



Quarterly Lobbyist Expenditure Report for Organization

Submitted: 7/8/2019 2:11 PM

Year: 2019

Quarter: 2

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 |



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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/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: Ryan Harper

EMAIL: lobbying@aristotle.com