331850

City of Phoenix
CITY CLERK DEPARTMENT

CITY CLERK DEPT
ELECTIONS DIVISION
26 OCT 19 PM 4:50

Election Funding Disclosure Report (Dark Money)

Phoenix City Code (PCC), Chapter 12, Article VII, Division 3

Any person, association of persons or entity, other than a registered candidate committee or political action committee, regardless of legal form, that makes an expenditure for the purpose of influencing the result of a local City of Phoenix election totaling $1,000 or more within an election cycle must file this form with the City Clerk on the same date that the next Campaign Finance Report is due under state law. This form can be submitted by email, fax, or in person to the contact information listed at the bottom of this page. (If an expenditure totaling $10,000 or more is made within 16 days prior to an election, that expenditure must be reported on a '48 Hour' form instead of this form.)

Both the 'Campaign Finance Reporting Schedule' (for a list of due dates) and the 'Election Cycle' (for current election cycle dates) can be found online at www.phoenix.gov/elections.

Person, Association of Persons, or Entity Reporting

Name: Kierland Community Alliance	☑ New Report or ☐ Amendment
Address: P.O. Box 12384, Scottsdale, AZ	

Expenditure Information

Name (Vendor/Payee): StoryVein Media LLC		
Address (Vendor/Payee): 4759 N. 60TH LANE , AZ Phoenix , AZ		Expenditure Amount: $2,150.00
Name of Candidate/Ballot Measure: Danny Mazza	Office Sought (Candidate Only): Council	☑ Support or ☐ Oppose
Communication Medium: To be determined--media that can accomodate video		Date of Expenditure: 10/15/26
Description of Purchase: purchase of text messages sent to various cell phones		

Original Source #1 Information

☐ Additional original sources on additional pages attached

Name:	
Address:	
Employer:	
Amount:	Date Received:
☐ *Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.*	

Intermediary Transfer Information Related to Original Source #1 (if any)

☐ Additional intermediary sources on page 2

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
A written transfer record was provided by intermediary as required to be able to make the expenditure. ☐ Yes ☐ No	

I CERTIFY, UNDER PENALTY OF PERJURY, THAT I HAVE EXAMINED THE CONTENTS OF THIS REPORT AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE AND COMPLETE.

Filer Name: Timothy A. La Sota Signature: */s/ Timothy A. La Sota* Date: 10/19/26

Intermediary Transfer Information Related to Original Source #1 (if any)

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
A written transfer record was provided by intermediary as required to be able to make the expenditure. ☐ Yes ☐ No	

Intermediary Transfer Information Related to Original Source #1 (if any)

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
A written transfer record was provided by intermediary as required to be able to make the expenditure. ☐ Yes ☐ No	

Intermediary Transfer Information Related to Original Source #1 (if any)

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
A written transfer record was provided by intermediary as required to be able to make the expenditure. ☐ Yes ☐ No	

Intermediary Transfer Information Related to Original Source #1 (if any)

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
A written transfer record was provided by intermediary as required to be able to make the expenditure. ☐ Yes ☐ No	

Intermediary Transfer Information Related to Original Source #1 (if any)

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
A written transfer record was provided by intermediary as required to be able to make the expenditure. ☐ Yes ☐ No	

Original Source #2 Information (if any)

Name:	
Address:	
Employer:	
Amount:	Date Received:
☐ *Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.*	

Intermediary Transfer Information Related to Original Source #2 (if any)

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
A written transfer record was provided by intermediary as required to be able to make the expenditure. ☐ Yes ☐ No	

Intermediary Transfer Information Related to Original Source #2 (if any)

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
A written transfer record was provided by intermediary as required to be able to make the expenditure. ☐ Yes ☐ No	

Intermediary Transfer Information Related to Original Source #2 (if any)

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
A written transfer record was provided by intermediary as required to be able to make the expenditure. ☐ Yes ☐ No	

Intermediary Transfer Information Related to Original Source #2 (if any)

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
A written transfer record was provided by intermediary as required to be able to make the expenditure. ☐ Yes ☐ No	

Original Source #3 Information (if any)

Name:	
Address:	
Employer:	
Amount:	Date Received:
☐ *Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.*	

Intermediary Transfer Information Related to Original Source #3 (if any)

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
A written transfer record was provided by intermediary as required to be able to make the expenditure. ☐ Yes ☐ No	

Intermediary Transfer Information Related to Original Source #3 (if any)

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
A written transfer record was provided by intermediary as required to be able to make the expenditure. ☐ Yes ☐ No	

Intermediary Transfer Information Related to Original Source #3 (if any)

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
A written transfer record was provided by intermediary as required to be able to make the expenditure. ☐ Yes ☐ No	

Intermediary Transfer Information Related to Original Source #3 (if any)

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
A written transfer record was provided by intermediary as required to be able to make the expenditure. ☐ Yes ☐ No	

If more than 3 sources, use this form for all additional related disclosures as needed. Please include the appropriate source #.

Original Source # ___ Information (if any)

Name:	
Address:	
Employer:	
Amount:	Date Received:
☐ *Unknown – Noting that at least one (1) written request was sent to contributor as required, to obtain the information.*	

Intermediary Transfer Information Related to Original Source #___ (if any)

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
A written transfer record was provided by intermediary as required to be able to make the expenditure. ☐ Yes ☐ No	

Intermediary Transfer Information Related to Original Source #__ (if any)

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
A written transfer record was provided by intermediary as required to be able to make the expenditure. ☐ Yes ☐ No	

Intermediary Transfer Information Related to Original Source #__ (if any)

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
A written transfer record was provided by intermediary as required to be able to make the expenditure. ☐ Yes ☐ No	

Intermediary Transfer Information Related to Original Source #__ (if any)

Name:	
Address:	
Employer:	
Amount:	Date of Transfer:
A written transfer record was provided by intermediary as required to be able to make the expenditure. ☐ Yes ☐ No	