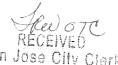
(San Jose Municipal Code Chapter 12.19)

RECEIVED San Jose City Clerk

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER Diep. Lan REPORTING PERIOD January 31, 2017 - March 31, 2017 During the Reporting Period, how many hours did you spend rendering services unrelated to your duties of office for which you earned Income? (If your answer is none, please proceed to Section 2 below.) 1. INCOME EARNED THIS REPORTING PERIOD* LESS \$500 □ \$500 - \$1,000 \$1,001 - \$10,000 × \$10.001 - \$100.000 OVER \$100.000 *If aggregate in Reporting Year is more than \$500, proceed to Section 2. If aggregate in Reporting Year is less than \$500, proceed to Section 5. 2. INCOME EARNED THIS REPORTING YEAR \$0 - \$499* \$1.001 - \$10.000 × \$10.001 - \$100.000 OVER \$100,000 \$500 - \$1,000 *If aggregate in Reporting Year is less than \$500, proceed to Section 5. If aggregate in Reporting Year is more than \$500, proceed to Section 3. 3. BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY & DESCRIPTION OF SERVICES NAME OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY City of San Jose **ADDRESS** 200 E. Santa Clara St., 18th Fl; San Jose, CA 95113 TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY: Proprietorship Corporation Partnership | | LLC City of San Jose X Governmental Agency Nonprofit Organization Trust Other GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY: City of San Jose Councilmember POSITION: Represent District 4 GENERAL DESCRIPTION OF SERVICES RENDERED: 4. LIST EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$5,000 OR MORE FOR THIS REPORTING PERIOD AND IF THE AGGREGATE IN REPORTING YEAR IS \$5,000 OR MORE (attach a separate sheet if necessary) 5 VERIFICATION 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 periury under the laws of the State of California that the foregoing is true and correct. Date Signed ___ 4/13/17 Signature

(File the originally signed statement with the City Clerk,)



Page 1

NAME OF ELECTED Lan Diep	OFFICIAL		Date of 4/13/2017 This Filing 20	Date Stamp 7 APR 13 PM 2: 45	CITY OF SAN JOSE FORM DFR1	
OFFICE HELD San Jose City Councilmember, District 4 PERIOD COVERED BY THIS PERIOD COVERED BY THIS 3/31/2017 TO TO			1 1 Page of		For Official Use Only	
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND	OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION		
1/13/2017	\$500.00	Greenwaste Recovery, INC. 1500 Berger Dr. San Jose, CA 95112		District 4 Oath of Office Ceremony		
1/13/2017	\$500.00	Willco Management, INC. McDonald 711 Calle Artis San Jose, CA 95131	d's Restaurants	District 4 Oath of Office Ceremony		
1/13/2017	\$500.00	Republic Services, INC. 18500 N. Allied Wy. Phoenix, AZ 85054		District 4 Oath of Office Cerem	ony	
		-				

NOTHING TO REPORT

Disclosure of Fundraising Report Form

Signature

Jan Diep

Date 4/13/2017

OTC M

(San Jose Municipal Code Chapter 12.19)

9) RECEIVED San Jose City Clerk

NAME	(LAST) Di		TRST) Lan		(MIDDLE)	The	Prit Today			TELEPHONE NUM 2-535-4939	BER
REPORTIN	NG PERIOD	· · · · · · · · · · · · · · · · · · ·	June 30, 20	17				5 4-	-PH 3: 4	7	
			•	s did you spendeed to Section		services unre 0	lated to you	ır duties	s of office fo	or which you earned	d -
1. INCOME	E EARNED	THIS REP	ORTING P	ERIOD*							
☐ LESS	\$ \$500	\$500	- \$1,000	\$1,001 -	\$10,000	∑ \$10,00	1 - \$100,00	00 [OVER	\$100,000	
*If aggregated Section 5.	te in Report	ing Year is	more than \$	\$500, proceed	to Section 2	. If aggregate	e in Reportii	ng Yea	r is less tha	n \$500, proceed to	
2. INCOME	E EARNED	THIS REP	orting ye	EAR	8-	1 7					an a sa
□ \$0-\$	3499*	\$500 -	\$1,000	\$1,001 - 9	\$10,000	× \$10,001	- \$100,000) [OVER\$	100,000	
*If aggregat	te in Report	ing Year is	less than \$5	500, proceed to	o Section 5.						
If aggregate	e in Reportir	ng Year is n	nore than \$	500, proceed t	o Section 3.						
3. BUSINE	SS ENTITY	/TRUST/G	OVERNMEI	NTAL AGENC	Y & DESCR	IPTION OF S	SERVICES				
NAME OF E	BUSINESS	ENTITY/TR	UST/GOVE	ERNMENTAL A	AGENCY						
City of San	Jose										
ADDRESS 200 E Santa	a Clara St.	San Jose,	CA 95113						"		
TYPE OF B	BUSINESS E	NTITY/TRI	JST/GOVE	RNMENTAL A	GENCY:						
☐ Proprie	torship		Partnership		☐ LLC			Cor	poration		
Trust		X	Governmer	ntal Agency	☐ Nonp	rofit Organiza	ation [Cit	y of San Jo Othe		
GENERAL I	Jose		SINESS EN	ITITY/TRUST/	GOVERNME	ENTAL AGEN	ICY ACTIVI	ITY:	Othe		
POSITION:	Councilme	mber 									
GENERAL [DESCRIPTI	ON OF SE	RVICES RE	NDERED:	Represent ove	er 100,000 re	sidents in N	North Sa	an Jose		
				CE OF INCOM ,000 OR MOR					RTING PEF	RIOD AND IF THE	
	City	nt San	- Jose								
5. VERIFIC	ATION			3							
information of	contained h	erein and in	any attach		is true and co					ny knowledge the ry under the laws o	of
Signature	File the origi	nally signed	ce statement	with the City (Clerk)	Date	Signed	8	(month of	- dav. vear)	

