

**Form 462**

**Verification of Independent Expenditures**

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This verification form identifies the individual responsible for ensuring that a campaign committee's independent expenditures were not coordinated with the listed candidate (or the opponent) or measure committee and that the committee will report all contributions and reimbursements as required by law. An independent expenditure is not subject to state or local contribution limits.

Amendment (Explain)

**1. Name of Committee:**

NAME OF RECIPIENT COMMITTEE, ENTITY OR INDIVIDUAL  
Women Against Abuse PAC

COMMITTEE ID #  
1479623

STREET ADDRESS



CITY  
Long Beach

STATE  
CA

ZIP CODE  
90802

E-MAIL  
Chris@Thomasandassociates.org

TELEPHONE NUMBER

CA

90802

Chris@Thomasandassociates.org

[Redacted]

**2. Candidate or Measures:**

This committee has reported an independent expenditure(s) to support or oppose the candidate(s) or measure(s) listed on a ballot for the election date identified below. (Note: The reporting of an independent expenditure may occur after this form is filed if an independent expenditure is made before the 90 day, 24-hour reporting period of Government Code Sections 84204 and 85500.)

| NAME OF CANDIDATE (First/Last) OR BALLOT MEASURE | SUPPORT                  | OPPOSE                              | OFFICE SOUGHT OR HELD/ BALLOT NO./LETTER | JURISDICTION AND DISTRICT, IF ANY | ELECTION DATE |
|--|--------------------------|-------------------------------------|--|-----------------------------------|---------------|
| Neil Polzin                                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Local Treasurer                          | City of Covina                    | 06/02/2026    |
| Bri Serrano                                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | City Council Member                      | City of Covina 5                  | 06/02/2026    |
| Sarah Rizvi                                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | City Council Member                      | City of Covina 3                  | 06/02/2026    |
| Susan Zermeo                                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | City Clerk                               | City of Covina                    | 06/02/2026    |

**3. Verification:**

I have not received any unreported contributions or reimbursements to make these independent expenditures. I have not coordinated any expenditure made during this reporting period with the candidate or the opponent of the candidate who is the subject of the expenditure, with the proponent or the opponent of the state measure that is the subject of the expenditure, or with the agents of the candidate or the opponent of the candidate or the state measure proponent or opponent. I certify under penalty of perjury under the laws of the State of California that the following is true and correct.

Signature CHRISTOPHER E. THOMAS Printed Name Chris Thomas Signed on 5-8-26  
(month, day, year)

(Check One):  Principal Officer  Candidate/Officeholder  State Ballot Measure Proponent