

**GENERAL-PURPOSE COMMITTEE  
CAMPAIGN FINANCE REPORT**

**FORM GPAC  
COVER SHEET PG 1**

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00082830	2 Total pages filed: 214		
3 COMMITTEE NAME Tenet Healthcare Corporation Political Action Committee		<b>OFFICE USE ONLY</b> Date Received <b>ELECTRONICALLY FILED</b> 01/13/2026  Date Hand-delivered or Date Postmarked  Receipt # <input type="text"/> Amount <input type="text"/>  Date Processed  Date Imaged			
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address 14201 Dallas Parkway  Dallas, TX 75254					
5 CAMPAIGN TREASURER NAME	MS / MRS / MR  Todd			MI	
	NICKNAME  Plott	LAST	SUFFIX		
6 CAMPAIGN TREASURER STREET ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);  14201 Dallas Parkway  Dallas, TX 75254	APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX;  14201 Dallas Parkway  Dallas, TX 75254	APT / SUITE #;	CITY;	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (469) 893-2630	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15  <input type="checkbox"/> July 15	<input type="checkbox"/> 30th day before election  <input type="checkbox"/> 8th day before election  <input type="checkbox"/> Runoff	<input type="checkbox"/> Dissolution (Attach PAC-DR)  <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year 07/01/2025	Month Day Year THROUGH	Month Day Year 12/31/2025		
11 ELECTION	ELECTION DATE Month Day Year 11/04/2025	<input type="checkbox"/> Primary  <input checked="" type="checkbox"/> General	<input type="checkbox"/> Runoff  <input type="checkbox"/> Special	ELECTION TYPE  <input type="checkbox"/> Other	

**GO TO PAGE 2**

**GENERAL-PURPOSE COMMITTEE REPORT:  
PURPOSE AND TOTALS**

**FORM GPAC  
COVER SHEET PG 2**

<b>12 COMMITTEE NAME</b> Tenet Healthcare Corporation Political Action Committee		<b>13 FILER ID</b> (Ethics Commission Filers) 00082830
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported  B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
<b>15 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 49,663.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 72,750.00
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 159,089.23
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

**16 AFFIDAVIT**

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

Todd Plott

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**SUBTOTALS - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
3 of 214

<b>17 COMMITTEE NAME</b> Tenet Healthcare Corporation Political Action Committee	<b>18 FILER ID</b> (Ethics Commission Filers) 00082830
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	
3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	
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	
10. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	
11. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
12. <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	
13. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	
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: Sch: 1/194 Rpt: 4/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 07/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arbour, Paola ..... <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	<b>7</b> Amount of Contribution (\$)  \$96.00
	<b>8</b> Principal occupation / Job title (See Instructions) EVP Chief Info Officer	<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 07/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Arbour, Paola ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b>  \$96.00
	<b>Principal occupation / Job title (See Instructions)</b> EVP Chief Info Officer	<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 08/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Arbour, Paola ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b>  \$96.00
	<b>Principal occupation / Job title (See Instructions)</b> EVP Chief Info Officer	<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 08/15/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Arbour, Paola ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b>  \$96.00
	<b>Principal occupation / Job title (See Instructions)</b> EVP Chief Info Officer	<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Arbour, Paola ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b>  \$96.00
	<b>Principal occupation / Job title (See Instructions)</b> EVP Chief Info Officer	<b>Employer (See Instructions)</b> 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: Sch: 2/194 Rpt: 5/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 09/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arbour, Paola	<b>7</b> Amount of Contribution (\$) \$96.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	
<b>8</b> Principal occupation / Job title (See Instructions) EVP Chief Info Officer		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 09/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Arbour, Paola	<b>Amount of Contribution (\$)</b> \$96.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	
<b>Principal occupation / Job title (See Instructions)</b> EVP Chief Info Officer		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 10/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Arbour, Paola	<b>Amount of Contribution (\$)</b> \$96.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	
<b>Principal occupation / Job title (See Instructions)</b> EVP Chief Info Officer		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 10/24/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Arbour, Paola	<b>Amount of Contribution (\$)</b> \$96.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	
<b>Principal occupation / Job title (See Instructions)</b> EVP Chief Info Officer		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 11/07/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Arbour, Paola	<b>Amount of Contribution (\$)</b> \$96.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	
<b>Principal occupation / Job title (See Instructions)</b> EVP Chief Info Officer		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 11/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arbour, Paola	<b>7</b> Amount of Contribution (\$) \$96.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	
<b>8</b> Principal occupation / Job title (See Instructions) EVP Chief Info Officer		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 12/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Arbour, Paola	<b>Amount of Contribution (\$)</b> \$96.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	
<b>Principal occupation / Job title (See Instructions)</b> EVP Chief Info Officer		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 12/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Arbour, Paola	<b>Amount of Contribution (\$)</b> \$96.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	
<b>Principal occupation / Job title (See Instructions)</b> EVP Chief Info Officer		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 07/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Atteberry, Mark	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Palm Desert, CA 92260-5713	
<b>Principal occupation / Job title (See Instructions)</b> Dir Constructn & Design		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 07/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Atteberry, Mark	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Palm Desert, CA 92260-5713	
<b>Principal occupation / Job title (See Instructions)</b> Dir Constructn & Design		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION

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<b>4</b> Date 08/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atteberry, Mark	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Palm Desert, CA 92260-5713	
<b>8</b> Principal occupation / Job title (See Instructions) Dir Constructn & Design		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 08/15/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Atteberry, Mark	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Palm Desert, CA 92260-5713	
<b>Principal occupation / Job title (See Instructions)</b> Dir Constructn & Design		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Atteberry, Mark	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Palm Desert, CA 92260-5713	
<b>Principal occupation / Job title (See Instructions)</b> Dir Constructn & Design		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 09/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Atteberry, Mark	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Palm Desert, CA 92260-5713	
<b>Principal occupation / Job title (See Instructions)</b> Dir Constructn & Design		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 09/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Atteberry, Mark	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Palm Desert, CA 92260-5713	
<b>Principal occupation / Job title (See Instructions)</b> Dir Constructn & Design		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION

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<b>4</b> Date 10/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atteberry, Mark	<b>7</b> Amount of Contribution (\$) \$10.00		
	<b>6</b> Contributor address; City; State; Zip Code  Palm Desert, CA 92260-5713			
<b>8</b> Principal occupation / Job title (See Instructions) Dir Constructn & Design		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION		
<b>Date</b> 10/24/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Atteberry, Mark	<b>Amount of Contribution (\$)</b> \$10.00		
	<b>Contributor address; City; State; Zip Code</b>  Palm Desert, CA 92260-5713			
<b>Principal occupation / Job title (See Instructions)</b> Dir Constructn & Design		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION		
<b>Date</b> 11/07/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Atteberry, Mark	<b>Amount of Contribution (\$)</b> \$10.00		
	<b>Contributor address; City; State; Zip Code</b>  Palm Desert, CA 92260-5713			
<b>Principal occupation / Job title (See Instructions)</b> Dir Constructn & Design		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION		
<b>Date</b> 11/21/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Atteberry, Mark	<b>Amount of Contribution (\$)</b> \$10.00		
	<b>Contributor address; City; State; Zip Code</b>  Palm Desert, CA 92260-5713			
<b>Principal occupation / Job title (See Instructions)</b> Dir Constructn & Design		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION		
<b>Date</b> 12/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Atteberry, Mark	<b>Amount of Contribution (\$)</b> \$10.00		
	<b>Contributor address; City; State; Zip Code</b>  Palm Desert, CA 92260-5713			
<b>Principal occupation / Job title (See Instructions)</b> Dir Constructn & Design		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION		

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

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<b>4</b> Date 08/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beckman, Cynthia	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Philadelphia, PA 19130-3771	
<b>8</b> Principal occupation / Job title (See Instructions) Mgr Litigation		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Beckman, Cynthia	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Philadelphia, PA 19130-3771	
<b>Principal occupation / Job title (See Instructions)</b> Mgr Litigation		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 09/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Beckman, Cynthia	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Philadelphia, PA 19130-3771	
<b>Principal occupation / Job title (See Instructions)</b> Mgr Litigation		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 09/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Beckman, Cynthia	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Philadelphia, PA 19130-3771	
<b>Principal occupation / Job title (See Instructions)</b> Mgr Litigation		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 10/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Beckman, Cynthia	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Philadelphia, PA 19130-3771	
<b>Principal occupation / Job title (See Instructions)</b> Mgr Litigation		<b>Employer (See Instructions)</b> 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: Sch: 8/194 Rpt: 11/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 10/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beckman, Cynthia	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Philadelphia, PA 19130-3771	
<b>8</b> Principal occupation / Job title (See Instructions) Mgr Litigation		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 11/07/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Beckman, Cynthia	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Philadelphia, PA 19130-3771	
<b>Principal occupation / Job title (See Instructions)</b> Mgr Litigation		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 11/21/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Beckman, Cynthia	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Philadelphia, PA 19130-3771	
<b>Principal occupation / Job title (See Instructions)</b> Mgr Litigation		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 12/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Beckman, Cynthia	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Philadelphia, PA 19130-3771	
<b>Principal occupation / Job title (See Instructions)</b> Mgr Litigation		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 12/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Beckman, Cynthia	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Philadelphia, PA 19130-3771	
<b>Principal occupation / Job title (See Instructions)</b> Mgr Litigation		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			
<b>2 FILER NAME</b> Tenet Healthcare Corporation Political Action Committee			
<b>4 Date</b> 07/03/2025	<b>5 Full name of contributor</b> Bernard, Mark	<b>6 Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>1 Total pages Schedule A1:</b> Sch: 9/194 Rpt: 12/214  <b>3 Filer ID (Ethics Commission Filers)</b> 00082830
			<b>7 Amount of Contribution (\$)</b> \$39.00
<b>8 Principal occupation / Job title (See Instructions)</b> CEO		<b>9 Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 07/18/2025	<b>Full name of contributor</b> Bernard, Mark	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$39.00
<b>Principal occupation / Job title (See Instructions)</b> CEO		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 08/01/2025	<b>Full name of contributor</b> Bernard, Mark	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$39.00
<b>Principal occupation / Job title (See Instructions)</b> CEO		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 08/15/2025	<b>Full name of contributor</b> Bernard, Mark	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$39.00
<b>Principal occupation / Job title (See Instructions)</b> CEO		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> Bernard, Mark	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$39.00
<b>Principal occupation / Job title (See Instructions)</b> CEO		<b>Employer (See Instructions)</b> 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: Sch: 10/194 Rpt: 13/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 09/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernard, Mark	<b>7</b> Amount of Contribution (\$) \$39.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	
<b>8</b> Principal occupation / Job title (See Instructions) CEO		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 09/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernard, Mark	<b>Amount of Contribution (\$)</b> \$39.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	
<b>Principal occupation / Job title (See Instructions)</b> CEO		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 10/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernard, Mark	<b>Amount of Contribution (\$)</b> \$39.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	
<b>Principal occupation / Job title (See Instructions)</b> CEO		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 07/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bierman Jr., Michael	<b>Amount of Contribution (\$)</b> \$19.00
	<b>Contributor address; City; State; Zip Code</b>  Rockwall, TX 75032-7478	
<b>Principal occupation / Job title (See Instructions)</b> Svp Financial Operation		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 07/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bierman Jr., Michael	<b>Amount of Contribution (\$)</b> \$19.00
	<b>Contributor address; City; State; Zip Code</b>  Rockwall, TX 75032-7478	
<b>Principal occupation / Job title (See Instructions)</b> Svp Financial Operation		<b>Employer (See Instructions)</b> 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: Sch: 11/194 Rpt: 14/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 08/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bierman Jr., Michael	<b>7</b> Amount of Contribution (\$) \$19.00
	<b>6</b> Contributor address; City; State; Zip Code  Rockwall, TX 75032-7478	
<b>8</b> Principal occupation / Job title (See Instructions) Svp Financial Operation		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 08/15/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bierman Jr., Michael	<b>Amount of Contribution (\$)</b> \$19.00
	<b>Contributor address; City; State; Zip Code</b>  Rockwall, TX 75032-7478	
<b>Principal occupation / Job title (See Instructions)</b> Svp Financial Operation		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bierman Jr., Michael	<b>Amount of Contribution (\$)</b> \$19.00
	<b>Contributor address; City; State; Zip Code</b>  Rockwall, TX 75032-7478	
<b>Principal occupation / Job title (See Instructions)</b> Svp Financial Operation		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 09/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bierman Jr., Michael	<b>Amount of Contribution (\$)</b> \$19.00
	<b>Contributor address; City; State; Zip Code</b>  Rockwall, TX 75032-7478	
<b>Principal occupation / Job title (See Instructions)</b> Svp Financial Operation		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 09/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bierman Jr., Michael	<b>Amount of Contribution (\$)</b> \$19.00
	<b>Contributor address; City; State; Zip Code</b>  Rockwall, TX 75032-7478	
<b>Principal occupation / Job title (See Instructions)</b> Svp Financial Operation		<b>Employer (See Instructions)</b> 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: Sch: 12/194 Rpt: 15/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 10/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bierman Jr., Michael	<b>7</b> Amount of Contribution (\$) \$19.00
	<b>6</b> Contributor address; City; State; Zip Code  Rockwall, TX 75032-7478	
<b>8</b> Principal occupation / Job title (See Instructions) Svp Financial Operation		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bierman Jr., Michael	Amount of Contribution (\$) \$19.00
	Contributor address; City; State; Zip Code  Rockwall, TX 75032-7478	
Principal occupation / Job title (See Instructions) Svp Financial Operation		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bierman Jr., Michael	Amount of Contribution (\$) \$19.00
	Contributor address; City; State; Zip Code  Rockwall, TX 75032-7478	
Principal occupation / Job title (See Instructions) Svp Financial Operation		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bierman Jr., Michael	Amount of Contribution (\$) \$19.00
	Contributor address; City; State; Zip Code  Rockwall, TX 75032-7478	
Principal occupation / Job title (See Instructions) Svp Financial Operation		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bierman Jr., Michael	Amount of Contribution (\$) \$19.00
	Contributor address; City; State; Zip Code  Rockwall, TX 75032-7478	
Principal occupation / Job title (See Instructions) Svp Financial Operation		Employer (See Instructions) TENET 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: Sch: 13/194 Rpt: 16/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bierman Jr., Michael	<b>7</b> Amount of Contribution (\$) \$19.00
	<b>6</b> Contributor address; City; State; Zip Code  Rockwall, TX 75032-7478	
<b>8</b> Principal occupation / Job title (See Instructions) Svp Financial Operation		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boon, Eric	Amount of Contribution (\$) \$96.00
	Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	
Principal occupation / Job title (See Instructions) MARKET PRESIDENT II		Employer (See Instructions) UNITED SURGICAL PARTNERS INTERNATIONAL
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boon, Eric	Amount of Contribution (\$) \$96.00
	Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	
Principal occupation / Job title (See Instructions) MARKET PRESIDENT II		Employer (See Instructions) UNITED SURGICAL PARTNERS INTERNATIONAL
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boon, Eric	Amount of Contribution (\$) \$96.00
	Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	
Principal occupation / Job title (See Instructions) MARKET PRESIDENT II		Employer (See Instructions) UNITED SURGICAL PARTNERS INTERNATIONAL
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boon, Eric	Amount of Contribution (\$) \$96.00
	Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	
Principal occupation / Job title (See Instructions) MARKET PRESIDENT II		Employer (See Instructions) UNITED SURGICAL PARTNERS INTERNATIONAL

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/194 Rpt: 17/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 08/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boon, Eric ..... <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	<b>7</b> Amount of Contribution (\$)  \$96.00
<b>8</b> Principal occupation / Job title (See Instructions) MARKET PRESIDENT II		<b>9</b> Employer (See Instructions) UNITED SURGICAL PARTNERS INTERNATIONAL
<b>Date</b> 09/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Boon, Eric ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b>  \$96.00
<b>Principal occupation / Job title (See Instructions)</b> MARKET PRESIDENT II		<b>Employer (See Instructions)</b> UNITED SURGICAL PARTNERS INTERNATIONAL
<b>Date</b> 09/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Boon, Eric ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b>  \$96.00
<b>Principal occupation / Job title (See Instructions)</b> MARKET PRESIDENT II		<b>Employer (See Instructions)</b> UNITED SURGICAL PARTNERS INTERNATIONAL
<b>Date</b> 10/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Boon, Eric ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b>  \$96.00
<b>Principal occupation / Job title (See Instructions)</b> MARKET PRESIDENT II		<b>Employer (See Instructions)</b> UNITED SURGICAL PARTNERS INTERNATIONAL
<b>Date</b> 10/24/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Boon, Eric ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b>  \$96.00
<b>Principal occupation / Job title (See Instructions)</b> MARKET PRESIDENT II		<b>Employer (See Instructions)</b> UNITED SURGICAL PARTNERS INTERNATIONAL

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/194 Rpt: 18/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 11/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boon, Eric ..... <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	<b>7</b> Amount of Contribution (\$) \$96.00
<b>8</b> Principal occupation / Job title (See Instructions) MARKET PRESIDENT II		<b>9</b> Employer (See Instructions) UNITED SURGICAL PARTNERS INTERNATIONAL
<b>Date</b> 11/21/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Boon, Eric ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$96.00
<b>Principal occupation / Job title (See Instructions)</b> MARKET PRESIDENT II		<b>Employer (See Instructions)</b> UNITED SURGICAL PARTNERS INTERNATIONAL
<b>Date</b> 12/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Boon, Eric ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$96.00
<b>Principal occupation / Job title (See Instructions)</b> MARKET PRESIDENT II		<b>Employer (See Instructions)</b> UNITED SURGICAL PARTNERS INTERNATIONAL
<b>Date</b> 12/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Boon, Eric ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$96.00
<b>Principal occupation / Job title (See Instructions)</b> MARKET PRESIDENT II		<b>Employer (See Instructions)</b> UNITED SURGICAL PARTNERS INTERNATIONAL
<b>Date</b> 07/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, David ..... <b>Contributor address; City; State; Zip Code</b>  El Paso, TX 79911-3600	<b>Amount of Contribution (\$)</b> \$19.00
<b>Principal occupation / Job title (See Instructions)</b> CEO		<b>Employer (See Instructions)</b> 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: Sch: 16/194 Rpt: 19/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, David	<b>7</b> Amount of Contribution (\$) \$19.00
	<b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79911-3600	
<b>8</b> Principal occupation / Job title (See Instructions) CEO		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 08/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, David	<b>Amount of Contribution (\$)</b> \$19.00
	<b>Contributor address; City; State; Zip Code</b>  El Paso, TX 79911-3600	
<b>Principal occupation / Job title (See Instructions)</b> CEO		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 08/15/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, David	<b>Amount of Contribution (\$)</b> \$19.00
	<b>Contributor address; City; State; Zip Code</b>  El Paso, TX 79911-3600	
<b>Principal occupation / Job title (See Instructions)</b> CEO		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, David	<b>Amount of Contribution (\$)</b> \$19.00
	<b>Contributor address; City; State; Zip Code</b>  El Paso, TX 79911-3600	
<b>Principal occupation / Job title (See Instructions)</b> CEO		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 09/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, David	<b>Amount of Contribution (\$)</b> \$19.00
	<b>Contributor address; City; State; Zip Code</b>  El Paso, TX 79911-3600	
<b>Principal occupation / Job title (See Instructions)</b> CEO		<b>Employer (See Instructions)</b> 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: Sch: 17/194 Rpt: 20/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 09/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, David	<b>7</b> Amount of Contribution (\$) \$19.00
	<b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79911-3600	
<b>8</b> Principal occupation / Job title (See Instructions) CEO		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 10/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, David	<b>Amount of Contribution (\$)</b> \$19.00
	<b>Contributor address; City; State; Zip Code</b>  El Paso, TX 79911-3600	
<b>Principal occupation / Job title (See Instructions)</b> CEO		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 10/24/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, David	<b>Amount of Contribution (\$)</b> \$19.00
	<b>Contributor address; City; State; Zip Code</b>  El Paso, TX 79911-3600	
<b>Principal occupation / Job title (See Instructions)</b> CEO		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 11/07/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, David	<b>Amount of Contribution (\$)</b> \$19.00
	<b>Contributor address; City; State; Zip Code</b>  El Paso, TX 79911-3600	
<b>Principal occupation / Job title (See Instructions)</b> CEO		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 11/21/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, David	<b>Amount of Contribution (\$)</b> \$19.00
	<b>Contributor address; City; State; Zip Code</b>  El Paso, TX 79911-3600	
<b>Principal occupation / Job title (See Instructions)</b> CEO		<b>Employer (See Instructions)</b> 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: Sch: 18/194 Rpt: 21/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, David	<b>7</b> Amount of Contribution (\$) \$19.00
	<b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79911-3600	
<b>8</b> Principal occupation / Job title (See Instructions) CEO		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 12/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, David	<b>Amount of Contribution (\$)</b> \$19.00
	<b>Contributor address; City; State; Zip Code</b>  El Paso, TX 79911-3600	
<b>Principal occupation / Job title (See Instructions)</b> CEO		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 07/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Caracciolo, Kevin	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Jupiter, FL 33458-1644	
<b>Principal occupation / Job title (See Instructions)</b> CHIEF HR OFFICER		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 07/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Caracciolo, Kevin	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Jupiter, FL 33458-1644	
<b>Principal occupation / Job title (See Instructions)</b> CHIEF HR OFFICER		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 08/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Caracciolo, Kevin	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Jupiter, FL 33458-1644	
<b>Principal occupation / Job title (See Instructions)</b> CHIEF HR OFFICER		<b>Employer (See Instructions)</b> 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: Sch: 19/194 Rpt: 22/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 08/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caracciolo, Kevin .....  <b>6</b> Contributor address; City; State; Zip Code  Jupiter, FL 33458-1644	<b>7</b> Amount of Contribution (\$)  \$10.00
	<b>8</b> Principal occupation / Job title (See Instructions) CHIEF HR OFFICER	<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Caracciolo, Kevin .....  <b>Contributor address; City; State; Zip Code</b>  Jupiter, FL 33458-1644	<b>Amount of Contribution (\$)</b>  \$10.00
	<b>Principal occupation / Job title (See Instructions)</b> CHIEF HR OFFICER	<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 09/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Caracciolo, Kevin .....  <b>Contributor address; City; State; Zip Code</b>  Jupiter, FL 33458-1644	<b>Amount of Contribution (\$)</b>  \$10.00
	<b>Principal occupation / Job title (See Instructions)</b> CHIEF HR OFFICER	<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 09/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Caracciolo, Kevin .....  <b>Contributor address; City; State; Zip Code</b>  Jupiter, FL 33458-1644	<b>Amount of Contribution (\$)</b>  \$10.00
	<b>Principal occupation / Job title (See Instructions)</b> CHIEF HR OFFICER	<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 10/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Caracciolo, Kevin .....  <b>Contributor address; City; State; Zip Code</b>  Jupiter, FL 33458-1644	<b>Amount of Contribution (\$)</b>  \$10.00
	<b>Principal occupation / Job title (See Instructions)</b> CHIEF HR OFFICER	<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			
<b>2 FILER NAME</b> Tenet Healthcare Corporation Political Action Committee			
<b>4 Date</b> 07/03/2025	<b>5 Full name of contributor</b> Carter, Felita	<b>6 Contributor address; City; State; Zip Code</b>  Sharpsburg, GA 30277-1958	<b>1 Total pages Schedule A1:</b> Sch: 20/194 Rpt: 23/214  <b>3 Filer ID (Ethics Commission Filers)</b> 00082830
			<b>7 Amount of Contribution (\$)</b> \$10.00
<b>8 Principal occupation / Job title (See Instructions)</b> Dir Mgd Care Economics		<b>9 Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 07/18/2025	<b>Full name of contributor</b> Carter, Felita	<b>Contributor address; City; State; Zip Code</b>  Sharpsburg, GA 30277-1958	<b>Amount of Contribution (\$)</b> \$10.00
<b>Principal occupation / Job title (See Instructions)</b> Dir Mgd Care Economics		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 08/01/2025	<b>Full name of contributor</b> Carter, Felita	<b>Contributor address; City; State; Zip Code</b>  Sharpsburg, GA 30277-1958	<b>Amount of Contribution (\$)</b> \$10.00
<b>Principal occupation / Job title (See Instructions)</b> Dir Mgd Care Economics		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 08/15/2025	<b>Full name of contributor</b> Carter, Felita	<b>Contributor address; City; State; Zip Code</b>  Sharpsburg, GA 30277-1958	<b>Amount of Contribution (\$)</b> \$10.00
<b>Principal occupation / Job title (See Instructions)</b> Dir Mgd Care Economics		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> Carter, Felita	<b>Contributor address; City; State; Zip Code</b>  Sharpsburg, GA 30277-1958	<b>Amount of Contribution (\$)</b> \$10.00
<b>Principal occupation / Job title (See Instructions)</b> Dir Mgd Care Economics		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			
<b>2 FILER NAME</b> Tenet Healthcare Corporation Political Action Committee			
<b>4 Date</b> 09/12/2025	<b>5 Full name of contributor</b> Carter, Felita	<b>6 Contributor address; City; State; Zip Code</b>  Sharpsburg, GA 30277-1958	<b>1 Total pages Schedule A1:</b> Sch: 21/194 Rpt: 24/214
			<b>3 Filer ID (Ethics Commission Filers)</b> 00082830
			<b>7 Amount of Contribution (\$)</b> \$10.00
<b>8 Principal occupation / Job title (See Instructions)</b> Dir Mgd Care Economics		<b>9 Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 09/26/2025	<b>Full name of contributor</b> Carter, Felita	<b>Contributor address; City; State; Zip Code</b>  Sharpsburg, GA 30277-1958	<b>Amount of Contribution (\$)</b> \$10.00
<b>Principal occupation / Job title (See Instructions)</b> Dir Mgd Care Economics		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 10/10/2025	<b>Full name of contributor</b> Carter, Felita	<b>Contributor address; City; State; Zip Code</b>  Sharpsburg, GA 30277-1958	<b>Amount of Contribution (\$)</b> \$10.00
<b>Principal occupation / Job title (See Instructions)</b> Dir Mgd Care Economics		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 10/24/2025	<b>Full name of contributor</b> Carter, Felita	<b>Contributor address; City; State; Zip Code</b>  Sharpsburg, GA 30277-1958	<b>Amount of Contribution (\$)</b> \$10.00
<b>Principal occupation / Job title (See Instructions)</b> Dir Mgd Care Economics		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 11/07/2025	<b>Full name of contributor</b> Carter, Felita	<b>Contributor address; City; State; Zip Code</b>  Sharpsburg, GA 30277-1958	<b>Amount of Contribution (\$)</b> \$10.00
<b>Principal occupation / Job title (See Instructions)</b> Dir Mgd Care Economics		<b>Employer (See Instructions)</b> 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: Sch: 22/194 Rpt: 25/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 11/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Felita	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Sharpsburg, GA 30277-1958	
<b>8</b> Principal occupation / Job title (See Instructions) Dir Mgd Care Economics		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 12/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Felita	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Sharpsburg, GA 30277-1958	
<b>Principal occupation / Job title (See Instructions)</b> Dir Mgd Care Economics		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
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	<b>Contributor address; City; State; Zip Code</b>  Sharpsburg, GA 30277-1958	
<b>Principal occupation / Job title (See Instructions)</b> Dir Mgd Care Economics		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 07/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Michael	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75025-6073	
<b>Principal occupation / Job title (See Instructions)</b> Dir Litigation		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 07/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Michael	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75025-6073	
<b>Principal occupation / Job title (See Instructions)</b> Dir Litigation		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION

