

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00082830	2 Total pages filed: 197
3 COMMITTEE NAME Tenet Healthcare Corporation Political Action Committee		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 01/13/2025	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 14201 Dallas Parkway Dallas, TX 75254		
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
		Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Todd	MI
	NICKNAME	LAST Plott	SUFFIX
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 14201 Dallas Parkway Dallas, TX 75254		
	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 14201 Dallas Parkway Dallas, TX 75254		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 14201 Dallas Parkway Dallas, TX 75254		
	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 14201 Dallas Parkway Dallas, TX 75254		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(469)	893-2630	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Dissolution (Attach PAC-DR)
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> 10th day after campaign treasurer termination
		<input type="checkbox"/> Runoff	
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	07/01/2024		12/31/2024
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year 11/05/2024	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
		<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special

GO TO PAGE 2

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
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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)	\$ 32,479.07
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 29,750.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 85,454.23
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	\$ 32,479.07
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	\$ 29,750.00
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 type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/183 Rpt: 4/197
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARBOUR, PAOLA <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) EVP, CHIEF INFO OFFICER		9 Employer (See Instructions) TENET EMPLOYMENT INC
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARBOUR, PAOLA <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) EVP, CHIEF INFO OFFICER		Employer (See Instructions) TENET EMPLOYMENT INC
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARBOUR, PAOLA <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) EVP, CHIEF INFO OFFICER		Employer (See Instructions) TENET EMPLOYMENT INC
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARBOUR, PAOLA <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) EVP, CHIEF INFO OFFICER		Employer (See Instructions) TENET EMPLOYMENT INC
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARBOUR, PAOLA <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) EVP, CHIEF INFO OFFICER		Employer (See Instructions) TENET EMPLOYMENT INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 10/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARBOUR, PAOLA	7 Amount of Contribution (\$) \$39.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75254-2916	
8 Principal occupation / Job title (See Instructions) EVP, CHIEF INFO OFFICER		9 Employer (See Instructions) TENET EMPLOYMENT INC
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARBOUR, PAOLA	Amount of Contribution (\$) \$39.00
	Contributor address; City; State; Zip Code Dallas, TX 75254-2916	
Principal occupation / Job title (See Instructions) EVP, CHIEF INFO OFFICER		Employer (See Instructions) TENET EMPLOYMENT INC
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARBOUR, PAOLA	Amount of Contribution (\$) \$39.00
	Contributor address; City; State; Zip Code Dallas, TX 75254-2916	
Principal occupation / Job title (See Instructions) EVP, CHIEF INFO OFFICER		Employer (See Instructions) TENET EMPLOYMENT INC
Date 12/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARBOUR, PAOLA	Amount of Contribution (\$) \$39.00
	Contributor address; City; State; Zip Code Dallas, TX 75254-2916	
Principal occupation / Job title (See Instructions) EVP, CHIEF INFO OFFICER		Employer (See Instructions) TENET EMPLOYMENT INC
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ARBOUR, PAOLA	Amount of Contribution (\$) \$39.00
	Contributor address; City; State; Zip Code Dallas, TX 75254-2916	
Principal occupation / Job title (See Instructions) EVP, CHIEF INFO OFFICER		Employer (See Instructions) TENET EMPLOYMENT INC

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2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 07/05/2024	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 07/19/2024	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 08/02/2024	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 08/16/2024	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 08/30/2024	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

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Principal occupation / Job title (See Instructions) DIR, CONSTRUCTN & DESIGN		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 10/25/2024	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 11/08/2024	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
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Date 12/06/2024	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
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Date 12/20/2024	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 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arion, Margaret <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254-2916	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) SVP, Chief Human Resources Officer Field Operations		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BECKMAN, CYNTHIA Z. <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19130-3771	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) MGR, LITIGATION		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

