CALIFORNIA FORM	7	0	0
FAIR POLITICAL PRACTICES (CON	IMIS	SION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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Please type or print in ink.				SAN. FFFC
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)	
Meadows	Sally			
1. Office, Agency, or Court				
Agency Name (Do not use acronyms))			
City of Los Altos				
Division, Board, Department, District, if	f applicable	Your P	osition	
		City/	Town Council Memb	or
► If filing for multiple positions, list be	Now or on an attachment (D			
	low of on an attachment. (D			
Agency:		Positio	on:	
2. Jurisdiction of Office (Check	t at least one box)			
State			Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)	
Multi County		X	,	
Multi-County				
City of Los Altos			ſ	
3. Type of Statement (Check at	least one box)			
Annual: The period covered is J	anuary 1, 202 4, through	🗌 Lea	ving Office: Date Left	
December 31, 2024.			(Check one o	
-or- The period covered is _	/, tł			ary 1, 2024, through the date of
December 31, 2024.		-or-	eaving office.	
Assuming Office: Date assume	d//		The period covered is the date of leaving office.	_/, through
			Ū.	
Candidate: Date of Election	and office	e sought, if different that	in Part 1:	
4. Schedule Summary (requir	ed) ► Total n	umber of pages in	ncluding this cover pa	age: 1
Schedules attached				·
Schedule A-1 - Investments -	schedule attached	□ Schedule C	- Income, Loans, & Busine	ss Positions – schedule attached
Schedule A-2 - Investments –		Schedule D - Income – Gifts – schedule attached		
Schedule B - Real Property –		Schedule E	- Income – Gifts – Travel F	ayments - schedule attached
-or- 🗵 None - No reportable in	nterests on any schedule)		
5. Verification				
MAILING ADDRESS STREET		CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - F 1 N San Antonio Rd		Los Altos	СА	94022-3000
DAYTIME TELEPHONE NUMBER				94022-3000
(650)947-2730		smeadows	s@losaltosca.gov	
I have used all reasonable diligence in		ave reviewed this stater	nent and to the best of my k	nowledge the information contained
herein and in any attached schedules	is true and complete. I acknow	owledge this is a public	document.	
I certify under penalty of perjury un	der the laws of the State of	California that the fo	regoing is true and correc	ct.
D (D) 07/0005	04:21 DM		Oally M	laadawa
Date Signed 03/07/2025		Signature	(File the originally signed paper si	leadows tatement with your filing official.)