

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

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

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**Amendment** (Explain Below)

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1. Statement Covers Calendar Year 20 22.

2. **Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
Carliss R. McGhee

STREET ADDRESS

CITY STATE ZIP CODE  
Los Angeles CA 90056

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
1 - Misscarli@cs.com

3. **Office Sought or Held** School Board Member

OFFICE SOUGHT OR HELD  
Inglewood Unified School District

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
2

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 the all reasonable diligence in preparing this statement. I certify under penalty of perjury under the law

Executed on September 24, 2022  
DATE