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Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BECKMAN, CYNTHIA Z. <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19130-3771	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) MGR, LITIGATION		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BENDER, LINDA M. <hr/> Contributor address; City; State; Zip Code La Quinta, CA 92247-1683	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CHIEF STRATEGY OFFICER		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BENDER, LINDA M. <hr/> Contributor address; City; State; Zip Code La Quinta, CA 92247-1683	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CHIEF STRATEGY OFFICER		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BENDER, LINDA M. <hr/> Contributor address; City; State; Zip Code La Quinta, CA 92247-1683	Amount of Contribution (\$) \$19.00
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8 Principal occupation / Job title (See Instructions) CHIEF STRATEGY OFFICER		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BENDER, LINDA M. <hr/> Contributor address; City; State; Zip Code La Quinta, CA 92247-1683	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CHIEF STRATEGY OFFICER		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BENDER, LINDA M. <hr/> Contributor address; City; State; Zip Code La Quinta, CA 92247-1683	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CHIEF STRATEGY OFFICER		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BENDER, LINDA M. <hr/> Contributor address; City; State; Zip Code La Quinta, CA 92247-1683	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) CHIEF STRATEGY OFFICER		Employer (See Instructions) TENET HLTHSYSTEM MED INC
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Principal occupation / Job title (See Instructions) CHIEF STRATEGY OFFICER		Employer (See Instructions) TENET HLTHSYSTEM MED INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 10/25/2024	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 11/08/2024	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
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	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 12/20/2024	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/183 Rpt: 14/197
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 09/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BERNARD, MARK <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) CEO		9 Employer (See Instructions) TENET EMPLOYMENT INC
Date 07/05/2024	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 07/19/2024	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 08/02/2024	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 08/16/2024	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: 12/183 Rpt: 15/197
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 08/30/2024	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 09/13/2024	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 09/27/2024	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 10/11/2024	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 10/25/2024	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: 13/183 Rpt: 16/197
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 11/08/2024	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 11/22/2024	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 12/06/2024	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 12/20/2024	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 07/05/2024	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/183 Rpt: 17/197
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
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Date 08/16/2024	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 08/30/2024	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
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Principal occupation / Job title (See Instructions) MARKET PRESIDENT		Employer (See Instructions) USPI
Date 11/08/2024	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
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Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOON, ERIC	Amount of Contribution (\$) \$96.00
Contributor address; City; State; Zip Code Dallas, TX 75254-2916		
Principal occupation / Job title (See Instructions) MARKET PRESIDENT		Employer (See Instructions) USPI
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BREAUX, STANLEY	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Dallas, TX 75254-2916		
Principal occupation / Job title (See Instructions) DIR, GME (NON-PHYSICIAN)		Employer (See Instructions) BCDC EMPLOYEECO LLC
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BREAUX, STANLEY	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Dallas, TX 75254-2916		
Principal occupation / Job title (See Instructions) DIR, GME (NON-PHYSICIAN)		Employer (See Instructions) BCDC EMPLOYEECO LLC
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BREAUX, STANLEY	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Dallas, TX 75254-2916		
Principal occupation / Job title (See Instructions) DIR, GME (NON-PHYSICIAN)		Employer (See Instructions) BCDC EMPLOYEECO LLC

MONETARY POLITICAL CONTRIBUTIONS

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8 Principal occupation / Job title (See Instructions) DIR, GME (NON-PHYSICIAN)		9 Employer (See Instructions) BCDC EMPLOYEECO LLC
Date 08/30/2024	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
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Date 09/13/2024	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 09/27/2024	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
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Date 10/11/2024	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: 18/183 Rpt: 21/197
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 10/25/2024	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 11/08/2024	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 11/22/2024	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 12/06/2024	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 12/20/2024	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: 19/183 Rpt: 22/197
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 12/27/2024	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 07/05/2024	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 07/19/2024	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
Date 08/02/2024	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 08/16/2024	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/183 Rpt: 23/197
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 08/30/2024	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 09/13/2024	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 09/27/2024	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 10/11/2024	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 10/25/2024	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: 21/183 Rpt: 24/197
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 11/08/2024	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
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Date 11/22/2024	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 12/06/2024	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 12/20/2024	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 07/05/2024	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 CORPORATION

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/183 Rpt: 25/197
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 07/19/2024	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 CORPORATION
Date 08/02/2024	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 CORPORATION
Date 08/16/2024	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 CORPORATION
Date 08/30/2024	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 CORPORATION
Date 09/13/2024	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 CORPORATION

