

# 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<br>(Ethics Commission Filers)<br>00082830   | 2 Total pages filed:<br>214   |
| 3 COMMITTEE NAME<br>Tenet Healthcare Corporation Political Action Committee            |  |  | OFFICE USE ONLY<br>Date Received<br>ELECTRONICALLY FILED<br>01/13/2026<br>Date Hand-delivered or Date Postmarked<br>Receipt # Amount<br>Date Processed<br>Date Imaged |
| 4 COMMITTEE ADDRESS<br><br><input type="checkbox"/> Change of Address                  | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>14201 Dallas Parkway<br><br>Dallas, TX 75254   |  |   |
| 5 CAMPAIGN TREASURER NAME  | MS / MRS / MR FIRST MI<br>Todd<br>NICKNAME LAST SUFFIX<br>Plott  |  |   |
| 6 CAMPAIGN TREASURER STREET ADDRESS<br>(Residence or Business)                         | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>14201 Dallas Parkway<br><br>Dallas, TX 75254  |  |   |
| 7 CAMPAIGN TREASURER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>14201 Dallas Parkway<br><br>Dallas, TX 75254   |  |   |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br>(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)<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination<br><input type="checkbox"/> Runoff |  |   |
| 10 PERIOD COVERED  | Month Day Year<br>07/01/2025 THROUGH Month Day Year<br>12/31/2025  |  |   |
| 11 ELECTION  | ELECTION DATE<br>Month Day Year<br>11/04/2025  | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><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

|   |   |
|---|---|
| <b>12 COMMITTEE NAME</b><br>Tenet Healthcare Corporation Political Action Committee | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00082830 |
|---|---|

|   |  |              |
|---|--|--------------|
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported |
|   |  | B. Opposed   |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported |
|   |  | B. Opposed   |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) |              |
|   |  |              |

|                               |   |               |
|-------------------------------|---|---------------|
| <b>15 CONTRIBUTION TOTALS</b> | <b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b><br><input type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ 0.00       |
|                               | <b>2. TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 49,663.00  |
| EXPENDITURE TOTALS            | <b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>   | \$ 0.00       |
|                               | <b>4. TOTAL POLITICAL EXPENDITURES</b>  | \$ 72,750.00  |
| CONTRIBUTION BALANCE          | <b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>   | \$ 159,089.23 |
| OUTSTANDING LOAN TOTALS       | <b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>  | \$ 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****FORM GPAC**  
**COVER SHEET PG 3**  
3 of 214

|   |   |   |
|---|---|---|
| <b>17 COMMITTEE NAME</b><br>Tenet Healthcare Corporation Political Action Committee |   | <b>18 Filer ID</b> (Ethics Commission Filers)<br>00082830 |
| <b>19 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE                                    |   | SUBTOTAL AMOUNT   |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                 | \$ 49,663.00  |
| 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              | \$ 72,750.00  |
| 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**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                       |   | <b>1</b> Total pages Schedule A1:<br>Sch: 1/194 Rpt: 4/214           |
| <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee         |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830             |
| <b>4</b> Date<br>07/03/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Arbour, Paola<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75254-2916 | <b>7</b> Amount of Contribution (\$)<br><br>\$96.00                  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>EVP Chief Info Officer |   | <b>9</b> Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION |
| Date<br>07/18/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Arbour, Paola<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75254-2916                   | Amount of Contribution (\$)<br><br>\$96.00                           |
| Principal occupation / Job title (See Instructions)<br>EVP Chief Info Officer          |   | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>08/01/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Arbour, Paola<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75254-2916                   | Amount of Contribution (\$)<br><br>\$96.00                           |
| Principal occupation / Job title (See Instructions)<br>EVP Chief Info Officer          |   | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>08/15/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Arbour, Paola<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75254-2916                   | Amount of Contribution (\$)<br><br>\$96.00                           |
| Principal occupation / Job title (See Instructions)<br>EVP Chief Info Officer          |   | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>08/29/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Arbour, Paola<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75254-2916                   | Amount of Contribution (\$)<br><br>\$96.00                           |
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| <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee         |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830             |
| <b>4</b> Date<br>09/12/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Arbour, Paola<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75254-2916 | <b>7</b> Amount of Contribution (\$)<br><br>\$96.00                  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>EVP Chief Info Officer |   | <b>9</b> Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION |
| Date<br>09/26/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Arbour, Paola<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75254-2916                   | Amount of Contribution (\$)<br><br>\$96.00                           |
| Principal occupation / Job title (See Instructions)<br>EVP Chief Info Officer          |   | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>10/10/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Arbour, Paola<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75254-2916                   | Amount of Contribution (\$)<br><br>\$96.00                           |
| Principal occupation / Job title (See Instructions)<br>EVP Chief Info Officer          |   | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>10/24/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Arbour, Paola<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75254-2916                   | Amount of Contribution (\$)<br><br>\$96.00                           |
| Principal occupation / Job title (See Instructions)<br>EVP Chief Info Officer          |   | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
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| <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee         |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830             |
| <b>4</b> Date<br>11/21/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Arbour, Paola<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75254-2916 | <b>7</b> Amount of Contribution (\$)<br><br>\$96.00                  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>EVP Chief Info Officer |   | <b>9</b> Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION |
| Date<br>12/05/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Arbour, Paola<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75254-2916                   | Amount of Contribution (\$)<br><br>\$96.00                           |
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| Date<br>07/03/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Atteberry, Mark<br><hr/> Contributor address; City; State; Zip Code<br><br>Palm Desert, CA 92260-5713            | Amount of Contribution (\$)<br><br>\$10.00                           |
| Principal occupation / Job title (See Instructions)<br>Dir Constructn & Design         |   | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>07/18/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Atteberry, Mark<br><hr/> Contributor address; City; State; Zip Code<br><br>Palm Desert, CA 92260-5713            | Amount of Contribution (\$)<br><br>\$10.00                           |
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| <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee          |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830             |
| <b>4</b> Date<br>08/01/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Atteberry, Mark<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Palm Desert, CA 92260-5713 | <b>7</b> Amount of Contribution (\$)<br><br>\$10.00                  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Dir Constructn & Design |  | <b>9</b> Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION |
| Date<br>08/15/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Atteberry, Mark<br><hr/> Contributor address; City; State; Zip Code<br><br>Palm Desert, CA 92260-5713                   | Amount of Contribution (\$)<br><br>\$10.00                           |
| Principal occupation / Job title (See Instructions)<br>Dir Constructn & Design          |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>08/29/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Atteberry, Mark<br><hr/> Contributor address; City; State; Zip Code<br><br>Palm Desert, CA 92260-5713                   | Amount of Contribution (\$)<br><br>\$10.00                           |
| Principal occupation / Job title (See Instructions)<br>Dir Constructn & Design          |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>09/12/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Atteberry, Mark<br><hr/> Contributor address; City; State; Zip Code<br><br>Palm Desert, CA 92260-5713                   | Amount of Contribution (\$)<br><br>\$10.00                           |
| Principal occupation / Job title (See Instructions)<br>Dir Constructn & Design          |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>09/26/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Atteberry, Mark<br><hr/> Contributor address; City; State; Zip Code<br><br>Palm Desert, CA 92260-5713                   | Amount of Contribution (\$)<br><br>\$10.00                           |
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| <b>4</b> Date<br>10/10/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Atteberry, Mark<br><b>6</b> Contributor address; City; State; Zip Code<br><br>Palm Desert, CA 92260-5713 | <b>7</b> Amount of Contribution (\$)<br><br>\$10.00                  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Dir Constructn & Design |  | <b>9</b> Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION |
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| Date<br>11/07/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Atteberry, Mark<br>Contributor address; City; State; Zip Code<br><br>Palm Desert, CA 92260-5713                   | Amount of Contribution (\$)<br><br>\$10.00                           |
| Principal occupation / Job title (See Instructions)<br>Dir Constructn & Design          |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>11/21/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Atteberry, Mark<br>Contributor address; City; State; Zip Code<br><br>Palm Desert, CA 92260-5713                   | Amount of Contribution (\$)<br><br>\$10.00                           |
| Principal occupation / Job title (See Instructions)<br>Dir Constructn & Design          |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>12/05/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Atteberry, Mark<br>Contributor address; City; State; Zip Code<br><br>Palm Desert, CA 92260-5713                   | Amount of Contribution (\$)<br><br>\$10.00                           |
| Principal occupation / Job title (See Instructions)<br>Dir Constructn & Design          |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |



