

Submitted: 6/29/2021 2:03 PM Year: 2021 Quarter: 2

**Tenet Healthcare Corporation** (469) 893-2000

14201 DALLAS PARKWAY DALLAS, TX, 75254

#### 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

Report Generated 9/8/2025
Page 1/4



Submitted: 6/29/2021 2:03 PM Year: 2021 Quarter: 2

Name: Ryan Harper Phone:

This lobbyist has no expenditures.

**List of Single Expenditures More than \$25** 

Name and Address on

Date Whose Behalf Nature of Expenditure

Expenditure Made City Official

Receiving/Benefit Amount of

ing from Expenditure

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



Submitted: 6/29/2021 2:03 PM Year: 2021 Quarter: 2

Name: Webb Cochran Phone:

This lobbyist has no expenditures.

**List of Single Expenditures More than \$25** 

Name and Address on

Date

Whose Behalf

Expenditure Made

Nature of Expenditure

Expenditure Made

City Official

Receiving/Benefit

Amount of

ing from

Expenditure

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



Submitted: 6/29/2021 2:03 PM Year: 2021 Quarter: 2

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