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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Principal occupation / Job title (See Instructions) ASSOCIATE ADMINISTRATOR		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 10/25/2024	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
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Principal occupation / Job title (See Instructions) ASSOCIATE ADMINISTRATOR		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: 24/183 Rpt: 27/197
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 12/06/2024	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 CORPORATION
Date 12/20/2024	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 CORPORATION
Date 07/05/2024	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 07/19/2024	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 08/02/2024	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 08/16/2024	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 08/30/2024	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 09/13/2024	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
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Principal occupation / Job title (See Instructions) EVP,CHIEF FINANCIAL OFCR		Employer (See Instructions) TENET EMPLOYMENT INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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4 Date 10/11/2024	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
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Date 10/25/2024	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 11/08/2024	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
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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Principal occupation / Job title (See Instructions) EVP,CHIEF FINANCIAL OFCR		Employer (See Instructions) TENET EMPLOYMENT INC
Date 07/05/2024	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

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Date 08/02/2024	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 08/16/2024	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
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Date 07/05/2024	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 07/19/2024	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 08/02/2024	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
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
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4 Date 10/25/2024	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
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2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 07/05/2024	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 07/19/2024	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 08/02/2024	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 08/16/2024	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 08/30/2024	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

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Principal occupation / Job title (See Instructions) DIR, LITIGATION		Employer (See Instructions) TENET EMPLOYMENT INC
Date 07/05/2024	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
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLARK, JEREMY	Amount of Contribution (\$)
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Principal occupation / Job title (See Instructions) CEO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/183 Rpt: 40/197
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 10/04/2024	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 07/05/2024	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 07/19/2024	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 08/02/2024	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 08/16/2024	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/183 Rpt: 41/197
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 08/30/2024	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 09/13/2024	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 09/27/2024	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 10/11/2024	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 10/25/2024	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/183 Rpt: 42/197
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 11/08/2024	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 11/22/2024	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 12/06/2024	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 12/20/2024	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 07/05/2024	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: 40/183 Rpt: 43/197
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 07/19/2024	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 08/02/2024	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 08/16/2024	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 08/30/2024	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 09/13/2024	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: 41/183 Rpt: 44/197
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 09/27/2024	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 10/11/2024	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 10/25/2024	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 11/08/2024	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 11/22/2024	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: 42/183 Rpt: 45/197
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 12/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLINE, PAULA B. <hr/> 6 Contributor address; City; State; Zip Code Boerne, TX 78015-5009	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) CNO		9 Employer (See Instructions) TENET EMPLOYMENT INC
Date 12/20/2024	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
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COBB, WAYNE E. <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063-5577	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) MGR, TAX		Employer (See Instructions) TENET EMPLOYMENT INC
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COBB, WAYNE E. <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063-5577	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) MGR, TAX		Employer (See Instructions) TENET EMPLOYMENT INC
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COBB, WAYNE E. <hr/> Contributor address; City; State; Zip Code Mansfield, TX 76063-5577	Amount of Contribution (\$) \$10.00
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: 43/183 Rpt: 46/197
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 08/16/2024	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 08/30/2024	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 09/13/2024	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 09/27/2024	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 10/11/2024	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: 44/183 Rpt: 47/197
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 10/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COBB, WAYNE E.	7 Amount of Contribution (\$) \$10.00
	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 11/08/2024	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 11/22/2024	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 12/06/2024	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 12/20/2024	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: 45/183 Rpt: 48/197
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 08/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COVARRUBIAS, MARITA <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75214-3841	7 Amount of Contribution (\$) \$39.00
8 Principal occupation / Job title (See Instructions) VP, ASST GENERAL COUNSEL		9 Employer (See Instructions) TENET EMPLOYMENT INC
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COVARRUBIAS, MARITA <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214-3841	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) VP, ASST GENERAL COUNSEL		Employer (See Instructions) TENET EMPLOYMENT INC
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COVARRUBIAS, MARITA <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214-3841	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) VP, ASST GENERAL COUNSEL		Employer (See Instructions) TENET EMPLOYMENT INC
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COVARRUBIAS, MARITA <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214-3841	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) VP, ASST GENERAL COUNSEL		Employer (See Instructions) TENET EMPLOYMENT INC