# MONETARY POLITICAL CONTRIBUTIONS

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| <b>4</b> Date<br>12/19/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Atteberry, Mark<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Palm Desert, CA 92260-5713 | <b>7</b> Amount of Contribution (\$)<br><br>\$10.00                  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Dir Constructn & Design |  | <b>9</b> Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION |
| Date<br>08/29/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Babb, Daniel<br><hr/> Contributor address; City; State; Zip Code<br><br>Detroit, MI 48201-2417                          | Amount of Contribution (\$)<br><br>\$250.00                          |
| Principal occupation / Job title (See Instructions)<br>CFO                              |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>07/03/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Beckman, Cynthia<br><hr/> Contributor address; City; State; Zip Code<br><br>Philadelphia, PA 19130-3771                 | Amount of Contribution (\$)<br><br>\$10.00                           |
| Principal occupation / Job title (See Instructions)<br>Mgr Litigation                   |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>07/18/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Beckman, Cynthia<br><hr/> Contributor address; City; State; Zip Code<br><br>Philadelphia, PA 19130-3771                 | Amount of Contribution (\$)<br><br>\$10.00                           |
| Principal occupation / Job title (See Instructions)<br>Mgr Litigation                   |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>08/01/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Beckman, Cynthia<br><hr/> Contributor address; City; State; Zip Code<br><br>Philadelphia, PA 19130-3771                 | Amount of Contribution (\$)<br><br>\$10.00                           |
| Principal occupation / Job title (See Instructions)<br>Mgr Litigation                   |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>               |  | <b>1</b> Total pages Schedule A1:<br>Sch: 7/194 Rpt: 10/214          |
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# MONETARY POLITICAL CONTRIBUTIONS

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| <b>4</b> Date<br>09/26/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Byrd, David<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>El Paso, TX 79911-3600 | <b>7</b> Amount of Contribution (\$)<br><br>\$19.00                  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>CEO            |  | <b>9</b> Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION |
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# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| Date<br>07/03/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Caracciolo, Kevin<br><hr/> Contributor address; City; State; Zip Code<br><br>Jupiter, FL 33458-1644             | Amount of Contribution (\$)<br><br>\$10.00                           |
| Principal occupation / Job title (See Instructions)<br>CHIEF HR OFFICER        |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>07/18/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Caracciolo, Kevin<br><hr/> Contributor address; City; State; Zip Code<br><br>Jupiter, FL 33458-1644             | Amount of Contribution (\$)<br><br>\$10.00                           |
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| <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee   |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830             |
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| <b>4</b> Date<br>07/03/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Carter, Felita<br><b>6</b> Contributor address; City; State; Zip Code<br>Sharpsburg, GA 30277-1958 | <b>7</b> Amount of Contribution (\$)<br>\$10.00                      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Dir Mgd Care Economics |  | <b>9</b> Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION |
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| Date<br>07/03/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Carter, Michael<br><hr/> Contributor address; City; State; Zip Code<br><br>Plano, TX 75025-6073                       | Amount of Contribution (\$)<br><br>\$10.00                           |
| Principal occupation / Job title (See Instructions)<br>Dir Litigation                  |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
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| Principal occupation / Job title (See Instructions)<br>Mkt Dir Clin Education  |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
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# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>                       |  | <b>1</b> Total pages Schedule A1:<br>Sch: 27/194 Rpt: 30/214         |
| <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee         |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830             |
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| Date<br>07/03/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Cobb, Wayne<br><hr/> Contributor address; City; State; Zip Code<br><br>Mansfield, TX 76063-5577                 | Amount of Contribution (\$)<br><br>\$10.00                           |
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**SCHEDULE A1**

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| Date<br>07/03/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Covarrubias, Marita<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75214-3841              | Amount of Contribution (\$)<br><br>\$192.00                          |
| Principal occupation / Job title (See Instructions)<br>Svp Deputy General Counsel |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
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| <b>8</b> Principal occupation / Job title (See Instructions)<br>ASST GENERAL COUNSEL |   | <b>9</b> Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION |
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| Date<br>12/19/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Culver, Teresa<br><hr/> Contributor address; City; State; Zip Code<br><br>Nashville, TN 37215-6197                   | Amount of Contribution (\$)<br><br>\$39.00                           |
| Principal occupation / Job title (See Instructions)<br>ASST GENERAL COUNSEL          |   | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>07/03/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Davis, Miriam<br><hr/> Contributor address; City; State; Zip Code<br><br>Goodyear, AZ 85395-2600                     | Amount of Contribution (\$)<br><br>\$96.00                           |
| Principal occupation / Job title (See Instructions)<br>VP Case Mgmt Cont Care        |   | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>07/18/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Davis, Miriam<br><hr/> Contributor address; City; State; Zip Code<br><br>Goodyear, AZ 85395-2600                     | Amount of Contribution (\$)<br><br>\$96.00                           |
| Principal occupation / Job title (See Instructions)<br>VP Case Mgmt Cont Care        |   | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>                       |   | <b>1</b> Total pages Schedule A1:<br>Sch: 36/194 Rpt: 39/214         |
| <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee         |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830             |
| <b>4</b> Date<br>08/01/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Davis, Miriam<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Goodyear, AZ 85395-2600 | <b>7</b> Amount of Contribution (\$)<br><br>\$96.00                  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>VP Case Mgmt Cont Care |   | <b>9</b> Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION |
| Date<br>08/15/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Davis, Miriam<br><hr/> Contributor address; City; State; Zip Code<br><br>Goodyear, AZ 85395-2600                   | Amount of Contribution (\$)<br><br>\$96.00                           |
| Principal occupation / Job title (See Instructions)<br>VP Case Mgmt Cont Care          |   | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>08/29/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Davis, Miriam<br><hr/> Contributor address; City; State; Zip Code<br><br>Goodyear, AZ 85395-2600                   | Amount of Contribution (\$)<br><br>\$96.00                           |
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| Principal occupation / Job title (See Instructions)<br>VP Case Mgmt Cont Care          |   | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>09/26/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Davis, Miriam<br><hr/> Contributor address; City; State; Zip Code<br><br>Goodyear, AZ 85395-2600                   | Amount of Contribution (\$)<br><br>\$96.00                           |
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# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>                       |   | <b>1</b> Total pages Schedule A1:<br>Sch: 37/194 Rpt: 40/214         |
| <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee         |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830             |
| <b>4</b> Date<br>10/10/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Davis, Miriam<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Goodyear, AZ 85395-2600 | <b>7</b> Amount of Contribution (\$)<br><br>\$96.00                  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>VP Case Mgmt Cont Care |   | <b>9</b> Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION |
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| Date<br>12/05/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Davis, Miriam<br><hr/> Contributor address; City; State; Zip Code<br><br>Goodyear, AZ 85395-2600                   | Amount of Contribution (\$)<br><br>\$96.00                           |
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# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>                       |   | <b>1</b> Total pages Schedule A1:<br>Sch: 38/194 Rpt: 41/214         |
| <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee         |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830             |
| <b>4</b> Date<br>12/19/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Davis, Miriam<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Goodyear, AZ 85395-2600 | <b>7</b> Amount of Contribution (\$)<br><br>\$96.00                  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>VP Case Mgmt Cont Care |   | <b>9</b> Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION |
| Date<br>07/03/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Davison, Corey<br><hr/> Contributor address; City; State; Zip Code<br><br>The Colony, TX 75056-6427                | Amount of Contribution (\$)<br><br>\$192.00                          |
| Principal occupation / Job title (See Instructions)<br>VP Government Relations         |   | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>07/18/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Davison, Corey<br><hr/> Contributor address; City; State; Zip Code<br><br>The Colony, TX 75056-6427                | Amount of Contribution (\$)<br><br>\$192.00                          |
| Principal occupation / Job title (See Instructions)<br>VP Government Relations         |   | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>08/01/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Davison, Corey<br><hr/> Contributor address; City; State; Zip Code<br><br>The Colony, TX 75056-6427                | Amount of Contribution (\$)<br><br>\$192.00                          |
| Principal occupation / Job title (See Instructions)<br>VP Government Relations         |   | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>08/15/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Davison, Corey<br><hr/> Contributor address; City; State; Zip Code<br><br>The Colony, TX 75056-6427                | Amount of Contribution (\$)<br><br>\$192.00                          |
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# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>                        |  | <b>1</b> Total pages Schedule A1:<br>Sch: 39/194 Rpt: 42/214         |
| <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee          |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830             |
| <b>4</b> Date<br>08/29/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Davison, Corey<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>The Colony, TX 75056-6427 | <b>7</b> Amount of Contribution (\$)<br><br>\$192.00                 |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>VP Government Relations |  | <b>9</b> Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION |
| Date<br>07/03/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Delburn, Brian<br><hr/> Contributor address; City; State; Zip Code<br><br>Coral Springs, FL 33076-3374                | Amount of Contribution (\$)<br><br>\$39.00                           |
| Principal occupation / Job title (See Instructions)<br>Dir Govt Relations               |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>07/18/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Delburn, Brian<br><hr/> Contributor address; City; State; Zip Code<br><br>Coral Springs, FL 33076-3374                | Amount of Contribution (\$)<br><br>\$39.00                           |
| Principal occupation / Job title (See Instructions)<br>Dir Govt Relations               |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>08/01/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Delburn, Brian<br><hr/> Contributor address; City; State; Zip Code<br><br>Coral Springs, FL 33076-3374                | Amount of Contribution (\$)<br><br>\$39.00                           |
| Principal occupation / Job title (See Instructions)<br>Dir Govt Relations               |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>08/15/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Delburn, Brian<br><hr/> Contributor address; City; State; Zip Code<br><br>Coral Springs, FL 33076-3374                | Amount of Contribution (\$)<br><br>\$39.00                           |
| Principal occupation / Job title (See Instructions)<br>Dir Govt Relations               |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>                   |   | <b>1</b> Total pages Schedule A1:<br>Sch: 40/194 Rpt: 43/214         |
| <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee     |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830             |
| <b>4</b> Date<br>08/29/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Delburn, Brian<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Coral Springs, FL 33076-3374 | <b>7</b> Amount of Contribution (\$)<br><br>\$39.00                  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Dir Govt Relations |   | <b>9</b> Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Delburn, Brian<br><hr/> Contributor address; City; State; Zip Code<br><br>Coral Springs, FL 33076-3374                   | Amount of Contribution (\$)<br><br>\$39.00                           |
| Principal occupation / Job title (See Instructions)<br>Dir Govt Relations          |   | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>09/26/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Delburn, Brian<br><hr/> Contributor address; City; State; Zip Code<br><br>Coral Springs, FL 33076-3374                   | Amount of Contribution (\$)<br><br>\$39.00                           |
| Principal occupation / Job title (See Instructions)<br>Dir Govt Relations          |   | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>10/10/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Delburn, Brian<br><hr/> Contributor address; City; State; Zip Code<br><br>Coral Springs, FL 33076-3374                   | Amount of Contribution (\$)<br><br>\$39.00                           |
| Principal occupation / Job title (See Instructions)<br>Dir Govt Relations          |   | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>10/24/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Delburn, Brian<br><hr/> Contributor address; City; State; Zip Code<br><br>Coral Springs, FL 33076-3374                   | Amount of Contribution (\$)<br><br>\$39.00                           |
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**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>                   |   | <b>1</b> Total pages Schedule A1:<br>Sch: 41/194 Rpt: 44/214         |
| <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee     |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830             |
| <b>4</b> Date<br>11/07/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Delburn, Brian<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Coral Springs, FL 33076-3374 | <b>7</b> Amount of Contribution (\$)<br><br>\$39.00                  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Dir Govt Relations |   | <b>9</b> Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION |
| Date<br>11/21/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Delburn, Brian<br><hr/> Contributor address; City; State; Zip Code<br><br>Coral Springs, FL 33076-3374                   | Amount of Contribution (\$)<br><br>\$39.00                           |
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| Date<br>07/03/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Demarais, Allison<br><hr/> Contributor address; City; State; Zip Code<br><br>Pinckney, MI 48169-9562                     | Amount of Contribution (\$)<br><br>\$10.00                           |
| Principal occupation / Job title (See Instructions)<br>CHRO Group                  |   | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |

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| <b>The Instruction Guide explains how to complete this form.</b>               |   | <b>1</b> Total pages Schedule A1:<br>Sch: 42/194 Rpt: 45/214         |
| <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830             |
| <b>4</b> Date<br>07/18/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Demarais, Allison<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Pinckney, MI 48169-9562 | <b>7</b> Amount of Contribution (\$)<br><br>\$10.00                  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>CHRO Group     |   | <b>9</b> Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION |
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| <b>The Instruction Guide explains how to complete this form.</b>               |   | <b>1</b> Total pages Schedule A1:<br>Sch: 43/194 Rpt: 46/214         |
| <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830             |
| <b>4</b> Date<br>09/26/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Demarais, Allison<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Pinckney, MI 48169-9562 | <b>7</b> Amount of Contribution (\$)<br><br>\$10.00                  |
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| <b>The Instruction Guide explains how to complete this form.</b>               |   | <b>1</b> Total pages Schedule A1:<br>Sch: 44/194 Rpt: 47/214         |
| <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830             |
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| Date<br>07/03/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Driessnack, Hans<br><hr/> Contributor address; City; State; Zip Code<br><br>Goodyear, AZ 85395-2600                    | Amount of Contribution (\$)<br><br>\$39.00                           |
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| Date<br>07/18/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Driessnack, Hans<br><hr/> Contributor address; City; State; Zip Code<br><br>Goodyear, AZ 85395-2600                    | Amount of Contribution (\$)<br><br>\$39.00                           |
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| Date<br>08/01/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Driessnack, Hans<br><hr/> Contributor address; City; State; Zip Code<br><br>Goodyear, AZ 85395-2600                    | Amount of Contribution (\$)<br><br>\$39.00                           |
| Principal occupation / Job title (See Instructions)<br>CEO                     |   | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>               |  | <b>1</b> Total pages Schedule A1:<br>Sch: 45/194 Rpt: 48/214         |
| <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830             |
| <b>4</b> Date<br>08/15/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Driessnack, Hans<br><b>6</b> Contributor address; City; State; Zip Code<br>Goodyear, AZ 85395-2600 | <b>7</b> Amount of Contribution (\$)<br>\$39.00                      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>CEO            |  | <b>9</b> Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION |
| Date<br>08/29/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Driessnack, Hans<br>Contributor address; City; State; Zip Code<br>Goodyear, AZ 85395-2600                   | Amount of Contribution (\$)<br>\$39.00                               |
| Principal occupation / Job title (See Instructions)<br>CEO                     |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Driessnack, Hans<br>Contributor address; City; State; Zip Code<br>Goodyear, AZ 85395-2600                   | Amount of Contribution (\$)<br>\$39.00                               |
| Principal occupation / Job title (See Instructions)<br>CEO                     |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>09/26/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Driessnack, Hans<br>Contributor address; City; State; Zip Code<br>Goodyear, AZ 85395-2600                   | Amount of Contribution (\$)<br>\$39.00                               |
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| Date<br>10/10/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Driessnack, Hans<br>Contributor address; City; State; Zip Code<br>Goodyear, AZ 85395-2600                   | Amount of Contribution (\$)<br>\$39.00                               |
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| <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830             |
| <b>4</b> Date<br>10/24/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Driessnack, Hans<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Goodyear, AZ 85395-2600 | <b>7</b> Amount of Contribution (\$)<br><br>\$39.00                  |
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# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee         |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830             |
| <b>4</b> Date<br>07/03/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Durfee, Marjana<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Houston, TX 77004-7005 | <b>7</b> Amount of Contribution (\$)<br><br>\$192.00                 |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>SVP Head of Compliance |  | <b>9</b> Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION |
| Date<br>07/18/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Durfee, Marjana<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77004-7005                   | Amount of Contribution (\$)<br><br>\$192.00                          |
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**SCHEDULE A1**

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| <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee         |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830             |
| <b>4</b> Date<br>09/12/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Durfee, Marjana<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Houston, TX 77004-7005 | <b>7</b> Amount of Contribution (\$)<br><br>\$192.00                 |
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| Date<br>09/26/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Durfee, Marjana<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77004-7005                   | Amount of Contribution (\$)<br><br>\$192.00                          |
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# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>                        |  | <b>1</b> Total pages Schedule A1:<br>Sch: 49/194 Rpt: 52/214         |
| <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee          |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830             |
| <b>4</b> Date<br>11/21/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Durfee, Marjana<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Houston, TX 77004-7005 | <b>7</b> Amount of Contribution (\$)<br><br>\$192.00                 |
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| Principal occupation / Job title (See Instructions)<br>SVP Head of Compliance           |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>12/19/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Durfee, Marjana<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77004-7005                   | Amount of Contribution (\$)<br><br>\$192.00                          |
| Principal occupation / Job title (See Instructions)<br>SVP Head of Compliance           |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>08/29/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Egan, Joseph<br><hr/> Contributor address; City; State; Zip Code<br><br>Southfield, MI 48034-5544                   | Amount of Contribution (\$)<br><br>\$250.00                          |
| Principal occupation / Job title (See Instructions)<br>Mkt Admin Amb Care & Access Svcs |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>07/03/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Elisco, Brian<br><hr/> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78258-2967                 | Amount of Contribution (\$)<br><br>\$39.00                           |
| Principal occupation / Job title (See Instructions)<br>CEO Group                        |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |

