Zip Code Alabaster, AL 35007-8703	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS, FRANK <hr/> Contributor address; City; State; Zip Code Alabaster, AL 35007-8703	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS, FRANK <hr/> Contributor address; City; State; Zip Code Alabaster, AL 35007-8703	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS, FRANK <hr/> Contributor address; City; State; Zip Code Alabaster, AL 35007-8703	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 218/229 Rpt: 221/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 03/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS, FRANK <hr/> 6 Contributor address; City; State; Zip Code Alabaster, AL 35007-8703	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS, FRANK <hr/> Contributor address; City; State; Zip Code Alabaster, AL 35007-8703	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS, FRANK <hr/> Contributor address; City; State; Zip Code Alabaster, AL 35007-8703	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS, FRANK <hr/> Contributor address; City; State; Zip Code Alabaster, AL 35007-8703	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS, FRANK <hr/> Contributor address; City; State; Zip Code Alabaster, AL 35007-8703	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 219/229 Rpt: 222/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 05/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS, FRANK <hr/> 6 Contributor address; City; State; Zip Code Alabaster, AL 35007-8703	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS, FRANK <hr/> Contributor address; City; State; Zip Code Alabaster, AL 35007-8703	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS, FRANK <hr/> Contributor address; City; State; Zip Code Alabaster, AL 35007-8703	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Treadwell, Terry <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78217-5415	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Tenet HealthSystem Medical Inc.
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VALDENEGRO, RICHARD <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78235-5154	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Director, Physical Therapy		Employer (See Instructions) Mission Trail Baptist Hospital

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 220/229 Rpt: 223/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 01/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VARGAS, INEZ <hr/> 6 Contributor address; City; State; Zip Code Spring, TX 77379-3061	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) SR DIR, CLIENT DELIVERY		9 Employer (See Instructions) CONIFER REV CYCL SOL LLC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VARGAS, INEZ <hr/> Contributor address; City; State; Zip Code Spring, TX 77379-3061	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) SR DIR, CLIENT DELIVERY		Employer (See Instructions) CONIFER REV CYCL SOL LLC
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VARGAS, INEZ <hr/> Contributor address; City; State; Zip Code Spring, TX 77379-3061	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) SR DIR, CLIENT DELIVERY		Employer (See Instructions) CONIFER REV CYCL SOL LLC
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VARGAS, INEZ <hr/> Contributor address; City; State; Zip Code Spring, TX 77379-3061	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) SR DIR, CLIENT DELIVERY		Employer (See Instructions) CONIFER REV CYCL SOL LLC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VARGAS, INEZ <hr/> Contributor address; City; State; Zip Code Spring, TX 77379-3061	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) SR DIR, CLIENT DELIVERY		Employer (See Instructions) CONIFER REV CYCL SOL LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 221/229 Rpt: 224/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 03/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VARGAS, INEZ <hr/> 6 Contributor address; City; State; Zip Code Spring, TX 77379-3061	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) SR DIR, CLIENT DELIVERY		9 Employer (See Instructions) CONIFER REV CYCL SOL LLC
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VARGAS, INEZ <hr/> Contributor address; City; State; Zip Code Spring, TX 77379-3061	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) SR DIR, CLIENT DELIVERY		Employer (See Instructions) CONIFER REV CYCL SOL LLC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VARGAS, INEZ <hr/> Contributor address; City; State; Zip Code Spring, TX 77379-3061	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) SR DIR, CLIENT DELIVERY		Employer (See Instructions) CONIFER REV CYCL SOL LLC
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VARGAS, INEZ <hr/> Contributor address; City; State; Zip Code Spring, TX 77379-3061	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) SR DIR, CLIENT DELIVERY		Employer (See Instructions) CONIFER REV CYCL SOL LLC
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VARGAS, INEZ <hr/> Contributor address; City; State; Zip Code Spring, TX 77379-3061	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) SR DIR, CLIENT DELIVERY		Employer (See Instructions) CONIFER REV CYCL SOL LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 222/229 Rpt: 225/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 05/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VARGAS, INEZ <hr/> 6 Contributor address; City; State; Zip Code Spring, TX 77379-3061	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) SR DIR, CLIENT DELIVERY		9 Employer (See Instructions) CONIFER REV CYCL SOL LLC
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VARGAS, INEZ <hr/> Contributor address; City; State; Zip Code Spring, TX 77379-3061	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) SR DIR, CLIENT DELIVERY		Employer (See Instructions) CONIFER REV CYCL SOL LLC
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VARGAS, INEZ <hr/> Contributor address; City; State; Zip Code Spring, TX 77379-3061	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) SR DIR, CLIENT DELIVERY		Employer (See Instructions) CONIFER REV CYCL SOL LLC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VARGAS, MONICA <hr/> Contributor address; City; State; Zip Code El Paso, TX 79902-1313	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET EMPLOYMENT INC
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WINSTON, RACHAEL <hr/> Contributor address; City; State; Zip Code Fultondale, AL 35068-1996	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) DIR, NURSING		Employer (See Instructions) BCDC EMPLOYEECO LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 223/229 Rpt: 226/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 01/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WINSTON, RACHAEL <hr/> 6 Contributor address; City; State; Zip Code Fultondale, AL 35068-1996	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) DIR, NURSING		9 Employer (See Instructions) BCDC EMPLOYEECO LLC
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WINSTON, RACHAEL <hr/> Contributor address; City; State; Zip Code Fultondale, AL 35068-1996	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) DIR, NURSING		Employer (See Instructions) BCDC EMPLOYEECO LLC
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WINSTON, RACHAEL <hr/> Contributor address; City; State; Zip Code Fultondale, AL 35068-1996	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) DIR, NURSING		Employer (See Instructions) BCDC EMPLOYEECO LLC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WINSTON, RACHAEL <hr/> Contributor address; City; State; Zip Code Fultondale, AL 35068-1996	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) DIR, NURSING		Employer (See Instructions) BCDC EMPLOYEECO LLC
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WINSTON, RACHAEL <hr/> Contributor address; City; State; Zip Code Fultondale, AL 35068-1996	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) DIR, NURSING		Employer (See Instructions) BCDC EMPLOYEECO LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 224/229 Rpt: 227/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 03/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WINSTON, RACHAEL <hr/> 6 Contributor address; City; State; Zip Code Fultondale, AL 35068-1996	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) DIR, NURSING		9 Employer (See Instructions) BCDC EMPLOYEECO LLC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WINSTON, RACHAEL <hr/> Contributor address; City; State; Zip Code Fultondale, AL 35068-1996	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) DIR, NURSING		Employer (See Instructions) BCDC EMPLOYEECO LLC
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WINSTON, RACHAEL <hr/> Contributor address; City; State; Zip Code Fultondale, AL 35068-1996	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) DIR, NURSING		Employer (See Instructions) BCDC EMPLOYEECO LLC
Date 05/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WINSTON, RACHAEL <hr/> Contributor address; City; State; Zip Code Fultondale, AL 35068-1996	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) DIR, NURSING		Employer (See Instructions) BCDC EMPLOYEECO LLC
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WINSTON, RACHAEL <hr/> Contributor address; City; State; Zip Code Fultondale, AL 35068-1996	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) DIR, NURSING		Employer (See Instructions) BCDC EMPLOYEECO LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 225/229 Rpt: 228/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 06/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WINSTON, RACHAEL <hr/> 6 Contributor address; City; State; Zip Code Fultondale, AL 35068-1996	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) DIR, NURSING		9 Employer (See Instructions) BCDC EMPLOYEECO LLC
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WINSTON, RACHAEL <hr/> Contributor address; City; State; Zip Code Fultondale, AL 35068-1996	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) DIR, NURSING		Employer (See Instructions) BCDC EMPLOYEECO LLC
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOLF, THOMAS <hr/> Contributor address; City; State; Zip Code Plano, TX 75093-3560	Amount of Contribution (\$) \$16.00
Principal occupation / Job title (See Instructions) TEMP PROFESSIONAL STAFF		Employer (See Instructions) TENET EMPLOYMENT INC
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOLF, THOMAS <hr/> Contributor address; City; State; Zip Code Plano, TX 75093-3560	Amount of Contribution (\$) \$16.00
Principal occupation / Job title (See Instructions) TEMP PROFESSIONAL STAFF		Employer (See Instructions) TENET EMPLOYMENT INC
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOLF, THOMAS <hr/> Contributor address; City; State; Zip Code Plano, TX 75093-3560	Amount of Contribution (\$) \$16.00
Principal occupation / Job title (See Instructions) TEMP PROFESSIONAL STAFF		Employer (See Instructions) TENET EMPLOYMENT INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 226/229 Rpt: 229/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 02/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOLF, THOMAS <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75093-3560	7 Amount of Contribution (\$) \$16.00
8 Principal occupation / Job title (See Instructions) TEMP PROFESSIONAL STAFF		9 Employer (See Instructions) TENET EMPLOYMENT INC
Date 03/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOLF, THOMAS <hr/> Contributor address; City; State; Zip Code Plano, TX 75093-3560	Amount of Contribution (\$) \$16.00
Principal occupation / Job title (See Instructions) TEMP PROFESSIONAL STAFF		Employer (See Instructions) TENET EMPLOYMENT INC
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOLF, THOMAS <hr/> Contributor address; City; State; Zip Code Plano, TX 75093-3560	Amount of Contribution (\$) \$16.00
Principal occupation / Job title (See Instructions) TEMP PROFESSIONAL STAFF		Employer (See Instructions) TENET EMPLOYMENT INC
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOLF, THOMAS <hr/> Contributor address; City; State; Zip Code Plano, TX 75093-3560	Amount of Contribution (\$) \$16.00
Principal occupation / Job title (See Instructions) TEMP PROFESSIONAL STAFF		Employer (See Instructions) TENET EMPLOYMENT INC
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOLF, THOMAS <hr/> Contributor address; City; State; Zip Code Plano, TX 75093-3560	Amount of Contribution (\$) \$16.00
Principal occupation / Job title (See Instructions) TEMP PROFESSIONAL STAFF		Employer (See Instructions) TENET EMPLOYMENT INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 227/229 Rpt: 230/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 04/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOLF, THOMAS <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75093-3560	7 Amount of Contribution (\$) \$16.00
8 Principal occupation / Job title (See Instructions) TEMP PROFESSIONAL STAFF		9 Employer (See Instructions) TENET EMPLOYMENT INC
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiener, Chad <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) GENERAL COUNSEL		Employer (See Instructions) Tenet HealthSystem Medical
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiener, Chad <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) GENERAL COUNSEL		Employer (See Instructions) Tenet HealthSystem Medical
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiener, Chad <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) GENERAL COUNSEL		Employer (See Instructions) Tenet HealthSystem Medical
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiener, Chad <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) GENERAL COUNSEL		Employer (See Instructions) Tenet HealthSystem Medical

