



**MARICOPA COUNTY
COMMITTEE
STATEMENT OF ORGANIZATION**

25

COMMITTEE ID# 1002144	<input checked="" type="checkbox"/> Initial Registration	<input type="checkbox"/> Amended Registration
TYPE OF POLITICAL COMMITTEE (choose one):		DATE: 9-10-2020
<input checked="" type="checkbox"/> Candidate	<input type="checkbox"/> Political Party <i>(attach proof of qualification pursuant to ARS 16-802, 16-804 or 16-823)</i>	
<input type="checkbox"/> Political Action Committee (PAC)	<input type="checkbox"/> County Party	<input type="checkbox"/> Leg Dist Party
COMMITTEE NAME (required) <i>If sponsored, must include sponsor's name</i> Elect Barb Mozdzen for CUSD		
RESIDENCE ADDRESS (Number and Street) 1532 W Sherri Dr	CITY Gilbert	STATE AZ
		ZIP 85233
MAILING ADDRESS (if Different from Residence Address)	CITY	STATE
		ZIP
COMMITTEE PHONE # (required) 480-497-5703	COMMITTEE EMAIL ADDRESS (required) mozdzenforcusd@gmail.com	
COMMITTEE WEBSITE (if any) none	ELECTION CYCLE (year the election will take place) 2020	

CANDIDATE INFORMATION			
CANDIDATE NAME: Barb Mozdzen			
PARTY AFFILIATION: non-partisan	OFFICE SOUGHT: (Including District) Chandler Unified School District #80 Governing Board		
RESIDENCE ADDRESS (Number and Street) 1532 W Sherri Drive	CITY Gilbert	STATE AZ	ZIP 85233

POLITICAL ACTION COMMITTEE INFORMATION			
POLITICAL FUNCTION (select any that apply)		Candidate Related Independent Expenditures	
<input type="checkbox"/> Contributions	<input type="checkbox"/> Recall Expenditures	<input type="checkbox"/>	<input type="checkbox"/> Ballot Measure Expenditures

SPECIAL STATUS (if applicable)	
<input type="checkbox"/> Separate Segregated Fund of a Corporation, LLC, Partnership, or Union	<input type="checkbox"/> Mega PAC (provide copy of AZSOS registration)
<input type="checkbox"/> Standing Committee (provide copy of AZSOS registration)	

SPONSORSHIP INFORMATION (if applicable)	
NAME OR NICKNAME	PHONE NUMBER
MAILING ADDRESS	
EMAIL ADDRESS	WEBSITE (if any)

BANK ACCOUNT INFORMATION (BANK NAME)			
1. Santan Credit Union	2.	3.	
COMMITTEE OFFICER INFORMATION:			
CHAIRPERSON (First Name) Barb		(Last Name) Mozdzen	
RESIDENCE ADDRESS (Number and Street) 1532 W Sherri Dr		CITY Gilbert	STATE AZ
MAILING ADDRESS (If Different from Residence Address)		CITY	STATE
CHAIRMAN PHONE # 480-497-5703		CHAIRMAN EMAIL ADDRESS mozdzenforcusd@gmail.com	
CHAIRMAN OCCUPATION retired		CHAIRMAN EMPLOYER N/A	
TREASURER (First Name) Barb		(Last Name) Mozdzen	
RESIDENCE ADDRESS (Number and Street) 1532 W Sherri Dr		CITY Gilbert	STATE AZ
MAILING ADDRESS (If Different from Residence Address)		CITY	STATE
TREASURER TELEPHONE # 480-497-5703		TREASURER EMAIL ADDRESS mozdzenforcusd@gmail.com	
TREASURER OCCUPATION retired		TREASURER EMPLOYER N/A	
DECLARATION AND SIGNATURES:			
I declare under penalty of perjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as chairperson or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as my official candidate committee and authorize it to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's campaign finance and reporting guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S. §§ 16-901 to 16-938; and (5) agree to accept all notifications and legal service of process for campaign finance purposes via the email address(es) provided herein.			
DATE: 9-10-2020	CHAIRMAN'S SIGNATURE: <i>Barb Mozdzen</i>		
DATE: 9-10-2020	TREASURER'S SIGNATURE: <i>Barb Mozdzen</i>		
DATE: 9-10-2020	CANDIDATE'S SIGNATURE (if applicable): <i>Barb Mozdzen</i>		

2020 SEP 11 AM 11:07
 MARICOPA COUNTY
 SUPERIOR ELECTIONS