# MONETARY POLITICAL CONTRIBUTIONS

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| <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830             |
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| <b>8</b> Principal occupation / Job title (See Instructions)<br>CEO Group      |  | <b>9</b> Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION |
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| <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830             |
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| Date<br>07/03/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Epstein, Aaron<br><hr/> Contributor address; City; State; Zip Code<br><br>Frisco, TX 75034-8635                       | Amount of Contribution (\$)<br><br>\$96.00                           |
| Principal occupation / Job title (See Instructions)<br>Svp General Counsel     |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>07/18/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Epstein, Aaron<br><hr/> Contributor address; City; State; Zip Code<br><br>Frisco, TX 75034-8635                       | Amount of Contribution (\$)<br><br>\$96.00                           |
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| <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee      |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830             |
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| <b>4</b> Date<br>10/24/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Epstein, Aaron<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br>Frisco, TX 75034-8635 | <b>7</b> Amount of Contribution (\$)<br>\$96.00                      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Svp General Counsel |  | <b>9</b> Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION |
| Date<br>11/07/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Epstein, Aaron<br><hr/> Contributor address; City; State; Zip Code<br>Frisco, TX 75034-8635                   | Amount of Contribution (\$)<br>\$96.00                               |
| Principal occupation / Job title (See Instructions)<br>Svp General Counsel          |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>11/21/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Epstein, Aaron<br><hr/> Contributor address; City; State; Zip Code<br>Frisco, TX 75034-8635                   | Amount of Contribution (\$)<br>\$96.00                               |
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| Date<br>12/05/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Epstein, Aaron<br><hr/> Contributor address; City; State; Zip Code<br>Frisco, TX 75034-8635                   | Amount of Contribution (\$)<br>\$96.00                               |
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| Date<br>12/19/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Epstein, Aaron<br><hr/> Contributor address; City; State; Zip Code<br>Frisco, TX 75034-8635                   | Amount of Contribution (\$)<br>\$96.00                               |
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# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>                        |  | <b>1</b> Total pages Schedule A1:<br>Sch: 55/194 Rpt: 58/214         |
| <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee          |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830             |
| <b>4</b> Date<br>07/03/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Farrar, Rodney<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Lewisville, TX 75067-5567 | <b>7</b> Amount of Contribution (\$)<br><br>\$10.00                  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Mgr Val Based Care Info |  | <b>9</b> Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION |
| Date<br>07/18/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Farrar, Rodney<br><hr/> Contributor address; City; State; Zip Code<br><br>Lewisville, TX 75067-5567                   | Amount of Contribution (\$)<br><br>\$10.00                           |
| Principal occupation / Job title (See Instructions)<br>Mgr Val Based Care Info          |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>08/01/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Farrar, Rodney<br><hr/> Contributor address; City; State; Zip Code<br><br>Lewisville, TX 75067-5567                   | Amount of Contribution (\$)<br><br>\$10.00                           |
| Principal occupation / Job title (See Instructions)<br>Mgr Val Based Care Info          |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>08/15/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Farrar, Rodney<br><hr/> Contributor address; City; State; Zip Code<br><br>Lewisville, TX 75067-5567                   | Amount of Contribution (\$)<br><br>\$10.00                           |
| Principal occupation / Job title (See Instructions)<br>Mgr Val Based Care Info          |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>08/29/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Farrar, Rodney<br><hr/> Contributor address; City; State; Zip Code<br><br>Lewisville, TX 75067-5567                   | Amount of Contribution (\$)<br><br>\$10.00                           |
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# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee          |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830             |
| <b>4</b> Date<br>09/12/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Farrar, Rodney<br><b>6</b> Contributor address; City; State; Zip Code<br><br>Lewisville, TX 75067-5567 | <b>7</b> Amount of Contribution (\$)<br><br>\$10.00                  |
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| Date<br>09/26/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Farrar, Rodney<br>Contributor address; City; State; Zip Code<br><br>Lewisville, TX 75067-5567                   | Amount of Contribution (\$)<br><br>\$10.00                           |
| Principal occupation / Job title (See Instructions)<br>Mgr Val Based Care Info          |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>10/10/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Farrar, Rodney<br>Contributor address; City; State; Zip Code<br><br>Lewisville, TX 75067-5567                   | Amount of Contribution (\$)<br><br>\$10.00                           |
| Principal occupation / Job title (See Instructions)<br>Mgr Val Based Care Info          |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>10/24/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Farrar, Rodney<br>Contributor address; City; State; Zip Code<br><br>Lewisville, TX 75067-5567                   | Amount of Contribution (\$)<br><br>\$10.00                           |
| Principal occupation / Job title (See Instructions)<br>Mgr Val Based Care Info          |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>10/31/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Farrar, Rodney<br>Contributor address; City; State; Zip Code<br><br>Lewisville, TX 75067-5567                   | Amount of Contribution (\$)<br><br>\$10.00                           |
| Principal occupation / Job title (See Instructions)<br>Mgr Val Based Care Info          |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>                        |  | <b>1</b> Total pages Schedule A1:<br>Sch: 57/194 Rpt: 60/214         |
| <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee          |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830             |
| <b>4</b> Date<br>11/14/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Farrar, Rodney<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Lewisville, TX 75067-5567 | <b>7</b> Amount of Contribution (\$)<br><br>\$10.00                  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Mgr Val Based Care Info |  | <b>9</b> Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION |
| Date<br>11/28/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Farrar, Rodney<br><hr/> Contributor address; City; State; Zip Code<br><br>Lewisville, TX 75067-5567                   | Amount of Contribution (\$)<br><br>\$10.00                           |
| Principal occupation / Job title (See Instructions)<br>Mgr Val Based Care Info          |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>12/12/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Farrar, Rodney<br><hr/> Contributor address; City; State; Zip Code<br><br>Lewisville, TX 75067-5567                   | Amount of Contribution (\$)<br><br>\$10.00                           |
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| Principal occupation / Job title (See Instructions)<br>Mgr Val Based Care Info          |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>07/03/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Finney, Connie<br><hr/> Contributor address; City; State; Zip Code<br><br>Frisco, TX 75034-8635                       | Amount of Contribution (\$)<br><br>\$10.00                           |
| Principal occupation / Job title (See Instructions)<br>Mgr Contracts Admin              |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| <b>The Instruction Guide explains how to complete this form.</b>                    |  | <b>1</b> Total pages Schedule A1:<br>Sch: 58/194 Rpt: 61/214         |
| <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee      |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830             |
| <b>4</b> Date<br>07/18/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Finney, Connie<br><b>6</b> Contributor address; City; State; Zip Code<br><br>Frisco, TX 75034-8635 | <b>7</b> Amount of Contribution (\$)<br><br>\$10.00                  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Mgr Contracts Admin |  | <b>9</b> Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION |
| Date<br>08/01/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Finney, Connie<br>Contributor address; City; State; Zip Code<br><br>Frisco, TX 75034-8635                   | Amount of Contribution (\$)<br><br>\$10.00                           |
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| <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee      |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830             |
| <b>4</b> Date<br>09/26/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Finney, Connie<br><b>6</b> Contributor address; City; State; Zip Code<br><br>Frisco, TX 75034-8635 | <b>7</b> Amount of Contribution (\$)<br><br>\$10.00                  |
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| Date<br>11/21/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Finney, Connie<br>Contributor address; City; State; Zip Code<br><br>Frisco, TX 75034-8635                   | Amount of Contribution (\$)<br><br>\$10.00                           |
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| <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee      |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830             |
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| Date<br>07/03/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Finney, Michele<br><hr/> Contributor address; City; State; Zip Code<br><br>Rancho Mirage, CA 92270-4138           | Amount of Contribution (\$)<br><br>\$38.00                           |
| Principal occupation / Job title (See Instructions)<br>CEO Group                    |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>07/18/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Finney, Michele<br><hr/> Contributor address; City; State; Zip Code<br><br>Rancho Mirage, CA 92270-4138           | Amount of Contribution (\$)<br><br>\$38.00                           |
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| Date<br>08/01/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Finney, Michele<br><hr/> Contributor address; City; State; Zip Code<br><br>Rancho Mirage, CA 92270-4138           | Amount of Contribution (\$)<br><br>\$38.00                           |
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| <b>4</b> Date<br>07/03/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Forry, Bryan<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Scottsdale, AZ 85255-6503 | <b>7</b> Amount of Contribution (\$)<br><br>\$96.00                  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Svp Conifer CFO |  | <b>9</b> Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION |
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| Date<br>08/01/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Forry, Bryan<br><hr/> Contributor address; City; State; Zip Code<br><br>Scottsdale, AZ 85255-6503                   | Amount of Contribution (\$)<br><br>\$96.00                           |
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# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee  |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830             |
| <b>4</b> Date<br>09/12/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Forry, Bryan<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Scottsdale, AZ 85255-6503 | <b>7</b> Amount of Contribution (\$)<br><br>\$96.00                  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Svp Conifer CFO |  | <b>9</b> Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION |
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| Date<br>10/10/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Forry, Bryan<br><hr/> Contributor address; City; State; Zip Code<br><br>Scottsdale, AZ 85255-6503                   | Amount of Contribution (\$)<br><br>\$96.00                           |
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| Date<br>07/11/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Foster, Raymond<br><hr/> Contributor address; City; State; Zip Code<br><br>Cathedral City, CA 92234-3657            | Amount of Contribution (\$)<br><br>\$10.00                           |
| Principal occupation / Job title (See Instructions)<br>DIR-IMAGING SERVICES     |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>07/25/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Foster, Raymond<br><hr/> Contributor address; City; State; Zip Code<br><br>Cathedral City, CA 92234-3657            | Amount of Contribution (\$)<br><br>\$10.00                           |
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# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>8</b> Principal occupation / Job title (See Instructions)<br>DIR-IMAGING SERVICES |   | <b>9</b> Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION |
| Date<br>08/22/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Foster, Raymond<br>Contributor address; City; State; Zip Code<br>Cathedral City, CA 92234-3657                   | Amount of Contribution (\$)<br>\$10.00                               |
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| Date<br>09/19/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Foster, Raymond<br>Contributor address; City; State; Zip Code<br>Cathedral City, CA 92234-3657                   | Amount of Contribution (\$)<br>\$10.00                               |
| Principal occupation / Job title (See Instructions)<br>DIR-IMAGING SERVICES          |   | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>10/03/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Foster, Raymond<br>Contributor address; City; State; Zip Code<br>Cathedral City, CA 92234-3657                   | Amount of Contribution (\$)<br>\$10.00                               |
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# MONETARY POLITICAL CONTRIBUTIONS

