FEC FORM 1		STATEMENT OF ORGANIZATION				RECEI FEC MAIL 2009 MAR 25 Office Use Only	CENTER P 12:06		
1. NAME OF COMMITTEE (ir	n full)		eck if name changed)		ample: If typ er the lines.	ing, type	12FE4M	15	
COMMITT	EE 1	DN P1	PEI	+ND	TUBE	IMP	ORTS	, 	
FEDERAL	ρ,	HC	<u>. I I I</u>	. 1. 1. 1. 1		<u> </u>	i	<u></u>	
ADDRESS (number a	nd street)	$ g_i D_i O_i $	SEVI	ENT.H	ST	NW 5	UITE	<u>5</u> 0,0	
(Check if a is changed)	ddress	W.A.SH	1.I.N.G.	$T_1 D_1 N_1$	<u></u>		<u>b</u> .cj	20,0,01]-[4]0]1]7
				CITY			STATE	ZIP C	ODE
COMMITTEE'S E-MA		SS (Please pr	ovide only o	ne e-mail a	ddress)				
(Check if		$ S_{1}C_{1}h_{1} $	$a_{1}q_{1}r_{1}i_{1}$	nee	erals	s.com			
is change	ed)	L		<u> </u>		<u>1 </u>			
COMMITTEE'S WEB	PAGE ADD	DRESS (URL)						
(Check if is change							<u> </u>		· · · · · · ·
2. DATE	32	0 20	0 <u>9</u>						
3. FEC IDENTIFICATION NUMBER C. 00436485									
4. IS THIS STATEMENT NEW (N) OR AMENDED (A)									
I certify that I have a	examined th	is Statement	and to the	best of my	knowledge	and belief it	is true, corre	ect and complete.	
Type or Print Name	of Treasurer	Ro	ger B	<u>, Sch</u>	agrin				
Signature of Treasure	er	Ref		<u></u>	•		Date D	3 20	2009
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								FEC FC (Revised (

er information contact:	FEC FORM 1
lection Commission	
800-424-9530	(Revised 02/2009)
-694-1100	

FEC Form 1 (Revised 02/2009)

TYPE	E OF CO	DMMITTEE
Can		Committee:
(a)	ť	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 Cand		L
Cand Party	lidate Affiliatio	n 1 Sought: 1 House Senate President District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name Cand		
Part	ty Com	mittee:
(d)		This committee is a (National, State (Democratic, or subordinate) committee of the Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):
(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a
(0)	а. <u>У</u> .	Corporation Corporation w/o Capital Stock
		Membership Organization
		In addition, this committee is a Lobbyist/Registrant PAC.
(f)	5 - 1 8. A	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
		In addition, this committee is a Lobbyist/Registrant PAC.
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Join	t Fund	raising Representative:
(g)) •a	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(h)	•	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
	Comr	nittees Participating in Joint Fundraiser
	1.	
	2.	
	3.	

4. []] FEC ID number C

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Write or Type Committee Name)	
Committee on Pipe	and Tube Imports Federal PAC	
,	Drganization, Affiliated Committee, Joint Fundraising Representative, or Lead	ership PAC Sponsor
Mailing Address		
-		
		<u></u>
	CITY STATE	ZIP CODE
books and records.	tify by name, address (phone number optional) and position of the person in $a_1r_1a_1L_1B_r_0W_1B_r$	possession of committee
Mailing Address	Committee on PiPE AND TUBE	
	19,0,0, Seventh St, NW, SUITE 5	
	Washington DG 120	0,0,0,1,-14,0,1,7
Title or Position	CITY STATE	ZIP CODE
Dir.R. GDIVIT	$A_{P}F_{A}\hat{I}_{R}S_{I}$ Telephone number $[2,0,2]$ -	12,2,31-11,7,0,0
8. Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the	name and address of
,		name and address of
	ER B. Schagrin Committee on Pripe and Tube	

Full Name of Treasurer $[K_{0,G_{1}} \in R_{1}, B_{1}, S_{1} \in h_{1}, a_{1}, g_{1}, i_{1}, n_{1}, h_{1}, h_{$

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Committee on Pipe and Tube Imports Federal PAC	
Full Name of Designated Agent I a m a r a L Br o w n e	
Mailing Address [Committee on Pipe and Tube Im]	o orts
19,0,0, Seventh St NW Suite 500	
$W_{a,5,h,i,nq,t,0,n} \qquad [D,G] \qquad [20,00]$	1-4017 CODE
Title or Position	CODE
$[D_1]_R$ $[G_0]_T$ $[A_FFA]_RS$ Telephone number $[B_10_12] - [B_12_2]$	3-11700

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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.

BRI	+NCH BANK HND TRUST	<u> </u>	
Mailing Address	16,1,4, H. S.F. N.W.	<u> </u>	
		<u> </u>	
	WASAINGTON	DC	200011-3,8,8,9
	CITY	STATE	ZIP CODE
Name of Bank, Depositor	y, etc.		
Mailing Address		<u></u> 1	
		<u></u>	
	CITY	STATE	ZIP CODE

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The EEC 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) 3/30/09
USPS Priority Mail	Postmarked
Delivery Confirmation [™] or Signature Con	nfirmation [™] Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next-Busin	ness-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
Date o	of Receipt or Postmarked
In D	3/25/07
PŘEPARER (3/2005)	DATE PREPARED