

**Officeholder and Candidate  
Campaign Statement –  
Short Form**

0218

Date of election if applicable:  
(Month, Day, Year)

11-8-22

Amendment (Explain Below)

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CAMPAIGN FINANCE

CALIFORNIA FORM 470  
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021575

1. Statement Covers Calendar Year 20 22 .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Zyra McCloud

STREET ADDRESS

CITY STATE ZIP CODE  
Inglewood, CA 90303

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
323-803-5831

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD  
School Board Member

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
Inglewood

**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
Zyra McCloud Campaign		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 9-27-22 DATE

By Zyra McCloud SIGNATURE OF OFFICEHOLDER OR CANDIDATE

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10/11