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## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/194 Rpt: 26/214
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<b>4</b> Date 08/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Michael	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75025-6073	
<b>8</b> Principal occupation / Job title (See Instructions) Dir Litigation		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 08/15/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Michael	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75025-6073	
<b>Principal occupation / Job title (See Instructions)</b> Dir Litigation		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Michael	<b>Amount of Contribution (\$)</b> \$10.00
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<b>Principal occupation / Job title (See Instructions)</b> Dir Litigation		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 09/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Michael	<b>Amount of Contribution (\$)</b> \$10.00
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<b>Principal occupation / Job title (See Instructions)</b> Dir Litigation		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 09/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Michael	<b>Amount of Contribution (\$)</b> \$10.00
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# MONETARY POLITICAL CONTRIBUTIONS

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<b>4</b> Date 10/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Michael	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75025-6073	
<b>8</b> Principal occupation / Job title (See Instructions) Dir Litigation		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 10/24/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Michael	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75025-6073	
<b>Principal occupation / Job title (See Instructions)</b> Dir Litigation		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 11/07/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Michael	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Plano, TX 75025-6073	
<b>Principal occupation / Job title (See Instructions)</b> Dir Litigation		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 11/21/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Michael	<b>Amount of Contribution (\$)</b> \$10.00
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<b>Principal occupation / Job title (See Instructions)</b> Dir Litigation		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/194 Rpt: 28/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Michael	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75025-6073	
<b>8</b> Principal occupation / Job title (See Instructions) Dir Litigation		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cline, Paula	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Boerne, TX 78015-5009	
Principal occupation / Job title (See Instructions) Mkt Dir Clin Education		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cline, Paula	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Boerne, TX 78015-5009	
Principal occupation / Job title (See Instructions) Mkt Dir Clin Education		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cline, Paula	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Boerne, TX 78015-5009	
Principal occupation / Job title (See Instructions) Mkt Dir Clin Education		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cline, Paula	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Boerne, TX 78015-5009	
Principal occupation / Job title (See Instructions) Mkt Dir Clin Education		Employer (See Instructions) 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: Sch: 26/194 Rpt: 29/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 08/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cline, Paula	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  Boerne, TX 78015-5009	
<b>8</b> Principal occupation / Job title (See Instructions) Mkt Dir Clin Education		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 09/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Cline, Paula	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  Boerne, TX 78015-5009	
<b>Principal occupation / Job title (See Instructions)</b> Mkt Dir Clin Education		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 09/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Cline, Paula	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  Boerne, TX 78015-5009	
<b>Principal occupation / Job title (See Instructions)</b> Mkt Dir Clin Education		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 10/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Cline, Paula	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  Boerne, TX 78015-5009	
<b>Principal occupation / Job title (See Instructions)</b> Mkt Dir Clin Education		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 10/24/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Cline, Paula	<b>Amount of Contribution (\$)</b> \$5.00
	<b>Contributor address; City; State; Zip Code</b>  Boerne, TX 78015-5009	
<b>Principal occupation / Job title (See Instructions)</b> Mkt Dir Clin Education		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			
<b>2 FILER NAME</b> Tenet Healthcare Corporation Political Action Committee			
<b>4 Date</b> 11/07/2025	<b>5 Full name of contributor</b> Cline, Paula <b>6 Contributor address; City; State; Zip Code</b> Boerne, TX 78015-5009	<b>1 Total pages Schedule A1:</b> Sch: 27/194 Rpt: 30/214	<b>3 Filer ID (Ethics Commission Filers)</b> 00082830
		<b>7 Amount of Contribution (\$)</b> \$5.00	
<b>8 Principal occupation / Job title (See Instructions)</b> Mkt Dir Clin Education		<b>9 Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 11/21/2025	<b>Full name of contributor</b> Cline, Paula <b>Contributor address; City; State; Zip Code</b> Boerne, TX 78015-5009	<b>Amount of Contribution (\$)</b> \$5.00	
<b>Principal occupation / Job title (See Instructions)</b> Mkt Dir Clin Education		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
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<b>Principal occupation / Job title (See Instructions)</b> Mkt Dir Clin Education		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
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<b>Principal occupation / Job title (See Instructions)</b> Mkt Dir Clin Education		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 07/03/2025	<b>Full name of contributor</b> Cobb, Wayne <b>Contributor address; City; State; Zip Code</b> Mansfield, TX 76063-5577	<b>Amount of Contribution (\$)</b> \$10.00	
<b>Principal occupation / Job title (See Instructions)</b> Mgr Tax		<b>Employer (See Instructions)</b> 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: Sch: 28/194 Rpt: 31/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cobb, Wayne	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Mansfield, TX 76063-5577	
<b>8</b> Principal occupation / Job title (See Instructions) Mgr Tax		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cobb, Wayne	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Mansfield, TX 76063-5577	
Principal occupation / Job title (See Instructions) Mgr Tax		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cobb, Wayne	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Mansfield, TX 76063-5577	
Principal occupation / Job title (See Instructions) Mgr Tax		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cobb, Wayne	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Mansfield, TX 76063-5577	
Principal occupation / Job title (See Instructions) Mgr Tax		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cobb, Wayne	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Mansfield, TX 76063-5577	
Principal occupation / Job title (See Instructions) Mgr Tax		Employer (See Instructions) TENET HEALTHCARE CORPORATION

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			
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<b>4 Date</b> 09/26/2025	<b>5 Full name of contributor</b> Cobb, Wayne <b>6 Contributor address; City; State; Zip Code</b>  Mansfield, TX 76063-5577	<b>1 Total pages Schedule A1:</b> Sch: 29/194 Rpt: 32/214	<b>3 Filer ID (Ethics Commission Filers)</b> 00082830
		<b>7 Amount of Contribution (\$)</b> \$10.00	
<b>8 Principal occupation / Job title (See Instructions)</b> Mgr Tax		<b>9 Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 10/10/2025	<b>Full name of contributor</b> Cobb, Wayne <b>Contributor address; City; State; Zip Code</b>  Mansfield, TX 76063-5577	<b>Amount of Contribution (\$)</b> \$10.00	
<b>Principal occupation / Job title (See Instructions)</b> Mgr Tax		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
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<b>Principal occupation / Job title (See Instructions)</b> Mgr Tax		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 11/07/2025	<b>Full name of contributor</b> Cobb, Wayne <b>Contributor address; City; State; Zip Code</b>  Mansfield, TX 76063-5577	<b>Amount of Contribution (\$)</b> \$10.00	
<b>Principal occupation / Job title (See Instructions)</b> Mgr Tax		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 11/21/2025	<b>Full name of contributor</b> Cobb, Wayne <b>Contributor address; City; State; Zip Code</b>  Mansfield, TX 76063-5577	<b>Amount of Contribution (\$)</b> \$10.00	
<b>Principal occupation / Job title (See Instructions)</b> Mgr Tax		<b>Employer (See Instructions)</b> 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: Sch: 30/194 Rpt: 33/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cobb, Wayne ..... <b>6</b> Contributor address; City; State; Zip Code  Mansfield, TX 76063-5577	<b>7</b> Amount of Contribution (\$) \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Mgr Tax		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cobb, Wayne ..... Contributor address; City; State; Zip Code  Mansfield, TX 76063-5577	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Mgr Tax		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Covarrubias, Marita ..... Contributor address; City; State; Zip Code  Dallas, TX 75214-3841	Amount of Contribution (\$) \$192.00
Principal occupation / Job title (See Instructions) Svp Deputy General Counsel		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Covarrubias, Marita ..... Contributor address; City; State; Zip Code  Dallas, TX 75214-3841	Amount of Contribution (\$) \$192.00
Principal occupation / Job title (See Instructions) Svp Deputy General Counsel		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Covarrubias, Marita ..... Contributor address; City; State; Zip Code  Dallas, TX 75214-3841	Amount of Contribution (\$) \$192.00
Principal occupation / Job title (See Instructions) Svp Deputy General Counsel		Employer (See Instructions) TENET HEALTHCARE CORPORATION