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 228/229 Rpt: 231/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 03/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiener, Chad <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75254-2916	7 Amount of Contribution (\$) \$39.00
8 Principal occupation / Job title (See Instructions) GENERAL COUNSEL		9 Employer (See Instructions) Tenet HealthSystem Medical
Date 03/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiener, Chad <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) GENERAL COUNSEL		Employer (See Instructions) Tenet HealthSystem Medical
Date 03/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiener, Chad <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) GENERAL COUNSEL		Employer (See Instructions) Tenet HealthSystem Medical
Date 04/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiener, Chad <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) GENERAL COUNSEL		Employer (See Instructions) Tenet HealthSystem Medical
Date 04/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiener, Chad <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) GENERAL COUNSEL		Employer (See Instructions) Tenet HealthSystem Medical

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 229/229 Rpt: 232/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 05/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiener, Chad <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75254-2916	7 Amount of Contribution (\$) \$39.00
8 Principal occupation / Job title (See Instructions) GENERAL COUNSEL		9 Employer (See Instructions) Tenet HealthSystem Medical
Date 05/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiener, Chad <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) GENERAL COUNSEL		Employer (See Instructions) Tenet HealthSystem Medical
Date 06/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiener, Chad <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) GENERAL COUNSEL		Employer (See Instructions) Tenet HealthSystem Medical
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiener, Chad <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) GENERAL COUNSEL		Employer (See Instructions) Tenet HealthSystem Medical

