FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Sergio Alcubilla for Congress PO Box 1991 ADDRESS (number and street) (Check if address is changed) Honolulu 96805 HI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS sergio@sergio4hawaii.com (Check if address is changed) Optional Second E-Mail Address nadia@sergio4hawaii.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.sergio4hawaii.com (Check if address is changed) DATE 03 2021 C00788695 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. Alcubilla, Sergio, , Mr., Type or Print Name of Treasurer Alcubilla, Sergio, , Mr., [Electronically Filed] 10 16 2021 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

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		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE e 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. (Cominformation below.)	nplete the candidate
Nam Cand	e of didate	Alcubilla, Sergio, Josephus, Mr., III	
	didate / Affiliati	on DEM Office Sought: * House Senate President	State HI District 01
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is a
		Corporation Wo 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)	egregated 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.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo 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.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Nar	me	
Sergio Alcubill	a for Congress	
	l Organization, Affiliated Committee, Joint Fundraising Representative, or Le	adership PAC Sponsor
NONE		
		<u> </u>
Mailing Address		
	CITY STATE	ZIP CODE
_	SINIE	Zii OODL
Relationship: Connect	ted Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: Id books and records.	lentify by name, address (phone number optional) and position of the person	in possession of committee
Alcubilla Full Name	a, Sergio, , Mr.,	
	PO Box 1991	
Mailing Address		
	Honolulu HI 96	805
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 808	- 371 - 4805
. Treasurer: List the name a any designated agent (e.g.,	and address (phone number optional) of the treasurer of the committee; and t , assistant treasurer).	he name and address of
Full Name Alcubilla, of Treasurer	, Sergio, , Mr.,	
Mailing Address	PO Box 1991	
Maining / Marcos		
	Honolulu	805
	CITY STATE	ZIP CODE
Title or Position Treasurer	Telephone number	- 371 - 4805

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Full Name of Designated	Alves, Nadia, , ,	
Agent Mailing Address	PO Box 1991	
	Honolulu HI 96805	
	CITY STATE ZII	P CODE
Title or Position Campaign Mana	ager	1 4805
	Depositories: List all banks or other depositories in which the committee deposits funds, holds a exes or maintains funds. Depository, etc. American Savings Bank	accounts, rents
safety deposit bo	Depository, etc.	accounts, rents
safety deposit bo Name of Bank, [Depository, etc. American Savings Bank	accounts, rents
safety deposit bo Name of Bank, [Depository, etc. American Savings Bank 1001 Bishop St. Honolulu HI 96813	IP CODE
safety deposit bo Name of Bank, [Depository, etc. American Savings Bank 1001 Bishop St. Honolulu HI 96813 CITY STATE ZI	
safety deposit bo Name of Bank, I	Depository, etc. American Savings Bank 1001 Bishop St. Honolulu HI 96813 CITY STATE ZI	
safety deposit bo Name of Bank, [Mailing Address	Depository, etc. American Savings Bank 1001 Bishop St. Honolulu HI 96813 CITY STATE ZI Depository, etc.	
Name of Bank, I	Depository, etc. American Savings Bank 1001 Bishop St. Honolulu HI 96813 CITY STATE ZI Depository, etc.	
Name of Bank, I	Depository, etc. American Savings Bank 1001 Bishop St. Honolulu HI 96813 CITY STATE ZI Depository, etc.	

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F1A Transaction ID:

Revised Treasurer and Campaign Manager Inforamtion.

Form/Schedule: Transaction ID: