



Arizona Hospital and Healthcare Association
Political Action Committee

RECEIVED
FEC MAIL ROOM

2008 JAN 31 A 10: 11 3'

January 29, 2008

Federal Election Commission
999 E Street N.W.
Washington, D.C. 20463

RE: Identification Number: C00217687

Reference: Mid-Year Report (7/1/07-12/31/07)

To Whom It May Concern:

Enclosed is the Year-End Report of the Arizona Hospital and Healthcare Association (AzHHA) Political Action Committee (PAC). Recently, AzHHA became aware of a discrepancy between the balance the PAC has been reporting to the Federal Elections Commission (FEC) and actual balance of the AzHHA PAC. Over the years, AzHHA has experienced significant staff turnover in the position responsible for PAC reports. As a result of this turnover, there have been numerous small mistakes on PAC reports that have amounted to a \$3,871 discrepancy between the reported balance and the actual balance of the PAC. We have attempted to locate where and when the mistakes have occurred, but have been unsuccessful because the errors date back to more than seven years ago. We can confirm that no reporting mistakes were made in 2007 and the previous errors will not affect the 2008 election cycle.

To correct the discrepancy, we consulted with FEC staff who directed us to include the amount of the discrepancy on line 17 of the report. We apologize for any inconvenience or confusion this may have caused. If you have any questions, please call me at (602) 445-4300.

Sincerely,

Laurie Lange, Treasurer
Political Action Committee
Arizona Hospital and Healthcare Association
2901 N. Central Avenue, Suite 900
Phoenix, AZ 85012

LL;jh
Enclosure

2008 JAN 31 A 10:43

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

POLITICAL ACTION COMMITTEE OF THE ARIZONA HOSPITAL AND HEALTHCARE ASSOCIATION

ADDRESS (number and street) 2901 N Central Avenue

Check if different than previously reported. (ACC)

PHOENIX AZ 85012

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

00217687

3. IS THIS REPORT X 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)

X 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 M M / D D / Y Y Y Y in the State of

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

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 07 01 2007 through 12 31 2007

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 Jaime Lange

Signature of Treasurer [Handwritten Signature]

Date 09 17 2007

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							
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AZ Hospital and Healthcare Assoc.

Report Covering the Period:

From:

07 / 01 / 2007

To:

12 / 31 / 2007

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2007		4,507.64
(b) Cash on Hand at Beginning of Reporting Period.....	22,154.63	
(c) Total Receipts (from Line 19).....	10,764.44	28,679.94
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	32,901.07	33,183.58
7. Total Disbursements (from Line 31).....	23,686.30	23,968.81
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	9,214.77	9,214.77
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

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DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

AZ Hospital and Healthcare Assoc.

Report Covering the Period: From:

07' 01' 2007

To:

12' 31' 2007

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).....

1,000.00

4,500.00

(ii) Unitemized.....

5,875.00

16,678.50

(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶

6,875.00

21,178.50

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

3,626.00

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

6,875.00

24,804.50

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 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

3,871.44

3,871.44

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

10,746.44

28,675.94

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

10,746.44

28,675.94

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures	186.30	468.81
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	186.30	468.81
22. Transfers to Affiliated/Other Party Committees.....	23500.00	23,500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (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. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	23,686.30	23,968.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23,686.30	23,968.81

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	6,875.00	21,178.50
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6,875.00	21,178.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1,863.00	4,866.81
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1,863.00	4,866.81

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**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	OF
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17			

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)
Az Hospital and Healthcare Association

Full Name (Last, First, Middle Initial) A. Pearson, Bruce		Date of Receipt 08 20 2007
Mailing Address 2663 E. Minton Street		Amount of Each Receipt this Period 250.00
City Mesa	State Zip Code AZ 85213	
FEC ID number of contributing federal political committee. C		
Name of Employer Banner Health	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Miller, Richard		Date of Receipt 10 30 2007
Mailing Address 12648 W. Pontebella Drive		Amount of Each Receipt this Period 500.00
City Peoria	State Zip Code AZ 85383	
FEC ID number of contributing federal political committee. C		
Name of Employer Banner Health	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) c. Sensen, Paul		Date of Receipt 10 31 2007
Mailing Address 15618 E. Centipede Dr.		Amount of Each Receipt this Period 250.00
City Fountain Hills	State Zip Code AZ 85628	
FEC ID number of contributing federal political committee. C		
Name of Employer asis Healthcare	Occupation Az Marketing President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....	1,000.00
TOTAL This Period (last page this line number only).....	

