Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) OMMITTEE ON PIPE AND TUBE IMPORTS FEDERAL PAC 900 SEVENTH STREET NW ADDRESS (number and street) Suite 500 (Check if address is changed) WASHINGTON 20001 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS tbrowne@schagrinassociates.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00436485 FEC IDENTIFICATION NUMBER > 3. X 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. Schagrin, Roger, , , Type or Print Name of Treasurer Schagrin, Roger, , , [Electronically Filed] 01 18 2018 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

FF0 -	own 1 (Paying 02/2000)	Page 3			
	orm 1 (Revised 02/2009) COMMITTEE	Page 2			
Candidat	Candidate Committee:				
(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. (Compinformation below.)	lete the candidate			
Name of Candidate					
Candidate Party Affilia	tion Office Sought: House Senate President	State			
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name of Candidate					
Party Co					
(d)	· · · ·	Democratic, Republican, etc.) Party			
Political A	Action Committee (PAC):				
(e) x	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conr	nected organization is a			
	Corporation Corporation w/o Capital Stock	Labor Organization			
	Membership Organization Trade Association	Cooperative			
	In addition, this committee is a Lobbyist/Registrant PAC.				
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fund or party			
	In addition, this committee is a Lobbyist/Registrant PAC.				
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Joint Fun	draising Representative:				
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political			
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political			
Cor	nmittees Participating in Joint Fundraiser				
1.	FEC ID number				
2.	FEC ID number				
3.	FEC ID number				
4.					

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	FEC Form 1 (Revised (02/2009)	Page 3
V	/rite or Type Committee Name		raye 3
		N PIPE AND TUBE IMPORTS FEDERA	I PAC
6.		Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	
N	ONE		
Ľ			
	Mailing Address		
		CITY STATE	ZIP CODE
	Relationship: Connected	d Organization	Leadership PAC Sponsor
	relationship.	Animated Committee South Fundaming Representative	Educionip i 700 oponosi
	Custodian of Records: Iden	ntify by name, address (phone number optional) and position of the person in	nossession of committee
	books and records.	by name, address (profile namber — spationary and position of the person in	possession of commuce
	Browne, T	amara, , ,	1
	Full Name	,900 Seventh Street NW	
	Mailing Address	Suite 500	
		Washington DC 2000	<u> </u>
	Title or Position	CITY STATE	ZIP CODE
	Dir. Gov. Affairs		ı 223 ı ı 1700 ı
		Telephone number	
	Treasurer: List the name and	d address (phone number optional) of the treasurer of the committee; and the	name and address of
	any designated agent (e.g., a		
	Full Name Schagrin, I of Treasurer	Roger, , ,	
	Mailing Address	900 Seventh St. N.W.	
		Suite 500	
		Washington DC 20001	
		CITY STATE	ZIP CODE
	Title or Position Treasurer		223 - 1700

	m 1 (Revised 02/2009)	
Full Name of Designated Agent	Browne, Tamara, , ,	
Mailing Address	900 Seventh Street, NW	
	Suite 500	
	Washington	20001
	CITY STATE	ZIP CODE
Title or Position Dir. Gov. Affairs	s Telephone number	202
		c tunde holde accounte ronte
Banks or Other safety deposit bo Name of Bank, [r Depositories: List all banks or other depositories in which the committee deposits oxes or maintains funds. Depository, etc.	s Iulius, Iloius accounts, Terits
safety deposit bo	oxes or maintains funds.	s iulius, noius accounts, terits
safety deposit bo Name of Bank, [Depository, etc. Branch Banking & Trust	
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safety deposit bo	Depository, etc. Branch Banking & Trust 1099 New York Ave NW	20001
safety deposit bo	Depository, etc. Branch Banking & Trust 1099 New York Ave NW Suite 100	
safety deposit bo Name of Bank, [Depository, etc. Branch Banking & Trust 1099 New York Ave NW Suite 100 Washington CITY STATE	20001
safety deposit bo Name of Bank, [Mailing Address	Depository, etc. Branch Banking & Trust 1099 New York Ave NW Suite 100 Washington CITY STATE	20001
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: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: F1N Transaction ID:

Revised email addresses were added along with names of treasurer, custodian and designated agent. Also full address for bank was provided.

Form/Schedule: Transaction ID: