

# 496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

496 INDEPENDENT EXPENDITURE REPORT

<b>NAME OF FILER</b> Women Against Abuse PAC		<b>Date of This Filing</b> 05/11/2026	<b>Report No.</b> 050726-2	<b>RECEIVED BY</b> COVINA CITY CLERK Date Stamp 26 MAY 14 PM 5:50	<b>CALIFORNIA FORM 496</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> [REDACTED]	<b>I.D. NUMBER (if applicable)</b> 1479623				
<b>STREET ADDRESS</b> [REDACTED]		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)			
<b>CITY</b> Long Beach	<b>STATE</b> CA	<b>ZIP CODE</b> 90802	<b>No. of Pages</b> 2		

## 1. List Only One Candidate or Ballot Measure

<b>NAME OF CANDIDATE SUPPORTED OR OPPOSED</b> Neil Polzin				<b>NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED</b>			
<b>OFFICE SOUGHT OR HELD</b> Local Treasurer City of Covina	<b>DISTRICT NO.</b>	<b>SUPPORT</b>	<b>OPPOSE</b> X	<b>BALLOT NO./LETTER</b>	<b>JURISDICTION</b>	<b>SUPPORT</b>	<b>OPPOSE</b>

## 2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
05/07/2026	Mailer Mailhouse Cost Cumulative to date total \$1821.64	1,105.14
05/07/2026	Mailer Design Costs Cumulative to date total \$1821.64	375.00
05/07/2026	Mailer Printing Costs Cumulative to date total \$1821.64	341.50

Reason for Amendment: \_\_\_\_\_

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CALIFORNIA FORM **496**

NAME OF FILER  
Women Against Abuse PAC

I.D. NUMBER (if applicable)  
1479623

### 3. Contributions of \$100 or More Received\*

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE **	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	INTEREST RATES
04/16/2026	Blanca Rubio for Assembly 2026 [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		10,000.00	If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %

\*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

**\*\*Contributor Codes**  
 IND – Individual  
 COM – Recipient Committee (other than PTY or SCC)  
 OTH – Other  
 PTY – Political Party  
 SCC – Small Contributor Committee