



# Quarterly Lobbyist Expenditure Report for Organization

Submitted: 10/14/2024 1:13 PM

Year: 2024

Quarter: 3

**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
<b>Total Expenditures</b>	<b>\$0.00</b>



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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
			<b>Total of Single Expenditures More than \$25</b>	<b>\$0.00</b>

## List of Expenditures \$25 or Less

City Official Receiving/Benefiting from Expenditure	Amount of Expenditure
<b>Total Expenditures \$25 or Less</b>	
	<b>\$0.00</b>

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

Date	Description of Event	Location	Amount of Expenditure
			<b>Total of Event Expenditures</b>
			<b>\$0.00</b>
			<b>Total Campaign Expenditures</b>
			<b>\$0.00</b>



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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:** lobbying@aristotle.com