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| <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee       |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830             |
| <b>4</b> Date<br>10/17/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Foster, Raymond<br><b>6</b> Contributor address; City; State; Zip Code<br>Cathedral City, CA 92234-3657 | <b>7</b> Amount of Contribution (\$)<br>\$10.00                      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>DIR-IMAGING SERVICES |   | <b>9</b> Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION |
| Date<br>10/31/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Foster, Raymond<br>Contributor address; City; State; Zip Code<br>Cathedral City, CA 92234-3657                   | Amount of Contribution (\$)<br>\$10.00                               |
| Principal occupation / Job title (See Instructions)<br>DIR-IMAGING SERVICES          |   | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>11/14/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Foster, Raymond<br>Contributor address; City; State; Zip Code<br>Cathedral City, CA 92234-3657                   | Amount of Contribution (\$)<br>\$10.00                               |
| Principal occupation / Job title (See Instructions)<br>DIR-IMAGING SERVICES          |   | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>11/28/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Foster, Raymond<br>Contributor address; City; State; Zip Code<br>Cathedral City, CA 92234-3657                   | Amount of Contribution (\$)<br>\$10.00                               |
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| <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee       |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830             |
| <b>4</b> Date<br>12/26/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Foster, Raymond<br><b>6</b> Contributor address; City; State; Zip Code<br>Cathedral City, CA 92234-3657 | <b>7</b> Amount of Contribution (\$)<br>\$10.00                      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>DIR-IMAGING SERVICES |   | <b>9</b> Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION |
| Date<br>07/03/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Fowler, Jill<br>Contributor address; City; State; Zip Code<br>Dallas, TX 75254-2916                              | Amount of Contribution (\$)<br>\$96.00                               |
| Principal occupation / Job title (See Instructions)<br>VP Talent Acquisition         |   | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>07/18/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Fowler, Jill<br>Contributor address; City; State; Zip Code<br>Dallas, TX 75254-2916                              | Amount of Contribution (\$)<br>\$96.00                               |
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| Principal occupation / Job title (See Instructions)<br>CEO                            |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |

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# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| Date<br>07/03/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Gill, Margaret           | Amount of Contribution (\$)<br><br>\$10.00                           |
| Contributor address; City; State; Zip Code<br><br>Delray Beach, FL 33446-2707      |   |  |
| Principal occupation / Job title (See Instructions)<br>Group President             |   | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
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| <b>4</b> Date<br>10/24/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Guittap, Taylor<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Palm Beach Gardens, FL 33410-4323 | <b>7</b> Amount of Contribution (\$)<br><br>\$10.00                  |
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| <b>4</b> Date<br>08/29/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Katz, David<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Grosse Pointe, MI 48230-1501 | <b>7</b> Amount of Contribution (\$)<br><br>\$500.00                 |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Dir Govt Relations |  | <b>9</b> Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION |
| Date<br>07/03/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Kesman, Paige<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75254-2916                        | Amount of Contribution (\$)<br><br>\$10.00                           |
| Principal occupation / Job title (See Instructions)<br>VP ASST GENERAL COUNSEL     |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>07/18/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Kesman, Paige<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75254-2916                        | Amount of Contribution (\$)<br><br>\$10.00                           |
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# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| Date<br>08/29/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Klepin, Mike<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75254-2916                   | Amount of Contribution (\$)<br><br>\$39.00                           |
| Principal occupation / Job title (See Instructions)<br>CEO                           |  | Employer (See Instructions)<br>Tenet HealthSystem Medical, Inc       |
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| Principal occupation / Job title (See Instructions)<br>CFO Pool                |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>12/05/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Kovacs, Tina<br><hr/> Contributor address; City; State; Zip Code<br><br>Bartlett, TN 38133-4003                   | Amount of Contribution (\$)<br><br>\$19.00                           |
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| Date<br>07/03/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Kretzschmar, Norma<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75254-2916               | Amount of Contribution (\$)<br><br>\$19.00                           |
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# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee         |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830             |
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| <b>8</b> Principal occupation / Job title (See Instructions)<br>VP Rev Cycle Fincl Ops |  | <b>9</b> Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION |
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| Date<br>07/03/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Lavis, Brittany<br>Contributor address; City; State; Zip Code<br><br>Detroit, MI 48201-2018                     | Amount of Contribution (\$)<br><br>\$19.00                           |
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| <b>4</b> Date<br>07/03/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>LeMaistre, Collin<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Marietta, GA 30068-4809 | <b>7</b> Amount of Contribution (\$)<br><br>\$96.00                            |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>MARKET PRESIDENT II |   | <b>9</b> Employer (See Instructions)<br>UNITED SURGICAL PARTNERS INTERNATIONAL |
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| Date<br>07/11/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Lewis, Brian<br><hr/> Contributor address; City; State; Zip Code<br><br>Phoenix, AZ 85021-1660                 | Amount of Contribution (\$)<br><br>\$10.00                           |
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| <b>The Instruction Guide explains how to complete this form.</b>                |  | <b>1</b> Total pages Schedule A1:<br>Sch: 138/194 Rpt: 141/214     |
| <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee  |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830           |
| <b>4</b> Date<br>12/19/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Mickish, Nathaniel<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75254-2916 | <b>7</b> Amount of Contribution (\$)<br><br>\$96.00                |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>VP, Procurement |  | <b>9</b> Employer (See Instructions)<br>Tenet HealthSystem Medical |
| Date<br>07/03/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Moore, Kathleen<br><hr/> Contributor address; City; State; Zip Code<br><br>Palm Springs, CA 92262-4872                | Amount of Contribution (\$)<br><br>\$39.00                         |
| Principal occupation / Job title (See Instructions)<br>CNO                      |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION        |
| Date<br>07/18/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Moore, Kathleen<br><hr/> Contributor address; City; State; Zip Code<br><br>Palm Springs, CA 92262-4872                | Amount of Contribution (\$)<br><br>\$39.00                         |
| Principal occupation / Job title (See Instructions)<br>CNO                      |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION        |
| Date<br>08/01/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Moore, Kathleen<br><hr/> Contributor address; City; State; Zip Code<br><br>Palm Springs, CA 92262-4872                | Amount of Contribution (\$)<br><br>\$39.00                         |
| Principal occupation / Job title (See Instructions)<br>CNO                      |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION        |
| Date<br>08/15/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Moore, Kathleen<br><hr/> Contributor address; City; State; Zip Code<br><br>Palm Springs, CA 92262-4872                | Amount of Contribution (\$)<br><br>\$39.00                         |
| Principal occupation / Job title (See Instructions)<br>CNO                      |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION        |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830             |
| <b>4</b> Date<br>08/29/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Moore, Kathleen<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Palm Springs, CA 92262-4872 | <b>7</b> Amount of Contribution (\$)<br><br>\$39.00                  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>CNO            |   | <b>9</b> Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION |
| Date<br>09/12/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Moore, Kathleen<br><hr/> Contributor address; City; State; Zip Code<br><br>Palm Springs, CA 92262-4872                   | Amount of Contribution (\$)<br><br>\$39.00                           |
| Principal occupation / Job title (See Instructions)<br>CNO                     |   | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>09/26/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Moore, Kathleen<br><hr/> Contributor address; City; State; Zip Code<br><br>Palm Springs, CA 92262-4872                   | Amount of Contribution (\$)<br><br>\$25.00                           |
| Principal occupation / Job title (See Instructions)<br>CNO                     |   | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>08/29/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Morales, Menendez<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75254-2916                       | Amount of Contribution (\$)<br><br>\$1,000.00                        |
| Principal occupation / Job title (See Instructions)<br>COO Group               |   | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>07/03/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Morey, Scott<br><hr/> Contributor address; City; State; Zip Code<br><br>Palm Springs, CA 92262-0507                      | Amount of Contribution (\$)<br><br>\$19.00                           |
| Principal occupation / Job title (See Instructions)<br>CNO Group               |   | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830             |
| <b>4</b> Date<br>07/18/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Morey, Scott<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Palm Springs, CA 92262-0507 | <b>7</b> Amount of Contribution (\$)<br><br>\$19.00                  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>CNO Group      |  | <b>9</b> Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION |
| Date<br>08/01/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Morey, Scott<br><hr/> Contributor address; City; State; Zip Code<br><br>Palm Springs, CA 92262-0507                   | Amount of Contribution (\$)<br><br>\$19.00                           |
| Principal occupation / Job title (See Instructions)<br>CNO Group               |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>08/15/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Morey, Scott<br><hr/> Contributor address; City; State; Zip Code<br><br>Palm Springs, CA 92262-0507                   | Amount of Contribution (\$)<br><br>\$19.00                           |
| Principal occupation / Job title (See Instructions)<br>CNO Group               |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
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# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830             |
| <b>4</b> Date<br>09/26/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Morey, Scott<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Palm Springs, CA 92262-0507 | <b>7</b> Amount of Contribution (\$)<br><br>\$19.00                  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>CNO Group      |  | <b>9</b> Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION |
| Date<br>10/10/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Morey, Scott<br><hr/> Contributor address; City; State; Zip Code<br><br>Palm Springs, CA 92262-0507                   | Amount of Contribution (\$)<br><br>\$19.00                           |
| Principal occupation / Job title (See Instructions)<br>CNO Group               |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
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| Principal occupation / Job title (See Instructions)<br>CNO Group               |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>11/21/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Morey, Scott<br><hr/> Contributor address; City; State; Zip Code<br><br>Palm Springs, CA 92262-0507                   | Amount of Contribution (\$)<br><br>\$19.00                           |
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# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830             |
| <b>4</b> Date<br>12/05/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Morey, Scott<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Palm Springs, CA 92262-0507 | <b>7</b> Amount of Contribution (\$)<br><br>\$19.00                  |
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| Principal occupation / Job title (See Instructions)<br>CNO Group               |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>07/03/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Narula, Deepali<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75254-2916                      | Amount of Contribution (\$)<br><br>\$192.00                          |
| Principal occupation / Job title (See Instructions)<br>COO Conifer             |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>07/18/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Narula, Deepali<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75254-2916                      | Amount of Contribution (\$)<br><br>\$192.00                          |
| Principal occupation / Job title (See Instructions)<br>COO Conifer             |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>08/01/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Narula, Deepali<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75254-2916                      | Amount of Contribution (\$)<br><br>\$192.00                          |
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**SCHEDULE A1**

