Image# 11952662140 PAGE 1 / 4

FEC FORM 1		STAT										Offi	ce Use	Only			
1. NAME OF COMMITTEE (in	n full)	(Check is char	if name		Exampl over the			type	1	2FE	4M5	5		]			
HELP ELE	CT AM	ERICA	'S TE	AM	(HE	ΞA¯	ГР	AC	)								
ADDRESS (surely a		499 S. Capitol	St., SW														
ADDRESS (number and (Check if act is changed)	ddress	Suite 422 Washington								DC		2000	03				
	L			OIT	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				L				7	J 00	- [		
COMMITTEE'S E-MA	AII ADDRESS	(Please provid	de only on	CIT`		ss)			ST	ATE			Z	P C	DDE		
X (Check if is change	address	compliance@	-														
COMMITTEE'S WEB	PAGE ADDR	ESS (URL)															
(Check if is change																	
2. DATE 10	M / D D D 18	201															
3. FEC IDENTIFIC	CATION NUM	BER	С	C0042	27823												
4. IS THIS STATEM	MENT X	NEW (N)	OR			AME	ENDEI	O (A)									
I certify that I have e	examined this	Statement and	d to the b	est of i	my kno	wledge	e and	belief	it is tı	ue, c	correc	t and	compl	ete.			
Type or Print Name	of Treasurer	Mr. Randall B	roz														
Signature of Treasure	<i>Mr. Randa</i> er	ll Broz			[E	lectron	ically	Filed]	Dat	е	10	M /	18			y y 2011	
NOTE: Submission of		s, or incomplet											penaltie	s of	2 U.S.	.C. §4	137g.
000			Т		1-	. 6			1								

	Office			For further information contact:	FEC FORM 1
1	Use			Federal Election Commission	
	Only			Toll Free 800-424-9530	(Revised 02/2009)

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	COMMITTEE te 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. (Complete the candidate information below.)
Name of Candidate	
Candidate Party Affilia	Office Sought: House Senate President District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Co	mmittee:
(d)	(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party.
Political	Action Committee (PAC):
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 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.)
Joint Fur	draising Representative:
(g)	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 committees/organizations, none of which is an authorized committee of a federal candidate.  This committees/organizations, none of which is an authorized committee of a federal candidate.
Cor	mmittees Participating in Joint Fundraiser
1.	FEC ID number
2.	FEC ID number
3.	FEC ID number
4.	

FEC Form 1 (Revis	sed 02/2009)	Page <b>3</b>
Write or Type Committee N	lame	
HELP ELECT	AMERICA'S TEAM (HEAT PAC)	
6. Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Le	eadership PAC Sponsor
NONE		
Mailing Address		
·		
	CITY STATE	ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the person	in possession of committee
I	andall Broz	
Full Name	499 South Capitol Street, SW	
Mailing Address	Suite 422	
	Washington DC 20	0010
Title or Position	CITY STATE	ZIP CODE
The of Fosition	SIAL	ZII GODE
Treasurer	Telephone number	479 2527
. <b>Treasurer:</b> List the name any designated agent (e.g.	e and address (phone number optional) of the treasurer of the committee; and g., assistant treasurer).	the name and address of
Full Name Mr. Ra of Treasurer	andall Broz	
Mailing Address	499 South Capitol Street, SW	
	Suite 422	
	Washington DC 20	0010
Title on Decision	CITY STATE	ZIP CODE
Title or Position Treasurer	202	-  479  -  2527

FEC Form 1 (R	evised 02/2009)		Page <b>4</b>
Full Name of			
Designated Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position			
	Telephone no	umber	
safety deposit boxes or Name of Bank, Deposi	nk of America, N.A.	ilitee deposits	iunos, notas accounts, rents
safety deposit boxes or Name of Bank, Deposi	r maintains funds. tory, etc.	DC	20003
safety deposit boxes or Name of Bank, Deposit	r maintains funds.  tory, etc.  nk of America, N.A.  201 Pennsylvania Ave., SE		
safety deposit boxes or Name of Bank, Deposi	r maintains funds.  tory, etc.  nk of America, N.A.  201 Pennsylvania Ave., SE  Washington  CITY	DC	20003
safety deposit boxes or Name of Bank, Deposi Bar Mailing Address	r maintains funds.  tory, etc.  nk of America, N.A.  201 Pennsylvania Ave., SE  Washington  CITY	DC	20003
Safety deposit boxes of Name of Bank, Deposition Mailing Address  Name of Bank, Deposition	r maintains funds.  tory, etc.  nk of America, N.A.  201 Pennsylvania Ave., SE  Washington  CITY	DC	20003
Safety deposit boxes of Name of Bank, Deposition Mailing Address  Name of Bank, Deposition	r maintains funds.  tory, etc.  nk of America, N.A.  201 Pennsylvania Ave., SE  Washington  CITY	DC	20003
safety deposit boxes or Name of Bank, Deposi Bar Mailing Address	r maintains funds.  tory, etc.  nk of America, N.A.  201 Pennsylvania Ave., SE  Washington  CITY	DC	20003