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**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)
Arizona Hospital & Healthcare Association

A. **American Hospital Association PAC** Date of Disbursement
 Mailing Address: **325 7th St. NW, STE 700** M M ' D D ' Y Y Y Y
07 ' 12 ' 2007
 City: **Washington DC** State Zip Code
20005
 Purpose of Disbursement: **PAC Contribution** Amount of Each Disbursement this Period
 Candidate Name: _____ Category/Type: **011**
16,000.00
 Office Sought: House Senate President Disbursement For: Primary General
 Other (specify) _____
 State: _____ District: _____

B. **American Hospital Association PAC** Date of Disbursement
 Mailing Address: **325 7th St. NW, STE 700** M M ' D D ' Y Y Y Y
10 ' 17 ' 2007
 City: **Washington DC** State Zip Code
20005
 Purpose of Disbursement: **PAC Contribution** Amount of Each Disbursement this Period
 Candidate Name: _____ Category/Type: **011**
7,500.00
 Office Sought: House Senate President Disbursement For: Primary General
 Other (specify) _____
 State: _____ District: _____

C. _____ Date of Disbursement
 Mailing Address: _____ M M ' D D ' Y Y Y Y
 City: _____ State Zip Code
 Purpose of Disbursement: _____ Amount of Each Disbursement this Period
 Candidate Name: _____ Category/Type: _____
 Office Sought: House Senate President Disbursement For: Primary General
 Other (specify) _____
 State: _____ District: _____

SUBTOTAL of Disbursements This Page (optional).....▶ **23,500.00**
TOTAL This Period (last page this line number only).....▶ **23,686.30**

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Arizona Hospital and Healthcare Association

THERE TO CARE. INVESTING IN A HEALTHY ARIZONA

Preventing Community and Healthcare-Associated Infections

The Arizona Hospital and Healthcare Association (AzHHA) supports legislation establishing an Infection Prevention and Control Advisory Council (Council) to advise the Arizona Department of Health Services (ADHS) on community and healthcare-associated infections. The purpose of the Council is to improve patient safety and healthcare outcomes in Arizona by providing recommendations to ADHS regarding the reduction, prevention and control of both healthcare-associated and community-associated infections in the state of Arizona.

Healthcare-associated infections are infections that appear 48 hours after a patient has been admitted to a hospital or healthcare facility. *Community-associated infections* are infections that are acquired outside of a healthcare facility. Antibiotic-resistant infections can be either healthcare-associated or community-associated. This type of infection can be acquired long before admission to a hospital by prior exposure to microorganisms such as bacteria and viruses that are already present in the patient's body or in the patient's environment. The proposed legislation charges the Council with adopting a holistic approach to addressing the issue of infections by examining both healthcare- and community-associated infections and providing recommendations to ADHS for prevention and control of infections in healthcare facilities and the community.

The Council consists of a broad range of representatives, including healthcare providers who are specialists in epidemiology and infection control, representatives from a healthcare consumer organization, a healthcare insurance provider, the state epidemiologist, and a survivor of a healthcare-associated infection.

As part of its duties, the Council is required to:

- review current federal and state efforts to address the problem of community- and healthcare-associated infections and strategies that may be used for identifying and monitoring community- and healthcare-associated infections
- review current federal and state mandates related to surveillance, prevention and control of community- and healthcare-associated infections
- determine whether additional community- and healthcare-associated infection reporting and outcome improvement requirements are necessary to improve and promote patient safety and health care outcomes
- recommend best practices for prevention and control of community- and healthcare-associated infections

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- recommend components of a community education campaign that fosters awareness and education of the public regarding the risk factors, behaviors and prevention techniques associated with community- and healthcare-associated infections, as well as strategies to prevent antimicrobial drug resistance

The Council will provide its recommendations to the director of ADHS, the Chairmen of the Senate and House Health Committees and the governor on or before December 31, 2009.

AzHHA urges legislators to support this important step toward reducing healthcare- and community-associated infections in our state.

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *Fed Exp* Shipping Date
1/30/08
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

Jm G
 PREPARER *1/31/08*
 DATE PREPARED

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