

Quarterly Lobbyist Expenditure Report for . Organization

Submitted: 1/3/2021 5:27 PM Year: 2020 Quarter: 4

Tenet Healthcare Corporation 1445 ROSS AVENUE, SUITE (469) 893-2000

1400 DALLAS, TX, 75202

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



Quarterly Lobbyist Expenditure Report for Organization

Submitted: 1/3/2021 5:27 PM Year: 2020 Quarter: 4

Name: Ryan Harper Phone:

List of Single Expenditures More than \$25

Date	Name and Address on Whose Behalf Expenditure Made	Nature of Expenditure	City Official Receiving/Benefit ing from Expenditure	Amount of Expenditure
		Total of Single Expendit	ures 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)

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Date	Description of Event	Location	Amount of Expenditure
		Total of Event Expenditures	\$0.00
		Total of Event Expenditures	φ0.00
		Total Campaign Expenditures	\$0.00



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Name: Webb Cochran Phone:

List of Single Expenditures More than \$25

	Date	Name and Address on Whose Behalf Expenditure Made	Nature of Expenditure	City Official Receiving/Benefit ing 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)

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Date	Description of Event	Location	Amount of Expenditure
		Total of Event Expenditures	\$0.00
		Total of Event Expenditures	ψ0.50
		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