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COVARRUBIAS, MARITA <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214-3841	Amount of Contribution (\$) \$39.00
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: 46/183 Rpt: 49/197
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 10/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COVARRUBIAS, MARITA <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75214-3841	7 Amount of Contribution (\$) \$39.00
8 Principal occupation / Job title (See Instructions) VP, ASST GENERAL COUNSEL		9 Employer (See Instructions) TENET EMPLOYMENT INC
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COVARRUBIAS, MARITA <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214-3841	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) VP, ASST GENERAL COUNSEL		Employer (See Instructions) TENET EMPLOYMENT INC
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COVARRUBIAS, MARITA <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214-3841	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) VP, ASST GENERAL COUNSEL		Employer (See Instructions) TENET EMPLOYMENT INC
Date 12/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COVARRUBIAS, MARITA <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214-3841	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) VP, ASST GENERAL COUNSEL		Employer (See Instructions) TENET EMPLOYMENT INC
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COVARRUBIAS, MARITA <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214-3841	Amount of Contribution (\$) \$39.00
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: 47/183 Rpt: 50/197
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 07/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEMARAIS, ALLISON M.	7 Amount of Contribution (\$) \$10.00
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 07/19/2024	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 08/02/2024	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
Date 08/16/2024	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 08/30/2024	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: 48/183 Rpt: 51/197
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 09/13/2024	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 09/27/2024	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 10/11/2024	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 10/25/2024	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 11/08/2024	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: 49/183 Rpt: 52/197
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 11/22/2024	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 12/06/2024	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 12/20/2024	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 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DURFEE, MARJANA <hr/> Contributor address; City; State; Zip Code Houston, TX 77004-7005	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Market Compliance Officer		Employer (See Instructions) PARK PLAZA
Date 07/05/2024	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: 50/183 Rpt: 53/197
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 07/19/2024	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 08/02/2024	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
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Date 07/05/2024	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
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	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 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELISCO, BRIAN	Amount of Contribution (\$) \$39.00
	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 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELISCO, BRIAN	Amount of Contribution (\$) \$39.00
	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
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	Contributor address; City; State; Zip Code San Antonio, TX 78258-2967	
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Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELISCO, BRIAN	Amount of Contribution (\$) \$28.00
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8 Principal occupation / Job title (See Instructions) MGR, VAL BASED CARE INFO		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 07/19/2024	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
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Date 11/22/2024	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 12/06/2024	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
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Principal occupation / Job title (See Instructions) MGR, CONTRACTS ADMIN		Employer (See Instructions) CONIFER REV CYCL SOL LLC
Date 07/05/2024	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 64/183 Rpt: 67/197
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 07/19/2024	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 08/02/2024	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 08/16/2024	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 08/30/2024	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
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8 Principal occupation / Job title (See Instructions) CEO, GROUP		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 10/11/2024	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
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Principal occupation / Job title (See Instructions) CEO, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 07/12/2024	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 07/26/2024	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 08/09/2024	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
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4 Date 08/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOSTER, RAYMOND J.	7 Amount of Contribution (\$) \$10.00
	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 09/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOSTER, RAYMOND J.	Amount of Contribution (\$) \$10.00
	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 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOSTER, RAYMOND J.	Amount of Contribution (\$) \$10.00
	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 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOSTER, RAYMOND J.	Amount of Contribution (\$) \$10.00
	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 10/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOSTER, RAYMOND J.	Amount of Contribution (\$) \$10.00
	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

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4 Date 11/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOSTER, RAYMOND J.	7 Amount of Contribution (\$) \$10.00
	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 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOSTER, RAYMOND J.	Amount of Contribution (\$) \$10.00
	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 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOSTER, RAYMOND J.	Amount of Contribution (\$) \$10.00
	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 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOSTER, RAYMOND J.	Amount of Contribution (\$) \$10.00
	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 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOSTER, RAYMOND J.	Amount of Contribution (\$) \$10.00
	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

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2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 08/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foo, Lisa <hr/> 6 Contributor address; City; State; Zip Code Boston, MA 02118-2191	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) EVP, Commercial Operations		9 Employer (See Instructions) Tenet Healthcare
Date 07/05/2024	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 07/19/2024	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
Date 08/02/2024	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 08/16/2024	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

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8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 11/22/2024	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
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Date 12/06/2024	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
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Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 07/05/2024	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

