

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☒ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

EL SUENO AMERICANO

ADDRESS (number and street)

1060 POWERS PLACE

☒ (Check if address is changed)

ALPHARETTA

CITY ▲

GA

STATE ▲

30009

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☒ (Check if address is changed)

JASON@RTASTRATEGY.COM

Optional Second E-Mail Address

ELSUENOAMERICANO@RTASTRATEGY.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

2. DATE

MM / DD / YYYY  
11 / 01 / 2023

3. FEC IDENTIFICATION NUMBER ►

C C00819854

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 BOLES, JASON, D.,

Signature of Treasurer BOLES, JASON, D.,

Date

MM / DD / YYYY  
11 / 07 / 2023

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.

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 06/2012)

C

Write or Type Committee Name

EL SUENO AMERICANO

## 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

FLORES, MAYRA NOHEMI, , ,

Mailing Address

PO BOX 516

LOS INDIOS

TX

78567-0516

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: ☐ Connected Organization ☐ Affiliated Organization ☐ Joint Fundraising Representative ☒ Leadership PAC Sponsor

## 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

BOLES, JASON, D, ,

Mailing Address

1060 POWERS PLACE

ALPHARETTA

GA

30009

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURER

Telephone number

404

446

9907

## 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

BOLES, JASON, D, ,

Mailing Address

1060 POWERS PLACE

ALPHARETTA

GA

30009

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURER

Telephone number

404

446

9907

Full Name of  
Designated  
Agent

FOSKEY, KENLEE, , ,

Mailing Address

1060 POWERS PLACE

ALPHARETTA

GA

30009

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

ASSISTANT TREASURER

Telephone number

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.

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 ▲

5(g) or (h). **Joint Fundraising Participant:**

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

FEC ID number

C \_\_\_\_\_

FEC ID number

C \_\_\_\_\_

FEC ID number

C \_\_\_\_\_

FEC ID number

C \_\_\_\_\_

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**TEAM MAYRA  
\_\_\_\_\_  
\_\_\_\_\_

Mailing Address

1005 CONGRESS AVENUE  
\_\_\_\_\_  
\_\_\_\_\_SUITE 400  
\_\_\_\_\_  
\_\_\_\_\_AUSTIN  
\_\_\_\_\_  
\_\_\_\_\_TX  
\_\_\_\_\_  
\_\_\_\_\_78701  
\_\_\_\_\_  
\_\_\_\_\_

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐ Connected Organization ☐ Affiliated Committee ☒ Joint Fundraising Representative ☐ Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

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. \_\_\_\_\_Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