

STATEMENT OF ECONOMIC INTERESTS

APR - 1 2011

CITY OF FREMONT

COVER PAGE
FAIR POLITICAL PRACTICES COMMISSION

Please type or print in ink.

NAME OF FILER (LAST) NATARAJAN (FIRST) ANU (MIDDLE)
11 APR - 5 PM (FIRST) 02

1. Office, Agency, or Court

Agency Name: CITY OF FREMONT
Your Position: COUNCILMEMBER
Division, Board, Department, District, if applicable: _____

► If filing for multiple positions, list below or on an attachment.

Agency: HOUSING AUTHORITY OF ALAMEDA COUNTY Position: COMMISSIONER

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

- State
- Multi-County _____
- City of FREMONT
- Judge (Statewide Jurisdiction)
- County of ALAMEDA
- Other _____

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

- Annual: The period covered is January 1, 2010, through December 31, 2010.
-or-
The period covered is _____, through December 31, 2010.
- Assuming Office: Date _____
- Candidate: Election Year _____ Office sought, if different than Part 1: _____
- Leaving Office: Date Left _____ (Check one)
 - The period covered is January 1, 2010, through the date of leaving office.
 - The period covered is _____, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 4

- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-
 None - No reportable interests on any schedule



herein and in any attached schedules is true and complete. I acknowledge this
I certify under penalty of perjury under the laws of the State of California that

Date Signed APR mar 30, '11
(month, day, year)

Signature

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

Name
ANU NATARAJAN

▶ 1. BUSINESS ENTITY OR TRUST

Name
A NUANCE
Address (Business Address Acceptable)
Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
INDEPENDENT CONSULTANT

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____/_____/10 _____/_____/10
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Sole Proprietorship Partnership _____ Other

YOUR BUSINESS POSITION PRINCIPAL

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

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

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____/_____/10 _____/_____/10
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

▶ 1. BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)
Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____/_____/10 _____/_____/10
 \$10,001 - \$100,000 ACQUIRED DISPOSED
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 Over \$1,000,000

NATURE OF INVESTMENT
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YOUR BUSINESS POSITION _____

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Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: _____

11 SEP 12 PM 1:17

SCHEDULE D
Income - Gifts

AMENDMENT

▶ NAME OF SOURCE
HINDU AMERICA FOUNDATION
ADDRESS (Business Address Acceptable)
37808 Fruitwood Court, Fremont CA 94536
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 02 / 10</u>	<u>\$ 75.00</u>	<u>HAF Gala Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
FIREFIGHTERS LOCAL 1069
ADDRESS (Business Address Acceptable)
Niles Boulevard, Fremont CA 94536
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 09 / 10</u>	<u>\$ 100.00</u>	<u>Washington Hospital T</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
ANIL GODHWANI
ADDRESS (Business Address Acceptable)
Winding Vista Common Fremont CA 94539
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 16 / 10</u>	<u>\$ 100.00</u>	<u>ICC Banquet</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
SVCACA
ADDRESS (Business Address Acceptable)
3777 Stevens Creek #220 Santa Clara CA 95051
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 03 / 10</u>	<u>\$ 75.00</u>	<u>Installation Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Verification

Print Name _____

Office, Agency or Court _____

Statement Type 2010/2011 Annual Assuming Leaving
 _____ Annual Candidate
(yr)

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

Date Signed Aug 25 2011
(month, day, year)

Signature (d)(5)

Comments: _____

11 SEP 12 PM 1:17

AMENDMENT

▶ NAME OF SOURCE
FEDERATION OF INDO AMERICAN ASSOCIATION
ADDRESS (Business Address Acceptable)
1000 Hunter Lane Fremont CA 94539
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 31 / 10	\$ 50.00	Republic Day Dinner
08 / 15 / 10	\$ 75.00	Ind. Day Banquet
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE
RICHARD GODFREY
ADDRESS (Business Address Acceptable)
Canyon Heights Road, Fremont CA 94536
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 18 / 10	\$ 50.00	Essanay Dinner/Fundr
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE
INDIAN WOMEN EMPOWERED
ADDRESS (Business Address Acceptable)
4903 Formby Court San Jose CA 95138
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 01 / 10	\$ 50.00	Mothers Day Event
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE
FREMONT CHAMBER OF COMMERCE
ADDRESS (Business Address Acceptable)
39488 Stevenson Bl #100 Fremont CA 94539
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 31 / 10	\$ 100.00	2 tickets to Wine Tent
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE
OFFICE OF SCOTT HAGGERTY
ADDRESS (Business Address Acceptable)
1221 Oak Street Oakland CA 94612
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 12 / 10	\$ 200.00	2 tickets to AR Rehma
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Verification

Print Name _____

Office, Agency or Court _____

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 (yr) Annual Candidate

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Date Signed Aug 25 2011
(month, day, year)

Signature (d)(5)

Comments: _____

AMENDMENT

11 SEP 12 PM 1:16 Public Document

CITY CLERK AUG 25 2011 CITY OF FREMONT

TP

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) NATARAJAN ANU

1. Office, Agency, or Court

Agency Name CITY OF FREMONT
Division, Board, Department, District, if applicable CITY
Your Position COUNCILMEMBER

If filing for multiple positions, list below or on an attachment.

Agency: ALAMEDA COUNTY HOUSING AUTHORITY Position: COMMISSIONER

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Judge (Statewide Jurisdiction) County of ALAMEDA Other

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-or-

None - No reportable interests on any schedule

5. Verification

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

(d)(5)

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I certify under penalty of perjury under the laws of the State of California

Date Signed Aug 15 2011 (month, day, year)

(d)(5) tion contained

Please file the originally signed statement with your filing officer.