Type or print in ink.

			Amounts may be rounded to whole dollars.	RECEIVED	TCIPU	
Disclosure of	of Fundraisin	g Report Form		San Jose City Clerk	Page 1	
NAME OF ELECTED	OFFICIAL		Date of 9/11/2017			
Lan Diep			Date of 8/11/2017 This Filing	Date Stamp 2017 AUG 14 PM 3: 4:	JOSE FORM DIKI	
OFFICE HELD		PERIOD COVERED BY THIS	1 1	* * 2 San g .	For Official Use Only	
Counclimemb	er	April 1 To June 30	Page of			
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AN	ND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR P CONTRIB		

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
\			
		·	
			·

NOTHING TO REPORT 🔽

Signature:

DATE: 8/11/2017

INCOME AND TIME DISCLOSURE STATEMENT CHECKIVED (San Jose Municipal Code, Chapter 12.19) an Jose City Clerk

NAME	(LAST) Diep	(FIRST) Lan	(MIDDLE) Tr) he	OFFICE	DAYTIME TELEPHONE NUMBER 408-535-4939
	ING PERIOD September 30					
			s did you spend rendering speed to Section 2 below.)	services unrelated 0	to your du	tles of office for which you earned
		ilis reporting p	As a second of the second of t			
LES	S \$500	\$500 - \$1,000	S1,001 - \$10,000	× \$10,001 - \$	100,000	OVER \$100,000
*If aggrega Section 5.		g Year is more than	\$500, proceed to Section 2	l. If aggregate in R	Reporting Y	ear is less than \$500, proceed to
2 INCOM	E BARNED	IHIS REPORTING Y	EAR			
\$0 - 8	\$499* [\$500 - \$1,000	\$1,001 - \$10,000	× \$10,001 - \$10	00,000	OVER \$100,000
*If aggrega	ate in Reportin	g Year is less than \$	500, proceed to Section 5.			
""	, ,		5500, proceed to Section 3.			
	BUSINESS E		NTAL AGENCY & DESCR ERNMENTAL AGENCY	TENIONO SERV	(OZS	
ADDRESS 200 E. Sar		an Jose, CA 95113		, , , , , , , , , , , , , , , , , , , ,	·	
TYPE OF I	BUSINESS EN	TITY/TRUST/GOVE	ERNMENTAL AGENCY:			
☐ Proprie	etorship	☐ Partnership	· □ LLC			Corporation
☐ Trust		X Governmen	ntal Agency Nonp	profit Organization	x	City of San Jose Other
GENERAL City of San		IN OF BUSINESS EN	NTITY/TRUST/GOVERNME	ENTAL AGENCY A	ACTIVITY:	
POSITION	Councilmen	iber ·				
ĢENERAL	DESCRIPTIO	N OF SERVICES RE	ENDERED: Represent ov	ver 100,000 resider	nts in North	San Jose
			RCE OF INCOME OF \$5.00 5,000 OR MORE (attach as			ORTING PERIOD AND IF THE
5 VERIB	P/A/TI(O)N					
information	contained her		ned schedules is true and co			o the best of my knowledge the alty of perjury under the laws of
Signature _ (File the original	ally signed statement	t with the City Clerk,)	Date Sign	ed/	0/16//7 (month, day, year)

Type or print in ink. Amounts may be rounded to whole dollars. RECEIVED San Jose City Clark

