

**Statement of Organization
Recipient Committee**

Statement Type

<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Not yet qualified or <input checked="" type="checkbox"/> Date qualification threshold met 11 / 17 / 25	<input type="checkbox"/> Amendment Date qualification threshold met ____ / ____ / ____	<input type="checkbox"/> Termination – See Part 5 Date of termination ____ / ____ / ____
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Date Stamp	CALIFORNIA FORM 410 For Official Use Only
RECEIVED BY COVINA CITY CLERK 25 NOV 18 AM 8:50	

1. Committee Information	2. Treasurer and Other Principal Officers
I.D. Number <i>(if applicable)</i>	
NAME OF COMMITTEE Neil Polzin for Covina City Treasurer 2026	NAME OF TREASURER Neil Polzin
STREET ADDRESS (NO P.O. BOX) [REDACTED]	STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE [REDACTED] Covina CA 91723
CITY STATE ZIP CODE AREA CODE/PHONE Covina CA 91723 [REDACTED]	EMAIL ADDRESS OF TREASURER (REQUIRED) AREA CODE/PHONE Neil4Covina@gmail.com
FULL MAILING ADDRESS (IF DIFFERENT) [REDACTED]	NAME OF ASSISTANT TREASURER, IF ANY N/A
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL) Neil4Covina@gmail.com	STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE N/A
COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE Los Angeles California	EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED) AREA CODE/PHONE N/A
<i>Attach additional information on appropriately labeled continuation sheets.</i>	NAME OF PRINCIPAL OFFICER(S) Neil Polzin
	STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE [REDACTED] Covina CA 91723
	EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED) AREA CODE/PHONE Neil4Covina@gmail.com

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on	<u>11/17/2025</u>	By		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	<u>11/17/2025</u>	By		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	_____	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME Neil Polzin for Covina City Treasurer 2026	I.D. NUMBER
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• All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS Rize Credit Union - self only	AREA CODE/PHONE 800 866 6474	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS OF FINANCIAL INSTITUTION 12701 Schabarum Ave	CITY Irwindale	STATE CA	ZIP CODE 91706

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Neil Polzin	Covina City Treasurer	2026	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)

Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Neil Polzin for Covina City Treasurer 2026

I.D. NUMBER

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Small Contributor Committee

_____/_____/_____
Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or ponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.