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| <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830             |
| <b>4</b> Date<br>08/15/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Narula, Deepali<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75254-2916 | <b>7</b> Amount of Contribution (\$)<br><br>\$192.00                 |
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**SCHEDULE A1**

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| <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee           |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830             |
| <b>4</b> Date<br>07/03/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Park, Sun<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75254-2916 | <b>7</b> Amount of Contribution (\$)<br><br>\$192.00                 |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>EVP Chief Financial Ofcr |   | <b>9</b> Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION |
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| <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee           |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830             |
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| Date<br>07/03/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Patel, Aksh<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75254-2916                 | Amount of Contribution (\$)<br><br>\$19.00                           |
| Principal occupation / Job title (See Instructions)<br>Sr Dir Corp Development           |   | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
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# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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|---|---|--|
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| <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee          |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830             |
| <b>4</b> Date<br>08/01/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Patel, Aksh<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75254-2916 | <b>7</b> Amount of Contribution (\$)<br><br>\$19.00                  |
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| Date<br>07/03/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Phillips, Brock<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75254-2916               | Amount of Contribution (\$)<br><br>\$10.00                           |
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| <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee     |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830             |
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| Date<br>07/03/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Pinkall, Jason<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75214-2706                    | Amount of Contribution (\$)<br><br>\$39.00                           |
| Principal occupation / Job title (See Instructions)<br>SR. MANAGING COUNSEL        |   | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |

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| Date<br>07/03/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Pool, Kelly<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75254-2916                      | Amount of Contribution (\$)<br><br>\$192.00                          |
| Principal occupation / Job title (See Instructions)<br>Svp Human Resources           |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
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# MONETARY POLITICAL CONTRIBUTIONS

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| <b>4</b> Date<br>10/10/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Roth, Samuel<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Concord, CA 94518-1941 | <b>7</b> Amount of Contribution (\$)<br><br>\$10.00                  |
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# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| Date<br>07/03/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Schwartz, Ken<br><hr/> Contributor address; City; State; Zip Code<br><br>Frisco, TX 75034-8635                      | Amount of Contribution (\$)<br><br>\$19.00                           |
| Principal occupation / Job title (See Instructions)<br>SR. MANAGING COUNSEL             |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |

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| Date<br>07/03/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Seher, Brian<br><hr/> Contributor address; City; State; Zip Code<br>Chandler, AZ 85224-3924                  | Amount of Contribution (\$)<br>\$10.00                               |
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| <b>4</b> Date<br>07/03/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Smith, Lisa<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Montgomery, TX 77316-3198 | <b>7</b> Amount of Contribution (\$)<br><br>\$19.00                  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Dir EES        |   | <b>9</b> Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION |
| Date<br>07/18/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Smith, Lisa<br><hr/> Contributor address; City; State; Zip Code<br><br>Montgomery, TX 77316-3198                   | Amount of Contribution (\$)<br><br>\$19.00                           |
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| Principal occupation / Job title (See Instructions)<br>Dir EES                 |   | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
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# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>               |   | <b>1</b> Total pages Schedule A1:<br>Sch: 176/194 Rpt: 179/214       |
| <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830             |
| <b>4</b> Date<br>09/12/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Smith, Lisa<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Montgomery, TX 77316-3198 | <b>7</b> Amount of Contribution (\$)<br><br>\$19.00                  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Dir EES        |   | <b>9</b> Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION |
| Date<br>09/26/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Smith, Lisa<br><hr/> Contributor address; City; State; Zip Code<br><br>Montgomery, TX 77316-3198                   | Amount of Contribution (\$)<br><br>\$19.00                           |
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**SCHEDULE A1**

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| <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830             |
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| Date<br>07/03/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Smith, Scott<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75254-2916                      | Amount of Contribution (\$)<br><br>\$192.00                          |
| Principal occupation / Job title (See Instructions)<br>CEO Mkt/Sys             |   | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>07/18/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Smith, Scott<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75254-2916                      | Amount of Contribution (\$)<br><br>\$192.00                          |
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**SCHEDULE A1**

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| <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830             |
| <b>4</b> Date<br>08/01/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Smith, Scott<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75254-2916 | <b>7</b> Amount of Contribution (\$)<br><br>\$192.00                 |
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**SCHEDULE A1**

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| <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830             |
| <b>4</b> Date<br>10/10/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Smith, Scott<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75254-2916 | <b>7</b> Amount of Contribution (\$)<br><br>\$192.00                 |
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**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>                |  | <b>1</b> Total pages Schedule A1:<br>Sch: 180/194 Rpt: 183/214       |
| <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee  |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830             |
| <b>4</b> Date<br>12/19/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Smith, Scott<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75254-2916 | <b>7</b> Amount of Contribution (\$)<br><br>\$192.00                 |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>CEO Mkt/Sys     |  | <b>9</b> Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION |
| Date<br>07/03/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Sutaria, Saumya<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75254-2916                | Amount of Contribution (\$)<br><br>\$192.00                          |
| Principal occupation / Job title (See Instructions)<br>CEO & Executive Chairman |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>07/18/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Sutaria, Saumya<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75254-2916                | Amount of Contribution (\$)<br><br>\$192.00                          |
| Principal occupation / Job title (See Instructions)<br>CEO & Executive Chairman |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>08/01/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Sutaria, Saumya<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75254-2916                | Amount of Contribution (\$)<br><br>\$192.00                          |
| Principal occupation / Job title (See Instructions)<br>CEO & Executive Chairman |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
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**SCHEDULE A1**

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| <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee           |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830             |
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| <b>8</b> Principal occupation / Job title (See Instructions)<br>CEO & Executive Chairman |   | <b>9</b> Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION |
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| <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee           |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830             |
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| Date<br>07/03/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Thomas, Daniel<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75254-2916                    | Amount of Contribution (\$)<br><br>\$96.00                           |
| Principal occupation / Job title (See Instructions)<br>VP Patient Services               |   | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |