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Principal occupation / Job title (See Instructions) GROUP, PRESIDENT		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, ERIN	Amount of Contribution (\$)
	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
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, ERIN	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Phoenix, AZ 85031-1703	
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Date 11/08/2024	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
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4 Date 07/05/2024	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
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	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
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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Date 07/05/2024	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
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Date 07/05/2024	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 07/19/2024	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 (\$) \$0.35
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 07/05/2024	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
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Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JENKINS, CHRISTOPHER M. <hr/> Contributor address; City; State; Zip Code Cordova, TN 38018-7761	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
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Principal occupation / Job title (See Instructions) CFO (POOL)		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 10/11/2024	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: 103/183 Rpt: 106/197
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 10/25/2024	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 11/08/2024	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
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Principal occupation / Job title (See Instructions) CFO (POOL)		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 12/06/2024	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
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4 Date 07/05/2024	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 07/19/2024	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
Date 08/02/2024	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 08/16/2024	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
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Date 07/05/2024	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 07/19/2024	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
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Date 08/16/2024	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 08/30/2024	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
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Date 11/08/2024	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
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Date 11/22/2024	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
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8 Principal occupation / Job title (See Instructions) CEO, GROUP		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 07/12/2024	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 07/26/2024	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 08/09/2024	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
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8 Principal occupation / Job title (See Instructions) DIR, NURSING		9 Employer (See Instructions) HOSPITAL DEVL P OF W PHX
Date 09/20/2024	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 10/04/2024	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 10/18/2024	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 11/01/2024	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

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SCHEDULE A1

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4 Date 11/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAWLOR, GERARD F. <hr/> 6 Contributor address; City; State; Zip Code Goodyear, AZ 85395-2635	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) DIR, NURSING		9 Employer (See Instructions) HOSPITAL DEVL P OF W PHX
Date 11/29/2024	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 12/13/2024	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
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Principal occupation / Job title (See Instructions) DIR, NURSING		Employer (See Instructions) HOSPITAL DEVL P OF W PHX
Date 07/05/2024	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

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Date 08/02/2024	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 08/16/2024	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
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Principal occupation / Job title (See Instructions) MARKET PRESIDENT		Employer (See Instructions) USPI
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEWIS, BRIAN K. <hr/> 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 07/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEWIS, BRIAN K. <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85021-1660	Amount of Contribution (\$) \$10.00
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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 10/18/2024	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: 116/183 Rpt: 119/197
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 11/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEWIS, BRIAN K.	7 Amount of Contribution (\$)
	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 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEWIS, BRIAN K.	Amount of Contribution (\$)
	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 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEWIS, BRIAN K.	Amount of Contribution (\$)
	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 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEWIS, BRIAN K.	Amount of Contribution (\$)
	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 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEWIS, BRIAN K.	Amount of Contribution (\$)
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Principal occupation / Job title (See Instructions) DIR, REIMBURSEMENT		Employer (See Instructions) VHS ACQN SUBSIDRY #8 INC

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SCHEDULE A1

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2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 07/05/2024	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 07/19/2024	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 08/02/2024	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 08/16/2024	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
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8 Principal occupation / Job title (See Instructions) EVP, CORP DEVELOPMENT		9 Employer (See Instructions) TENET EMPLOYMENT INC
Date 12/06/2024	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
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Principal occupation / Job title (See Instructions) EVP, CORP DEVELOPMENT		Employer (See Instructions) TENET EMPLOYMENT INC
Date 07/05/2024	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 07/19/2024	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
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Principal occupation / Job title (See Instructions) CNO		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 11/08/2024	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 11/22/2024	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 12/06/2024	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
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2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 07/05/2024	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 07/19/2024	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
Date 08/02/2024	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 08/16/2024	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 08/30/2024	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

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4 Date 09/13/2024	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
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Principal occupation / Job title (See Instructions) DIR, GOVT RELATIONS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 10/25/2024	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
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Date 12/06/2024	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
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Principal occupation / Job title (See Instructions) DIR, GOVT RELATIONS		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOORE, KATHLEEN <hr/> Contributor address; City; State; Zip Code Palm Springs, CA 92262-4872	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) ACNO		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: 125/183 Rpt: 128/197
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 10/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOORE, KATHLEEN <hr/> 6 Contributor address; City; State; Zip Code Palm Springs, CA 92262-4872	7 Amount of Contribution (\$) \$39.00
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Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOORE, KATHLEEN <hr/> Contributor address; City; State; Zip Code Palm Springs, CA 92262-4872	Amount of Contribution (\$) \$39.00
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Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOORE, KATHLEEN <hr/> Contributor address; City; State; Zip Code Palm Springs, CA 92262-4872	Amount of Contribution (\$) \$39.00
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4 Date 07/05/2024	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
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Principal occupation / Job title (See Instructions) CNE, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 08/02/2024	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
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Principal occupation / Job title (See Instructions) CNE, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC
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Principal occupation / Job title (See Instructions) CNE, GROUP		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 07/05/2024	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 CORPORATION
Date 07/19/2024	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
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SCHEDULE A1

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2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 08/02/2024	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 CORPORATION
Date 08/16/2024	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 CORPORATION
Date 08/30/2024	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 CORPORATION
Date 09/13/2024	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 CORPORATION
Date 09/27/2024	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 CORPORATION

MONETARY POLITICAL CONTRIBUTIONS

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8 Principal occupation / Job title (See Instructions) VP of Investor Relations		9 Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 10/25/2024	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 CORPORATION
Date 11/08/2024	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 CORPORATION
Date 11/22/2024	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 CORPORATION
Date 12/06/2024	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 CORPORATION

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8 Principal occupation / Job title (See Instructions) VP of Investor Relations		9 Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 07/05/2024	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 07/19/2024	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 08/02/2024	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 07/05/2024	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

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8 Principal occupation / Job title (See Instructions) MARKET PRESIDENT		9 Employer (See Instructions) Tenet HealthSystem Medical
Date 08/02/2024	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 08/16/2024	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 08/30/2024	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 (\$) \$25.00
Principal occupation / Job title (See Instructions) MARKET PRESIDENT		Employer (See Instructions) Tenet HealthSystem Medical
Date 07/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oertel, Robert <hr/> Contributor address; City; State; Zip Code Glendale, AZ 85308-7100	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) Abrazo Arrowhead & Abrazo Arizona Heart

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Date 07/05/2024	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 07/19/2024	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
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4 Date 07/12/2024	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 07/26/2024	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 08/09/2024	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 08/23/2024	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
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8 Principal occupation / Job title (See Instructions) DIR, REVENUE ANALYSIS		9 Employer (See Instructions) PALM BEACH GDNS COM HOSP
Date 10/04/2024	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 10/18/2024	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 11/01/2024	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 07/05/2024	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

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8 Principal occupation / Job title (See Instructions) DIR, GOVT RELATIONS		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 12/20/2024	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 07/05/2024	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 07/19/2024	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 08/02/2024	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 143/183 Rpt: 146/197
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 08/16/2024	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
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Principal occupation / Job title (See Instructions) VP, CLIENT SERVICES		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 07/05/2024	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 07/19/2024	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
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MONETARY POLITICAL CONTRIBUTIONS

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Date 07/05/2024	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 07/19/2024	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
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Date 07/05/2024	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

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Principal occupation / Job title (See Instructions) DIR, PLANT OPERATIONS		Employer (See Instructions) TENET HOSPITALS LIMITED
Date 07/05/2024	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 07/19/2024	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 08/02/2024	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

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4 Date 08/16/2024	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 08/30/2024	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 09/13/2024	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 09/27/2024	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
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Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) TENET EMPLOYMENT INC
Date 12/06/2024	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
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8 Principal occupation / Job title (See Instructions) DIR, GOVT RELATIONS		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 07/19/2024	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
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Date 07/05/2024	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
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Date 07/05/2024	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 07/19/2024	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
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Date 07/05/2024	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

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	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 07/05/2024	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 07/19/2024	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 08/02/2024	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 08/16/2024	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 08/30/2024	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 09/13/2024	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 09/27/2024	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 10/11/2024	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

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Date 11/08/2024	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
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Principal occupation / Job title (See Instructions) DIR, EES		Employer (See Instructions) CONIFER REV CYCL SOL LLC
Date 12/06/2024	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
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4 Date 07/05/2024	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 07/19/2024	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 08/02/2024	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
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Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 08/30/2024	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

