

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**  
*A PUBLIC DOCUMENT*

Date Initial Filing Received  
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SAN: FPPC

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Fligor Neysa A.

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

City of Los Altos

Division, Board, Department, District, if applicable

Your Position

City/Town Council Member

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

**2. Jurisdiction of Office (Check at least one box)**

☐ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner  
(Statewide Jurisdiction)

☐ Multi-County

☐ County of

☒ City of Los Altos

☐ Other

**3. Type of Statement (Check at least one box)**

☒ **Annual:** The period covered is January 1, 2024, through  
December 31, 2024.

☐ **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Check one circle below.)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through  
December 31, 2024.

☐ The period covered is January 1, 2024, through the date of  
leaving office.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through  
the date of leaving office.

☐ **Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ **Candidate:** Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary (required)**

► Total number of pages including this cover page: 6

**Schedules attached**

☒ **Schedule A-1 - Investments** – schedule attached

☒ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☐ **Schedule A-2 - Investments** – schedule attached

☐ **Schedule D - Income – Gifts** – schedule attached

☒ **Schedule B - Real Property** – schedule attached

☒ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- ☐ **None - No reportable interests on any schedule**

**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)

1 N San Antonio Rd

Los Altos

CA

94022-3000

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

( 650 ) 947-2730

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed 03/31/2025 03:07 PM  
(month, day, year)

Signature Neysa A. Fligor  
(File the originally signed paper statement with your filing official.)

# SCHEDULE A-1

## Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Neysa Fligor

#### NAME OF BUSINESS ENTITY

HP Inc.

GENERAL DESCRIPTION OF THIS BUSINESS

Technology Company

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/24 ACQUIRED \_\_\_\_/\_\_\_\_/24 DISPOSED

#### NAME OF BUSINESS ENTITY

HP Inc.

GENERAL DESCRIPTION OF THIS BUSINESS

Technology Company

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☒ Other Restricted Stock Units (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/24 ACQUIRED \_\_\_\_/\_\_\_\_/24 DISPOSED

#### NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/24 ACQUIRED \_\_\_\_/\_\_\_\_/24 DISPOSED

#### NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/24 ACQUIRED \_\_\_\_/\_\_\_\_/24 DISPOSED

#### NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/24 ACQUIRED \_\_\_\_/\_\_\_\_/24 DISPOSED

#### NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other (Describe)  
☐ Partnership ☐ Income Received of \$0 - \$499  
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/24 ACQUIRED \_\_\_\_/\_\_\_\_/24 DISPOSED

Comments:

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

Name

Neysa Fligor

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

600 Guadalupe Drive

CITY

Los Altos

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☒ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/24      \_\_\_\_/\_\_\_\_/24  
ACQUIRED      DISPOSED

NATURE OF INTEREST

- ☒ Ownership/Deed of Trust      ☐ Easement  
☐ Leasehold \_\_\_\_\_  
Yrs. remaining      ☐ \_\_\_\_\_  
Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499      ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☒ None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/24      \_\_\_\_/\_\_\_\_/24  
ACQUIRED      DISPOSED

NATURE OF INTEREST

- ☐ Ownership/Deed of Trust      ☐ Easement  
☐ Leasehold \_\_\_\_\_  
Yrs. remaining      ☐ \_\_\_\_\_  
Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499      ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☐ None

\* You are not required to report loans from a commercial lending institution made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

\_\_\_\_\_%      ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000  
☐ Guarantor, if applicable

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

\_\_\_\_\_%      ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000  
☐ Guarantor, if applicable

Comments: \_\_\_\_\_

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

<b>CALIFORNIA FORM 700</b> <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <div style="text-align: right; color: blue;">Neysa Fligor</div>

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>HP Inc.</u>	NAME OF SOURCE OF INCOME <u>County of Santa Clara</u>
ADDRESS (Business Address Acceptable) <u>1501 Page Mill Road, Palo Alto, CA 94304</u>	ADDRESS (Business Address Acceptable) <u>130 W Tasman Drive, San Jose CA 95134</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Technology company</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Assessor's Office</u>
YOUR BUSINESS POSITION <u>Legal Counsel</u>	YOUR BUSINESS POSITION <u>Executive Management</u>
GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)  <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)  <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.)  <input type="checkbox"/> Loan repayment  <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe)  <input type="checkbox"/> Other _____ (Describe)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)  <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)  <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.)  <input type="checkbox"/> Loan repayment  <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe)  <input type="checkbox"/> Other _____ (Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

\* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____ ADDRESS (Business Address Acceptable) _____ BUSINESS ACTIVITY, IF ANY, OF LENDER _____ HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	INTEREST RATE _____% <input type="checkbox"/> None SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ Street address _____ City <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ (Describe)
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Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>Neysa Fligor</u>

