PAGE 1/5

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) EL SUENO AMERICANO 1060 POWERS PLACE ADDRESS (number and street) (Check if address is changed) **ALPHARETTA** 30009 GΑ CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address JASON@RTASTRATEGY.COM is changed) Optional Second E-Mail Address ELSUENOAMERICANO@RTASTRATEGY.COM COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 01 2023 C00819854 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 BOLES, JASON, D,, BOLES, JASON, D,, Date 11 07 2023 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. **FEC FORM 1**

Office			For further information contact:
Use			Federal Election Commission
Only			Toll Free 800-424-9530
•,			Local 202-694-1100

E	EC Form 1 (Revised 03/2022)	Page 2
	TYPE OF COMMITTEE:	
	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. (Complete the information below.)	candidate
	Name of Candidate '','','','',',	
	Candidate Office Party Affiliation Sought: House Senate President	State
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, e	tc.) 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 Org	anization
	Membership Organization Trade Association Cooperative	'e
	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 committee. (i.e., nonconnected committee)	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.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or a committees/organizations, at least one of which is an authorized committee of a federal candidate.	nore political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or recommittees/organizations, none of which is an authorized committee of a federal candidate.	nore political
	Committees Participating in Joint Fundraiser	
	1	

ı	FEC Form 1 (Revised 0	2/2009)		Page 3
٧	Vrite or Type Committee Name			
	EL SUENO AME	RICANO		
6.		rganization, Affiliated Committee, Joint Fur	ndraising Representa	tive, or Leadership PAC Sponsor
	FLORES, MAYRA N	ЭНЕМІ, , , 		
	Mailing Address	PO BOX 516		
		LOS INDIOS	TX	78567-0516
		CITY ▲	STATE	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization	Joint Fundraising Repre	sentative X Leadership PAC Sponso
7.		ify by name, address (phone number optiona	al) and position of the p	erson in possession of committee
	books and records.			
	BOLES, JA	SON, D, ,		
	Full Name	ACCO POWERS RIAGE		
	Mailing Address	1060 POWERS PLACE		
		1		
		ALPHARETTA	GA GA	30009
		OUT!	0.74.77	-
	Title or Position ▼	CITY ▲	STATE	ZIP CODE ▲
	TREASURER	1		404 446 9907
			Telephone number	
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the assistant treasurer).	treasurer of the comm	ittee; and the name and address of
	Full Name BOLES, JA of Treasurer	SON, D, ,		
	or freasurer	1060 POWERS PLACE		
	Mailing Address	1000 FOWERS FLACE		
		ALPHARETTA	GA	30009
		CITY ▲	CTATE	ZID CODE A
	Title or Position ▼	CITY A	STATE	ZIP CODE ▲
	TREASURER	1	Talanhana	404 446 9907
			Telephone number	

Full Name of Designated Agent Mailing Address 1060 POWERS PLACE	s
Mailing Address ALPHARETTA CITY ▲ STATE ▲ ZIP CODE ▲	s
CITY ▲ STATE ▲ ZIP CODE ▲	s
CITY ▲ STATE ▲ ZIP CODE ▲	s
	s
Title of Position ♥	·s
ASSISTANT TREASURER Telephone number	:s
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, ren safety deposit boxes or maintains funds.	
Name of Bank, Depository, etc.	
Wells Fargo Bank	
Mailing Address 8302 Woodmont Avenue	
Bethesda MD 20814 -	
CITY ▲ STATE ▲ ZIP CODE ▲	
Name of Bank, Depository, etc.	
SERVISFIRST BANK	
Mailing Address 300 GALLERIA PKWY SE	
SUITE 100	
ATLANTA GA 30339	
CITY ▲ STATE ▲ ZIP CODE ▲	

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page	of ⁵
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h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected , TEAM MAYRA	Organization, Affiliated Committee, Joint Fo	undraising Representation	ve, or Leadership PAC Spon
Mailing Address	1005 CONGRESS AVENUE		
	SUITE 400		
	AUSTIN	TX	78701
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
		Joint Fundraising Represen	tative Leadership PAC Sp
esignated Agent: Identi	d Organization Affiliated Committee X by by name, address (phone number – optional		tative Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identing Full Name Mailing Address	by by name, address (phone number – optional		Leadership PAC Sp
esignated Agent: Identi	by by name, address (phone number – optional	l)	
esignated Agent: Identing Full Name Mailing Address	by by name, address (phone number – optional	STATE A	
esignated Agent: Identii Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional control of the control	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or market and market and market and market and market afety deposit boxes or market and mar	y by name, address (phone number – optional control of the control	STATE A Telephone Number	ZIP CODE A
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esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposited afety deposit boxes or management and manageme	y by name, address (phone number – optional control of the control	STATE A Telephone Number	ZIP CODE A
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