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Contributor address; City; State; Zip Code Dallas, TX 75254-2916		
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Contributor address; City; State; Zip Code Dallas, TX 75254-2916		
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Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUTARIA, SAUMYA	Amount of Contribution (\$) \$192.00
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8 Principal occupation / Job title (See Instructions) Chief Executive Officer		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 12/06/2024	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 12/20/2024	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 07/05/2024	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 07/19/2024	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

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Date 08/16/2024	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 08/30/2024	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
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Date 09/13/2024	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 09/27/2024	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
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4 Date 10/11/2024	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 10/25/2024	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 11/08/2024	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 11/22/2024	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 12/06/2024	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

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2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 12/20/2024	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 07/05/2024	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 07/19/2024	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 08/02/2024	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 07/05/2024	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

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SCHEDULE A1

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2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 07/19/2024	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 08/02/2024	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 08/16/2024	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 08/30/2024	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 09/13/2024	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

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8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) TENET HLTHSYSTEM MED INC
Date 10/04/2024	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 07/05/2024	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 07/19/2024	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 08/02/2024	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

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Principal occupation / Job title (See Instructions) SR DIR, CLIENT DELIVERY		Employer (See Instructions) CONIFER REV CYCL SOL LLC
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Principal occupation / Job title (See Instructions) SR DIR, CLIENT DELIVERY		Employer (See Instructions) CONIFER REV CYCL SOL LLC
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4 Date 10/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VINES, GEOFFREY <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78215-2039	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Market VP Finance		9 Employer (See Instructions) BAPTIST HEALTH SYSTEM
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WAECHTER, WILLIAM <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258-3913	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) CEO-Chief Admin Officer		Employer (See Instructions) North Central Baptist Hospital
Date 10/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WAECHTER, WILLIAM <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258-3913	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) CEO-Chief Admin Officer		Employer (See Instructions) North Central Baptist Hospital
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WAECHTER, WILLIAM <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258-3913	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) CEO-Chief Admin Officer		Employer (See Instructions) North Central Baptist Hospital
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WAECHTER, WILLIAM <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258-3913	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) CEO-Chief Admin Officer		Employer (See Instructions) North Central Baptist Hospital

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 182/183 Rpt: 185/197
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 12/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WAECHTER, WILLIAM <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78258-3913	7 Amount of Contribution (\$) \$39.00
8 Principal occupation / Job title (See Instructions) CEO-Chief Admin Officer		9 Employer (See Instructions) North Central Baptist Hospital
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WAECHTER, WILLIAM <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258-3913	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) CEO-Chief Admin Officer		Employer (See Instructions) North Central Baptist Hospital
Date 07/05/2024	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 07/19/2024	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 08/02/2024	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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 183/183 Rpt: 186/197
2 FILER NAME Tenet Healthcare Corporation Political Action Committee		3 Filer ID (Ethics Commission Filers) 00082830
4 Date 08/16/2024	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 08/30/2024	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 (\$) \$25.00
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: 187/197

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 out-of-state PAC (ID#: _____)