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			
<b>2 FILER NAME</b> Tenet Healthcare Corporation Political Action Committee			
<b>4 Date</b> 08/15/2025	<b>5 Full name of contributor</b> Covarrubias, Marita	<b>6 Contributor address; City; State; Zip Code</b>  Dallas, TX 75214-3841	<b>1 Total pages Schedule A1:</b> Sch: 31/194 Rpt: 34/214
			<b>3 Filer ID (Ethics Commission Filers)</b> 00082830
			<b>7 Amount of Contribution (\$)</b> \$192.00
<b>8 Principal occupation / Job title (See Instructions)</b> Svp Deputy General Counsel		<b>9 Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> Covarrubias, Marita	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75214-3841	<b>Amount of Contribution (\$)</b> \$192.00
<b>Principal occupation / Job title (See Instructions)</b> Svp Deputy General Counsel		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 09/12/2025	<b>Full name of contributor</b> Covarrubias, Marita	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75214-3841	<b>Amount of Contribution (\$)</b> \$192.00
<b>Principal occupation / Job title (See Instructions)</b> Svp Deputy General Counsel		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 09/26/2025	<b>Full name of contributor</b> Covarrubias, Marita	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75214-3841	<b>Amount of Contribution (\$)</b> \$192.00
<b>Principal occupation / Job title (See Instructions)</b> Svp Deputy General Counsel		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 10/10/2025	<b>Full name of contributor</b> Covarrubias, Marita	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75214-3841	<b>Amount of Contribution (\$)</b> \$192.00
<b>Principal occupation / Job title (See Instructions)</b> Svp Deputy General Counsel		<b>Employer (See Instructions)</b> 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: Sch: 32/194 Rpt: 35/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 10/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Covarrubias, Marita ..... <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75214-3841	<b>7</b> Amount of Contribution (\$) \$192.00
<b>8</b> Principal occupation / Job title (See Instructions) Svp Deputy General Counsel		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 11/07/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Covarrubias, Marita ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75214-3841	<b>Amount of Contribution (\$)</b> \$192.00
Principal occupation / Job title (See Instructions) Svp Deputy General Counsel		Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 11/21/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Covarrubias, Marita ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75214-3841	<b>Amount of Contribution (\$)</b> \$192.00
Principal occupation / Job title (See Instructions) Svp Deputy General Counsel		Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 12/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Covarrubias, Marita ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75214-3841	<b>Amount of Contribution (\$)</b> \$192.00
Principal occupation / Job title (See Instructions) Svp Deputy General Counsel		Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 12/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Covarrubias, Marita ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75214-3841	<b>Amount of Contribution (\$)</b> \$192.00
Principal occupation / Job title (See Instructions) Svp Deputy General Counsel		Employer (See Instructions) 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: Sch: 33/194 Rpt: 36/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 07/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Culver, Teresa  <b>6</b> Contributor address; City; State; Zip Code  Nashville, TN 37215-6197	<b>7</b> Amount of Contribution (\$) \$39.00
<b>8</b> Principal occupation / Job title (See Instructions) ASST GENERAL COUNSEL		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Culver, Teresa  Contributor address; City; State; Zip Code  Nashville, TN 37215-6197	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) ASST GENERAL COUNSEL		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Culver, Teresa  Contributor address; City; State; Zip Code  Nashville, TN 37215-6197	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) ASST GENERAL COUNSEL		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Culver, Teresa  Contributor address; City; State; Zip Code  Nashville, TN 37215-6197	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) ASST GENERAL COUNSEL		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Culver, Teresa  Contributor address; City; State; Zip Code  Nashville, TN 37215-6197	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) ASST GENERAL COUNSEL		Employer (See Instructions) 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: Sch: 34/194 Rpt: 37/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 09/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Culver, Teresa	<b>7</b> Amount of Contribution (\$) \$39.00
	<b>6</b> Contributor address; City; State; Zip Code  Nashville, TN 37215-6197	
<b>8</b> Principal occupation / Job title (See Instructions) ASST GENERAL COUNSEL		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 09/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Culver, Teresa	<b>Amount of Contribution (\$)</b> \$39.00
	<b>Contributor address; City; State; Zip Code</b>  Nashville, TN 37215-6197	
<b>Principal occupation / Job title (See Instructions)</b> ASST GENERAL COUNSEL		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 10/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Culver, Teresa	<b>Amount of Contribution (\$)</b> \$39.00
	<b>Contributor address; City; State; Zip Code</b>  Nashville, TN 37215-6197	
<b>Principal occupation / Job title (See Instructions)</b> ASST GENERAL COUNSEL		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 10/24/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Culver, Teresa	<b>Amount of Contribution (\$)</b> \$39.00
	<b>Contributor address; City; State; Zip Code</b>  Nashville, TN 37215-6197	
<b>Principal occupation / Job title (See Instructions)</b> ASST GENERAL COUNSEL		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
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	<b>Contributor address; City; State; Zip Code</b>  Nashville, TN 37215-6197	
<b>Principal occupation / Job title (See Instructions)</b> ASST GENERAL COUNSEL		<b>Employer (See Instructions)</b> 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: Sch: 35/194 Rpt: 38/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 11/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Culver, Teresa	<b>7</b> Amount of Contribution (\$) \$39.00
	<b>6</b> Contributor address; City; State; Zip Code  Nashville, TN 37215-6197	
<b>8</b> Principal occupation / Job title (See Instructions) ASST GENERAL COUNSEL		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 12/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Culver, Teresa	<b>Amount of Contribution (\$)</b> \$39.00
	<b>Contributor address; City; State; Zip Code</b>  Nashville, TN 37215-6197	
<b>Principal occupation / Job title (See Instructions)</b> ASST GENERAL COUNSEL		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 12/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Culver, Teresa	<b>Amount of Contribution (\$)</b> \$39.00
	<b>Contributor address; City; State; Zip Code</b>  Nashville, TN 37215-6197	
<b>Principal occupation / Job title (See Instructions)</b> ASST GENERAL COUNSEL		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 07/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Miriam	<b>Amount of Contribution (\$)</b> \$96.00
	<b>Contributor address; City; State; Zip Code</b>  Goodyear, AZ 85395-2600	
<b>Principal occupation / Job title (See Instructions)</b> VP Case Mgmt Cont Care		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 07/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Miriam	<b>Amount of Contribution (\$)</b> \$96.00
	<b>Contributor address; City; State; Zip Code</b>  Goodyear, AZ 85395-2600	
<b>Principal occupation / Job title (See Instructions)</b> VP Case Mgmt Cont Care		<b>Employer (See Instructions)</b> 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: Sch: 36/194 Rpt: 39/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 08/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Miriam ..... <b>6</b> Contributor address; City; State; Zip Code  Goodyear, AZ 85395-2600	<b>7</b> Amount of Contribution (\$) \$96.00
	<b>8</b> Principal occupation / Job title (See Instructions) VP Case Mgmt Cont Care	<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 08/15/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Miriam ..... <b>Contributor address; City; State; Zip Code</b>  Goodyear, AZ 85395-2600	<b>Amount of Contribution (\$)</b> \$96.00
	<b>Principal occupation / Job title (See Instructions)</b> VP Case Mgmt Cont Care	<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Miriam ..... <b>Contributor address; City; State; Zip Code</b>  Goodyear, AZ 85395-2600	<b>Amount of Contribution (\$)</b> \$96.00
	<b>Principal occupation / Job title (See Instructions)</b> VP Case Mgmt Cont Care	<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 09/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Miriam ..... <b>Contributor address; City; State; Zip Code</b>  Goodyear, AZ 85395-2600	<b>Amount of Contribution (\$)</b> \$96.00
	<b>Principal occupation / Job title (See Instructions)</b> VP Case Mgmt Cont Care	<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 09/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Miriam ..... <b>Contributor address; City; State; Zip Code</b>  Goodyear, AZ 85395-2600	<b>Amount of Contribution (\$)</b> \$96.00
	<b>Principal occupation / Job title (See Instructions)</b> VP Case Mgmt Cont Care	<b>Employer (See Instructions)</b> 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: Sch: 37/194 Rpt: 40/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 10/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Miriam ..... <b>6</b> Contributor address; City; State; Zip Code  Goodyear, AZ 85395-2600	<b>7</b> Amount of Contribution (\$) \$96.00
	<b>8</b> Principal occupation / Job title (See Instructions) VP Case Mgmt Cont Care	<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 10/24/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Miriam ..... <b>Contributor address; City; State; Zip Code</b>  Goodyear, AZ 85395-2600	<b>Amount of Contribution (\$)</b> \$96.00
	<b>Principal occupation / Job title (See Instructions)</b> VP Case Mgmt Cont Care	<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 11/07/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Miriam ..... <b>Contributor address; City; State; Zip Code</b>  Goodyear, AZ 85395-2600	<b>Amount of Contribution (\$)</b> \$96.00
	<b>Principal occupation / Job title (See Instructions)</b> VP Case Mgmt Cont Care	<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 11/21/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Miriam ..... <b>Contributor address; City; State; Zip Code</b>  Goodyear, AZ 85395-2600	<b>Amount of Contribution (\$)</b> \$96.00
	<b>Principal occupation / Job title (See Instructions)</b> VP Case Mgmt Cont Care	<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 12/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Miriam ..... <b>Contributor address; City; State; Zip Code</b>  Goodyear, AZ 85395-2600	<b>Amount of Contribution (\$)</b> \$96.00
	<b>Principal occupation / Job title (See Instructions)</b> VP Case Mgmt Cont Care	<b>Employer (See Instructions)</b> 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: Sch: 38/194 Rpt: 41/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Miriam	<b>7</b> Amount of Contribution (\$) \$96.00
	<b>6</b> Contributor address; City; State; Zip Code  Goodyear, AZ 85395-2600	
<b>8</b> Principal occupation / Job title (See Instructions) VP Case Mgmt Cont Care		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 07/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Davison, Corey	<b>Amount of Contribution (\$)</b> \$192.00
	<b>Contributor address; City; State; Zip Code</b>  The Colony, TX 75056-6427	
<b>Principal occupation / Job title (See Instructions)</b> VP Government Relations		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 07/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Davison, Corey	<b>Amount of Contribution (\$)</b> \$192.00
	<b>Contributor address; City; State; Zip Code</b>  The Colony, TX 75056-6427	
<b>Principal occupation / Job title (See Instructions)</b> VP Government Relations		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 08/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Davison, Corey	<b>Amount of Contribution (\$)</b> \$192.00
	<b>Contributor address; City; State; Zip Code</b>  The Colony, TX 75056-6427	
<b>Principal occupation / Job title (See Instructions)</b> VP Government Relations		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 08/15/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Davison, Corey	<b>Amount of Contribution (\$)</b> \$192.00
	<b>Contributor address; City; State; Zip Code</b>  The Colony, TX 75056-6427	
<b>Principal occupation / Job title (See Instructions)</b> VP Government Relations		<b>Employer (See Instructions)</b> 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: Sch: 39/194 Rpt: 42/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 08/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davison, Corey	<b>7</b> Amount of Contribution (\$) \$192.00
	<b>6</b> Contributor address; City; State; Zip Code  The Colony, TX 75056-6427	
<b>8</b> Principal occupation / Job title (See Instructions) VP Government Relations		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 07/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Delburn, Brian	<b>Amount of Contribution (\$)</b> \$39.00
	<b>Contributor address; City; State; Zip Code</b>  Coral Springs, FL 33076-3374	
<b>Principal occupation / Job title (See Instructions)</b> Dir Govt Relations		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 07/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Delburn, Brian	<b>Amount of Contribution (\$)</b> \$39.00
	<b>Contributor address; City; State; Zip Code</b>  Coral Springs, FL 33076-3374	
<b>Principal occupation / Job title (See Instructions)</b> Dir Govt Relations		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 08/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Delburn, Brian	<b>Amount of Contribution (\$)</b> \$39.00
	<b>Contributor address; City; State; Zip Code</b>  Coral Springs, FL 33076-3374	
<b>Principal occupation / Job title (See Instructions)</b> Dir Govt Relations		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 08/15/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Delburn, Brian	<b>Amount of Contribution (\$)</b> \$39.00
	<b>Contributor address; City; State; Zip Code</b>  Coral Springs, FL 33076-3374	
<b>Principal occupation / Job title (See Instructions)</b> Dir Govt Relations		<b>Employer (See Instructions)</b> 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: Sch: 40/194 Rpt: 43/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 08/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delburn, Brian ..... <b>6</b> Contributor address; City; State; Zip Code  Coral Springs, FL 33076-3374	<b>7</b> Amount of Contribution (\$) \$39.00
	<b>8</b> Principal occupation / Job title (See Instructions) Dir Govt Relations	<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 09/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Delburn, Brian ..... <b>Contributor address; City; State; Zip Code</b>  Coral Springs, FL 33076-3374	<b>Amount of Contribution (\$)</b> \$39.00
	<b>Principal occupation / Job title (See Instructions)</b> Dir Govt Relations	<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 09/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Delburn, Brian ..... <b>Contributor address; City; State; Zip Code</b>  Coral Springs, FL 33076-3374	<b>Amount of Contribution (\$)</b> \$39.00
	<b>Principal occupation / Job title (See Instructions)</b> Dir Govt Relations	<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 10/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Delburn, Brian ..... <b>Contributor address; City; State; Zip Code</b>  Coral Springs, FL 33076-3374	<b>Amount of Contribution (\$)</b> \$39.00
	<b>Principal occupation / Job title (See Instructions)</b> Dir Govt Relations	<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 10/24/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Delburn, Brian ..... <b>Contributor address; City; State; Zip Code</b>  Coral Springs, FL 33076-3374	<b>Amount of Contribution (\$)</b> \$39.00
	<b>Principal occupation / Job title (See Instructions)</b> Dir Govt Relations	<b>Employer (See Instructions)</b> 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: Sch: 41/194 Rpt: 44/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 11/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delburn, Brian ..... <b>6</b> Contributor address; City; State; Zip Code  Coral Springs, FL 33076-3374	<b>7</b> Amount of Contribution (\$) \$39.00
	<b>8</b> Principal occupation / Job title (See Instructions) Dir Govt Relations	<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 11/21/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Delburn, Brian ..... <b>Contributor address; City; State; Zip Code</b>  Coral Springs, FL 33076-3374	<b>Amount of Contribution (\$)</b> \$39.00
	<b>Principal occupation / Job title (See Instructions)</b> Dir Govt Relations	<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 12/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Delburn, Brian ..... <b>Contributor address; City; State; Zip Code</b>  Coral Springs, FL 33076-3374	<b>Amount of Contribution (\$)</b> \$39.00
	<b>Principal occupation / Job title (See Instructions)</b> Dir Govt Relations	<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 12/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Delburn, Brian ..... <b>Contributor address; City; State; Zip Code</b>  Coral Springs, FL 33076-3374	<b>Amount of Contribution (\$)</b> \$39.00
	<b>Principal occupation / Job title (See Instructions)</b> Dir Govt Relations	<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 07/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Demarais, Allison ..... <b>Contributor address; City; State; Zip Code</b>  Pinckney, MI 48169-9562	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Principal occupation / Job title (See Instructions)</b> CHRO Group	<b>Employer (See Instructions)</b> 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: Sch: 42/194 Rpt: 45/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Demarais, Allison	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Pinckney, MI 48169-9562	
<b>8</b> Principal occupation / Job title (See Instructions) CHRO Group		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 08/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Demarais, Allison	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Pinckney, MI 48169-9562	
<b>Principal occupation / Job title (See Instructions)</b> CHRO Group		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 08/15/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Demarais, Allison	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Pinckney, MI 48169-9562	
<b>Principal occupation / Job title (See Instructions)</b> CHRO Group		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Demarais, Allison	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Pinckney, MI 48169-9562	
<b>Principal occupation / Job title (See Instructions)</b> CHRO Group		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 09/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Demarais, Allison	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Pinckney, MI 48169-9562	
<b>Principal occupation / Job title (See Instructions)</b> CHRO Group		<b>Employer (See Instructions)</b> 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: Sch: 43/194 Rpt: 46/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 09/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Demarais, Allison	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Pinckney, MI 48169-9562	
<b>8</b> Principal occupation / Job title (See Instructions) CHRO Group		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 10/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Demarais, Allison	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Pinckney, MI 48169-9562	
<b>Principal occupation / Job title (See Instructions)</b> CHRO Group		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 10/24/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Demarais, Allison	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Pinckney, MI 48169-9562	
<b>Principal occupation / Job title (See Instructions)</b> CHRO Group		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 11/07/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Demarais, Allison	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Pinckney, MI 48169-9562	
<b>Principal occupation / Job title (See Instructions)</b> CHRO Group		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 11/21/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Demarais, Allison	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Pinckney, MI 48169-9562	
<b>Principal occupation / Job title (See Instructions)</b> CHRO Group		<b>Employer (See Instructions)</b> 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: Sch: 44/194 Rpt: 47/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Demarais, Allison	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Pinckney, MI 48169-9562	
<b>8</b> Principal occupation / Job title (See Instructions) CHRO Group		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 12/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Demarais, Allison	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Pinckney, MI 48169-9562	
<b>Principal occupation / Job title (See Instructions)</b> CHRO Group		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 07/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Driessnack, Hans	<b>Amount of Contribution (\$)</b> \$39.00
	<b>Contributor address; City; State; Zip Code</b>  Goodyear, AZ 85395-2600	
<b>Principal occupation / Job title (See Instructions)</b> CEO		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 07/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Driessnack, Hans	<b>Amount of Contribution (\$)</b> \$39.00
	<b>Contributor address; City; State; Zip Code</b>  Goodyear, AZ 85395-2600	
<b>Principal occupation / Job title (See Instructions)</b> CEO		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 08/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Driessnack, Hans	<b>Amount of Contribution (\$)</b> \$39.00
	<b>Contributor address; City; State; Zip Code</b>  Goodyear, AZ 85395-2600	
<b>Principal occupation / Job title (See Instructions)</b> CEO		<b>Employer (See Instructions)</b> 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: Sch: 45/194 Rpt: 48/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 08/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Driessnack, Hans ..... <b>6</b> Contributor address; City; State; Zip Code  Goodyear, AZ 85395-2600	<b>7</b> Amount of Contribution (\$)  \$39.00
	<b>8</b> Principal occupation / Job title (See Instructions) CEO	<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Driessnack, Hans ..... <b>Contributor address; City; State; Zip Code</b>  Goodyear, AZ 85395-2600	<b>Amount of Contribution (\$)</b>  \$39.00
	<b>Principal occupation / Job title (See Instructions)</b> CEO	<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 09/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Driessnack, Hans ..... <b>Contributor address; City; State; Zip Code</b>  Goodyear, AZ 85395-2600	<b>Amount of Contribution (\$)</b>  \$39.00
	<b>Principal occupation / Job title (See Instructions)</b> CEO	<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 09/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Driessnack, Hans ..... <b>Contributor address; City; State; Zip Code</b>  Goodyear, AZ 85395-2600	<b>Amount of Contribution (\$)</b>  \$39.00
	<b>Principal occupation / Job title (See Instructions)</b> CEO	<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 10/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Driessnack, Hans ..... <b>Contributor address; City; State; Zip Code</b>  Goodyear, AZ 85395-2600	<b>Amount of Contribution (\$)</b>  \$39.00
	<b>Principal occupation / Job title (See Instructions)</b> CEO	<b>Employer (See Instructions)</b> 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: Sch: 46/194 Rpt: 49/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 10/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Driessnack, Hans ..... <b>6</b> Contributor address; City; State; Zip Code  Goodyear, AZ 85395-2600	<b>7</b> Amount of Contribution (\$) \$39.00
<b>8</b> Principal occupation / Job title (See Instructions) CEO		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 11/07/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Driessnack, Hans ..... <b>Contributor address; City; State; Zip Code</b>  Goodyear, AZ 85395-2600	<b>Amount of Contribution (\$)</b> \$39.00
<b>Principal occupation / Job title (See Instructions)</b> CEO		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 11/21/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Driessnack, Hans ..... <b>Contributor address; City; State; Zip Code</b>  Goodyear, AZ 85395-2600	<b>Amount of Contribution (\$)</b> \$39.00
<b>Principal occupation / Job title (See Instructions)</b> CEO		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 12/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Driessnack, Hans ..... <b>Contributor address; City; State; Zip Code</b>  Goodyear, AZ 85395-2600	<b>Amount of Contribution (\$)</b> \$39.00
<b>Principal occupation / Job title (See Instructions)</b> CEO		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 12/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Driessnack, Hans ..... <b>Contributor address; City; State; Zip Code</b>  Goodyear, AZ 85395-2600	<b>Amount of Contribution (\$)</b> \$39.00
<b>Principal occupation / Job title (See Instructions)</b> CEO		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			
<b>2 FILER NAME</b> Tenet Healthcare Corporation Political Action Committee			
<b>4 Date</b> 07/03/2025	<b>5 Full name of contributor</b> Durfee, Marjana <b>6 Contributor address; City; State; Zip Code</b>  Houston, TX 77004-7005	<b>1 Total pages Schedule A1:</b> Sch: 47/194 Rpt: 50/214	<b>3 Filer ID (Ethics Commission Filers)</b> 00082830
		<b>7 Amount of Contribution (\$)</b> \$192.00	
<b>8 Principal occupation / Job title (See Instructions)</b> SVP Head of Compliance		<b>9 Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 07/18/2025	<b>Full name of contributor</b> Durfee, Marjana <b>Contributor address; City; State; Zip Code</b>  Houston, TX 77004-7005	<b>Amount of Contribution (\$)</b> \$192.00	
<b>Principal occupation / Job title (See Instructions)</b> SVP Head of Compliance		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 08/01/2025	<b>Full name of contributor</b> Durfee, Marjana <b>Contributor address; City; State; Zip Code</b>  Houston, TX 77004-7005	<b>Amount of Contribution (\$)</b> \$192.00	
<b>Principal occupation / Job title (See Instructions)</b> SVP Head of Compliance		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 08/15/2025	<b>Full name of contributor</b> Durfee, Marjana <b>Contributor address; City; State; Zip Code</b>  Houston, TX 77004-7005	<b>Amount of Contribution (\$)</b> \$192.00	
<b>Principal occupation / Job title (See Instructions)</b> SVP Head of Compliance		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> Durfee, Marjana <b>Contributor address; City; State; Zip Code</b>  Houston, TX 77004-7005	<b>Amount of Contribution (\$)</b> \$192.00	
<b>Principal occupation / Job title (See Instructions)</b> SVP Head of Compliance		<b>Employer (See Instructions)</b> 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: Sch: 48/194 Rpt: 51/214	
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee				<b>3</b> Filer ID (Ethics Commission Filers) 00082830	
<b>4</b> Date 09/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Durfee, Marjana	<b>7</b> Amount of Contribution (\$) \$192.00			
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77004-7005				
<b>8</b> Principal occupation / Job title (See Instructions) SVP Head of Compliance		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION			
<b>Date</b> 09/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Durfee, Marjana	<b>Amount of Contribution (\$)</b> \$192.00			
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77004-7005				
<b>Principal occupation / Job title (See Instructions)</b> SVP Head of Compliance		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION			
<b>Date</b> 10/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Durfee, Marjana	<b>Amount of Contribution (\$)</b> \$192.00			
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77004-7005				
<b>Principal occupation / Job title (See Instructions)</b> SVP Head of Compliance		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION			
<b>Date</b> 10/24/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Durfee, Marjana	<b>Amount of Contribution (\$)</b> \$192.00			
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77004-7005				
<b>Principal occupation / Job title (See Instructions)</b> SVP Head of Compliance		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION			
<b>Date</b> 11/07/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Durfee, Marjana	<b>Amount of Contribution (\$)</b> \$192.00			
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77004-7005				
<b>Principal occupation / Job title (See Instructions)</b> SVP Head of Compliance		<b>Employer (See Instructions)</b> 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: Sch: 49/194 Rpt: 52/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 11/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Durfee, Marjana	<b>7</b> Amount of Contribution (\$) \$192.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77004-7005	
<b>8</b> Principal occupation / Job title (See Instructions) SVP Head of Compliance		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 12/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Durfee, Marjana	<b>Amount of Contribution (\$)</b> \$192.00
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77004-7005	
<b>Principal occupation / Job title (See Instructions)</b> SVP Head of Compliance		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 12/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Durfee, Marjana	<b>Amount of Contribution (\$)</b> \$192.00
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77004-7005	
<b>Principal occupation / Job title (See Instructions)</b> SVP Head of Compliance		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Egan, Joseph	<b>Amount of Contribution (\$)</b> \$250.00
	<b>Contributor address; City; State; Zip Code</b>  Southfield, MI 48034-5544	
<b>Principal occupation / Job title (See Instructions)</b> Mkt Admin Amb Care & Access Svcs		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 07/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Elisco, Brian	<b>Amount of Contribution (\$)</b> \$39.00
	<b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78258-2967	
<b>Principal occupation / Job title (See Instructions)</b> CEO Group		<b>Employer (See Instructions)</b> 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: Sch: 50/194 Rpt: 53/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elisco, Brian	<b>7</b> Amount of Contribution (\$) \$39.00
	<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78258-2967	
<b>8</b> Principal occupation / Job title (See Instructions) CEO Group		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 08/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Elisco, Brian	<b>Amount of Contribution (\$)</b> \$39.00
	<b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78258-2967	
<b>Principal occupation / Job title (See Instructions)</b> CEO Group		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 08/15/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Elisco, Brian	<b>Amount of Contribution (\$)</b> \$39.00
	<b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78258-2967	
<b>Principal occupation / Job title (See Instructions)</b> CEO Group		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Elisco, Brian	<b>Amount of Contribution (\$)</b> \$39.00
	<b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78258-2967	
<b>Principal occupation / Job title (See Instructions)</b> CEO Group		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 09/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Elisco, Brian	<b>Amount of Contribution (\$)</b> \$39.00
	<b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78258-2967	
<b>Principal occupation / Job title (See Instructions)</b> CEO Group		<b>Employer (See Instructions)</b> 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: Sch: 51/194 Rpt: 54/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 09/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elisco, Brian	<b>7</b> Amount of Contribution (\$) \$39.00
	<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78258-2967	
<b>8</b> Principal occupation / Job title (See Instructions) CEO Group		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 10/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Elisco, Brian	<b>Amount of Contribution (\$)</b> \$39.00
	<b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78258-2967	
<b>Principal occupation / Job title (See Instructions)</b> CEO Group		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 10/24/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Elisco, Brian	<b>Amount of Contribution (\$)</b> \$39.00
	<b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78258-2967	
<b>Principal occupation / Job title (See Instructions)</b> CEO Group		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 11/07/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Elisco, Brian	<b>Amount of Contribution (\$)</b> \$39.00
	<b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78258-2967	
<b>Principal occupation / Job title (See Instructions)</b> CEO Group		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 11/21/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Elisco, Brian	<b>Amount of Contribution (\$)</b> \$39.00
	<b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78258-2967	
<b>Principal occupation / Job title (See Instructions)</b> CEO Group		<b>Employer (See Instructions)</b> 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: Sch: 52/194 Rpt: 55/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elisco, Brian	<b>7</b> Amount of Contribution (\$) \$39.00
	<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78258-2967	
<b>8</b> Principal occupation / Job title (See Instructions) CEO Group		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 12/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Elisco, Brian	<b>Amount of Contribution (\$)</b> \$39.00
	<b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78258-2967	
<b>Principal occupation / Job title (See Instructions)</b> CEO Group		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 07/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Epstein, Aaron	<b>Amount of Contribution (\$)</b> \$96.00
	<b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75034-8635	
<b>Principal occupation / Job title (See Instructions)</b> Svp General Counsel		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 07/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Epstein, Aaron	<b>Amount of Contribution (\$)</b> \$96.00
	<b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75034-8635	
<b>Principal occupation / Job title (See Instructions)</b> Svp General Counsel		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 08/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Epstein, Aaron	<b>Amount of Contribution (\$)</b> \$96.00
	<b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75034-8635	
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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 53/194 Rpt: 56/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 08/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Epstein, Aaron	<b>7</b> Amount of Contribution (\$) \$96.00
	<b>6</b> Contributor address; City; State; Zip Code  Frisco, TX 75034-8635	
<b>8</b> Principal occupation / Job title (See Instructions) Svp General Counsel		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Epstein, Aaron	<b>Amount of Contribution (\$)</b> \$96.00
	<b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75034-8635	
<b>Principal occupation / Job title (See Instructions)</b> Svp General Counsel		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 09/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Epstein, Aaron	<b>Amount of Contribution (\$)</b> \$96.00
	<b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75034-8635	
<b>Principal occupation / Job title (See Instructions)</b> Svp General Counsel		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 09/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Epstein, Aaron	<b>Amount of Contribution (\$)</b> \$96.00
	<b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75034-8635	
<b>Principal occupation / Job title (See Instructions)</b> Svp General Counsel		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 10/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Epstein, Aaron	<b>Amount of Contribution (\$)</b> \$96.00
	<b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75034-8635	
<b>Principal occupation / Job title (See Instructions)</b> Svp General Counsel		<b>Employer (See Instructions)</b> 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: Sch: 54/194 Rpt: 57/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 10/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Epstein, Aaron	<b>7</b> Amount of Contribution (\$) \$96.00
	<b>6</b> Contributor address; City; State; Zip Code  Frisco, TX 75034-8635	
<b>8</b> Principal occupation / Job title (See Instructions) Svp General Counsel		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 11/07/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Epstein, Aaron	<b>Amount of Contribution (\$)</b> \$96.00
	<b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75034-8635	
<b>Principal occupation / Job title (See Instructions)</b> Svp General Counsel		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 11/21/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Epstein, Aaron	<b>Amount of Contribution (\$)</b> \$96.00
	<b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75034-8635	
<b>Principal occupation / Job title (See Instructions)</b> Svp General Counsel		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 12/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Epstein, Aaron	<b>Amount of Contribution (\$)</b> \$96.00
	<b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75034-8635	
<b>Principal occupation / Job title (See Instructions)</b> Svp General Counsel		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 12/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Epstein, Aaron	<b>Amount of Contribution (\$)</b> \$96.00
	<b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75034-8635	
<b>Principal occupation / Job title (See Instructions)</b> Svp General Counsel		<b>Employer (See Instructions)</b> 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: Sch: 55/194 Rpt: 58/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 07/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farrar, Rodney	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Lewisville, TX 75067-5567	
<b>8</b> Principal occupation / Job title (See Instructions) Mgr Val Based Care Info		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farrar, Rodney	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Lewisville, TX 75067-5567	
Principal occupation / Job title (See Instructions) Mgr Val Based Care Info		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farrar, Rodney	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Lewisville, TX 75067-5567	
Principal occupation / Job title (See Instructions) Mgr Val Based Care Info		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farrar, Rodney	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Lewisville, TX 75067-5567	
Principal occupation / Job title (See Instructions) Mgr Val Based Care Info		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farrar, Rodney	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Lewisville, TX 75067-5567	
Principal occupation / Job title (See Instructions) Mgr Val Based Care Info		Employer (See Instructions) 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: Sch: 56/194 Rpt: 59/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 09/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farrar, Rodney	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Lewisville, TX 75067-5567	
<b>8</b> Principal occupation / Job title (See Instructions) Mgr Val Based Care Info		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 09/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Farrar, Rodney	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Lewisville, TX 75067-5567	
<b>Principal occupation / Job title (See Instructions)</b> Mgr Val Based Care Info		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 10/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Farrar, Rodney	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Lewisville, TX 75067-5567	
<b>Principal occupation / Job title (See Instructions)</b> Mgr Val Based Care Info		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 10/24/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Farrar, Rodney	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Lewisville, TX 75067-5567	
<b>Principal occupation / Job title (See Instructions)</b> Mgr Val Based Care Info		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 10/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Farrar, Rodney	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Lewisville, TX 75067-5567	
<b>Principal occupation / Job title (See Instructions)</b> Mgr Val Based Care Info		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			
<b>2 FILER NAME</b> Tenet Healthcare Corporation Political Action Committee			
<b>4 Date</b> 11/14/2025	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Farrar, Rodney  <b>6 Contributor address; City; State; Zip Code</b>  Lewisville, TX 75067-5567	<b>1 Total pages Schedule A1:</b> Sch: 57/194 Rpt: 60/214	<b>3 Filer ID (Ethics Commission Filers)</b> 00082830
		<b>7 Amount of Contribution (\$)</b> \$10.00	
<b>8 Principal occupation / Job title (See Instructions)</b> Mgr Val Based Care Info		<b>9 Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 11/28/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Farrar, Rodney  <b>Contributor address; City; State; Zip Code</b>  Lewisville, TX 75067-5567	<b>Amount of Contribution (\$)</b> \$10.00	
<b>Principal occupation / Job title (See Instructions)</b> Mgr Val Based Care Info		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 12/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Farrar, Rodney  <b>Contributor address; City; State; Zip Code</b>  Lewisville, TX 75067-5567	<b>Amount of Contribution (\$)</b> \$10.00	
<b>Principal occupation / Job title (See Instructions)</b> Mgr Val Based Care Info		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 12/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Farrar, Rodney  <b>Contributor address; City; State; Zip Code</b>  Lewisville, TX 75067-5567	<b>Amount of Contribution (\$)</b> \$10.00	
<b>Principal occupation / Job title (See Instructions)</b> Mgr Val Based Care Info		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 07/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Finney, Connie  <b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75034-8635	<b>Amount of Contribution (\$)</b> \$10.00	
<b>Principal occupation / Job title (See Instructions)</b> Mgr Contracts Admin		<b>Employer (See Instructions)</b> 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: Sch: 58/194 Rpt: 61/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finney, Connie	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Frisco, TX 75034-8635	
<b>8</b> Principal occupation / Job title (See Instructions) Mgr Contracts Admin		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 08/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Finney, Connie	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75034-8635	
<b>Principal occupation / Job title (See Instructions)</b> Mgr Contracts Admin		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 08/15/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Finney, Connie	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75034-8635	
<b>Principal occupation / Job title (See Instructions)</b> Mgr Contracts Admin		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Finney, Connie	<b>Amount of Contribution (\$)</b> \$10.00
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<b>Principal occupation / Job title (See Instructions)</b> Mgr Contracts Admin		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
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## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 59/194 Rpt: 62/214
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<b>4</b> Date 09/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finney, Connie	<b>7</b> Amount of Contribution (\$) \$10.00
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<b>Date</b> 10/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Finney, Connie	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75034-8635	
<b>Principal occupation / Job title (See Instructions)</b> Mgr Contracts Admin		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 10/24/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Finney, Connie	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75034-8635	
<b>Principal occupation / Job title (See Instructions)</b> Mgr Contracts Admin		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 11/07/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Finney, Connie	<b>Amount of Contribution (\$)</b> \$10.00
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<b>Principal occupation / Job title (See Instructions)</b> Mgr Contracts Admin		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 11/21/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Finney, Connie	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75034-8635	
<b>Principal occupation / Job title (See Instructions)</b> Mgr Contracts Admin		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			
<b>2 FILER NAME</b> Tenet Healthcare Corporation Political Action Committee			
<b>4 Date</b> 12/05/2025	<b>5 Full name of contributor</b> Finney, Connie <b>6 Contributor address; City; State; Zip Code</b> Frisco, TX 75034-8635	<b>1 Total pages Schedule A1:</b> Sch: 60/194 Rpt: 63/214	<b>3 Filer ID (Ethics Commission Filers)</b> 00082830
		<b>7 Amount of Contribution (\$)</b> \$10.00	
<b>8 Principal occupation / Job title (See Instructions)</b> Mgr Contracts Admin		<b>9 Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 12/19/2025	<b>Full name of contributor</b> Finney, Connie <b>Contributor address; City; State; Zip Code</b> Frisco, TX 75034-8635	<b>Amount of Contribution (\$)</b> \$10.00	
<b>Principal occupation / Job title (See Instructions)</b> Mgr Contracts Admin		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 07/03/2025	<b>Full name of contributor</b> Finney, Michele <b>Contributor address; City; State; Zip Code</b> Rancho Mirage, CA 92270-4138	<b>Amount of Contribution (\$)</b> \$38.00	
<b>Principal occupation / Job title (See Instructions)</b> CEO Group		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 07/18/2025	<b>Full name of contributor</b> Finney, Michele <b>Contributor address; City; State; Zip Code</b> Rancho Mirage, CA 92270-4138	<b>Amount of Contribution (\$)</b> \$38.00	
<b>Principal occupation / Job title (See Instructions)</b> CEO Group		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 08/01/2025	<b>Full name of contributor</b> Finney, Michele <b>Contributor address; City; State; Zip Code</b> Rancho Mirage, CA 92270-4138	<b>Amount of Contribution (\$)</b> \$38.00	
<b>Principal occupation / Job title (See Instructions)</b> CEO Group		<b>Employer (See Instructions)</b> 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: Sch: 61/194 Rpt: 64/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 08/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finney, Michele	<b>7</b> Amount of Contribution (\$) \$38.00
	<b>6</b> Contributor address; City; State; Zip Code  Rancho Mirage, CA 92270-4138	
<b>8</b> Principal occupation / Job title (See Instructions) CEO Group		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Finney, Michele	<b>Amount of Contribution (\$)</b> \$38.00
	<b>Contributor address; City; State; Zip Code</b>  Rancho Mirage, CA 92270-4138	
<b>Principal occupation / Job title (See Instructions)</b> CEO Group		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 09/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Finney, Michele	<b>Amount of Contribution (\$)</b> \$38.00
	<b>Contributor address; City; State; Zip Code</b>  Rancho Mirage, CA 92270-4138	
<b>Principal occupation / Job title (See Instructions)</b> CEO Group		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 09/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Finney, Michele	<b>Amount of Contribution (\$)</b> \$38.00
	<b>Contributor address; City; State; Zip Code</b>  Rancho Mirage, CA 92270-4138	
<b>Principal occupation / Job title (See Instructions)</b> CEO Group		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 10/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Finney, Michele	<b>Amount of Contribution (\$)</b> \$38.00
	<b>Contributor address; City; State; Zip Code</b>  Rancho Mirage, CA 92270-4138	
<b>Principal occupation / Job title (See Instructions)</b> CEO Group		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			
<b>2 FILER NAME</b> Tenet Healthcare Corporation Political Action Committee			
<b>4 Date</b> 10/24/2025	<b>5 Full name of contributor</b> Finney, Michele	<b>6 Contributor address; City; State; Zip Code</b>  Rancho Mirage, CA 92270-4138	<b>1 Total pages Schedule A1:</b> Sch: 62/194 Rpt: 65/214
			<b>3 Filer ID (Ethics Commission Filers)</b> 00082830
			<b>7 Amount of Contribution (\$)</b> \$38.00
<b>8 Principal occupation / Job title (See Instructions)</b> CEO Group		<b>9 Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 11/07/2025	<b>Full name of contributor</b> Finney, Michele	<b>Contributor address; City; State; Zip Code</b>  Rancho Mirage, CA 92270-4138	<b>Amount of Contribution (\$)</b> \$38.00
<b>Principal occupation / Job title (See Instructions)</b> CEO Group		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 11/21/2025	<b>Full name of contributor</b> Finney, Michele	<b>Contributor address; City; State; Zip Code</b>  Rancho Mirage, CA 92270-4138	<b>Amount of Contribution (\$)</b> \$38.00
<b>Principal occupation / Job title (See Instructions)</b> CEO Group		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 12/05/2025	<b>Full name of contributor</b> Finney, Michele	<b>Contributor address; City; State; Zip Code</b>  Rancho Mirage, CA 92270-4138	<b>Amount of Contribution (\$)</b> \$38.00
<b>Principal occupation / Job title (See Instructions)</b> CEO Group		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 12/19/2025	<b>Full name of contributor</b> Finney, Michele	<b>Contributor address; City; State; Zip Code</b>  Rancho Mirage, CA 92270-4138	<b>Amount of Contribution (\$)</b> \$38.00
<b>Principal occupation / Job title (See Instructions)</b> CEO Group		<b>Employer (See Instructions)</b> 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: Sch: 63/194 Rpt: 66/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 07/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forry, Bryan	<b>7</b> Amount of Contribution (\$) \$96.00
	<b>6</b> Contributor address; City; State; Zip Code  Scottsdale, AZ 85255-6503	
<b>8</b> Principal occupation / Job title (See Instructions) Svp Conifer CFO		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 07/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Forry, Bryan	<b>Amount of Contribution (\$)</b> \$96.00
	<b>Contributor address; City; State; Zip Code</b>  Scottsdale, AZ 85255-6503	
<b>Principal occupation / Job title (See Instructions)</b> Svp Conifer CFO		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 08/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Forry, Bryan	<b>Amount of Contribution (\$)</b> \$96.00
	<b>Contributor address; City; State; Zip Code</b>  Scottsdale, AZ 85255-6503	
<b>Principal occupation / Job title (See Instructions)</b> Svp Conifer CFO		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 08/15/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Forry, Bryan	<b>Amount of Contribution (\$)</b> \$96.00
	<b>Contributor address; City; State; Zip Code</b>  Scottsdale, AZ 85255-6503	
<b>Principal occupation / Job title (See Instructions)</b> Svp Conifer CFO		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Forry, Bryan	<b>Amount of Contribution (\$)</b> \$96.00
	<b>Contributor address; City; State; Zip Code</b>  Scottsdale, AZ 85255-6503	
<b>Principal occupation / Job title (See Instructions)</b> Svp Conifer CFO		<b>Employer (See Instructions)</b> 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: Sch: 64/194 Rpt: 67/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 09/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forry, Bryan	<b>7</b> Amount of Contribution (\$) \$96.00
	<b>6</b> Contributor address; City; State; Zip Code  Scottsdale, AZ 85255-6503	
<b>8</b> Principal occupation / Job title (See Instructions) Svp Conifer CFO		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 09/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Forry, Bryan	<b>Amount of Contribution (\$)</b> \$96.00
	<b>Contributor address; City; State; Zip Code</b>  Scottsdale, AZ 85255-6503	
<b>Principal occupation / Job title (See Instructions)</b> Svp Conifer CFO		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 10/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Forry, Bryan	<b>Amount of Contribution (\$)</b> \$96.00
	<b>Contributor address; City; State; Zip Code</b>  Scottsdale, AZ 85255-6503	
<b>Principal occupation / Job title (See Instructions)</b> Svp Conifer CFO		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 10/24/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Forry, Bryan	<b>Amount of Contribution (\$)</b> \$96.00
	<b>Contributor address; City; State; Zip Code</b>  Scottsdale, AZ 85255-6503	
<b>Principal occupation / Job title (See Instructions)</b> Svp Conifer CFO		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 11/07/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Forry, Bryan	<b>Amount of Contribution (\$)</b> \$96.00
	<b>Contributor address; City; State; Zip Code</b>  Scottsdale, AZ 85255-6503	
<b>Principal occupation / Job title (See Instructions)</b> Svp Conifer CFO		<b>Employer (See Instructions)</b> 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: Sch: 65/194 Rpt: 68/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 11/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forry, Bryan	<b>7</b> Amount of Contribution (\$) \$96.00
	<b>6</b> Contributor address; City; State; Zip Code  Scottsdale, AZ 85255-6503	
<b>8</b> Principal occupation / Job title (See Instructions) Svp Conifer CFO		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 12/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Forry, Bryan	<b>Amount of Contribution (\$)</b> \$96.00
	<b>Contributor address; City; State; Zip Code</b>  Scottsdale, AZ 85255-6503	
<b>Principal occupation / Job title (See Instructions)</b> Svp Conifer CFO		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 12/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Forry, Bryan	<b>Amount of Contribution (\$)</b> \$96.00
	<b>Contributor address; City; State; Zip Code</b>  Scottsdale, AZ 85255-6503	
<b>Principal occupation / Job title (See Instructions)</b> Svp Conifer CFO		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 07/11/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Raymond	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Cathedral City, CA 92234-3657	
<b>Principal occupation / Job title (See Instructions)</b> DIR-IMAGING SERVICES		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 07/25/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Raymond	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Cathedral City, CA 92234-3657	
<b>Principal occupation / Job title (See Instructions)</b> DIR-IMAGING SERVICES		<b>Employer (See Instructions)</b> 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: Sch: 66/194 Rpt: 69/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 08/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Raymond	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Cathedral City, CA 92234-3657	
<b>8</b> Principal occupation / Job title (See Instructions) DIR-IMAGING SERVICES		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 08/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Raymond	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Cathedral City, CA 92234-3657	
<b>Principal occupation / Job title (See Instructions)</b> DIR-IMAGING SERVICES		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 09/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Raymond	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Cathedral City, CA 92234-3657	
<b>Principal occupation / Job title (See Instructions)</b> DIR-IMAGING SERVICES		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 09/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Raymond	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Cathedral City, CA 92234-3657	
<b>Principal occupation / Job title (See Instructions)</b> DIR-IMAGING SERVICES		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 10/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Raymond	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Cathedral City, CA 92234-3657	
<b>Principal occupation / Job title (See Instructions)</b> DIR-IMAGING SERVICES		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			
<b>2 FILER NAME</b> Tenet Healthcare Corporation Political Action Committee			
<b>4 Date</b> 10/17/2025	<b>5 Full name of contributor</b> Foster, Raymond	<b>6 Contributor address; City; State; Zip Code</b>  Cathedral City, CA 92234-3657	<b>1 Total pages Schedule A1:</b> Sch: 67/194 Rpt: 70/214  <b>3 Filer ID (Ethics Commission Filers)</b> 00082830
			<b>7 Amount of Contribution (\$)</b> \$10.00
<b>8 Principal occupation / Job title (See Instructions)</b> DIR-IMAGING SERVICES		<b>9 Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 10/31/2025	<b>Full name of contributor</b> Foster, Raymond	<b>Contributor address; City; State; Zip Code</b>  Cathedral City, CA 92234-3657	<b>Amount of Contribution (\$)</b> \$10.00
<b>Principal occupation / Job title (See Instructions)</b> DIR-IMAGING SERVICES		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 11/14/2025	<b>Full name of contributor</b> Foster, Raymond	<b>Contributor address; City; State; Zip Code</b>  Cathedral City, CA 92234-3657	<b>Amount of Contribution (\$)</b> \$10.00
<b>Principal occupation / Job title (See Instructions)</b> DIR-IMAGING SERVICES		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 11/28/2025	<b>Full name of contributor</b> Foster, Raymond	<b>Contributor address; City; State; Zip Code</b>  Cathedral City, CA 92234-3657	<b>Amount of Contribution (\$)</b> \$10.00
<b>Principal occupation / Job title (See Instructions)</b> DIR-IMAGING SERVICES		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 12/12/2025	<b>Full name of contributor</b> Foster, Raymond	<b>Contributor address; City; State; Zip Code</b>  Cathedral City, CA 92234-3657	<b>Amount of Contribution (\$)</b> \$10.00
<b>Principal occupation / Job title (See Instructions)</b> DIR-IMAGING SERVICES		<b>Employer (See Instructions)</b> 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: Sch: 68/194 Rpt: 71/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 12/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Raymond	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Cathedral City, CA 92234-3657	
<b>8</b> Principal occupation / Job title (See Instructions) DIR-IMAGING SERVICES		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Jill	Amount of Contribution (\$) \$96.00
	Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	
Principal occupation / Job title (See Instructions) VP Talent Acquisition		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Jill	Amount of Contribution (\$) \$96.00
	Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	
Principal occupation / Job title (See Instructions) VP Talent Acquisition		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Jill	Amount of Contribution (\$) \$96.00
	Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	
Principal occupation / Job title (See Instructions) VP Talent Acquisition		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Jill	Amount of Contribution (\$) \$96.00
	Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	
Principal occupation / Job title (See Instructions) VP Talent Acquisition		Employer (See Instructions) 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: Sch: 69/194 Rpt: 72/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 08/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Jill	<b>7</b> Amount of Contribution (\$) \$96.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	
<b>8</b> Principal occupation / Job title (See Instructions) VP Talent Acquisition		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 09/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Jill	<b>Amount of Contribution (\$)</b> \$96.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	
<b>Principal occupation / Job title (See Instructions)</b> VP Talent Acquisition		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 09/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Jill	<b>Amount of Contribution (\$)</b> \$96.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	
<b>Principal occupation / Job title (See Instructions)</b> VP Talent Acquisition		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 10/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Jill	<b>Amount of Contribution (\$)</b> \$96.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	
<b>Principal occupation / Job title (See Instructions)</b> VP Talent Acquisition		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 10/24/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Jill	<b>Amount of Contribution (\$)</b> \$96.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	
<b>Principal occupation / Job title (See Instructions)</b> VP Talent Acquisition		<b>Employer (See Instructions)</b> 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: Sch: 70/194 Rpt: 73/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 11/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Jill	<b>7</b> Amount of Contribution (\$) \$96.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	
<b>8</b> Principal occupation / Job title (See Instructions) VP Talent Acquisition		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 11/21/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Jill	<b>Amount of Contribution (\$)</b> \$96.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	
<b>Principal occupation / Job title (See Instructions)</b> VP Talent Acquisition		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 12/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Jill	<b>Amount of Contribution (\$)</b> \$96.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	
<b>Principal occupation / Job title (See Instructions)</b> VP Talent Acquisition		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 12/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Jill	<b>Amount of Contribution (\$)</b> \$96.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	
<b>Principal occupation / Job title (See Instructions)</b> VP Talent Acquisition		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 07/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Garner, Stephen	<b>Amount of Contribution (\$)</b> \$19.00
	<b>Contributor address; City; State; Zip Code</b>  Glendale, AZ 85308-7100	
<b>Principal occupation / Job title (See Instructions)</b> CEO		<b>Employer (See Instructions)</b> 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: Sch: 71/194 Rpt: 74/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garner, Stephen	<b>7</b> Amount of Contribution (\$) \$19.00
	<b>6</b> Contributor address; City; State; Zip Code  Glendale, AZ 85308-7100	
<b>8</b> Principal occupation / Job title (See Instructions) CEO		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 08/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Garner, Stephen	<b>Amount of Contribution (\$)</b> \$19.00
	<b>Contributor address; City; State; Zip Code</b>  Glendale, AZ 85308-7100	
<b>Principal occupation / Job title (See Instructions)</b> CEO		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 08/15/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Garner, Stephen	<b>Amount of Contribution (\$)</b> \$19.00
	<b>Contributor address; City; State; Zip Code</b>  Glendale, AZ 85308-7100	
<b>Principal occupation / Job title (See Instructions)</b> CEO		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Garner, Stephen	<b>Amount of Contribution (\$)</b> \$19.00
	<b>Contributor address; City; State; Zip Code</b>  Glendale, AZ 85308-7100	
<b>Principal occupation / Job title (See Instructions)</b> CEO		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 09/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Garner, Stephen	<b>Amount of Contribution (\$)</b> \$19.00
	<b>Contributor address; City; State; Zip Code</b>  Glendale, AZ 85308-7100	
<b>Principal occupation / Job title (See Instructions)</b> CEO		<b>Employer (See Instructions)</b> 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: Sch: 72/194 Rpt: 75/214
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<b>4</b> Date 09/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garner, Stephen	<b>7</b> Amount of Contribution (\$) \$19.00
	<b>6</b> Contributor address; City; State; Zip Code  Glendale, AZ 85308-7100	
<b>8</b> Principal occupation / Job title (See Instructions) CEO		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 10/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Garner, Stephen	<b>Amount of Contribution (\$)</b> \$19.00
	<b>Contributor address; City; State; Zip Code</b>  Glendale, AZ 85308-7100	
<b>Principal occupation / Job title (See Instructions)</b> CEO		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 10/24/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Garner, Stephen	<b>Amount of Contribution (\$)</b> \$19.00
	<b>Contributor address; City; State; Zip Code</b>  Glendale, AZ 85308-7100	
<b>Principal occupation / Job title (See Instructions)</b> CEO		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 11/07/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Garner, Stephen	<b>Amount of Contribution (\$)</b> \$19.00
	<b>Contributor address; City; State; Zip Code</b>  Glendale, AZ 85308-7100	
<b>Principal occupation / Job title (See Instructions)</b> CEO		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 11/21/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Garner, Stephen	<b>Amount of Contribution (\$)</b> \$19.00
	<b>Contributor address; City; State; Zip Code</b>  Glendale, AZ 85308-7100	
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	<b>6</b> Contributor address; City; State; Zip Code  Glendale, AZ 85308-7100	
<b>8</b> Principal occupation / Job title (See Instructions) CEO		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 12/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Garner, Stephen	<b>Amount of Contribution (\$)</b> \$19.00
	<b>Contributor address; City; State; Zip Code</b>  Glendale, AZ 85308-7100	
<b>Principal occupation / Job title (See Instructions)</b> CEO		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 07/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gill, Margaret	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Delray Beach, FL 33446-2707	
<b>Principal occupation / Job title (See Instructions)</b> Group President		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 07/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gill, Margaret	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Delray Beach, FL 33446-2707	
<b>Principal occupation / Job title (See Instructions)</b> Group President		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 08/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gill, Margaret	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Delray Beach, FL 33446-2707	
<b>Principal occupation / Job title (See Instructions)</b> Group President		<b>Employer (See Instructions)</b> 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: Sch: 74/194 Rpt: 77/214
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<b>4</b> Date 08/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gill, Margaret	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Delray Beach, FL 33446-2707	
<b>8</b> Principal occupation / Job title (See Instructions) Group President		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gill, Margaret	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Delray Beach, FL 33446-2707	
<b>Principal occupation / Job title (See Instructions)</b> Group President		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 09/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gill, Margaret	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Delray Beach, FL 33446-2707	
<b>Principal occupation / Job title (See Instructions)</b> Group President		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 09/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gill, Margaret	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Delray Beach, FL 33446-2707	
<b>Principal occupation / Job title (See Instructions)</b> Group President		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
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## SCHEDULE A1

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<b>Date</b> 11/07/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gill, Margaret	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Delray Beach, FL 33446-2707	
<b>Principal occupation / Job title (See Instructions)</b> Group President		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 11/21/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gill, Margaret	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Delray Beach, FL 33446-2707	
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	<b>Contributor address; City; State; Zip Code</b>  Delray Beach, FL 33446-2707	
<b>Principal occupation / Job title (See Instructions)</b> Group President		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 08/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giorgiani, Ryan	<b>7</b> Amount of Contribution (\$) \$39.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	
<b>8</b> Principal occupation / Job title (See Instructions) CFO		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 09/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Giorgiani, Ryan	<b>Amount of Contribution (\$)</b> \$39.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	
<b>Principal occupation / Job title (See Instructions)</b> CFO		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 09/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Giorgiani, Ryan	<b>Amount of Contribution (\$)</b> \$39.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	
<b>Principal occupation / Job title (See Instructions)</b> CFO		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 10/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Giorgiani, Ryan	<b>Amount of Contribution (\$)</b> \$39.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	
<b>Principal occupation / Job title (See Instructions)</b> CFO		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 10/24/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Giorgiani, Ryan	<b>Amount of Contribution (\$)</b> \$39.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	
<b>Principal occupation / Job title (See Instructions)</b> CFO		<b>Employer (See Instructions)</b> 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: Sch: 77/194 Rpt: 80/214
<b>2</b> FILER NAME  Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers)  00082830
<b>4</b> Date  11/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Giorgiani, Ryan	<b>7</b> Amount of Contribution (\$)  \$39.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	
<b>8</b> Principal occupation / Job title (See Instructions)  CFO		<b>9</b> Employer (See Instructions)  TENET HEALTHCARE CORPORATION
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	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	
<b>Principal occupation / Job title (See Instructions)</b>  CFO		<b>Employer (See Instructions)</b>  TENET HEALTHCARE CORPORATION
<b>Date</b>  12/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)  Giorgiani, Ryan	<b>Amount of Contribution (\$)</b>  \$39.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	
<b>Principal occupation / Job title (See Instructions)</b>  CFO		<b>Employer (See Instructions)</b>  TENET HEALTHCARE CORPORATION
<b>Date</b>  12/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)  Giorgiani, Ryan	<b>Amount of Contribution (\$)</b>  \$39.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	
<b>Principal occupation / Job title (See Instructions)</b>  CFO		<b>Employer (See Instructions)</b>  TENET HEALTHCARE CORPORATION
<b>Date</b>  07/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)  Gonzalez, Erin	<b>Amount of Contribution (\$)</b>  \$19.00
	<b>Contributor address; City; State; Zip Code</b>  Phoenix, AZ 85031-1703	
<b>Principal occupation / Job title (See Instructions)</b>  CHRO Group		<b>Employer (See Instructions)</b>  TENET HEALTHCARE CORPORATION

## MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Erin  <b>6</b> Contributor address; City; State; Zip Code  Phoenix, AZ 85031-1703	<b>7</b> Amount of Contribution (\$)  \$19.00
<b>8</b> Principal occupation / Job title (See Instructions) CHRO Group		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 08/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Erin  <b>Contributor address; City; State; Zip Code</b>  Phoenix, AZ 85031-1703	<b>Amount of Contribution (\$)</b>  \$19.00
Principal occupation / Job title (See Instructions) CHRO Group		Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 08/15/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Erin  <b>Contributor address; City; State; Zip Code</b>  Phoenix, AZ 85031-1703	<b>Amount of Contribution (\$)</b>  \$19.00
Principal occupation / Job title (See Instructions) CHRO Group		Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Erin  <b>Contributor address; City; State; Zip Code</b>  Phoenix, AZ 85031-1703	<b>Amount of Contribution (\$)</b>  \$19.00
Principal occupation / Job title (See Instructions) CHRO Group		Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 09/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Erin  <b>Contributor address; City; State; Zip Code</b>  Phoenix, AZ 85031-1703	<b>Amount of Contribution (\$)</b>  \$19.00
Principal occupation / Job title (See Instructions) CHRO Group		Employer (See Instructions) 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: Sch: 79/194 Rpt: 82/214
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<b>4</b> Date 09/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Erin  <b>6</b> Contributor address; City; State; Zip Code  Phoenix, AZ 85031-1703	<b>7</b> Amount of Contribution (\$)  \$19.00
<b>8</b> Principal occupation / Job title (See Instructions) CHRO Group		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 10/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Erin  <b>Contributor address; City; State; Zip Code</b>  Phoenix, AZ 85031-1703	<b>Amount of Contribution (\$)</b>  \$19.00
Principal occupation / Job title (See Instructions) CHRO Group		Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 10/24/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Erin  <b>Contributor address; City; State; Zip Code</b>  Phoenix, AZ 85031-1703	<b>Amount of Contribution (\$)</b>  \$19.00
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Principal occupation / Job title (See Instructions) CHRO Group		Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 11/21/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Erin  <b>Contributor address; City; State; Zip Code</b>  Phoenix, AZ 85031-1703	<b>Amount of Contribution (\$)</b>  \$19.00
Principal occupation / Job title (See Instructions) CHRO Group		Employer (See Instructions) TENET HEALTHCARE CORPORATION

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## SCHEDULE A1

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<b>Principal occupation / Job title (See Instructions)</b> CHRO Group		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 07/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Guittap, Taylor	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Palm Beach Gardens, FL 33410-4323	
<b>Principal occupation / Job title (See Instructions)</b> CFO		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
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	<b>Contributor address; City; State; Zip Code</b>  Palm Beach Gardens, FL 33410-4323	
<b>Principal occupation / Job title (See Instructions)</b> CFO		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 08/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Guittap, Taylor	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Palm Beach Gardens, FL 33410-4323	
<b>Principal occupation / Job title (See Instructions)</b> CFO		<b>Employer (See Instructions)</b> 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: Sch: 81/194 Rpt: 84/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 08/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guittap, Taylor	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Palm Beach Gardens, FL 33410-4323	
<b>8</b> Principal occupation / Job title (See Instructions) CFO		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
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<b>Principal occupation / Job title (See Instructions)</b> CFO		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
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<b>Principal occupation / Job title (See Instructions)</b> CFO		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 09/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Guittap, Taylor	<b>Amount of Contribution (\$)</b> \$10.00
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<b>4</b> Date 10/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guittap, Taylor ..... <b>6</b> Contributor address; City; State; Zip Code  Palm Beach Gardens, FL 33410-4323	<b>7</b> Amount of Contribution (\$)  \$10.00
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<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 07/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gula, Jennifer	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Frisco, TX 75034-8635	
<b>8</b> Principal occupation / Job title (See Instructions) VP Transformation Ops		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gula, Jennifer	Amount of Contribution (\$) \$10.00
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<b>4 Date</b> 09/12/2025	<b>5 Full name of contributor</b> Gula, Jennifer	<b>6 Contributor address; City; State; Zip Code</b>  Frisco, TX 75034-8635	<b>1 Total pages Schedule A1:</b> Sch: 84/194 Rpt: 87/214
			<b>3 Filer ID (Ethics Commission Filers)</b> 00082830
			<b>7 Amount of Contribution (\$)</b> \$10.00
<b>8 Principal occupation / Job title (See Instructions)</b> VP Transformation Ops		<b>9 Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 09/26/2025	<b>Full name of contributor</b> Gula, Jennifer	<b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75034-8635	<b>Amount of Contribution (\$)</b> \$10.00
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## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			
<b>2 FILER NAME</b> Tenet Healthcare Corporation Political Action Committee			
<b>4 Date</b> 11/21/2025	<b>5 Full name of contributor</b> Gula, Jennifer	<b>6 Contributor address; City; State; Zip Code</b>  Frisco, TX 75034-8635	<b>1 Total pages Schedule A1:</b> Sch: 85/194 Rpt: 88/214
			<b>3 Filer ID (Ethics Commission Filers)</b> 00082830
			<b>7 Amount of Contribution (\$)</b> \$10.00
<b>8 Principal occupation / Job title (See Instructions)</b> VP Transformation Ops		<b>9 Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
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<b>Principal occupation / Job title (See Instructions)</b> VP Transformation Ops		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 07/03/2025	<b>Full name of contributor</b> Handley, Charles	<b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78260-6420	<b>Amount of Contribution (\$)</b> \$5.00
<b>Principal occupation / Job title (See Instructions)</b> CFO Group		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 07/18/2025	<b>Full name of contributor</b> Handley, Charles	<b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78260-6420	<b>Amount of Contribution (\$)</b> \$5.00
<b>Principal occupation / Job title (See Instructions)</b> CFO Group		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	

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## SCHEDULE A1

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<b>4</b> Date 08/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Handley, Charles ..... <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78260-6420	<b>7</b> Amount of Contribution (\$)  \$5.00
	<b>8</b> Principal occupation / Job title (See Instructions) CFO Group	<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 08/15/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Handley, Charles ..... <b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78260-6420	<b>Amount of Contribution (\$)</b>  \$5.00
	<b>Principal occupation / Job title (See Instructions)</b> CFO Group	<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Handley, Charles ..... <b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78260-6420	<b>Amount of Contribution (\$)</b>  \$5.00
	<b>Principal occupation / Job title (See Instructions)</b> CFO Group	<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 09/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Handley, Charles ..... <b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78260-6420	<b>Amount of Contribution (\$)</b>  \$5.00
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## SCHEDULE A1

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<b>4 Date</b> 10/10/2025	<b>5 Full name of contributor</b> Handley, Charles <b>6 Contributor address; City; State; Zip Code</b>  San Antonio, TX 78260-6420	<b>1 Total pages Schedule A1:</b> Sch: 87/194 Rpt: 90/214	<b>3 Filer ID (Ethics Commission Filers)</b> 00082830
		<b>7 Amount of Contribution (\$)</b> \$5.00	
<b>8 Principal occupation / Job title (See Instructions)</b> CFO Group		<b>9 Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harari, Jack	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Fort Lauderdale, FL 33301-2537	
Principal occupation / Job title (See Instructions) Physician Advisor		Employer (See Instructions) TENET HEALTHCARE CORPORATION
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## SCHEDULE A1

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	<b>Principal occupation / Job title (See Instructions)</b> Physician Advisor	<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 07/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Darlene ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$39.00
	<b>Principal occupation / Job title (See Instructions)</b> VP Audit Svcs	<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	
<b>8</b> Principal occupation / Job title (See Instructions) VP Audit Svcs		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
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<b>Principal occupation / Job title (See Instructions)</b> VP Audit Svcs		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 08/15/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Darlene	<b>Amount of Contribution (\$)</b> \$39.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	
<b>Principal occupation / Job title (See Instructions)</b> VP Audit Svcs		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Darlene	<b>Amount of Contribution (\$)</b> \$39.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	
<b>Principal occupation / Job title (See Instructions)</b> VP Audit Svcs		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 09/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Darlene	<b>Amount of Contribution (\$)</b> \$39.00
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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 92/194 Rpt: 95/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 09/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Darlene	<b>7</b> Amount of Contribution (\$) \$39.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	
<b>8</b> Principal occupation / Job title (See Instructions) VP Audit Svcs		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 10/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Darlene	<b>Amount of Contribution (\$)</b> \$39.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	
<b>Principal occupation / Job title (See Instructions)</b> VP Audit Svcs		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
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	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	
<b>Principal occupation / Job title (See Instructions)</b> VP Audit Svcs		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 11/07/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Darlene	<b>Amount of Contribution (\$)</b> \$39.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	
<b>Principal occupation / Job title (See Instructions)</b> VP Audit Svcs		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 11/21/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Darlene	<b>Amount of Contribution (\$)</b> \$39.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	
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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			
<b>2 FILER NAME</b> Tenet Healthcare Corporation Political Action Committee			
<b>4 Date</b> 12/05/2025	<b>5 Full name of contributor</b> Harris, Darlene	<b>6 Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>1 Total pages Schedule A1:</b> Sch: 93/194 Rpt: 96/214  <b>3 Filer ID (Ethics Commission Filers)</b> 00082830
			<b>7 Amount of Contribution (\$)</b> \$39.00
<b>8 Principal occupation / Job title (See Instructions)</b> VP Audit Svcs		<b>9 Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 12/19/2025	<b>Full name of contributor</b> Harris, Darlene	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$39.00
<b>Principal occupation / Job title (See Instructions)</b> VP Audit Svcs		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> Haverick, Heather	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$39.00
<b>Principal occupation / Job title (See Instructions)</b> CEO		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 09/12/2025	<b>Full name of contributor</b> Haverick, Heather	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$39.00
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<b>Date</b> 09/26/2025	<b>Full name of contributor</b> Haverick, Heather	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$39.00
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<b>4</b> Date 10/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Havericak, Heather	<b>7</b> Amount of Contribution (\$) \$39.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	
<b>8</b> Principal occupation / Job title (See Instructions) CEO		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 10/24/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Havericak, Heather	<b>Amount of Contribution (\$)</b> \$39.00
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<b>Principal occupation / Job title (See Instructions)</b> CEO		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
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<b>Principal occupation / Job title (See Instructions)</b> CEO		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
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	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	
<b>Principal occupation / Job title (See Instructions)</b> CEO		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
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<b>4 Date</b> 12/19/2025	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Haverick, Heather	<b>6 Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>1 Total pages Schedule A1:</b> Sch: 95/194 Rpt: 98/214
			<b>3 Filer ID (Ethics Commission Filers)</b> 00082830
			<b>7 Amount of Contribution (\$)</b> \$39.00
<b>8 Principal occupation / Job title (See Instructions)</b> CEO		<b>9 Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hester, Joshua	<b>Amount of Contribution (\$)</b> \$19.00	
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916		
<b>Principal occupation / Job title (See Instructions)</b> CEO		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 09/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hester, Joshua	<b>Amount of Contribution (\$)</b> \$19.00	
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<b>Principal occupation / Job title (See Instructions)</b> CEO		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 10/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hester, Joshua	<b>Amount of Contribution (\$)</b> \$19.00	
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## SCHEDULE A1

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<b>4 Date</b> 10/24/2025	<b>5 Full name of contributor</b> Hester, Joshua	<b>6 Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>1 Total pages Schedule A1:</b> Sch: 96/194 Rpt: 99/214 <b>3 Filer ID (Ethics Commission Filers)</b> 00082830
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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee				<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 07/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Stephen	<b>7</b> Amount of Contribution (\$) \$19.00		
	<b>6</b> Contributor address; City; State; Zip Code  Harlingen, TX 78550-8307			
<b>8</b> Principal occupation / Job title (See Instructions) CNO		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION		
<b>Date</b> 07/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Stephen	<b>Amount of Contribution (\$)</b> \$19.00		
	<b>Contributor address; City; State; Zip Code</b>  Harlingen, TX 78550-8307			
<b>Principal occupation / Job title (See Instructions)</b> CNO		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION		
<b>Date</b> 08/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Stephen	<b>Amount of Contribution (\$)</b> \$19.00		
	<b>Contributor address; City; State; Zip Code</b>  Harlingen, TX 78550-8307			
<b>Principal occupation / Job title (See Instructions)</b> CNO		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION		
<b>Date</b> 08/15/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Stephen	<b>Amount of Contribution (\$)</b> \$19.00		
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<b>Principal occupation / Job title (See Instructions)</b> CNO		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION		
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Stephen	<b>Amount of Contribution (\$)</b> \$19.00		
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<b>8 Principal occupation / Job title (See Instructions)</b> CNO		<b>9 Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 12/05/2025	<b>Full name of contributor</b> Hill, Stephen	<b>Contributor address; City; State; Zip Code</b>  Harlingen, TX 78550-8307	<b>Amount of Contribution (\$)</b> \$19.00
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<b>Principal occupation / Job title (See Instructions)</b> CNO		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 07/03/2025	<b>Full name of contributor</b> Holton, Traci	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$96.00
<b>Principal occupation / Job title (See Instructions)</b> VP Operations Hosp Ops		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 07/18/2025	<b>Full name of contributor</b> Holton, Traci	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$96.00
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## SCHEDULE A1

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			<b>3 Filer ID (Ethics Commission Filers)</b> 00082830
<b>8 Principal occupation / Job title (See Instructions)</b> VP Operations Hosp Ops	<b>9 Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION		
	<b>Date</b> 08/15/2025	<b>Full name of contributor</b> Holton, Traci	<b>Amount of Contribution (\$)</b> \$96.00
<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916			
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## SCHEDULE A1

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<b>4</b> Date 10/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holton, Traci	<b>7</b> Amount of Contribution (\$) \$96.00
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<b>8</b> Principal occupation / Job title (See Instructions) VP Operations Hosp Ops		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 102/194 Rpt: 105/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holton, Traci	<b>7</b> Amount of Contribution (\$) \$96.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	
<b>8</b> Principal occupation / Job title (See Instructions) VP Operations Hosp Ops		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopper, Tasha	Amount of Contribution (\$) \$19.00
	Contributor address; City; State; Zip Code  El Paso, TX 79911-3600	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopper, Tasha	Amount of Contribution (\$) \$19.00
	Contributor address; City; State; Zip Code  El Paso, TX 79911-3600	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopper, Tasha	Amount of Contribution (\$) \$19.00
	Contributor address; City; State; Zip Code  El Paso, TX 79911-3600	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopper, Tasha	Amount of Contribution (\$) \$19.00
	Contributor address; City; State; Zip Code  El Paso, TX 79911-3600	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) 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: Sch: 103/194 Rpt: 106/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 08/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopper, Tasha ..... <b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79911-3600	<b>7</b> Amount of Contribution (\$)  \$19.00
<b>8</b> Principal occupation / Job title (See Instructions) CEO		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopper, Tasha ..... Contributor address; City; State; Zip Code  El Paso, TX 79911-3600	Amount of Contribution (\$)  \$19.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopper, Tasha ..... Contributor address; City; State; Zip Code  El Paso, TX 79911-3600	Amount of Contribution (\$)  \$19.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 10/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopper, Tasha ..... Contributor address; City; State; Zip Code  El Paso, TX 79911-3600	Amount of Contribution (\$)  \$19.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopper, Tasha ..... Contributor address; City; State; Zip Code  El Paso, TX 79911-3600	Amount of Contribution (\$)  \$19.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) TENET HEALTHCARE CORPORATION