- Mark either the gift or income box.
- Mark the “501(c)(3)” box for a travel payment received from a nonprofit 501(c)(3) organization or the “Speech” box if you made a speech or participated in a panel. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym) <u>League of California Cities</u>
ADDRESS (Business Address Acceptable) <u>1400 K Street</u>
CITY AND STATE <u>Sacramento CA</u>
<input type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Advocacy for cities and their residents</u>
DATE(S): ____/____/____ - ____/____/____ AMT: \$ <u>1456.20</u> (If gift)
▶ MUST CHECK ONE: <input type="checkbox"/> Gift <b>-or-</b> <input checked="" type="checkbox"/> Income
<input type="checkbox"/> Made a Speech/Participated in a Panel
<input checked="" type="checkbox"/> Other - Provide Description <u>Travel, meals and lodging as volunteer and Board member</u>
▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym) <u>League of California Cities</u>
ADDRESS (Business Address Acceptable) <u>1400 K Street</u>
CITY AND STATE <u>Sacramento CA</u>
<input type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Advocacy for cities and their residents</u>
DATE(S): ____/____/____ - ____/____/____ AMT: \$ <u>585.22</u> (If gift)
▶ MUST CHECK ONE: <input type="checkbox"/> Gift <b>-or-</b> <input checked="" type="checkbox"/> Income
<input type="checkbox"/> Made a Speech/Participated in a Panel
<input checked="" type="checkbox"/> Other - Provide Description <u>Travel, meals and lodging as volunteer and Board member</u>
▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym) <u>League of California Cities</u>
ADDRESS (Business Address Acceptable) <u>1400 K Street</u>
CITY AND STATE <u>Sacramento CA</u>
<input type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Advocacy for cities and their residents</u>
DATE(S): ____/____/____ - ____/____/____ AMT: \$ <u>969.60</u> (If gift)
▶ MUST CHECK ONE: <input type="checkbox"/> Gift <b>-or-</b> <input checked="" type="checkbox"/> Income
<input type="checkbox"/> Made a Speech/Participated in a Panel
<input checked="" type="checkbox"/> Other - Provide Description <u>Travel, meals and lodging as volunteer and Board member</u>
▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym) <u>League of California Cities</u>
ADDRESS (Business Address Acceptable) <u>1400 K Street</u>
CITY AND STATE <u>Sacramento CA</u>
<input type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Advocacy for cities and their residents</u>
DATE(S): ____/____/____ - ____/____/____ AMT: \$ <u>879.91</u> (If gift)
▶ MUST CHECK ONE: <input type="checkbox"/> Gift <b>-or-</b> <input checked="" type="checkbox"/> Income
<input type="checkbox"/> Made a Speech/Participated in a Panel
<input checked="" type="checkbox"/> Other - Provide Description <u>Travel, meals and lodging as volunteer and Board member</u>
▶ If Gift, Provide Travel Destination _____

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>Neysa Fligor</u>

- Mark either the gift or income box.
- Mark the “501(c)(3)” box for a travel payment received from a nonprofit 501(c)(3) organization or the “Speech” box if you made a speech or participated in a panel. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym) <u>League of California Cities</u>
ADDRESS (Business Address Acceptable) <u>1400 K Street</u>
CITY AND STATE <u>Sacramento CA</u>
<input type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Advocacy for cities and their residents</u>
DATE(S): ____/____/____ - ____/____/____ AMT: \$ <u>107.76</u> (If gift)
▶ MUST CHECK ONE: <input type="checkbox"/> Gift <b>-or-</b> <input checked="" type="checkbox"/> Income
<input type="checkbox"/> Made a Speech/Participated in a Panel
<input checked="" type="checkbox"/> Other - Provide Description <u>Travel, meals and lodging as volunteer and Board member</u>
▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)
CITY AND STATE
<input type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____ (If gift)
▶ MUST CHECK ONE: <input type="checkbox"/> Gift <b>-or-</b> <input type="checkbox"/> Income
<input type="checkbox"/> Made a Speech/Participated in a Panel
<input type="checkbox"/> Other - Provide Description _____
▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)
CITY AND STATE
<input type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____ (If gift)
▶ MUST CHECK ONE: <input type="checkbox"/> Gift <b>-or-</b> <input type="checkbox"/> Income
<input type="checkbox"/> Made a Speech/Participated in a Panel
<input type="checkbox"/> Other - Provide Description _____
▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)
CITY AND STATE
<input type="checkbox"/> 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____ (If gift)
▶ MUST CHECK ONE: <input type="checkbox"/> Gift <b>-or-</b> <input type="checkbox"/> Income
<input type="checkbox"/> Made a Speech/Participated in a Panel
<input type="checkbox"/> Other - Provide Description _____
▶ If Gift, Provide Travel Destination _____

Comments: \_\_\_\_\_

\_\_\_\_\_