FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED
FEDERAL ELECTION COMMISSION
PUBLIC DISCLOSURE DIVISION
JAN 31 10 56 AM '02
Office Use Only

1. NAME OF COMMITTEE (In full) — USE FEC MAILING LABEL OR TYPE OR PRINT ▼ — Example: If typing, type over the lines. 12FE4M5

POLITICAL ACTION COMMITTEE OF THE ARIZONA HOSPITAL & HEALTHCARE ASSOCIATION

ADDRESS (number and street) ▼ 2901 NORTH CENTRAL AVENUE

☐ Check if different than previously reported. (ACC)

SUITE 900

PHOENIX — CITY ▲ — AZ — STATE ▲ — 85012-2729 — ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼ C00217687

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☒ January 31 Year-End Report (YE)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)	☐ May 20 (M5)	☐ Aug 20 (M8)	☐ Nov 20 (M11) (Non-Election Year Only)
☐ Mar 20 (M3)	☐ Jun 20 (M6)	☐ Sep 20 (M9)	☐ Dec 20 (M12) (Non-Election Year Only)
☐ Apr 20 (M4)	☐ Jul 20 (M7)	☐ Oct 20 (M10)	☐ Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on ___ / ___ / ___ In the State of ___

(d) 30-Day POST-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on ___ / ___ / ___ In the State of ___

5. Covering Period 07 / 01 / 2001 through 12 / 31 / 2001

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer LAURIE LANGE

Signature of Treasurer Laurie Lange

Date 01 / 30 / 2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only							

FEC FORM 3X (Revised 1/01)

FE1AN04

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Revised 1/01)

Write or Type Committee Name

PAC OF THE ARIZONA HOSPITAL AND HEALTHCARE ASSOCIATION

Report Covering the Period: From: 07 / 01 / 2001 To: 12 / 31 / 2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2001		246,474
(b) Cash on Hand at Beginning of Reporting Period	11,272,29	
(c) Total Receipts (from Line 19)	6,540.00	154,570
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	17,812.29	17,922.24
7. Total Disbursements (from Line 30)	13,308.06	13,418.01
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	4,504.23	4,504.23
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

☐ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Revised 1/01)

Write or Type Committee Name

PAC OF THE ARIZONA HOSPITAL AND HEALTHCARE ASSOCIATION

Report Covering the Period: From: 07 / 01 / 2001 To: 12 / 31 / 2001

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	2,000.00	
(ii) Unitemized	4,540.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	6,540.00	15,457.50
(b) Political Party Committees	0.00	0.00
(c) Other Policital Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4) ▶	6,540.00	15,457.50
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) ▶	6,540.00	15,457.50
20. Total Federal Receipts (subtract Line 18 from Line 19) ▶	6,540.00	15,457.50

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/01)

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures	133 06	243 01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	133 06	243 01
22. Transfers to Affiliated/Other Party Committees	13 175 00	13 175 00
23. Contributions to Federal Candidates/Committees and Other Political Committees		
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶		
29. Other Disbursements		
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29) ▶	13 308 06	13 418 01
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶	13 308 06	13 418 01

III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from Line 11(d), page 3)		
33. Total Contribution Refunds (from Line 28(d))		
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)		
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶		
36. Offsets to Operating Expenditures (from Line 15, page 3)		
37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶		

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

PAGE OF

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PAC OF ARIZONA HOSPITAL AND HEALTHCARE ASSOCIATION

A.
Full Name (Last, First, Middle Initial): American Hospital Association PAC
Mailing Address: 325 W. 7th Street
City: Washington, DC State: Zip Code:
Purpose of Disbursement: Contribution to National Affiliate PAC
Category/Type: 011
Candidate Name: NA
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼
Date of Disbursement: 11 / 26 / 2001
Amount of Each Disbursement this Period: 13 175 00

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Category/Type:
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement:
Amount of Each Disbursement this Period:

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Category/Type:
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement:
Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) ..... ▶

TOTAL This Period (last page this line number only) ..... ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)
PAC OF ARIZONA HOSPITAL AND HEALTHCARE ASSOCIATION

A.

Full Name (Last, First, Middle Initial): Wells Fargo Bank

Mailing Address: 1200 Montego Way - Bldg. C

City: Walnut Creek State: CA Zip Code: 95498

Purpose of Disbursement: Bank Fees 07/01/2001 - 12/31/2001

Category/Type: 001

Candidate Name: NA

Office Sought: ☐ House ☐ Senate ☐ President State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

Date of Disbursement: 12 / 31 / 2001

Amount of Each Disbursement this Period: 13306

B.

