

Officeholder and Candidate
Campaign Statement –
Short Form

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| Date Stamp RECEIVED BY LOS ANGELES COUNTY 2022 JUL 22 AM 11:52 CAMPAIGN FINANCE | CALIFORNIA FORM 470 |
| | For Official Use Only |

| | |
|--|--|
| Date of election if applicable: (Month, Day, Year) <u>11/08/2022</u> | <input type="checkbox"/> Amendment (Explain Below) <hr/> <hr/> |
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1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
ROCHELLE KATE ONGSIARO HAAS

STREET ADDRESS
SAW GABRIEL

CITY STATE ZIP CODE
SAW GABRIEL CA 91776

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
GOVERNING BOARD MEMBER, SAN GABRIEL UNIFIED

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
LOS ANGELES COUNTY

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

| COMMITTEE NAME AND I.D. NUMBER | COMMITTEE ADDRESS | NAME OF TREASURER |
|--------------------------------|-------------------|-------------------|
| | | |
| | | |

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 07/22/2022 DATE

By _____ JR CANDIDATE