

Officeholder and Candidate  
Campaign Statement –  
Short Form

S721 1/29/21

Date of election if applicable: (Month, Day, Year)	<input type="checkbox"/> Amendment (Explain Below)	Date Stamp <b>RECEIVED BY LOS ANGELES COUNTY</b> 2021 AUG -2 PM 3:40 CAMPAIGN FINANCE	CALIFORNIA FORM <b>470</b> For Official Use Only 020287
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1. Statement Covers Calendar Year 20 21

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE  
Rochelle Kate Ongsiako Haas

STREET ADDRESS

CITY STATE ZIP CODE  
San Gabriel CA 91775

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
6264228414 haas\_r@sgusd.k12.ca.us

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Governing Board Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
San Gabriel Unified- 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
N/A		

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 07/28/2021  
DATE

By \_\_\_\_\_  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

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