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			
<b>2 FILER NAME</b> Tenet Healthcare Corporation Political Action Committee			
<b>4 Date</b> 11/07/2025	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopper, Tasha <b>6 Contributor address; City; State; Zip Code</b>  El Paso, TX 79911-3600	<b>1 Total pages Schedule A1:</b> Sch: 104/194 Rpt: 107/214	<b>3 Filer ID (Ethics Commission Filers)</b> 00082830
		<b>7 Amount of Contribution (\$)</b> \$19.00	
<b>8 Principal occupation / Job title (See Instructions)</b> CEO		<b>9 Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 11/21/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopper, Tasha <b>Contributor address; City; State; Zip Code</b>  El Paso, TX 79911-3600	<b>Amount of Contribution (\$)</b> \$19.00	
<b>Principal occupation / Job title (See Instructions)</b> CEO		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 12/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopper, Tasha <b>Contributor address; City; State; Zip Code</b>  El Paso, TX 79911-3600	<b>Amount of Contribution (\$)</b> \$19.00	
<b>Principal occupation / Job title (See Instructions)</b> CEO		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 12/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopper, Tasha <b>Contributor address; City; State; Zip Code</b>  El Paso, TX 79911-3600	<b>Amount of Contribution (\$)</b> \$19.00	
<b>Principal occupation / Job title (See Instructions)</b> CEO		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 07/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchinson, Susan <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$39.00	
<b>Principal occupation / Job title (See Instructions)</b> SVP General Counsel Operations		<b>Employer (See Instructions)</b> 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: Sch: 105/194 Rpt: 108/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchinson, Susan	<b>7</b> Amount of Contribution (\$) \$39.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	
<b>8</b> Principal occupation / Job title (See Instructions) SVP General Counsel Operations		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 08/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchinson, Susan	<b>Amount of Contribution (\$)</b> \$39.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	
<b>Principal occupation / Job title (See Instructions)</b> SVP General Counsel Operations		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 08/15/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchinson, Susan	<b>Amount of Contribution (\$)</b> \$39.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	
<b>Principal occupation / Job title (See Instructions)</b> SVP General Counsel Operations		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchinson, Susan	<b>Amount of Contribution (\$)</b> \$39.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	
<b>Principal occupation / Job title (See Instructions)</b> SVP General Counsel Operations		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 09/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchinson, Susan	<b>Amount of Contribution (\$)</b> \$39.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	
<b>Principal occupation / Job title (See Instructions)</b> SVP General Counsel Operations		<b>Employer (See Instructions)</b> 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: Sch: 106/194 Rpt: 109/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 09/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchinson, Susan  <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	<b>7</b> Amount of Contribution (\$) \$39.00
<b>8</b> Principal occupation / Job title (See Instructions) SVP General Counsel Operations		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 10/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchinson, Susan  <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$39.00
Principal occupation / Job title (See Instructions) SVP General Counsel Operations		Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 10/24/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchinson, Susan  <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$39.00
Principal occupation / Job title (See Instructions) SVP General Counsel Operations		Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 11/07/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchinson, Susan  <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$39.00
Principal occupation / Job title (See Instructions) SVP General Counsel Operations		Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 11/21/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchinson, Susan  <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$39.00
Principal occupation / Job title (See Instructions) SVP General Counsel Operations		Employer (See Instructions) 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: Sch: 107/194 Rpt: 110/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchinson, Susan	<b>7</b> Amount of Contribution (\$) \$39.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	
<b>8</b> Principal occupation / Job title (See Instructions) SVP General Counsel Operations		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 12/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchinson, Susan	<b>Amount of Contribution (\$)</b> \$39.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	
<b>Principal occupation / Job title (See Instructions)</b> SVP General Counsel Operations		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 07/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins, Christopher	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Cordova, TN 38018-7761	
<b>Principal occupation / Job title (See Instructions)</b> COO		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 07/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins, Christopher	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Cordova, TN 38018-7761	
<b>Principal occupation / Job title (See Instructions)</b> COO		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 08/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins, Christopher	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Cordova, TN 38018-7761	
<b>Principal occupation / Job title (See Instructions)</b> COO		<b>Employer (See Instructions)</b> 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: Sch: 108/194 Rpt: 111/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 08/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins, Christopher	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Cordova, TN 38018-7761	
<b>8</b> Principal occupation / Job title (See Instructions) COO		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins, Christopher	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Cordova, TN 38018-7761	
<b>Principal occupation / Job title (See Instructions)</b> COO		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 09/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins, Christopher	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Cordova, TN 38018-7761	
<b>Principal occupation / Job title (See Instructions)</b> COO		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 09/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins, Christopher	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Cordova, TN 38018-7761	
<b>Principal occupation / Job title (See Instructions)</b> COO		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 10/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins, Christopher	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Cordova, TN 38018-7761	
<b>Principal occupation / Job title (See Instructions)</b> COO		<b>Employer (See Instructions)</b> 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: Sch: 109/194 Rpt: 112/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 10/24/2025	<b>5</b> Full name of contributor Jenkins, Christopher	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Cordova, TN 38018-7761	
<b>8</b> Principal occupation / Job title (See Instructions) COO		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 11/07/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins, Christopher	<b>Amount of Contribution (\$)</b> \$10.00
	Contributor address; City; State; Zip Code  Cordova, TN 38018-7761	
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 11/21/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins, Christopher	<b>Amount of Contribution (\$)</b> \$10.00
	Contributor address; City; State; Zip Code  Cordova, TN 38018-7761	
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 12/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins, Christopher	<b>Amount of Contribution (\$)</b> \$10.00
	Contributor address; City; State; Zip Code  Cordova, TN 38018-7761	
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 12/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins, Christopher	<b>Amount of Contribution (\$)</b> \$10.00
	Contributor address; City; State; Zip Code  Cordova, TN 38018-7761	
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) 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: Sch: 110/194 Rpt: 113/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 08/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katz, David	<b>7</b> Amount of Contribution (\$) \$500.00
	<b>6</b> Contributor address; City; State; Zip Code  Grosse Pointe, MI 48230-1501	
<b>8</b> Principal occupation / Job title (See Instructions) Dir Govt Relations		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kesman, Paige	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	
Principal occupation / Job title (See Instructions) VP ASST GENERAL COUNSEL		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kesman, Paige	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	
Principal occupation / Job title (See Instructions) VP ASST GENERAL COUNSEL		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kesman, Paige	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	
Principal occupation / Job title (See Instructions) VP ASST GENERAL COUNSEL		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kesman, Paige	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	
Principal occupation / Job title (See Instructions) VP ASST GENERAL COUNSEL		Employer (See Instructions) 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: Sch: 111/194 Rpt: 114/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 08/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kesman, Paige	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	
<b>8</b> Principal occupation / Job title (See Instructions) VP ASST GENERAL COUNSEL		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 09/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kesman, Paige	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	
<b>Principal occupation / Job title (See Instructions)</b> VP ASST GENERAL COUNSEL		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 09/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kesman, Paige	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	
<b>Principal occupation / Job title (See Instructions)</b> VP ASST GENERAL COUNSEL		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 10/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kesman, Paige	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	
<b>Principal occupation / Job title (See Instructions)</b> VP ASST GENERAL COUNSEL		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 10/24/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kesman, Paige	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	
<b>Principal occupation / Job title (See Instructions)</b> VP ASST GENERAL COUNSEL		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			
<b>2 FILER NAME</b> Tenet Healthcare Corporation Political Action Committee			
<b>4 Date</b> 11/07/2025	<b>5 Full name of contributor</b> Kesman, Paige	<b>6 Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>1 Total pages Schedule A1:</b> Sch: 112/194 Rpt: 115/214
			<b>3 Filer ID (Ethics Commission Filers)</b> 00082830
			<b>7 Amount of Contribution (\$)</b> \$10.00
<b>8 Principal occupation / Job title (See Instructions)</b> VP ASST GENERAL COUNSEL		<b>9 Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 11/21/2025	<b>Full name of contributor</b> Kesman, Paige	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$10.00
<b>Principal occupation / Job title (See Instructions)</b> VP ASST GENERAL COUNSEL		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 12/05/2025	<b>Full name of contributor</b> Kesman, Paige	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$10.00
<b>Principal occupation / Job title (See Instructions)</b> VP ASST GENERAL COUNSEL		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 12/19/2025	<b>Full name of contributor</b> Kesman, Paige	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$10.00
<b>Principal occupation / Job title (See Instructions)</b> VP ASST GENERAL COUNSEL		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 07/03/2025	<b>Full name of contributor</b> Kikkawa, Kaz	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$10.00
<b>Principal occupation / Job title (See Instructions)</b> SR. MANAGING COUNSEL		<b>Employer (See Instructions)</b> 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: Sch: 113/194 Rpt: 116/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kikkawa, Kaz ..... <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	<b>7</b> Amount of Contribution (\$)  \$10.00
	<b>8</b> Principal occupation / Job title (See Instructions) SR. MANAGING COUNSEL	<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 08/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kikkawa, Kaz ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b>  \$10.00
	<b>Principal occupation / Job title (See Instructions)</b> SR. MANAGING COUNSEL	<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 08/15/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kikkawa, Kaz ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b>  \$10.00
	<b>Principal occupation / Job title (See Instructions)</b> SR. MANAGING COUNSEL	<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kikkawa, Kaz ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b>  \$10.00
	<b>Principal occupation / Job title (See Instructions)</b> SR. MANAGING COUNSEL	<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 09/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kikkawa, Kaz ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b>  \$10.00
	<b>Principal occupation / Job title (See Instructions)</b> SR. MANAGING COUNSEL	<b>Employer (See Instructions)</b> 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: Sch: 114/194 Rpt: 117/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 09/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kikkawa, Kaz ..... <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) SR. MANAGING COUNSEL		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 10/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kikkawa, Kaz ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b>  \$10.00
Principal occupation / Job title (See Instructions) SR. MANAGING COUNSEL		Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 10/24/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kikkawa, Kaz ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b>  \$10.00
Principal occupation / Job title (See Instructions) SR. MANAGING COUNSEL		Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 11/07/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kikkawa, Kaz ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b>  \$10.00
Principal occupation / Job title (See Instructions) SR. MANAGING COUNSEL		Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 11/21/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kikkawa, Kaz ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b>  \$10.00
Principal occupation / Job title (See Instructions) SR. MANAGING COUNSEL		Employer (See Instructions) TENET HEALTHCARE CORPORATION

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kikkawa, Kaz	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	
<b>8</b> Principal occupation / Job title (See Instructions) SR. MANAGING COUNSEL		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kikkawa, Kaz	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	
Principal occupation / Job title (See Instructions) SR. MANAGING COUNSEL		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klepin, Mike	Amount of Contribution (\$) \$39.00
	Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Tenet HealthSystem Medical, Inc
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klepin, Mike	Amount of Contribution (\$) \$39.00
	Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	
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## SCHEDULE A1

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<b>4</b> Date 10/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klepin, Mike	<b>7</b> Amount of Contribution (\$) \$39.00		
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75254-2916			
<b>8</b> Principal occupation / Job title (See Instructions) CEO		<b>9</b> Employer (See Instructions) Tenet HealthSystem Medical, Inc		
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	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916			
<b>Principal occupation / Job title (See Instructions)</b> CEO		<b>Employer (See Instructions)</b> Tenet HealthSystem Medical, Inc		
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## SCHEDULE A1

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<b>8</b> Principal occupation / Job title (See Instructions) CEO		<b>9</b> Employer (See Instructions) Tenet HealthSystem Medical, Inc
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kovacs, Tina	Amount of Contribution (\$) \$19.00
	Contributor address; City; State; Zip Code  Bartlett, TN 38133-4003	
Principal occupation / Job title (See Instructions) CFO Pool		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kovacs, Tina	Amount of Contribution (\$) \$19.00
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<b>4</b> Date 08/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kovacs, Tina	<b>7</b> Amount of Contribution (\$) \$19.00
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<b>Principal occupation / Job title (See Instructions)</b> CFO Pool		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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<b>4</b> Date 11/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kovacs, Tina ..... <b>6</b> Contributor address; City; State; Zip Code  Bartlett, TN 38133-4003	<b>7</b> Amount of Contribution (\$) \$19.00
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Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kretzschmar, Norma ..... Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) VP Rev Cycle Fincl Ops		Employer (See Instructions) 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: Sch: 120/194 Rpt: 123/214
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<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kretzschmar, Norma ..... <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	<b>7</b> Amount of Contribution (\$)  \$19.00
	<b>8</b> Principal occupation / Job title (See Instructions) VP Rev Cycle Fincl Ops	<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kretzschmar, Norma ..... Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	Amount of Contribution (\$)  \$19.00
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	Principal occupation / Job title (See Instructions) VP Rev Cycle Fincl Ops	Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kretzschmar, Norma ..... Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	Amount of Contribution (\$)  \$19.00
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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 121/194 Rpt: 124/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 09/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kretzschmar, Norma ..... <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	<b>7</b> Amount of Contribution (\$)  \$19.00
	<b>8</b> Principal occupation / Job title (See Instructions) VP Rev Cycle Fincl Ops	<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 10/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kretzschmar, Norma ..... Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	Amount of Contribution (\$)  \$19.00
	Principal occupation / Job title (See Instructions) VP Rev Cycle Fincl Ops	Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kretzschmar, Norma ..... Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	Amount of Contribution (\$)  \$19.00
	Principal occupation / Job title (See Instructions) VP Rev Cycle Fincl Ops	Employer (See Instructions) TENET HEALTHCARE CORPORATION
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	Principal occupation / Job title (See Instructions) VP Rev Cycle Fincl Ops	Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kretzschmar, Norma ..... Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	Amount of Contribution (\$)  \$19.00
	Principal occupation / Job title (See Instructions) VP Rev Cycle Fincl Ops	Employer (See Instructions) 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: Sch: 122/194 Rpt: 125/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kretzschmar, Norma	<b>7</b> Amount of Contribution (\$) \$19.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	
<b>8</b> Principal occupation / Job title (See Instructions) VP Rev Cycle Fincl Ops		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 12/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Kretzschmar, Norma	<b>Amount of Contribution (\$)</b> \$19.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	
<b>Principal occupation / Job title (See Instructions)</b> VP Rev Cycle Fincl Ops		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 07/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Lavis, Brittany	<b>Amount of Contribution (\$)</b> \$19.00
	<b>Contributor address; City; State; Zip Code</b>  Detroit, MI 48201-2018	
<b>Principal occupation / Job title (See Instructions)</b> CEO Group		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 07/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Lavis, Brittany	<b>Amount of Contribution (\$)</b> \$19.00
	<b>Contributor address; City; State; Zip Code</b>  Detroit, MI 48201-2018	
<b>Principal occupation / Job title (See Instructions)</b> CEO Group		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 08/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Lavis, Brittany	<b>Amount of Contribution (\$)</b> \$19.00
	<b>Contributor address; City; State; Zip Code</b>  Detroit, MI 48201-2018	
<b>Principal occupation / Job title (See Instructions)</b> CEO Group		<b>Employer (See Instructions)</b> 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: Sch: 123/194 Rpt: 126/214
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<b>4</b> Date 08/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lavis, Brittany	<b>7</b> Amount of Contribution (\$) \$19.00
	<b>6</b> Contributor address; City; State; Zip Code  Detroit, MI 48201-2018	
<b>8</b> Principal occupation / Job title (See Instructions) CEO Group		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Lavis, Brittany	<b>Amount of Contribution (\$)</b> \$19.00
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<b>Principal occupation / Job title (See Instructions)</b> CEO Group		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 09/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Lavis, Brittany	<b>Amount of Contribution (\$)</b> \$19.00
	<b>Contributor address; City; State; Zip Code</b>  Detroit, MI 48201-2018	
<b>Principal occupation / Job title (See Instructions)</b> CEO Group		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 09/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Lavis, Brittany	<b>Amount of Contribution (\$)</b> \$19.00
	<b>Contributor address; City; State; Zip Code</b>  Detroit, MI 48201-2018	
<b>Principal occupation / Job title (See Instructions)</b> CEO Group		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 10/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Lavis, Brittany	<b>Amount of Contribution (\$)</b> \$19.00
	<b>Contributor address; City; State; Zip Code</b>  Detroit, MI 48201-2018	
<b>Principal occupation / Job title (See Instructions)</b> CEO Group		<b>Employer (See Instructions)</b> 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: Sch: 124/194 Rpt: 127/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 10/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lavis, Brittany	<b>7</b> Amount of Contribution (\$) \$19.00
	<b>6</b> Contributor address; City; State; Zip Code  Detroit, MI 48201-2018	
<b>8</b> Principal occupation / Job title (See Instructions) CEO Group		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 11/07/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Lavis, Brittany	<b>Amount of Contribution (\$)</b> \$19.00
	Contributor address; City; State; Zip Code  Detroit, MI 48201-2018	
Principal occupation / Job title (See Instructions) CEO Group		Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 11/21/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Lavis, Brittany	<b>Amount of Contribution (\$)</b> \$19.00
	Contributor address; City; State; Zip Code  Detroit, MI 48201-2018	
Principal occupation / Job title (See Instructions) CEO Group		Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 12/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Lavis, Brittany	<b>Amount of Contribution (\$)</b> \$19.00
	Contributor address; City; State; Zip Code  Detroit, MI 48201-2018	
Principal occupation / Job title (See Instructions) CEO Group		Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 12/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Lavis, Brittany	<b>Amount of Contribution (\$)</b> \$19.00
	Contributor address; City; State; Zip Code  Detroit, MI 48201-2018	
Principal occupation / Job title (See Instructions) CEO Group		Employer (See Instructions) TENET HEALTHCARE CORPORATION

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			
<b>2 FILER NAME</b> Tenet Healthcare Corporation Political Action Committee			
<b>4 Date</b> 07/03/2025	<b>5 Full name of contributor</b> LeMaistre, Collin	<b>6 Contributor address; City; State; Zip Code</b>  Marietta, GA 30068-4809	<b>1 Total pages Schedule A1:</b> Sch: 125/194 Rpt: 128/214
			<b>3 Filer ID (Ethics Commission Filers)</b> 00082830
			<b>7 Amount of Contribution (\$)</b> \$96.00
<b>8 Principal occupation / Job title (See Instructions)</b> MARKET PRESIDENT II		<b>9 Employer (See Instructions)</b> UNITED SURGICAL PARTNERS INTERNATIONAL	
<b>Date</b> 07/18/2025	<b>Full name of contributor</b> LeMaistre, Collin	<b>Contributor address; City; State; Zip Code</b>  Marietta, GA 30068-4809	<b>Amount of Contribution (\$)</b> \$96.00
<b>Principal occupation / Job title (See Instructions)</b> MARKET PRESIDENT II		<b>Employer (See Instructions)</b> UNITED SURGICAL PARTNERS INTERNATIONAL	
<b>Date</b> 08/01/2025	<b>Full name of contributor</b> LeMaistre, Collin	<b>Contributor address; City; State; Zip Code</b>  Marietta, GA 30068-4809	<b>Amount of Contribution (\$)</b> \$96.00
<b>Principal occupation / Job title (See Instructions)</b> MARKET PRESIDENT II		<b>Employer (See Instructions)</b> UNITED SURGICAL PARTNERS INTERNATIONAL	
<b>Date</b> 08/15/2025	<b>Full name of contributor</b> LeMaistre, Collin	<b>Contributor address; City; State; Zip Code</b>  Marietta, GA 30068-4809	<b>Amount of Contribution (\$)</b> \$96.00
<b>Principal occupation / Job title (See Instructions)</b> MARKET PRESIDENT II		<b>Employer (See Instructions)</b> UNITED SURGICAL PARTNERS INTERNATIONAL	
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> LeMaistre, Collin	<b>Contributor address; City; State; Zip Code</b>  Marietta, GA 30068-4809	<b>Amount of Contribution (\$)</b> \$96.00
<b>Principal occupation / Job title (See Instructions)</b> MARKET PRESIDENT II		<b>Employer (See Instructions)</b> UNITED SURGICAL PARTNERS INTERNATIONAL	

## MONETARY POLITICAL CONTRIBUTIONS

## **SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 126/194 Rpt: 129/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 09/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LeMaistre, Collin ..... <b>6</b> Contributor address; City; State; Zip Code  Marietta, GA 30068-4809	<b>7</b> Amount of Contribution (\$) \$96.00
<b>8</b> Principal occupation / Job title (See Instructions) MARKET PRESIDENT II		<b>9</b> Employer (See Instructions) UNITED SURGICAL PARTNERS INTERNATIONAL
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LeMaistre, Collin ..... Contributor address; City; State; Zip Code  Marietta, GA 30068-4809	Amount of Contribution (\$) \$96.00
Principal occupation / Job title (See Instructions) MARKET PRESIDENT II		Employer (See Instructions) UNITED SURGICAL PARTNERS INTERNATIONAL
Date 10/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LeMaistre, Collin ..... Contributor address; City; State; Zip Code  Marietta, GA 30068-4809	Amount of Contribution (\$) \$96.00
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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 11/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LeMaistre, Collin	<b>7</b> Amount of Contribution (\$) \$96.00
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	Contributor address; City; State; Zip Code  Marietta, GA 30068-4809	
Principal occupation / Job title (See Instructions) MARKET PRESIDENT II		Employer (See Instructions) UNITED SURGICAL PARTNERS INTERNATIONAL
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Daniel	Amount of Contribution (\$) \$19.00
	Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	
Principal occupation / Job title (See Instructions) Cso Group		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Daniel	Amount of Contribution (\$) \$19.00
	Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	
Principal occupation / Job title (See Instructions) Cso Group		Employer (See Instructions) 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: Sch: 128/194 Rpt: 131/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 09/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Daniel ..... <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	<b>7</b> Amount of Contribution (\$)  \$19.00
<b>8</b> Principal occupation / Job title (See Instructions) Cso Group		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 10/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Daniel ..... Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	Amount of Contribution (\$)  \$19.00
Principal occupation / Job title (See Instructions) Cso Group		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Daniel ..... Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	Amount of Contribution (\$)  \$19.00
Principal occupation / Job title (See Instructions) Cso Group		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Daniel ..... Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	Amount of Contribution (\$)  \$19.00
Principal occupation / Job title (See Instructions) Cso Group		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Daniel ..... Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	Amount of Contribution (\$)  \$19.00
Principal occupation / Job title (See Instructions) Cso Group		Employer (See Instructions) TENET HEALTHCARE CORPORATION

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			
<b>2 FILER NAME</b> Tenet Healthcare Corporation Political Action Committee			
<b>4 Date</b> 12/05/2025	<b>5 Full name of contributor</b> Lee, Daniel	<b>6 Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>1 Total pages Schedule A1:</b> Sch: 129/194 Rpt: 132/214
			<b>3 Filer ID (Ethics Commission Filers)</b> 00082830
			<b>7 Amount of Contribution (\$)</b> \$19.00
<b>8 Principal occupation / Job title (See Instructions)</b> Cso Group		<b>9 Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 12/19/2025	<b>Full name of contributor</b> Lee, Daniel	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$19.00
<b>Principal occupation / Job title (See Instructions)</b> Cso Group		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 07/11/2025	<b>Full name of contributor</b> Lewis, Brian	<b>Contributor address; City; State; Zip Code</b>  Phoenix, AZ 85021-1660	<b>Amount of Contribution (\$)</b> \$10.00
<b>Principal occupation / Job title (See Instructions)</b> Dir Reimbursement		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 07/25/2025	<b>Full name of contributor</b> Lewis, Brian	<b>Contributor address; City; State; Zip Code</b>  Phoenix, AZ 85021-1660	<b>Amount of Contribution (\$)</b> \$10.00
<b>Principal occupation / Job title (See Instructions)</b> Dir Reimbursement		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 08/08/2025	<b>Full name of contributor</b> Lewis, Brian	<b>Contributor address; City; State; Zip Code</b>  Phoenix, AZ 85021-1660	<b>Amount of Contribution (\$)</b> \$10.00
<b>Principal occupation / Job title (See Instructions)</b> Dir Reimbursement		<b>Employer (See Instructions)</b> 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: Sch: 130/194 Rpt: 133/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 08/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Brian	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Phoenix, AZ 85021-1660	
<b>8</b> Principal occupation / Job title (See Instructions) Dir Reimbursement		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 09/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Brian	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Phoenix, AZ 85021-1660	
<b>Principal occupation / Job title (See Instructions)</b> Dir Reimbursement		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 07/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Mallard, Steven	<b>Amount of Contribution (\$)</b> \$19.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	
<b>Principal occupation / Job title (See Instructions)</b> VP IT Service Mgmt		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 07/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Mallard, Steven	<b>Amount of Contribution (\$)</b> \$19.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	
<b>Principal occupation / Job title (See Instructions)</b> VP IT Service Mgmt		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 08/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Mallard, Steven	<b>Amount of Contribution (\$)</b> \$19.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	
<b>Principal occupation / Job title (See Instructions)</b> VP IT Service Mgmt		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			
<b>2 FILER NAME</b> Tenet Healthcare Corporation Political Action Committee			
<b>4 Date</b> 08/15/2025	<b>5 Full name of contributor</b> Mallard, Steven <b>6 Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>1 Total pages Schedule A1:</b> Sch: 131/194 Rpt: 134/214	<b>3 Filer ID (Ethics Commission Filers)</b> 00082830
		<b>7 Amount of Contribution (\$)</b> \$19.00	
<b>8 Principal occupation / Job title (See Instructions)</b> VP IT Service Mgmt		<b>9 Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> Mallard, Steven <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$19.00	
<b>Principal occupation / Job title (See Instructions)</b> VP IT Service Mgmt		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 09/12/2025	<b>Full name of contributor</b> Mallard, Steven <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$19.00	
<b>Principal occupation / Job title (See Instructions)</b> VP IT Service Mgmt		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 09/26/2025	<b>Full name of contributor</b> Mallard, Steven <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$19.00	
<b>Principal occupation / Job title (See Instructions)</b> VP IT Service Mgmt		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 10/10/2025	<b>Full name of contributor</b> Mallard, Steven <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$19.00	
<b>Principal occupation / Job title (See Instructions)</b> VP IT Service Mgmt		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			
<b>2 FILER NAME</b> Tenet Healthcare Corporation Political Action Committee			
<b>4 Date</b> 10/24/2025	<b>5 Full name of contributor</b> Mallard, Steven  <b>6 Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>1 Total pages Schedule A1:</b> Sch: 132/194 Rpt: 135/214	<b>3 Filer ID (Ethics Commission Filers)</b> 00082830
		<b>7 Amount of Contribution (\$)</b> \$19.00	
<b>8 Principal occupation / Job title (See Instructions)</b> VP IT Service Mgmt		<b>9 Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 11/07/2025	<b>Full name of contributor</b> Mallard, Steven  <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$19.00	
<b>Principal occupation / Job title (See Instructions)</b> VP IT Service Mgmt		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 11/21/2025	<b>Full name of contributor</b> Mallard, Steven  <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$19.00	
<b>Principal occupation / Job title (See Instructions)</b> VP IT Service Mgmt		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
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<b>Principal occupation / Job title (See Instructions)</b> VP IT Service Mgmt		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 12/19/2025	<b>Full name of contributor</b> Mallard, Steven  <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$19.00	
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## SCHEDULE A1

