

FEC
FORM 1

STATEMENT OF
ORGANIZATION

(See instructions)

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2002 JAN -8 P 12:41

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

ANIMAL HEALTH INSTITUTE POLITICAL ACTION COMMITTEE FOR HEALTHY ANIMALS

(AHI PAC FOR HEALTHY ANIMALS)

ADDRESS (number and street)

1325 G Street, NW

(Check if address
is changed)

Suite 700

Washington

DC

20005

3104

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

kmclure@ahi.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

11 09 2001

3. FEC IDENTIFICATION NUMBER ▶

C 00203059

4. IS THIS STATEMENT

NEW (N)

OR

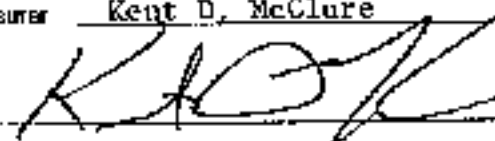
AMENDED (A)

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

Type or Print Name of Treasurer

Kent D. McClure

Signature of Treasurer



Date

11 09 2001

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 1/01)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation	Office Sought:	House	Senate	President	State District
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- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

ANIMAL HEALTH INSTITUTE _____

Mailing Address: 1325 IG STREET, NW
 SUITE 700
 WASHINGTON DC 20005-3104
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- | | | |
|-------------------------|---|--------------------|
| Corporation | Corporation w/o Capital Stock | Labor Organization |
| Membership Organization | <input checked="" type="checkbox"/> Trade Association | Cooperative |

Write or Type Committee Name

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name CAROLYN S. AYERS

Mailing Address 1325 G STREET, NW
SUITE 700
WASHINGTON DC 20005-3104

Title or Position VICE PRESIDENT CITY WASHINGTON STATE DC ZIP CODE 20005-3104

Telephone number 202-637-2440

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer KENT D. McCLURE

Mailing Address 1425 C STREET, NW
SUITE 700
WASHINGTON DC 20005-3104

Title or Position ANI GENERAL COUNSEL CITY WASHINGTON STATE DC ZIP CODE 20005-3104

Telephone number 202-637-2440

Full Name of Designated Agent CAROLYN S. AYERS

Mailing Address 1325 G STREET, NW
SUITE 700
WASHINGTON DC 20005-3104

Title or Position VICE PRESIDENT CITY WASHINGTON STATE DC ZIP CODE 20005-3104

Telephone number 202-637-2440

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

BANK OF AMERICA, NA

Mailing Address

PO BOX 127025

RICHMOND VA 23261

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