Disclosure o	of Fundraisin	g Report Form	Sar	Jose City Clerk	Page 1
NAME OF ELECTED	OFFICIAL		T	1/2 - (4/1 (a) 4 a) \	CITY OF SAN DEDA
Lan Diep			This Filing 10/13/24	OCT 16 PM 1: 36	JOSE FORM DFR1
OFFICE HELD	-	PERIOD COVERED BY THIS REPORT	1		For Official Use Only
Councilmemb	er	July 1 To Sept 30	Page 1 of 1		
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND O	CCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR CONTRI	PURPOSE OF FUNDRAISING BUTION
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	: :				
		/			
		1,) _		

NOTHING TO REPORT

Signature:

DATE:

RECEIVED Lose City Clerk

(San Jose Municipal Code Chapter 12.19) NAME (LAST) (FIRST) (MIDDLE) The 408-535-4939 Diep REPORTING PERIOD October 1- December 31 During the Reporting Period, how many hours did you spend rendering services unrelated to your duties of office for which you earned Income? (If your answer is none, please proceed to Section 2 below.) 1. INCOME EARNED THIS REPORTING PERIOD* ☐ LESS \$500 \$500 - \$1,000 \$1,001 - \$10,000 × \$10,001 - \$100,000 OVER \$100,000 *If aggregate in Reporting Year is more than \$500, proceed to Section 2. If aggregate in Reporting Year is less than \$500, proceed to Section 5. 2. INCOME EARNED THIS REPORTING YEAR \$1,001 - \$10,000 X \$10,001 - \$100,000 OVER \$100,000 \$0 - \$499* \$500 - \$1,000 *If aggregate in Reporting Year is less than \$500, proceed to Section 5. If aggregate in Reporting Year is more than \$500, proceed to Section 3. BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY & DESCRIPTION OF SERVICES NAME OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY City of San Jose **ADDRESS** 200 E. Santa Clara St, San Jose 95113 TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY: Partnership □ LLC Corporation Proprietorship City of San Jose X Governmental Agency Nonprofit Organization Trust Other GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY: City of San Jose Councilmember POSITION: Represent over 100,000 residents in North San Jose GENERAL DESCRIPTION OF SERVICES RENDERED: 4. LIST EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$5,000 OR MORE FOR THIS REPORTING PERIOD AND IF THE AGGREGATE IN REPORTING YEAR IS \$5,000 OR MORE (attach a separate sheet if necessary) 5. VERIFICATION 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. Signature

(File the originally signed statement with the City Clerk.)

RECEIVED **Disclosure of Fundraising Report Form** Page 1 NAME OF ELECTED OFFICIAL 一Date Stamp 与1018。 **CITY OF SAN** Date of 1/9/2018 JOSE FORM This Filing Lan Diep OFFICE HELD PERIOD COVERED BY THIS For Official Use Only REPORT _{TO} Dec 31 Councilmember OCT 1 DATE OF **AMOUNT** DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR SOLICITATION **CONTRIBUTED** CONTRIBUTION Signature: _ DATE: NOTHING TO REPORT

INCOME AND TIME DISCLOSURE STATEMENT (San Jose Municipal Code Chapter 12.19)

RECEIVED San Jose City Clerk OTC M

NAME (LAST) Diep	(FIRST) Lan	(MIDDLE) The	DAYTIME TELEPHONE NUMBER
REPORTING PERIO January 1- March 3			
	Period, how many hours did you ver is none, please proceed to S		ed to your duties of office for which you earned
1. INCOME EARNE	D THIS REPORTING PERIOD*		
☐ LESS \$500	S500 - \$1,000 S1	1,001 - \$10,000 🗵 \$10,001	- \$100,000
*If aggregate in Repo Section 5.	rting Year is more than \$500, pr	oceed to Section 2. If aggregate i	n Reporting Year is less than \$500, proceed to
2. INCOME EARNE	D THIS REPORTING YEAR		
S0 - \$499*	\$500 - \$1,000 \$ 1,	001 - \$10,000 🗵 \$10,001 -	\$100,000
*If aggregate in Repo	rting Year is less than \$500, pro	ceed to Section 5.	
If aggregate in Repor	ting Year is more than \$500, pro	ceed to Section 3.	
	Y/TRUST/GOVERNMENTAL A S ENTITY/TRUST/GOVERNME	GENCY & DESCRIPTION OF SE NTAL AGENCY	RVICES
ADDRESS 200 E. Santa Clara S	t, San Jose 95113		
TYPE OF BUSINESS	ENTITY/TRUST/GOVERNMEN	JTAL AGENCY:	
Proprietorship	☐ Partnership	☐ LLC	☐ Corporation
☐ Trust	X Governmental Age	ncy Nonprofit Organizati	On X City of San Jose Other
GENERAL DESCRIP	TION OF BUSINESS ENTITY/T	RUST/GOVERNMENTAL AGENC	Y ACTIVITY:
POSITION: Councilm	nember		
	TION OF SERVICES RENDERE	ED: Represent over 100,000 resi	dents in North San Jose
		INCOME OF \$5,000 OR MORE F R MORE (attach a separate sheet	OR THIS REPORTING PERIOD AND IF THE if necessary)
5. VERIFICATION	and the second s		
information contained		edules is true and complete. I cert	atement and to the best of my knowledge the ify under penalty of perjury under the laws of
Signature(File the or	iginally signed statement with the	Date S e City Clerk.)	igned 4/2/1 & (month, day, year)

Type or print in ink.