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## SCHEDULE A1

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| <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee      |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830             |
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| Date<br>11/07/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Thomas, Daniel<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75254-2916                   | Amount of Contribution (\$)<br><br>\$96.00                           |
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# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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| <b>The Instruction Guide explains how to complete this form.</b>                    |  | <b>1</b> Total pages Schedule A1:<br>Sch: 185/194 Rpt: 188/214       |
| <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee      |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830             |
| <b>4</b> Date<br>12/05/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Thomas, Daniel<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75254-2916 | <b>7</b> Amount of Contribution (\$)<br><br>\$96.00                  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>VP Patient Services |  | <b>9</b> Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION |
| Date<br>12/19/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Thomas, Daniel<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75254-2916                   | Amount of Contribution (\$)<br><br>\$96.00                           |
| Principal occupation / Job title (See Instructions)<br>VP Patient Services          |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>07/03/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Vargas, Inez<br><hr/> Contributor address; City; State; Zip Code<br><br>Spring, TX 77379-3061                     | Amount of Contribution (\$)<br><br>\$10.00                           |
| Principal occupation / Job title (See Instructions)<br>Sr Dir Client Delivery       |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
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| Date<br>07/03/2025   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Waechter, William<br><hr/> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78258-3913            | Amount of Contribution (\$)<br><br>\$39.00                           |
| Principal occupation / Job title (See Instructions)<br>CEO-Chief Admin Officer |   | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
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| Principal occupation / Job title (See Instructions)<br>VP ASST GENERAL COUNSEL          |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>11/07/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Wiener, Chad<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75254-2916                   | Amount of Contribution (\$)<br><br>\$39.00                           |
| Principal occupation / Job title (See Instructions)<br>VP ASST GENERAL COUNSEL          |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                        |  | <b>1</b> Total pages Schedule A1:<br>Sch: 194/194 Rpt: 197/214       |
| <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee          |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830             |
| <b>4</b> Date<br>11/21/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Wiener, Chad<br><b>6</b> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75254-2916 | <b>7</b> Amount of Contribution (\$)<br><br>\$39.00                  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>VP ASST GENERAL COUNSEL |  | <b>9</b> Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION |
| Date<br>12/05/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Wiener, Chad<br>Contributor address; City; State; Zip Code<br><br>Dallas, TX 75254-2916                   | Amount of Contribution (\$)<br><br>\$39.00                           |
| Principal occupation / Job title (See Instructions)<br>VP ASST GENERAL COUNSEL          |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |
| Date<br>12/19/2025  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Wiener, Chad<br>Contributor address; City; State; Zip Code<br><br>Dallas, TX 75254-2916                   | Amount of Contribution (\$)<br><br>\$39.00                           |
| Principal occupation / Job title (See Instructions)<br>VP ASST GENERAL COUNSEL          |  | Employer (See Instructions)<br>TENET HEALTHCARE CORPORATION          |

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:  
Sch: 1/1 Rpt: 198/214

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#: \_\_\_\_\_)

7 Pledgor Address; City; State; Zip Code

8 Amount of  
pledge (\$)

9 In-kind description  
(If applicable)

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

# LOANS

## SCHEDULE E

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>               |  | <b>1</b> Total pages Schedule E:<br>Sch: 1/1 Rpt: 199/214  |
| <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830   |
| <b>4</b> TOTAL OF UNITEMIZED LOANS   |  | <b>\$</b> 0.00   |
| <b>5</b> Date of loan  | <b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | <b>9</b> Loan Amount (\$)  |
| <b>6</b> Is lender a financial institution?                                    | <b>8</b> Lender address; City; State; Zip Code                                 | <b>10</b> Interest Rate  |
|  |  | <b>11</b> Maturity Date  |
| <b>12</b> Principal occupation / Job title (See Instructions)                  |  | <b>13</b> Employer (See Instructions)  |
| <b>14</b> Description of Collateral<br><input type="checkbox"/> None           |  | <b>15</b> Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/> |
| <b>16</b> GUARANTOR INFORMATION<br><input type="checkbox"/> not applicable     | <b>17</b> Name of guarantor  | <b>19</b> Amount Guaranteed (\$)   |
|  | <b>18</b> Guarantor address; City; State; Zip Code                             |  |
| <b>20</b> Principal occupation   |  | <b>21</b> 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.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/15 Rpt:   | <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830  |
| <b>4</b> Date<br>09/02/2025   | <b>5</b> Payee name<br>AMBULATORY SURGERY CENTER ASSOCIATION PAC (ASCAPAC)   |   |
| <b>6</b> Amount (\$)<br>\$5,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>The Atrium Building<br>277 S Washington St, Ste 375<br>Alexandria, VA 22314-5046                        |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution to Committee |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                 | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>09/30/2025  | Payee name<br>Aaron Márquez for Arizona  |   |
| Amount (\$)<br>\$250.00<br><br><input type="checkbox"/> Expenditure from corporate funds            | Payee address; City; State; Zip Code<br>1700 W Washington St., Rm. 203<br><br>Phoenix, AZ 85007-2812   |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution to Committee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>09/30/2025  | Payee name<br>Alma Hernandez For Arizona   |   |
| Amount (\$)<br>\$250.00<br><br><input type="checkbox"/> Expenditure from corporate funds            | Payee address; City; State; Zip Code<br>1700 W. Washington St., Rm. 338<br><br>Phoenix, AZ 85007-2812  |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution to Committee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought Office held   |