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<b>2 FILER NAME</b> Tenet Healthcare Corporation Political Action Committee			
<b>4 Date</b> 07/03/2025	<b>5 Full name of contributor</b> Manchester, Deann <b>6 Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>1 Total pages Schedule A1:</b> Sch: 133/194 Rpt: 136/214	<b>3 Filer ID (Ethics Commission Filers)</b> 00082830
		<b>7 Amount of Contribution (\$)</b> \$96.00	
<b>8 Principal occupation / Job title (See Instructions)</b> VP Real Estate		<b>9 Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 07/18/2025	<b>Full name of contributor</b> Manchester, Deann <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$96.00	
<b>Principal occupation / Job title (See Instructions)</b> VP Real Estate		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 08/01/2025	<b>Full name of contributor</b> Manchester, Deann <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$96.00	
<b>Principal occupation / Job title (See Instructions)</b> VP Real Estate		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 08/15/2025	<b>Full name of contributor</b> Manchester, Deann <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$96.00	
<b>Principal occupation / Job title (See Instructions)</b> VP Real Estate		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> Manchester, Deann <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$96.00	
<b>Principal occupation / Job title (See Instructions)</b> VP Real Estate		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	

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## SCHEDULE A1

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		<b>7 Amount of Contribution (\$)</b> \$96.00	
<b>8 Principal occupation / Job title (See Instructions)</b> VP Real Estate		<b>9 Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 09/26/2025	<b>Full name of contributor</b> Manchester, Deann <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$96.00	
<b>Principal occupation / Job title (See Instructions)</b> VP Real Estate		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 10/10/2025	<b>Full name of contributor</b> Manchester, Deann <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$96.00	
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<b>Date</b> 10/24/2025	<b>Full name of contributor</b> Manchester, Deann <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$96.00	
<b>Principal occupation / Job title (See Instructions)</b> VP Real Estate		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 11/07/2025	<b>Full name of contributor</b> Manchester, Deann <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$96.00	
<b>Principal occupation / Job title (See Instructions)</b> VP Real Estate		<b>Employer (See Instructions)</b> 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: Sch: 135/194 Rpt: 138/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 11/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manchester, Deann	<b>7</b> Amount of Contribution (\$) \$96.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	
<b>8</b> Principal occupation / Job title (See Instructions) VP Real Estate		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 12/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Manchester, Deann	<b>Amount of Contribution (\$)</b> \$96.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	
<b>Principal occupation / Job title (See Instructions)</b> VP Real Estate		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 12/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Manchester, Deann	<b>Amount of Contribution (\$)</b> \$96.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	
<b>Principal occupation / Job title (See Instructions)</b> VP Real Estate		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 07/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Mickish, Nathaniel	<b>Amount of Contribution (\$)</b> \$96.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	
<b>Principal occupation / Job title (See Instructions)</b> VP, Procurement		<b>Employer (See Instructions)</b> Tenet HealthSystem Medical
<b>Date</b> 07/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Mickish, Nathaniel	<b>Amount of Contribution (\$)</b> \$96.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	
<b>Principal occupation / Job title (See Instructions)</b> VP, Procurement		<b>Employer (See Instructions)</b> Tenet HealthSystem Medical

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 136/194 Rpt: 139/214
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<b>4</b> Date 08/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mickish, Nathaniel ..... <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	<b>7</b> Amount of Contribution (\$) \$96.00
	<b>8</b> Principal occupation / Job title (See Instructions) VP, Procurement	<b>9</b> Employer (See Instructions) Tenet HealthSystem Medical
<b>Date</b> 08/15/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Mickish, Nathaniel ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$96.00
	<b>Principal occupation / Job title (See Instructions)</b> VP, Procurement	<b>Employer (See Instructions)</b> Tenet HealthSystem Medical
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Mickish, Nathaniel ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$96.00
	<b>Principal occupation / Job title (See Instructions)</b> VP, Procurement	<b>Employer (See Instructions)</b> Tenet HealthSystem Medical
<b>Date</b> 09/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Mickish, Nathaniel ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$96.00
	<b>Principal occupation / Job title (See Instructions)</b> VP, Procurement	<b>Employer (See Instructions)</b> Tenet HealthSystem Medical
<b>Date</b> 09/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Mickish, Nathaniel ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$96.00
	<b>Principal occupation / Job title (See Instructions)</b> VP, Procurement	<b>Employer (See Instructions)</b> Tenet HealthSystem Medical

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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<b>8</b> Principal occupation / Job title (See Instructions) VP, Procurement		<b>9</b> Employer (See Instructions) Tenet HealthSystem Medical
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Principal occupation / Job title (See Instructions) VP, Procurement		Employer (See Instructions) Tenet HealthSystem Medical
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Principal occupation / Job title (See Instructions) VP, Procurement		Employer (See Instructions) Tenet HealthSystem Medical
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mickish, Nathaniel ..... Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	Amount of Contribution (\$) \$96.00
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Principal occupation / Job title (See Instructions) VP, Procurement		Employer (See Instructions) Tenet HealthSystem Medical

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## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 138/194 Rpt: 141/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mickish, Nathaniel	<b>7</b> Amount of Contribution (\$) \$96.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	
<b>8</b> Principal occupation / Job title (See Instructions) VP, Procurement		<b>9</b> Employer (See Instructions) Tenet HealthSystem Medical
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Kathleen	Amount of Contribution (\$) \$39.00
	Contributor address; City; State; Zip Code  Palm Springs, CA 92262-4872	
Principal occupation / Job title (See Instructions) CNO		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Kathleen	Amount of Contribution (\$) \$39.00
	Contributor address; City; State; Zip Code  Palm Springs, CA 92262-4872	
Principal occupation / Job title (See Instructions) CNO		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Kathleen	Amount of Contribution (\$) \$39.00
	Contributor address; City; State; Zip Code  Palm Springs, CA 92262-4872	
Principal occupation / Job title (See Instructions) CNO		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Kathleen	Amount of Contribution (\$) \$39.00
	Contributor address; City; State; Zip Code  Palm Springs, CA 92262-4872	
Principal occupation / Job title (See Instructions) CNO		Employer (See Instructions) TENET HEALTHCARE CORPORATION

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## SCHEDULE A1

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morey, Scott	<b>7</b> Amount of Contribution (\$) \$19.00
	<b>6</b> Contributor address; City; State; Zip Code  Palm Springs, CA 92262-0507	
<b>8</b> Principal occupation / Job title (See Instructions) CNO Group		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 08/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Morey, Scott	<b>Amount of Contribution (\$)</b> \$19.00
	<b>Contributor address; City; State; Zip Code</b>  Palm Springs, CA 92262-0507	
<b>Principal occupation / Job title (See Instructions)</b> CNO Group		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 08/15/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Morey, Scott	<b>Amount of Contribution (\$)</b> \$19.00
	<b>Contributor address; City; State; Zip Code</b>  Palm Springs, CA 92262-0507	
<b>Principal occupation / Job title (See Instructions)</b> CNO Group		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Morey, Scott	<b>Amount of Contribution (\$)</b> \$19.00
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<b>Principal occupation / Job title (See Instructions)</b> CNO Group		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
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## SCHEDULE A1

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<b>Date</b> 10/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Morey, Scott	<b>Amount of Contribution (\$)</b> \$19.00
	<b>Contributor address; City; State; Zip Code</b>  Palm Springs, CA 92262-0507	
<b>Principal occupation / Job title (See Instructions)</b> CNO Group		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 10/24/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Morey, Scott	<b>Amount of Contribution (\$)</b> \$19.00
	<b>Contributor address; City; State; Zip Code</b>  Palm Springs, CA 92262-0507	
<b>Principal occupation / Job title (See Instructions)</b> CNO Group		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 11/07/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Morey, Scott	<b>Amount of Contribution (\$)</b> \$19.00
	<b>Contributor address; City; State; Zip Code</b>  Palm Springs, CA 92262-0507	
<b>Principal occupation / Job title (See Instructions)</b> CNO Group		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 11/21/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Morey, Scott	<b>Amount of Contribution (\$)</b> \$19.00
	<b>Contributor address; City; State; Zip Code</b>  Palm Springs, CA 92262-0507	
<b>Principal occupation / Job title (See Instructions)</b> CNO Group		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION

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	<b>6</b> Contributor address; City; State; Zip Code  Palm Springs, CA 92262-0507	
<b>8</b> Principal occupation / Job title (See Instructions) CNO Group		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 12/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Morey, Scott	<b>Amount of Contribution (\$)</b> \$19.00
	<b>Contributor address; City; State; Zip Code</b>  Palm Springs, CA 92262-0507	
<b>Principal occupation / Job title (See Instructions)</b> CNO Group		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 07/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Narula, Deepali	<b>Amount of Contribution (\$)</b> \$192.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	
<b>Principal occupation / Job title (See Instructions)</b> COO Conifer		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 07/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Narula, Deepali	<b>Amount of Contribution (\$)</b> \$192.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	
<b>Principal occupation / Job title (See Instructions)</b> COO Conifer		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 08/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Narula, Deepali	<b>Amount of Contribution (\$)</b> \$192.00
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		<b>7 Amount of Contribution (\$)</b> \$192.00	
<b>8 Principal occupation / Job title (See Instructions)</b> COO Conifer		<b>9 Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
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## SCHEDULE A1

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<b>2 FILER NAME</b> Tenet Healthcare Corporation Political Action Committee			
<b>4 Date</b> 10/24/2025	<b>5 Full name of contributor</b> Narula, Deepali <b>6 Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>1 Total pages Schedule A1:</b> Sch: 144/194 Rpt: 147/214	<b>3 Filer ID (Ethics Commission Filers)</b> 00082830
		<b>7 Amount of Contribution (\$)</b> \$192.00	
<b>8 Principal occupation / Job title (See Instructions)</b> COO Conifer		<b>9 Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 11/07/2025	<b>Full name of contributor</b> Narula, Deepali <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$192.00	
<b>Principal occupation / Job title (See Instructions)</b> COO Conifer		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 11/21/2025	<b>Full name of contributor</b> Narula, Deepali <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$192.00	
<b>Principal occupation / Job title (See Instructions)</b> COO Conifer		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 12/05/2025	<b>Full name of contributor</b> Narula, Deepali <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$192.00	
<b>Principal occupation / Job title (See Instructions)</b> COO Conifer		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 12/19/2025	<b>Full name of contributor</b> Narula, Deepali <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$192.00	
<b>Principal occupation / Job title (See Instructions)</b> COO Conifer		<b>Employer (See Instructions)</b> 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: Sch: 145/194 Rpt: 148/214
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<b>4</b> Date 07/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Park, Sun ..... <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	<b>7</b> Amount of Contribution (\$) \$192.00
<b>8</b> Principal occupation / Job title (See Instructions) EVP Chief Financial Ofcr		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 07/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Park, Sun ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$192.00
Principal occupation / Job title (See Instructions) EVP Chief Financial Ofcr		Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 08/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Park, Sun ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$192.00
Principal occupation / Job title (See Instructions) EVP Chief Financial Ofcr		Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 08/15/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Park, Sun ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$192.00
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Principal occupation / Job title (See Instructions) EVP Chief Financial Ofcr		Employer (See Instructions) 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: Sch: 146/194 Rpt: 149/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 09/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Park, Sun ..... <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	<b>7</b> Amount of Contribution (\$) \$192.00
<b>8</b> Principal occupation / Job title (See Instructions) EVP Chief Financial Ofcr		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Park, Sun ..... Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	Amount of Contribution (\$) \$192.00
Principal occupation / Job title (See Instructions) EVP Chief Financial Ofcr		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 10/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Park, Sun ..... Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	Amount of Contribution (\$) \$192.00
Principal occupation / Job title (See Instructions) EVP Chief Financial Ofcr		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Park, Sun ..... Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	Amount of Contribution (\$) \$192.00
Principal occupation / Job title (See Instructions) EVP Chief Financial Ofcr		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Park, Sun ..... Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	Amount of Contribution (\$) \$192.00
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## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			
<b>2 FILER NAME</b> Tenet Healthcare Corporation Political Action Committee			
<b>4 Date</b> 11/21/2025	<b>5 Full name of contributor</b> Park, Sun	<b>6 Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>1 Total pages Schedule A1:</b> Sch: 147/194 Rpt: 150/214
			<b>3 Filer ID (Ethics Commission Filers)</b> 00082830
			<b>7 Amount of Contribution (\$)</b> \$192.00
<b>8 Principal occupation / Job title (See Instructions)</b> EVP Chief Financial Ofcr		<b>9 Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 12/05/2025	<b>Full name of contributor</b> Park, Sun	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$192.00
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<b>Principal occupation / Job title (See Instructions)</b> EVP Chief Financial Ofcr		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 07/03/2025	<b>Full name of contributor</b> Patel, Aksh	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$19.00
<b>Principal occupation / Job title (See Instructions)</b> Sr Dir Corp Development		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 07/18/2025	<b>Full name of contributor</b> Patel, Aksh	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$19.00
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	<b>6 Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>3 Filer ID (Ethics Commission Filers)</b> 00082830	
<b>8 Principal occupation / Job title (See Instructions)</b> Sr Dir Corp Development		<b>9 Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
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	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916		
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			<b>3 Filer ID (Ethics Commission Filers)</b> 00082830
			<b>7 Amount of Contribution (\$)</b> \$19.00
<b>8 Principal occupation / Job title (See Instructions)</b> Sr Dir Corp Development		<b>9 Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 10/24/2025	<b>Full name of contributor</b> Patel, Aksh	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$19.00
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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 150/194 Rpt: 153/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Aksh	<b>7</b> Amount of Contribution (\$) \$19.00
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<b>Date</b> 07/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Brock	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	
<b>Principal occupation / Job title (See Instructions)</b> Dir Govt Relations		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 07/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Brock	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	
<b>Principal occupation / Job title (See Instructions)</b> Dir Govt Relations		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
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<b>Principal occupation / Job title (See Instructions)</b> Dir Govt Relations		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
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## MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 151/194 Rpt: 154/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 08/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Brock	<b>7</b> Amount of Contribution (\$) \$10.00
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<b>8</b> Principal occupation / Job title (See Instructions) Dir Govt Relations		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
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	Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	
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## MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 152/194 Rpt: 155/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 11/07/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Brock	<b>7</b> Amount of Contribution (\$) \$10.00
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<b>Date</b> 07/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinkall, Jason	<b>Amount of Contribution (\$)</b> \$39.00
	Contributor address; City; State; Zip Code  Dallas, TX 75214-2706	
Principal occupation / Job title (See Instructions) SR. MANAGING COUNSEL		Employer (See Instructions) TENET HEALTHCARE CORPORATION

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			
<b>2 FILER NAME</b> Tenet Healthcare Corporation Political Action Committee			
<b>4 Date</b> 07/18/2025	<b>5 Full name of contributor</b> Pinkall, Jason	<b>1 Total pages Schedule A1:</b> Sch: 153/194 Rpt: 156/214	
	<b>6 Contributor address; City; State; Zip Code</b>  Dallas, TX 75214-2706	<b>3 Filer ID (Ethics Commission Filers)</b> 00082830	
<b>8 Principal occupation / Job title (See Instructions)</b> SR. MANAGING COUNSEL		<b>9 Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 08/01/2025	<b>Full name of contributor</b> Pinkall, Jason	<b>Amount of Contribution (\$)</b> \$39.00	
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75214-2706		
<b>Principal occupation / Job title (See Instructions)</b> SR. MANAGING COUNSEL		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
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	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75214-2706		
<b>Principal occupation / Job title (See Instructions)</b> SR. MANAGING COUNSEL		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 154/194 Rpt: 157/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 09/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinkall, Jason	<b>7</b> Amount of Contribution (\$) \$39.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75214-2706	
<b>8</b> Principal occupation / Job title (See Instructions) SR. MANAGING COUNSEL		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
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## SCHEDULE A1

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<b>Principal occupation / Job title (See Instructions)</b> SR. MANAGING COUNSEL		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 07/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Pool, Kelly	<b>Amount of Contribution (\$)</b> \$192.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	
<b>Principal occupation / Job title (See Instructions)</b> Svp Human Resources		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 07/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Pool, Kelly	<b>Amount of Contribution (\$)</b> \$192.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	
<b>Principal occupation / Job title (See Instructions)</b> Svp Human Resources		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
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	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	
<b>Principal occupation / Job title (See Instructions)</b> Svp Human Resources		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION

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## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			
<b>2 FILER NAME</b> Tenet Healthcare Corporation Political Action Committee			
<b>4 Date</b> 08/15/2025	<b>5 Full name of contributor</b> Pool, Kelly  <b>6 Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>1 Total pages Schedule A1:</b> Sch: 156/194 Rpt: 159/214	<b>3 Filer ID (Ethics Commission Filers)</b> 00082830
		<b>7 Amount of Contribution (\$)</b> \$192.00	
<b>8 Principal occupation / Job title (See Instructions)</b> Svp Human Resources		<b>9 Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> Pool, Kelly  <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$104.00	
<b>Principal occupation / Job title (See Instructions)</b> Svp Human Resources		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 07/03/2025	<b>Full name of contributor</b> Predaina, Ellen  <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$39.00	
<b>Principal occupation / Job title (See Instructions)</b> Sr Dir Client Services		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 07/18/2025	<b>Full name of contributor</b> Predaina, Ellen  <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$39.00	
<b>Principal occupation / Job title (See Instructions)</b> Sr Dir Client Services		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 08/01/2025	<b>Full name of contributor</b> Predaina, Ellen  <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$39.00	
<b>Principal occupation / Job title (See Instructions)</b> Sr Dir Client Services		<b>Employer (See Instructions)</b> 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: Sch: 157/194 Rpt: 160/214
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<b>4</b> Date 08/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Predaina, Ellen	<b>7</b> Amount of Contribution (\$) \$39.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	
<b>8</b> Principal occupation / Job title (See Instructions) Sr Dir Client Services		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
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<b>Principal occupation / Job title (See Instructions)</b> Sr Dir Client Services		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 09/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Predaina, Ellen	<b>Amount of Contribution (\$)</b> \$39.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	
<b>Principal occupation / Job title (See Instructions)</b> Sr Dir Client Services		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 10/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Predaina, Ellen	<b>Amount of Contribution (\$)</b> \$39.00
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	
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<b>Date</b> 11/07/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Predaina, Ellen	<b>Amount of Contribution (\$)</b> \$39.00
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<b>Date</b> 07/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Ruben	<b>Amount of Contribution (\$)</b> \$58.00
	<b>Contributor address; City; State; Zip Code</b>  El Paso, TX 79912-2342	
<b>Principal occupation / Job title (See Instructions)</b> Dir Plant Operations		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 07/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Ruben	<b>Amount of Contribution (\$)</b> \$58.00
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<b>4</b> Date 08/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Ruben	<b>7</b> Amount of Contribution (\$) \$58.00
	<b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79912-2342	
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<b>Date</b> 10/24/2025	<b>Full name of contributor</b> Rodriguez, Ruben	<b>Contributor address; City; State; Zip Code</b>  El Paso, TX 79912-2342	<b>Amount of Contribution (\$)</b> \$58.00
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<b>Principal occupation / Job title (See Instructions)</b> Dir Plant Operations		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 11/21/2025	<b>Full name of contributor</b> Rodriguez, Ruben	<b>Contributor address; City; State; Zip Code</b>  El Paso, TX 79912-2342	<b>Amount of Contribution (\$)</b> \$58.00
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<b>8</b> Principal occupation / Job title (See Instructions) Dir Plant Operations		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Rhonda ..... Contributor address; City; State; Zip Code  New Braunfels, TX 78132-2557	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Rhonda ..... Contributor address; City; State; Zip Code  New Braunfels, TX 78132-2557	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 07/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roth, Samuel ..... Contributor address; City; State; Zip Code  Concord, CA 94518-1941	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Dir Govt Relations		Employer (See Instructions) TENET HEALTHCARE CORPORATION
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<b>Date</b> 12/05/2025	<b>Full name of contributor</b> Roth, Samuel	<b>Contributor address; City; State; Zip Code</b>  Concord, CA 94518-1941	<b>Amount of Contribution (\$)</b> \$10.00
<b>Principal occupation / Job title (See Instructions)</b> Dir Govt Relations		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			
<b>2 FILER NAME</b> Tenet Healthcare Corporation Political Action Committee			
<b>4 Date</b> 12/19/2025	<b>5 Full name of contributor</b> Roth, Samuel	<b>6 Contributor address; City; State; Zip Code</b>  Concord, CA 94518-1941	<b>1 Total pages Schedule A1:</b> Sch: 167/194 Rpt: 170/214
			<b>3 Filer ID (Ethics Commission Filers)</b> 00082830
			<b>7 Amount of Contribution (\$)</b> \$10.00
<b>8 Principal occupation / Job title (See Instructions)</b> Dir Govt Relations		<b>9 Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 07/03/2025	<b>Full name of contributor</b> Schaefer, Steven	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$96.00
<b>Principal occupation / Job title (See Instructions)</b> VP ASST GENERAL COUNSEL		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 07/18/2025	<b>Full name of contributor</b> Schaefer, Steven	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$96.00
<b>Principal occupation / Job title (See Instructions)</b> VP ASST GENERAL COUNSEL		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 08/01/2025	<b>Full name of contributor</b> Schaefer, Steven	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$96.00
<b>Principal occupation / Job title (See Instructions)</b> VP ASST GENERAL COUNSEL		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 08/15/2025	<b>Full name of contributor</b> Schaefer, Steven	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$96.00
<b>Principal occupation / Job title (See Instructions)</b> VP ASST GENERAL COUNSEL		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	

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## SCHEDULE A1

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<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 08/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schaefer, Steven ..... <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	<b>7</b> Amount of Contribution (\$) \$96.00
<b>8</b> Principal occupation / Job title (See Instructions) VP ASST GENERAL COUNSEL		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
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<b>Principal occupation / Job title (See Instructions)</b> VP ASST GENERAL COUNSEL		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 09/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Schaefer, Steven ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$96.00
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<b>Date</b> 10/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Schaefer, Steven ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$96.00
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<p><b>Date</b> 07/03/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, Ken</p>	<p>Amount of Contribution (\$) \$19.00</p>	
	<p>Contributor address; City; State; Zip Code  Frisco, TX 75034-8635</p>		
<p>Principal occupation / Job title (See Instructions) SR. MANAGING COUNSEL</p>		<p>Employer (See Instructions) TENET HEALTHCARE CORPORATION</p>	

