

# Candidate Intention Statement

Date Stamp	CALIFORNIA FORM <b>501</b>
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25 AUG T3 AM 7:34	

Check One:  Initial  Amendment  
(Explain)

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)		DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)
Polzin, Neil L		[REDACTED]	( )	[REDACTED]
STREET ADDRESS		CITY	STATE	ZIP CODE
[REDACTED]		Covina	CA	91723
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME	DISTRICT NUMBER, if applicable	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE	
City Treasurer	Covina	N/A	PARTY PREFERENCE	
OFFICE JURISDICTION		(Check one box, if applicable.)		
<input type="checkbox"/> State (Complete Part 2)		<input checked="" type="checkbox"/> PRIMARY / GENERAL		
<input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County:		<input type="checkbox"/> SPECIAL / RUNOFF		
		2026 (Year of Election)		
		(Name of Multi-County Jurisdiction)		

## 2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2)

(Check one box)

I accept the voluntary expenditure ceiling for the election stated above.

I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

I did not exceed the expenditure ceiling in the primary or special election held on \_\_\_\_\_ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

On \_\_\_\_\_ I contributed personal funds in excess of the expenditure ceiling for the election stated above.

## 3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 8/12/2025  
(month, day year)

Signature [Handwritten Signature]  
(Candidate)