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/15 Rpt:   | <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830  |
| <b>4</b> Date<br>09/30/2025   | <b>5</b> Payee name<br>Betty Villegas for Arizona  |   |
| <b>6</b> Amount (\$)<br>\$250.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>1700 West Washington St., Rm. 324<br><br>Phoenix, AZ 85007-2812   |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution to Committee |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                               | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>09/30/2025  | Payee name<br>Bolick for Arizona   |   |
| Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>610 E Bell Rd, 2-142<br><br>Phoenix, AZ 85022-2383   |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution to Committee        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>09/30/2025  | Payee name<br>Bravo for Arizona  |   |
| Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>4405 N 31st Drive<br><br>Phoenix, AZ 85017-4009  |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution to Committee        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 3/15 Rpt:   | <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830  |
| <b>4</b> Date<br>09/30/2025   | <b>5</b> Payee name<br>Brian Fernandez for Arizona Senate  |   |
| <b>6</b> Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>1700 W. Washington St., Rm. 312<br><br>Phoenix, AZ 85007-2812   |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution to Committee |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                               | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>07/02/2025  | Payee name<br>CAPITO FOR WEST VIRGINIA   |   |
| Amount (\$)<br>\$2,500.00<br><br><input type="checkbox"/> Expenditure from corporate funds        | Payee address; City; State; Zip Code<br>P.O. BOX 11519<br><br>CHARLESTON, WV 25339   |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution to Committee        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>09/02/2025  | Payee name<br>CASSIDY LEADERSHIP FUND  |   |
| Amount (\$)<br>\$10,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds       | Payee address; City; State; Zip Code<br>PO BOX 80505<br><br>Baton Rouge, LA 70898-0505   |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution to Committee        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 4/15 Rpt:   | <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830  |
| <b>4</b> Date<br>10/28/2025   | <b>5</b> Payee name<br>COLLINS VICTORY COMMITTEE   |   |
| <b>6</b> Amount (\$)<br>\$2,500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>901 N WASHINGTON ST, STE 700<br><br>Alexandria, VA 22314-1535   |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution to Committee |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                 | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>09/30/2025  | Payee name<br>Carine Werner for Arizona Senate   |   |
| Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds            | Payee address; City; State; Zip Code<br>1700 W Washington St., Rm. 204<br><br>Phoenix, AZ 85007-2818   |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution to Committee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>09/30/2025  | Payee name<br>Catherine Miranda for Arizona Senate   |   |
| Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>1700 W. Washington St., Rm. 313<br><br>Phoenix, AZ 85007-2812  |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution to Committee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 5/15 Rpt:   | <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830  |
| <b>4</b> Date<br>09/30/2025   | <b>5</b> Payee name<br>Chris Mathis for Arizona  |   |
| <b>6</b> Amount (\$)<br>\$250.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>1700 W. Washington St., Rm. 337<br><br>Phoenix, AZ 85007-2812   |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution to Committee |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                               | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>12/30/2025  | Payee name<br>Consuelo For Arizona   |   |
| Amount (\$)<br>\$250.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>PO Box 11301<br><br>Tucson, AZ 85734-1301  |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution to Committee        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>10/28/2025  | Payee name<br>DAN CRENSHAW FOR CONGRESS  |   |
| Amount (\$)<br>\$2,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds        | Payee address; City; State; Zip Code<br>PO BOX 430965<br><br>HOUSTON, TX 77243   |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution to Committee        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 6/15 Rpt:   | <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830  |
| <b>4</b> Date<br>10/28/2025   | <b>5</b> Payee name<br>DARREN SOTO FOR CONGRESS  |   |
| <b>6</b> Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>PO BOX 421349<br><br>KISSIMMEE, FL 34742  |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution to Committee |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                 | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>09/30/2025  | Payee name<br>Elect Julie Willoughby   |   |
| Amount (\$)<br>\$2,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>2577 E Aloe PI<br><br>Chandler, AZ 85286-5019  |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution to Committee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>12/30/2025  | Payee name<br>Friends of Warren Petersen   |   |
| Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>3452 E Augusta Ct, Queen Creek<br><br>Queen Creek, AZ 85142  |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution to Committee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |  |   |
|--|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 7/15 Rpt:  | <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830  |
| <b>4</b> Date<br>07/02/2025  | <b>5</b> Payee name<br>GRAHAM MAJORITY FUND  |   |
| <b>6</b> Amount (\$)<br>\$10,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>228 S. WASHINGTON ST.<br>STE. 115<br>Alexandria, VA 22314-5404  |   |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution to Committee |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                  | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>09/30/2025   | Payee name<br>Health System Alliance of Arizona Political Action Committee   |   |
| Amount (\$)<br>\$5,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds           | Payee address; City; State; Zip Code<br>11445 E Via Linda Ste 2 # 352<br><br>Scottsdale, AZ 85259-2654   |   |
| PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution to Committee        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>07/30/2025   | Payee name<br>JAY OBERNOLTE FOR CONGRESS   |   |
| Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds           | Payee address; City; State; Zip Code<br>PO BOX 981415<br><br>WEST SACRAMENTO, CA 95799   |   |
| PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution to Committee        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate/Officeholder name  | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 8/15 Rpt:   | <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830  |
| <b>4</b> Date<br>10/28/2025   | <b>5</b> Payee name<br>JOE NEGUSE FOR CONGRESS   |   |
| <b>6</b> Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>PO BOX 7142<br><br>BOULDER, CO 80306  |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution to Committee |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                 | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>07/02/2025  | Payee name<br>JOSH HAWLEY VICTORY COMMITTEE  |   |
| Amount (\$)<br>\$2,500.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>PO BOX 31476<br><br>Saint Louis, MO 63131-0476   |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution to Committee        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>09/30/2025  | Payee name<br>Justin Wilmeth For State House   |   |
| Amount (\$)<br>\$250.00<br><br><input type="checkbox"/> Expenditure from corporate funds            | Payee address; City; State; Zip Code<br>P.O. Box 73163<br><br>Phoenix, AZ 85050-1037   |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution to Committee        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 9/15 Rpt:   | <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830  |
| <b>4</b> Date<br>10/28/2025   | <b>5</b> Payee name<br>KATHERINE CLARK MAJORITY FUND   |   |
| <b>6</b> Amount (\$)<br>\$5,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>600 PENNSYLVANIA AVE SE #15180<br><br>Washington, DC 20003-7508   |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution to Committee |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                 | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>09/30/2025  | Payee name<br>Kevin Volk for Arizona   |   |
| Amount (\$)<br>\$250.00<br><br><input type="checkbox"/> Expenditure from corporate funds            | Payee address; City; State; Zip Code<br>PO Box 57248<br><br>Tucson, AZ 85732-7248  |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution to Committee        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>10/28/2025  | Payee name<br>LAUREL LEE FOR CONGRESS, INC.  |   |
| Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>16350 BRUCE B. DOWNS BLVD<br>P.O. BOX 47556<br>TAMPA, FL 33647   |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution to Committee        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought Office held   |



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 10/15 Rpt:  | <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830  |
| <b>4</b> Date<br>08/21/2025   | <b>5</b> Payee name<br>MORGAN GRIFFITH FOR CONGRESS  |   |
| <b>6</b> Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>PO BOX 361<br><br>CHRISTIANSBURG, VA 24068  |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution to Committee |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                 | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>10/28/2025  | Payee name<br>MORGAN GRIFFITH FOR CONGRESS   |   |
| Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>PO BOX 361<br><br>CHRISTIANSBURG, VA 24068   |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution to Committee        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>12/30/2025  | Payee name<br>Montenegro For House   |   |
| Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>15680 W. Campbell Ave<br><br>Goodyear, AZ 85395-6377   |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution to Committee        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 11/15 Rpt:  | <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830  |
| <b>4</b> Date<br>09/30/2025   | <b>5</b> Payee name<br>Nancy for AZ  |   |
| <b>6</b> Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 35612<br><br>Tucson, AZ 85740-5612   |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution to Committee |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                               | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>09/30/2025  | Payee name<br>Priya Sundareshan for Arizona Senate   |   |
| Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds        | Payee address; City; State; Zip Code<br>1700 W. Washington St., Rm. 204<br><br>Phoenix, AZ 85007-2818  |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution to Committee        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>09/30/2025  | Payee name<br>Representative Selina Bliss for the AZ State House   |   |
| Amount (\$)<br>\$250.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>P.O. Box 11297<br><br>Prescott, AZ 86304-1297  |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution to Committee        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 12/15 Rpt:  | <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830  |
| <b>4</b> Date<br>09/30/2025   | <b>5</b> Payee name<br>Rosanna Gabaldon for Arizona Senate   |   |
| <b>6</b> Amount (\$)<br>\$250.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>1700 W. Washington St., Rm. 305<br><br>Phoenix, AZ 85007-2812   |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution to Committee |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                               | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>08/21/2025  | Payee name<br>SCALISE LEADERSHIP FUND  |   |
| Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds        | Payee address; City; State; Zip Code<br>320 FIRST ST SE<br><br>Washington, DC 20003-1838   |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution to Committee        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>07/07/2025  | Payee name<br>STAND WITH SANCHEZ   |   |
| Amount (\$)<br>\$2,500.00<br><br><input type="checkbox"/> Expenditure from corporate funds        | Payee address; City; State; Zip Code<br>PO BOX 83142<br><br>Gaithersburg, MD 20883-3142  |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution to Committee        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 13/15 Rpt:  | <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830  |
| <b>4</b> Date<br>07/07/2025   | <b>5</b> Payee name<br>STANTON FOR CONGRESS  |   |
| <b>6</b> Amount (\$)<br>\$2,500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>4340 E INDIAN SCHOOL ROAD<br>SUITE 21-518<br>PHOENIX, AZ 85018  |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution to Committee |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                 | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>09/30/2025  | Payee name<br>Sarah Liguori for State Representative   |   |
| Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds            | Payee address; City; State; Zip Code<br>316 W. Montebello Ave.<br><br>Phoenix, AZ 85013-1847   |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution to Committee        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>09/30/2025  | Payee name<br>Stephanie Stahl Hamilton for Arizona   |   |
| Amount (\$)<br>\$250.00<br><br><input type="checkbox"/> Expenditure from corporate funds            | Payee address; City; State; Zip Code<br>1700 W. Washington St., Rm.333<br><br>Phoenix, AZ 85007-2812   |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution to Committee        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 14/15 Rpt:  | <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830  |
| <b>4</b> Date<br>09/30/2025   | <b>5</b> Payee name<br>T.J. Shope for Arizona Senate   |   |
| <b>6</b> Amount (\$)<br>\$250.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 1230<br><br>Coolidge, AZ 85128-0022  |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution to Committee |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                               | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>07/02/2025  | Payee name<br>TED CRUZ FOR SENATE  |   |
| Amount (\$)<br>\$2,500.00<br><br><input type="checkbox"/> Expenditure from corporate funds        | Payee address; City; State; Zip Code<br>PO BOX 25376<br><br>HOUSTON, TX 77265  |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution to Committee        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>09/02/2025  | Payee name<br>Texas Ambulatory Surgery Center Society PAC  |   |
| Amount (\$)<br>\$1,500.00<br><br><input type="checkbox"/> Expenditure from corporate funds        | Payee address; City; State; Zip Code<br>PO Box 201363<br><br>Austin, TX 78720-1363   |   |
| PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution to Committee        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 15/15 Rpt:  | <b>2</b> FILER NAME<br>Tenet Healthcare Corporation Political Action Committee   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00082830  |
| <b>4</b> Date<br>09/30/2025   | <b>5</b> Payee name<br>Tim Dunn for AZ   |   |
| <b>6</b> Amount (\$)<br>\$250.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>6324 E. Telegraph St.<br><br>Yuma, AZ 85365-1116  |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution to Committee |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                               | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>09/30/2025  | Payee name<br>Tony Rivero for House  |   |
| Amount (\$)<br>\$250.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>6767 W. Cheryl Drive<br><br>Peoria, AZ 85345-6766  |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution to Committee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought Office held   |