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	<b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75034-8635	
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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, Ken	<b>7</b> Amount of Contribution (\$) \$19.00
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<b>Principal occupation / Job title (See Instructions)</b> SR. MANAGING COUNSEL		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 07/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Seher, Brian	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Chandler, AZ 85224-3924	
<b>Principal occupation / Job title (See Instructions)</b> CFO Mkt/Sys		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 07/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Seher, Brian	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Chandler, AZ 85224-3924	
<b>Principal occupation / Job title (See Instructions)</b> CFO Mkt/Sys		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 08/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Seher, Brian	<b>Amount of Contribution (\$)</b> \$10.00
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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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<b>4</b> Date 08/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seher, Brian	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Chandler, AZ 85224-3924	
<b>8</b> Principal occupation / Job title (See Instructions) CFO Mkt/Sys		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
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<b>Principal occupation / Job title (See Instructions)</b> CFO Mkt/Sys		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 10/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Seher, Brian	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Chandler, AZ 85224-3924	
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## SCHEDULE A1

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<b>4</b> Date 07/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Lisa	<b>7</b> Amount of Contribution (\$) \$19.00
	<b>6</b> Contributor address; City; State; Zip Code  Montgomery, TX 77316-3198	
<b>8</b> Principal occupation / Job title (See Instructions) Dir EES		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
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<b>Date</b> 11/07/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Lisa	<b>Amount of Contribution (\$)</b> \$19.00
	<b>Contributor address; City; State; Zip Code</b>  Montgomery, TX 77316-3198	
<b>Principal occupation / Job title (See Instructions)</b> Dir EES		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			
<b>2 FILER NAME</b> Tenet Healthcare Corporation Political Action Committee			
<b>4 Date</b> 11/21/2025	<b>5 Full name of contributor</b> Smith, Lisa	<b>6 Contributor address; City; State; Zip Code</b>  Montgomery, TX 77316-3198	<b>1 Total pages Schedule A1:</b> Sch: 177/194 Rpt: 180/214
			<b>3 Filer ID (Ethics Commission Filers)</b> 00082830
			<b>7 Amount of Contribution (\$)</b> \$19.00
<b>8 Principal occupation / Job title (See Instructions)</b> Dir EES		<b>9 Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 12/05/2025	<b>Full name of contributor</b> Smith, Lisa	<b>Contributor address; City; State; Zip Code</b>  Montgomery, TX 77316-3198	<b>Amount of Contribution (\$)</b> \$19.00
<b>Principal occupation / Job title (See Instructions)</b> Dir EES		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 12/19/2025	<b>Full name of contributor</b> Smith, Lisa	<b>Contributor address; City; State; Zip Code</b>  Montgomery, TX 77316-3198	<b>Amount of Contribution (\$)</b> \$19.00
<b>Principal occupation / Job title (See Instructions)</b> Dir EES		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 07/03/2025	<b>Full name of contributor</b> Smith, Scott	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$192.00
<b>Principal occupation / Job title (See Instructions)</b> CEO Mkt/Sys		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 07/18/2025	<b>Full name of contributor</b> Smith, Scott	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$192.00
<b>Principal occupation / Job title (See Instructions)</b> CEO Mkt/Sys		<b>Employer (See Instructions)</b> 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: Sch: 178/194 Rpt: 181/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 08/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Scott	<b>7</b> Amount of Contribution (\$) \$192.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	
<b>8</b> Principal occupation / Job title (See Instructions) CEO Mkt/Sys		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 08/15/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Scott	<b>Amount of Contribution (\$)</b> \$192.00
	Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	
Principal occupation / Job title (See Instructions) CEO Mkt/Sys		Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Scott	<b>Amount of Contribution (\$)</b> \$192.00
	Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	
Principal occupation / Job title (See Instructions) CEO Mkt/Sys		Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 09/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Scott	<b>Amount of Contribution (\$)</b> \$192.00
	Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	
Principal occupation / Job title (See Instructions) CEO Mkt/Sys		Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 09/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Scott	<b>Amount of Contribution (\$)</b> \$192.00
	Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	
Principal occupation / Job title (See Instructions) CEO Mkt/Sys		Employer (See Instructions) TENET HEALTHCARE CORPORATION

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			
<b>2 FILER NAME</b> Tenet Healthcare Corporation Political Action Committee			
<b>4 Date</b> 10/10/2025	<b>5 Full name of contributor</b> Smith, Scott	<b>6 Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>1 Total pages Schedule A1:</b> Sch: 179/194 Rpt: 182/214
			<b>3 Filer ID (Ethics Commission Filers)</b> 00082830
			<b>7 Amount of Contribution (\$)</b> \$192.00
<b>8 Principal occupation / Job title (See Instructions)</b> CEO Mkt/Sys		<b>9 Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 10/24/2025	<b>Full name of contributor</b> Smith, Scott	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$192.00
<b>Principal occupation / Job title (See Instructions)</b> CEO Mkt/Sys		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 11/07/2025	<b>Full name of contributor</b> Smith, Scott	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$192.00
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<b>Date</b> 11/21/2025	<b>Full name of contributor</b> Smith, Scott	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$192.00
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<b>Date</b> 12/05/2025	<b>Full name of contributor</b> Smith, Scott	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$192.00
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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			
<b>2 FILER NAME</b> Tenet Healthcare Corporation Political Action Committee			
<b>4 Date</b> 12/19/2025	<b>5 Full name of contributor</b> Smith, Scott	<b>6 Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>1 Total pages Schedule A1:</b> Sch: 180/194 Rpt: 183/214
			<b>3 Filer ID (Ethics Commission Filers)</b> 00082830
			<b>7 Amount of Contribution (\$)</b> \$192.00
<b>8 Principal occupation / Job title (See Instructions)</b> CEO Mkt/Sys		<b>9 Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 07/03/2025	<b>Full name of contributor</b> Sutaria, Saumya	<b>Amount of Contribution (\$)</b> \$192.00	<b>□ out-of-state PAC (ID#:</b> _____)
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916		
<b>Principal occupation / Job title (See Instructions)</b> CEO & Executive Chairman		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 07/18/2025	<b>Full name of contributor</b> Sutaria, Saumya	<b>Amount of Contribution (\$)</b> \$192.00	<b>□ out-of-state PAC (ID#:</b> _____)
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916		
<b>Principal occupation / Job title (See Instructions)</b> CEO & Executive Chairman		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 08/01/2025	<b>Full name of contributor</b> Sutaria, Saumya	<b>Amount of Contribution (\$)</b> \$192.00	<b>□ out-of-state PAC (ID#:</b> _____)
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916		
<b>Principal occupation / Job title (See Instructions)</b> CEO & Executive Chairman		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 08/15/2025	<b>Full name of contributor</b> Sutaria, Saumya	<b>Amount of Contribution (\$)</b> \$192.00	<b>□ out-of-state PAC (ID#:</b> _____)
	<b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916		
<b>Principal occupation / Job title (See Instructions)</b> CEO & Executive Chairman		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			
<b>2 FILER NAME</b> Tenet Healthcare Corporation Political Action Committee			
<b>4 Date</b> 08/29/2025	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Sutaria, Saumya  <b>6 Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>1 Total pages Schedule A1:</b> Sch: 181/194 Rpt: 184/214	<b>3 Filer ID (Ethics Commission Filers)</b> 00082830
		<b>7 Amount of Contribution (\$)</b> \$192.00	
<b>8 Principal occupation / Job title (See Instructions)</b> CEO & Executive Chairman		<b>9 Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 09/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Sutaria, Saumya  <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$192.00	
<b>Principal occupation / Job title (See Instructions)</b> CEO & Executive Chairman		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 09/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Sutaria, Saumya  <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$192.00	
<b>Principal occupation / Job title (See Instructions)</b> CEO & Executive Chairman		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 10/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Sutaria, Saumya  <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$192.00	
<b>Principal occupation / Job title (See Instructions)</b> CEO & Executive Chairman		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 10/24/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Sutaria, Saumya  <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$192.00	
<b>Principal occupation / Job title (See Instructions)</b> CEO & Executive Chairman		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			
<b>2 FILER NAME</b> Tenet Healthcare Corporation Political Action Committee			
<b>4 Date</b> 11/07/2025	<b>5 Full name of contributor</b> Sutaria, Saumya <b>6 Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>1 Total pages Schedule A1:</b> Sch: 182/194 Rpt: 185/214	<b>3 Filer ID (Ethics Commission Filers)</b> 00082830
		<b>7 Amount of Contribution (\$)</b> \$192.00	
<b>8 Principal occupation / Job title (See Instructions)</b> CEO & Executive Chairman		<b>9 Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 11/21/2025	<b>Full name of contributor</b> Sutaria, Saumya <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$192.00	
<b>Principal occupation / Job title (See Instructions)</b> CEO & Executive Chairman		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 12/05/2025	<b>Full name of contributor</b> Sutaria, Saumya <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$192.00	
<b>Principal occupation / Job title (See Instructions)</b> CEO & Executive Chairman		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 12/19/2025	<b>Full name of contributor</b> Sutaria, Saumya <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$192.00	
<b>Principal occupation / Job title (See Instructions)</b> CEO & Executive Chairman		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 07/03/2025	<b>Full name of contributor</b> Thomas, Daniel <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$96.00	
<b>Principal occupation / Job title (See Instructions)</b> VP Patient Services		<b>Employer (See Instructions)</b> 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: Sch: 183/194 Rpt: 186/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 07/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Daniel ..... <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	<b>7</b> Amount of Contribution (\$)  \$96.00
	<b>8</b> Principal occupation / Job title (See Instructions) VP Patient Services	<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 08/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Daniel ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b>  \$96.00
	<b>Principal occupation / Job title (See Instructions)</b> VP Patient Services	<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 08/15/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Daniel ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b>  \$96.00
	<b>Principal occupation / Job title (See Instructions)</b> VP Patient Services	<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Daniel ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b>  \$96.00
	<b>Principal occupation / Job title (See Instructions)</b> VP Patient Services	<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 09/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Daniel ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b>  \$96.00
	<b>Principal occupation / Job title (See Instructions)</b> VP Patient Services	<b>Employer (See Instructions)</b> 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: Sch: 184/194 Rpt: 187/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 09/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Daniel ..... <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	<b>7</b> Amount of Contribution (\$)  \$96.00
<b>8</b> Principal occupation / Job title (See Instructions) VP Patient Services		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 10/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Daniel ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b>  \$96.00
Principal occupation / Job title (See Instructions) VP Patient Services		Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 10/24/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Daniel ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b>  \$96.00
Principal occupation / Job title (See Instructions) VP Patient Services		Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 11/07/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Daniel ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b>  \$96.00
Principal occupation / Job title (See Instructions) VP Patient Services		Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 11/21/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Daniel ..... <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b>  \$96.00
Principal occupation / Job title (See Instructions) VP Patient Services		Employer (See Instructions) 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: Sch: 185/194 Rpt: 188/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Daniel	<b>7</b> Amount of Contribution (\$) \$96.00
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<b>Date</b> 12/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Daniel	<b>Amount of Contribution (\$)</b> \$96.00
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<b>Principal occupation / Job title (See Instructions)</b> VP Patient Services		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 07/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Vargas, Inez	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Spring, TX 77379-3061	
<b>Principal occupation / Job title (See Instructions)</b> Sr Dir Client Delivery		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 07/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Vargas, Inez	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Spring, TX 77379-3061	
<b>Principal occupation / Job title (See Instructions)</b> Sr Dir Client Delivery		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 08/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Vargas, Inez	<b>Amount of Contribution (\$)</b> \$10.00
	<b>Contributor address; City; State; Zip Code</b>  Spring, TX 77379-3061	
<b>Principal occupation / Job title (See Instructions)</b> Sr Dir Client Delivery		<b>Employer (See Instructions)</b> 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: Sch: 186/194 Rpt: 189/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 08/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vargas, Inez ..... <b>6</b> Contributor address; City; State; Zip Code  Spring, TX 77379-3061	<b>7</b> Amount of Contribution (\$)  \$10.00
	<b>8</b> Principal occupation / Job title (See Instructions) Sr Dir Client Delivery	<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Vargas, Inez ..... <b>Contributor address; City; State; Zip Code</b>  Spring, TX 77379-3061	<b>Amount of Contribution (\$)</b>  \$10.00
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<b>Date</b> 09/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Vargas, Inez ..... <b>Contributor address; City; State; Zip Code</b>  Spring, TX 77379-3061	<b>Amount of Contribution (\$)</b>  \$10.00
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<b>Date</b> 09/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Vargas, Inez ..... <b>Contributor address; City; State; Zip Code</b>  Spring, TX 77379-3061	<b>Amount of Contribution (\$)</b>  \$10.00
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		<b>7 Amount of Contribution (\$)</b> \$10.00	
<b>8 Principal occupation / Job title (See Instructions)</b> Sr Dir Client Delivery		<b>9 Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 11/07/2025	<b>Full name of contributor</b> Vargas, Inez <b>Contributor address; City; State; Zip Code</b> Spring, TX 77379-3061	<b>Amount of Contribution (\$)</b> \$10.00	
<b>Principal occupation / Job title (See Instructions)</b> Sr Dir Client Delivery		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 11/21/2025	<b>Full name of contributor</b> Vargas, Inez <b>Contributor address; City; State; Zip Code</b> Spring, TX 77379-3061	<b>Amount of Contribution (\$)</b> \$10.00	
<b>Principal occupation / Job title (See Instructions)</b> Sr Dir Client Delivery		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 12/05/2025	<b>Full name of contributor</b> Vargas, Inez <b>Contributor address; City; State; Zip Code</b> Spring, TX 77379-3061	<b>Amount of Contribution (\$)</b> \$10.00	
<b>Principal occupation / Job title (See Instructions)</b> Sr Dir Client Delivery		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 12/19/2025	<b>Full name of contributor</b> Vargas, Inez <b>Contributor address; City; State; Zip Code</b> Spring, TX 77379-3061	<b>Amount of Contribution (\$)</b> \$10.00	
<b>Principal occupation / Job title (See Instructions)</b> Sr Dir Client Delivery		<b>Employer (See Instructions)</b> 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: Sch: 188/194 Rpt: 191/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 07/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vargas, Monica	<b>7</b> Amount of Contribution (\$) \$96.00
	<b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79902-1313	
<b>8</b> Principal occupation / Job title (See Instructions) CEO Mkt/Sys		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 07/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vargas, Monica	Amount of Contribution (\$) \$96.00
	Contributor address; City; State; Zip Code  El Paso, TX 79902-1313	
Principal occupation / Job title (See Instructions) CEO Mkt/Sys		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vargas, Monica	Amount of Contribution (\$) \$96.00
	Contributor address; City; State; Zip Code  El Paso, TX 79902-1313	
Principal occupation / Job title (See Instructions) CEO Mkt/Sys		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vargas, Monica	Amount of Contribution (\$) \$96.00
	Contributor address; City; State; Zip Code  El Paso, TX 79902-1313	
Principal occupation / Job title (See Instructions) CEO Mkt/Sys		Employer (See Instructions) TENET HEALTHCARE CORPORATION
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vargas, Monica	Amount of Contribution (\$) \$96.00
	Contributor address; City; State; Zip Code  El Paso, TX 79902-1313	
Principal occupation / Job title (See Instructions) CEO Mkt/Sys		Employer (See Instructions) 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: Sch: 189/194 Rpt: 192/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 09/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vargas, Monica	<b>7</b> Amount of Contribution (\$) \$96.00
	<b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79902-1313	
<b>8</b> Principal occupation / Job title (See Instructions) CEO Mkt/Sys		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 09/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Vargas, Monica	<b>Amount of Contribution (\$)</b> \$96.00
	<b>Contributor address; City; State; Zip Code</b>  El Paso, TX 79902-1313	
<b>Principal occupation / Job title (See Instructions)</b> CEO Mkt/Sys		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 10/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Vargas, Monica	<b>Amount of Contribution (\$)</b> \$96.00
	<b>Contributor address; City; State; Zip Code</b>  El Paso, TX 79902-1313	
<b>Principal occupation / Job title (See Instructions)</b> CEO Mkt/Sys		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 10/24/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Vargas, Monica	<b>Amount of Contribution (\$)</b> \$96.00
	<b>Contributor address; City; State; Zip Code</b>  El Paso, TX 79902-1313	
<b>Principal occupation / Job title (See Instructions)</b> CEO Mkt/Sys		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 11/07/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Vargas, Monica	<b>Amount of Contribution (\$)</b> \$96.00
	<b>Contributor address; City; State; Zip Code</b>  El Paso, TX 79902-1313	
<b>Principal occupation / Job title (See Instructions)</b> CEO Mkt/Sys		<b>Employer (See Instructions)</b> 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: Sch: 190/194 Rpt: 193/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee			<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 11/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vargas, Monica	<b>7</b> Amount of Contribution (\$) \$96.00	
	<b>6</b> Contributor address; City; State; Zip Code  El Paso, TX 79902-1313		
<b>8</b> Principal occupation / Job title (See Instructions) CEO Mkt/Sys		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION	
<b>Date</b> 12/05/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Vargas, Monica	<b>Amount of Contribution (\$)</b> \$96.00	
	<b>Contributor address; City; State; Zip Code</b>  El Paso, TX 79902-1313		
<b>Principal occupation / Job title (See Instructions)</b> CEO Mkt/Sys		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 12/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Vargas, Monica	<b>Amount of Contribution (\$)</b> \$96.00	
	<b>Contributor address; City; State; Zip Code</b>  El Paso, TX 79902-1313		
<b>Principal occupation / Job title (See Instructions)</b> CEO Mkt/Sys		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 07/03/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Waechter, William	<b>Amount of Contribution (\$)</b> \$39.00	
	<b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78258-3913		
<b>Principal occupation / Job title (See Instructions)</b> CEO-Chief Admin Officer		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 07/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Waechter, William	<b>Amount of Contribution (\$)</b> \$39.00	
	<b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78258-3913		
<b>Principal occupation / Job title (See Instructions)</b> CEO-Chief Admin Officer		<b>Employer (See Instructions)</b> 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: Sch: 191/194 Rpt: 194/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 08/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waechter, William	<b>7</b> Amount of Contribution (\$) \$39.00
	<b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78258-3913	
<b>8</b> Principal occupation / Job title (See Instructions) CEO-Chief Admin Officer		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 08/15/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Waechter, William	<b>Amount of Contribution (\$)</b> \$39.00
	<b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78258-3913	
<b>Principal occupation / Job title (See Instructions)</b> CEO-Chief Admin Officer		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Waechter, William	<b>Amount of Contribution (\$)</b> \$39.00
	<b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78258-3913	
<b>Principal occupation / Job title (See Instructions)</b> CEO-Chief Admin Officer		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 09/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Waechter, William	<b>Amount of Contribution (\$)</b> \$39.00
	<b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78258-3913	
<b>Principal occupation / Job title (See Instructions)</b> CEO-Chief Admin Officer		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION
<b>Date</b> 09/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Waechter, William	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78258-3913	
<b>Principal occupation / Job title (See Instructions)</b> CEO-Chief Admin Officer		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			
<b>2 FILER NAME</b> Tenet Healthcare Corporation Political Action Committee			
<b>4 Date</b> 07/03/2025	<b>5 Full name of contributor</b> Wiener, Chad <b>6 Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>1 Total pages Schedule A1:</b> Sch: 192/194 Rpt: 195/214	<b>3 Filer ID (Ethics Commission Filers)</b> 00082830
		<b>7 Amount of Contribution (\$)</b> \$39.00	
<b>8 Principal occupation / Job title (See Instructions)</b> VP ASST GENERAL COUNSEL		<b>9 Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 07/18/2025	<b>Full name of contributor</b> Wiener, Chad <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$39.00	
<b>Principal occupation / Job title (See Instructions)</b> VP ASST GENERAL COUNSEL		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 08/01/2025	<b>Full name of contributor</b> Wiener, Chad <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$39.00	
<b>Principal occupation / Job title (See Instructions)</b> VP ASST GENERAL COUNSEL		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 08/15/2025	<b>Full name of contributor</b> Wiener, Chad <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$39.00	
<b>Principal occupation / Job title (See Instructions)</b> VP ASST GENERAL COUNSEL		<b>Employer (See Instructions)</b> TENET HEALTHCARE CORPORATION	
<b>Date</b> 08/29/2025	<b>Full name of contributor</b> Wiener, Chad <b>Contributor address; City; State; Zip Code</b>  Dallas, TX 75254-2916	<b>Amount of Contribution (\$)</b> \$39.00	
<b>Principal occupation / Job title (See Instructions)</b> VP ASST GENERAL COUNSEL		<b>Employer (See Instructions)</b> 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: Sch: 193/194 Rpt: 196/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> Date 09/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiener, Chad	<b>7</b> Amount of Contribution (\$) \$39.00
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	
<b>8</b> Principal occupation / Job title (See Instructions) VP ASST GENERAL COUNSEL		<b>9</b> Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 09/26/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiener, Chad	<b>Amount of Contribution (\$)</b> \$39.00
	Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	
Principal occupation / Job title (See Instructions) VP ASST GENERAL COUNSEL		Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 10/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiener, Chad	<b>Amount of Contribution (\$)</b> \$39.00
	Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	
Principal occupation / Job title (See Instructions) VP ASST GENERAL COUNSEL		Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 10/24/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiener, Chad	<b>Amount of Contribution (\$)</b> \$39.00
	Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	
Principal occupation / Job title (See Instructions) VP ASST GENERAL COUNSEL		Employer (See Instructions) TENET HEALTHCARE CORPORATION
<b>Date</b> 11/07/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiener, Chad	<b>Amount of Contribution (\$)</b> \$39.00
	Contributor address; City; State; Zip Code  Dallas, TX 75254-2916	
Principal occupation / Job title (See Instructions) VP ASST GENERAL COUNSEL		Employer (See Instructions) TENET HEALTHCARE CORPORATION

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

<b>The Instruction Guide explains how to complete this form.</b>			
<b>2 FILER NAME</b> Tenet Healthcare Corporation Political Action Committee			
<b>4 TOTAL OF UNITEMIZED PLEDGES</b> <span style="float: right;">\$ 0.00</span>			
<b>5 Date</b>	<b>6 Full name of pledgor</b> .....	<input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>8 Amount of pledge (\$)</b>
	<b>7 Pledgor Address;</b> .....		<b>9 In-kind description (If applicable)</b>
<b>10 Principal occupation / Job title (See Instructions)</b>		<b>11 Employer (See Instructions)</b>	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			

**LOANS****SCHEDULE E**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 199/214
<b>2</b> FILER NAME Tenet Healthcare Corporation Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00082830
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$ 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 <input type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor ..... <b>18</b> Guarantor address; City; State; Zip Code	<b>19</b> Amount Guaranteed (\$)
<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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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