Full Name (Last, First, Middle Initial):

Mailing Address:

City: State: Zip Code:

Purpose of Disbursement:

Category/Type:

Candidate Name:

Office Sought: ☐ House ☐ Senate ☐ President State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

Date of Disbursement: / /

Amount of Each Disbursement this Period:

C.

Full Name (Last, First, Middle Initial):

Mailing Address:

City: State: Zip Code:

Purpose of Disbursement:

Category/Type:

Candidate Name:

Office Sought: ☐ House ☐ Senate ☐ President State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

Date of Disbursement: / /

Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) PAGE 1 OF 3

☐ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (in Full)
PAC OF ARIZONA HOSPITAL AND HEALTHCARE ASSOCIATION

A.
Full Name (Last, First, Middle Initial): STAMP, BURL E.
Mailing Address: 2701 NORTH 16TH STREET #106
City: PHOENIX State: AZ Zip Code: 85006
FEC ID number of contributing federal political committee: C00217687
Name of Employer: Phoenix Children's Hospital
Occupation: President/CEO
Receipt For: ☐ Primary ☒ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 10/22/2001
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial): ULRICH, DONALD
Mailing Address: 3621 NORTH WELLS FARGO AVENUE
City: SCOTTSDALE State: AZ Zip Code: 85251
FEC ID number of contributing federal political committee: C00217687
Name of Employer: Scottsdale Healthcare
Occupation: Trustee
Receipt For: ☐ Primary ☒ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 08/06/2001
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial): KORTUM, JOSEPH M.
Mailing Address: 1200 NORTH BEAVER STREET
City: FLAGSTAFF State: AZ Zip Code: 86001
FEC ID number of contributing federal political committee: C00217687
Name of Employer: Northern Arizona Healthcare
Occupation: President/CEO
Receipt For: ☐ Primary ☒ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12/08/2001
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☐ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
PAC OF ARIZONA HOSPITAL AND HEALTHCARE ASSOCIATION

A.
Full Name (Last, First, Middle Initial): BUCKLEY, JOHN J.
Mailing Address: 1907 SOUTH 27TH STREET
City: HERRIN
State: ILLINOIS Zip Code: 62948
FEC ID number of contributing federal political committee: C00217687
Name of Employer: Southern Illinois Healthcare
Occupation:
Receipt For: ☐ Primary ☒ General ☐ Other (specify)
Aggregate Year-to-Date: 250 00
Date of Receipt: 06 15 2001
Amount of Each Receipt this Period: 250 00

B.
Full Name (Last, First, Middle Initial): POLL, MAX
Mailing Address: 3621 NORTH WELLS FARGO AVENUE
City: SCOTTSDALE
State: AZ Zip Code: 85251
FEC ID number of contributing federal political committee: C00217687
Name of Employer: Scootsdale Healthcare
Occupation: President/CEO
Receipt For: ☐ Primary ☒ General ☐ Other (specify)
Aggregate Year-to-Date: 250 00
Date of Receipt: 08 30 2001
Amount of Each Receipt this Period: 250 00

C.
Full Name (Last, First, Middle Initial): BALLANTYNE, REGINALD M. III
Mailing Address: 8805 NORTH 23RD AVENUE #150
City: PHOENIX
State: AZ Zip Code: 85021
FEC ID number of contributing federal political committee: C00217687
Name of Employer: Vanguard Health Systems
Occupation: Sr. Vice President
Receipt For: ☐ Primary ☒ General ☐ Other (specify)
Aggregate Year-to-Date: 250 00
Date of Receipt: 07 11 2001
Amount of Each Receipt this Period: 250 00

SUBTOTAL of Receipts This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☐ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

PAC OF ARIZONA HOSPITAL AND HEALTHCARE ASSOCIATION

A.

Full Name (Last, First, Middle Initial): COLEMAN, DAN C.

Mailing Address: 9108 NORTH THIRD STREET

City: PHOENIX State: AZ Zip Code: 85020

FEC ID number of contributing federal political committee: C00217687

Name of Employer: John C. Lincoln Health Network

Occupation: President/CEO

Receipt For: ☐ Primary ☒ General ☐ Other (specify)

Aggregate Year-to-Date: 500.00

Date of Receipt: 07 / 11 / 2001

Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial):

Mailing Address:

City: State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer:

Occupation:

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date:

Date of Receipt:

Amount of Each Receipt this Period:

C.

Full Name (Last, First, Middle Initial):

Mailing Address:

City: State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer:

Occupation:

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date:

Date of Receipt:

Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶ 2000.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☑	Hand Delivered	Date of Receipt 1-31-02
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED (R/C)
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

[illegible]	1-31-02
PREPARER	DATE PREPARED

(6/2000)