

Initial Application  
 Amended Application  
 Date: 06/21/2024



**MARICOPA COUNTY  
 COMMITTEE STATEMENT  
 OF ORGANIZATION**

COMMITTEE ID NUMBER  
 (office use only)  
1002144

COMMITTEE TYPE (choose one):

**Candidate**

**Committee Name (required):** Baro Mozdzen for CUSD  
 (first or last name & office)

**Candidate Information:**

Candidate's Name (required): Barb Mozdzen

Candidate's mailing address (required): 1532 W Sheri Drive Gilbert, AZ 85233

Candidate's email address (required): brmozdzen@gmail.com

Candidate's phone number (required): (480) 497-5703

Candidate's website (if any): MozdzenforCUSD.com

**Office Sought (choose one):**

County Office: \_\_\_\_\_  District (if applicable): \_\_\_\_\_

City/Town Office: \_\_\_\_\_  District (if applicable): \_\_\_\_\_

School Board Office: Chandler Unified #80  District (if applicable): Chandler Unified #80

Special District Board: \_\_\_\_\_  District (if applicable): \_\_\_\_\_

**Election Cycle for Office Sought (year the election will take place) (required):** 2024

**Party Affiliation:** (required for partisan offices)

Democrat  Libertarian  No Labels  Republican  Other: \_\_\_\_\_

**Political Action Committee (PAC)**

**Committee Name (required):** \_\_\_\_\_  
 (if sponsored, must include sponsor's name)

**Political Function (optional):** (select any that apply)

Contributions  Candidate-Related Independent Expenditures  
 Ballot Measure Expenditures  Recall Expenditures

**Sponsorship Information:** (if applicable)

Sponsor's name or nickname (required): \_\_\_\_\_

Sponsor's mailing address (required): \_\_\_\_\_

Sponsor's email address (required): \_\_\_\_\_

Sponsor's phone number (if any): \_\_\_\_\_

Sponsor's website (if any): \_\_\_\_\_

**Special Status** (if applicable)

Separate Segregated Fund of a Corporation, LLC, Partnership, or Union  
 Standing Committee (must also complete separate standing committee registration)  
 Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)

**Political Party**

**Committee Name (required):** \_\_\_\_\_  
 (must include party affiliation)

**Jurisdiction:**

State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)  
 County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)  
 Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)  
 City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)

**Special Status** (if applicable)

Standing Committee (must also complete separate standing committee registration)

MARICOPA COUNTY  
 JUN 21 2024

ELECTIONS DEPT.

Initial Application  
 Amended Application  
 Date: 06/21/2024



**MARICOPA COUNTY**  
**COMMITTEE STATEMENT**  
**OF ORGANIZATION**

COMMITTEE ID NUMBER  
 (office use only)  
107 2144

COMMITTEE INFORMATION:

**Contact Information:** Committee's mailing address (required): 1532 W Sherri Dr Gilbert, AZ 85233  
 Committee's email address (required): barbforcusd@gmail.com  
 Committee's phone number (if any): (480) 497-5703  
 Committee's website (if any): MozdzenforCUSD.com

**Chairperson's Information:** Chairperson's name (required): Barb Mozdzen  
 Chairperson's physical address (required): 1532 W Sherri Dr. Gilbert, AZ 85233  
 Chairperson's mailing address (if different): \_\_\_\_\_  
 Chairperson's email address (required): barbforcusd@gmail.com  
 Chairperson's phone number (required): (480) 497-5703  
 Chairperson's employer (required): none  
 Chairperson's occupation (required): homemaker

**Treasurer's Information:** Treasurer's name (required): Barb Mozdzen  
 Treasurer's physical address (required): 1532 W Sherri Dr. Gilbert, AZ 85233  
 Treasurer's mailing address (if different): \_\_\_\_\_  
 Treasurer's email address (required): brmozdzen@gmail.com  
 Treasurer's phone number (required): (480) 497-5703  
 Treasurer's employer (required): none  
 Treasurer's occupation (required): homemaker

**Bank or Financial Institution:** Bank name (required): OneAZ Credit Union  
 (do not list acct numbers) Additional bank name (if applicable): \_\_\_\_\_  
 Additional bank name (if applicable): \_\_\_\_\_

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.

Chairperson's signature: Barb Mozdzen Date: 06/21/2024

Treasurer's signature: Barb Mozdzen Date: 06/21/2024

Candidate's signature (if applicable): Barb Mozdzen Date: 06/21/2024