Quarterly Lobbyist Expenditure Report for Organization

Submitted: 4/1/2020 12:57 PM **Year: 2020** **Quarter: 1**

Tenet Healthcare Corporation
(469) 893-2000

1445 ROSS AVENUE, SUITE 1400
DALLAS, TX, 75202

No Officer or Employee in Organization Has Expenditures

Summary	This Quarter
Total of single expenditures more than $25	$0.00
Total of single expenditures $25 or less	$0.00
Total of events expenditures	$0.00
Total Expenditures	**$0.00**

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Name: Webb Cochran **Phone:**

This lobbyist has no expenditures.

List of Single Expenditures More than $25

Date	Name and Address on Whose Behalf Expenditure Made	Nature of Expenditure	City Official Receiving/Benefiting from Expenditure	Amount of Expenditure
			Total of Single Expenditures More than $25	**$0.00**

List of Expenditures $25 or Less

City Official Receiving/Benefiting from Expenditure	Amount of Expenditure
Total Expenditures $25 or Less	**$0.00**

List of Expenditures for Events (City Code Section 2-1001.4)

Date	Description of Event	Location	Amount of Expenditure
		Total of Event Expenditures	**$0.00**
		Total Campaign Expenditures	**$0.00**

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Name: Ryan Harper **Phone:**

This lobbyist has no expenditures.

List of Single Expenditures More than $25

Date	Name and Address on Whose Behalf Expenditure Made	Nature of Expenditure	City Official Receiving/Benefiting from Expenditure	Amount of Expenditure
			Total of Single Expenditures More than $25	**$0.00**

List of Expenditures $25 or Less

City Official Receiving/Benefiting from Expenditure	Amount of Expenditure
Total Expenditures $25 or Less	**$0.00**

List of Expenditures for Events (City Code Section 2-1001.4)

Date	Description of Event	Location	Amount of Expenditure
		Total of Event Expenditures	**$0.00**
		Total Campaign Expenditures	**$0.00**

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By checking this box and typing my name below, the undersigned does hereby certify under penalty of perjury that: (1) all the information contained in the reporting form is true and correct to the best of my knowledge; (2) I am a registered lobbyist filing this report on my own behalf or I am duly authorized to file this report on behalf of the registered lobbying entity named on the reporting form; and (3) by typing my name below I acknowledge that such action constitutes the legal equivalent of my signature and by typing my name I hereby waive any requirement that this form be notarized in order to be legally enforceable.

TYPED NAME: Webb Cochran **EMAIL:** outsourcing@aristotle.com