PLEGGED 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 Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830	
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0.00	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of pledge (\$)	9 In-kind description (If applicable)
	7 Pledgor Address; City; State; Zip Code	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	

LOANS

SCHEDULE 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 (Ethics Commission Filers) 00082830
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/4 Rpt: 235/240	2 FILER NAME Tenet Healthcare Corporation Political Action Committee	3 Filer ID (Ethics Commission Filers) 00082830
4 Date 01/26/2024	5 Payee name BETH VAN DUYN FOR CONGRESS	
6 Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO BOX 630167 IRVING, TX 75063	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to Committee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/16/2024	Payee name BRITT FOR ALABAMA INC	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO BOX 3759 Montgomery, AL 36109-0759	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to Committee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/13/2024	Payee name FREEDOM FUND	
Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 824 S MILLEDGE AVE, STE 101 ATHENS, GA 30605	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to Committee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/4 Rpt: 236/240	2 FILER NAME Tenet Healthcare Corporation Political Action Committee	3 Filer ID (Ethics Commission Filers) 00082830
4 Date 01/26/2024	5 Payee name FRIENDS OF DUSTY JOHNSON	
6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO BOX 278 MITCHELL, SD 57301	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to Committee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/02/2024	Payee name GUTHRIE VICTORY FUND	
Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. 22401 LOUISVILLE, KY 40252	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to Committee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/16/2024	Payee name KAINE FOR VIRGINIA	
Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1751 POTOMAC GREENS DRIVE ALEXANDRIA, VA 22314	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to Committee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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 PAC
-----------------------------	--

6 Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 610 S. BOULEVARD Tampa, FL 33606-2647
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to Committee
---------------------------------	---	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 02/01/2024	Payee name Richard E Neal For Congress Committee
--------------------	---

Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 76 Magnolia Terrace Springfield, MA 01108-2533
--	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to Committee
------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 02/14/2024	Payee name STANTON FOR CONGRESS
--------------------	------------------------------------

Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4340 E INDIAN SCHOOL ROAD SUITE 21-518 PHOENIX, AZ 85018
--	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to Committee
------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/4 Rpt: 238/240	2 FILER NAME Tenet Healthcare Corporation Political Action Committee	3 Filer ID (Ethics Commission Filers) 00082830
4 Date 02/01/2024	5 Payee name VINCE FONG FOR CONGRESS	
6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO BOX 11156 BAKERSFIELD, CA 93389	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to Committee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/23/2024	Payee name WITH HONOR PAC	
Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO BOX 1843 ALEXANDRIA, VA 22313	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to Committee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/26/2024	Payee name WONDER WOMEN PAC	
Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO BOX 9891 ARLINGTON, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to Committee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/1 Rpt:	2 FILER NAME Tenet Healthcare Corporation Political Action	3 Filer ID (Ethics Commission Filers) 00082830
4 Date 05/10/2024	5 Payee name BERNARD, MARK	
6 Amount (\$) 60.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 14201 Dallas Pkwy Dallas, TX 75254	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Refund of contribution made	(b) Description (See instructions regarding type of information required.) Partial refund of 6/23/23 contribution

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 240/240
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 03/07/2024	5 Name of person from whom amount is received FAIR SHOT PAC	8 Amount (\$) \$1,000.00
	6 Address of person from whom amount is received; City; State; Zip Code Malden, MA 02148	
	7 Purpose for which amount is received Void of 3/27/23 Contribution <input checked="" type="checkbox"/> Check if political contribution returned to filer	
Date 04/12/2024	Name of person from whom amount is received MCCARTHY VICTORY FUND	Amount (\$) \$5,000.00
	Address of person from whom amount is received; City; State; Zip Code BETHESDA, MD 20824	
	Purpose for which amount is received REFUND OF 2/13/23 CONTRIBUTION <input checked="" type="checkbox"/> Check if political contribution returned to filer	