



Please type or print in ink.

2013 APR 2 PM 3:55

NAME OF FILER (LAST) NATARAJAN (FIRST) ANU (MIDDLE)

1. Office, Agency, or Court

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

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

Agency: STOWASTE.ORG Position: BOARD MEMBER

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

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

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

Annual: The period covered is January 1, 2012, through December 31, 2012.
-or-
The period covered is _____ through December 31, 2012.
 Assuming Office: Date assumed _____
 Leaving Office: Date Left _____ (Check one)
 The period covered is January 1, 2012, through the date of leaving office.
 The period covered is _____ through the date of leaving office.
 Candidate: Election year _____ and office sought, if different than Part 1: _____

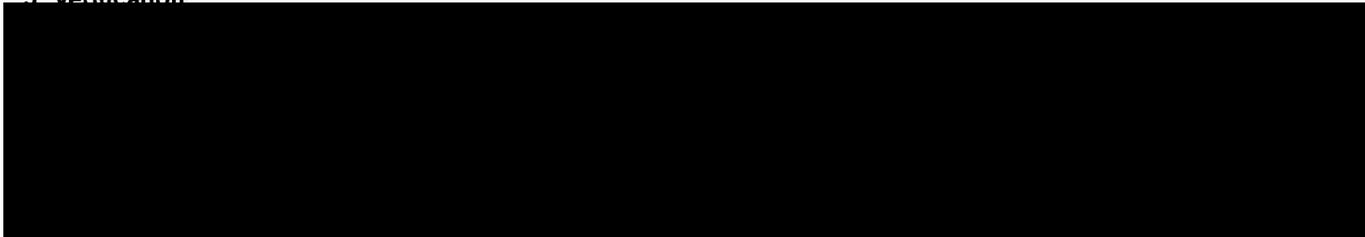
4. Schedule Summary

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

5. Verification



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

Date Signed March 27, 2013
(month, day, year)

ANU NATARAJAN

Alameda County Housing Authority, Commissioner

**SCHEDULE D
 Income – Gifts**

Name
ANU NATARAJAN

▶ NAME OF SOURCE (Not an Acronym)
CAREA Officers Installation Dinner
 ADDRESS (Business Address Acceptable)
1455 McCarty Blvd Milpitas CA 95035
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 21 / 12	\$ 45.00	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
INDIA COMMUNITY CENTER
 ADDRESS (Business Address Acceptable)
525 Los Coches Road, Milpitas CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 29 / 12	\$ 150.00	ICC Gala
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
FREMONT CHAMBER OF COMMERCE
 ADDRESS (Business Address Acceptable)
39488 Stevenson Bl Fremont CA 94536
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 04 / 12	\$ 50.00	Lunch at Wine Tent
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
WASHINGTON HOSPITAL
 ADDRESS (Business Address Acceptable)
2000 Mowry Avenue Fremont CA 94538
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 13 / 12	\$ 225.00	Top Hat Gala
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Federation of Indo Americans
 ADDRESS (Business Address Acceptable)
1000 Hunter Lane Fremont CA 93539
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 19 / 12	\$ 55.00	Festival of India Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____