8 Amount of
pledge (\$)

9 In-kind description
(If applicable)

7 Pledgor Address; City; State; Zip Code

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: 188/197
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: 1/9 Rpt: 189/197	2 FILER NAME Tenet Healthcare Corporation Political Action Committee	3 Filer ID (Ethics Commission Filers) 00082830
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4 Date 07/30/2024	5 Payee name ADRIAN SMITH FOR CONGRESS
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6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3321 AVENUE I SUITE 6 Scottsbluff, NE 69361-4587
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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
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/16/2024	Payee name AMBULATORY SURGERY CENTER ASSOCIATION PAC (ASCAPAC)
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Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code The Atrium Building 277 S Washington St, Ste 375 Alexandria, VA 22314-5046
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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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/14/2024	Payee name Angie Chen Button Campaign
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Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 832748 Richardson, TX 75083-2828
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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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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: 2/9 Rpt: 190/197	2 FILER NAME Tenet Healthcare Corporation Political Action Committee	3 Filer ID (Ethics Commission Filers) 00082830
4 Date 11/14/2024	5 Payee name Armando Martinez Campaign	
6 Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 1651 Weslaco, TX 78599-1651	
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 11/14/2024	Payee name Blanco for State Senate	
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 929 El Paso, TX 79946-0929	
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 11/14/2024	Payee name Claudia Ordaz for District 79	
Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 71738 El Paso, TX 79917-1738	
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: 3/9 Rpt: 191/197	2 FILER NAME Tenet Healthcare Corporation Political Action Committee	3 Filer ID (Ethics Commission Filers) 00082830
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4 Date 11/14/2024	5 Payee name Diego M. Bernal for State Representative
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6 Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 15677 San Antonio, TX 78212-8877
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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
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/14/2024	Payee name Donna Howard Campaign
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Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 5375 Austin, TX 78763-5375
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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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/14/2024	Payee name Elizabeth Liz" Campos for District 119"
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Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1028 Rigsby San Antonio, TX 78210-3146
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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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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: 4/9 Rpt: 192/197	2 FILER NAME Tenet Healthcare Corporation Political Action Committee	3 Filer ID (Ethics Commission Filers) 00082830
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4 Date 11/14/2024	5 Payee name Erin Elizabeth Gamez for District 38
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6 Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 777 E Harrison St Brownsville, TX 78520-7118
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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
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/30/2024	Payee name FRIENDS OF JOHN BARRASSO
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Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO BOX 52008 CASPER, WY 82605
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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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/16/2024	Payee name Federation of American Hospitals PAC (FedPAC)
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Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 750 9th Street, NW Suite 600 Washington, DC 20001-4595
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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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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: 5/9 Rpt: 193/197	2 FILER NAME Tenet Healthcare Corporation Political Action Committee	3 Filer ID (Ethics Commission Filers) 00082830
4 Date 11/14/2024	5 Payee name Joe Moody Campaign	
6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 920827 El Paso, TX 79902-0015	
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 11/14/2024	Payee name John Byrant for Texas	
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 140977 Dallas, TX 75214-0977	
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 11/14/2024	Payee name Jose Menendez Campaign	
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 7121 US HWY 90 W Suite 240 San Antonio, TX 78227-3564	
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: 6/9 Rpt: 194/197	2 FILER NAME Tenet Healthcare Corporation Political Action Committee	3 Filer ID (Ethics Commission Filers) 00082830
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4 Date 11/14/2024	5 Payee name Josey Garcia for District 124
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6 Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 718 Amber Knoll San Antonio, TX 78251-4273
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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
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/14/2024	Payee name Juan Chuy" Hinojosa for State Senator"
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Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 612 W. Nolana Suite 410 McAllen, TX 78504-3089
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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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/19/2024	Payee name LOIS FRANKEL FOR CONGRESS
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Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code c/o The Strathdee Group 143 Duddington Place SE Washington, DC 20003-2610
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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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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: 7/9 Rpt: 195/197	2 FILER NAME Tenet Healthcare Corporation Political Action Committee	3 Filer ID (Ethics Commission Filers) 00082830
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4 Date 09/24/2024	5 Payee name MAST FOR CONGRESS
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6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO BOX 3016 STUART, FL 34995
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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
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/14/2024	Payee name Mary Gonzalez Campaign
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Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 450 Clint, TX 79836-0450
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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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/14/2024	Payee name Philip Cortez for State Representative
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Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 7919 Liberty Island San Antonio, TX 78227-4734
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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
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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: 8/9 Rpt: 196/197	2 FILER NAME Tenet Healthcare Corporation Political Action Committee	3 Filer ID (Ethics Commission Filers) 00082830
4 Date 11/14/2024	5 Payee name Robert Nichols for TX Senate District 3	
6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 2347 Jacksonville, TX 75766-0072	
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 11/14/2024	Payee name Roland Gutierrez for Texas	
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 15232 San Antonio, TX 78212-8432	
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 11/14/2024	Payee name Tan Parker Campaign	
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2624 Creekview Flower Mound, TX 75022-5674	
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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/9 Rpt: 197/197	2 FILER NAME Tenet Healthcare Corporation Political Action Committee	3 Filer ID (Ethics Commission Filers) 00082830
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4 Date 07/23/2024	5 Payee name Texas Ambulatory Surgery Center Society PAC
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6 Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 201363 Austin, TX 78720-1363
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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
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/24/2024	Payee name WYDEN FOR OREGON
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Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO BOX 3271 PORTLAND, OR 97208
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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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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