Amounts may be rounded to whole dollars.

Page 1

		<u> </u>			<u>.</u>		. 490 .
NAME OF ELECTE	D OFFICIAL			Date of 🛮 🛕	/2/2018	Date Stamp	CITY OF SAN DED4
Lan Diep				This Filing		9 APR - 2 PM 4: 14	JOSE FORM DFR1
OFFICE HELD			PERIOD COVERED BY THIS REPORT	1		, , , , , , , , , , , , , , , , , , ,	For Official Use Only
Councilmember Jan 1 To Mar 31			Page <u>'</u>	of			
DATE OF AMOUNT CONTRIBUTED FULL NAME, ADDRESS, EMPLOYER AND		OCCUPATION OF C	CONTRIBUTOR	DESCRIPTION OF EVENT O	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION		
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			0				
				\ ,			
		_ Siar	patura: Han	Dep		DATI	= 4/2/18
NOTHING TO	O REPORT	Joigi	nature: Jan -			DATI	= 1/2//0

NOTHING TO REPORT $\boxed{\checkmark}$

Disclosure of Fundraising Report Form

(San Jose Municipal Code Chapter 12.19)

RECEIVED
San Jose City Clerk

NAME (LAST) Diep	(FIRST) Lan	(MIDDLE) The			TELEPHONE NUMBER
REPORTING PERIOD Jan 1-March 31	V	April 1-June 30		July 1-Sept 30	Oct 1-Dec 31
		s did you spend rendering serv eed to Section 2 below.) 0	ices unrelated t	o your duties of office	for which you earned
1. INCOME EARNED T	•				
LESS \$500	\$500 - \$1,000		\$10,001 - \$1	00.000 NOVER	R \$100,000
	······································				
Section 5.	y Year is more than t	\$500, proceed to Section 2. If	aggregate in Re	eporting Year is less th	an \$500, proceed to
2. INCOME EARNED TO	HIS REPORTING Y	EAR			10 10 10 10 10 10 10 10 10 10 10 10 10 1
\$0 - \$499*	\$500 - \$1,000	\$1,001 - \$10,000	\$10,001 - \$10	0,000 OVER	\$100,000
*If aggregate in Reporting	Year is less than \$8	500, proceed to Section 5.			
If aggregate in Reporting	Year is more than \$	500, proceed to Section 3.			
		NTAL AGENCY & DESCRIPT	ION OF SERVI	CES	*
NAME OF BUSINESS EN	NTITY/TRUST/GOVE	ERNMENTAL AGENCY			
City of San Jose			<u> </u>		4.00.00
ADDRESS 200 E. Santa Clara St, Sa	ın Jose CA 95113				
TYPE OF BUSINESS EN	TITY/TRUST/GOVE	RNMENTAL AGENCY:			
Proprietorship	Partnership	LLC		Corporation	
Trust	Governmen	ntal Agency Nonprofit	Organization	City of Sai	n Jose
			J	Oth	
GENERAL DESCRIPTION	N OF BUSINESS EN	TITY/TRUST/GOVERNMENT	AL AGENCY A	CTIVITY:	
City of San Jose					
POSITION: Councilment	per				
GENERAL DESCRIPTIO		Represent over 1	00,000 resident	ts in North San Jose	
A LIST EACH DEDORTA	DI E CINA E CALID	CE OF INCOME OF \$5,000 O	P MADE FAD	THIS DEDADTING DE	EDIOD AND IE THE
		5,000 OR MORE (attach a sep			דוו מאא שטואד.
	NAME OF THE OWNER OWNER OF THE OWNER OWNE				
5. VERIFICATION			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	A STATE OF STATE OF THE STATE O	
I have used all reasonable	diligence in prepari	ng this statement. I have revie	wed this staten	nent and to the hest of	my knowledge the
information contained here	ein and in any attach	ned schedules is true and comp		under penalty of perj	ury under the laws of
the State of California th	at the foregoing is	true and correct.		RES	ET
Signature	m Drea		Date Signe	7/2/2018	
	ally signed statemen	t with the City Clerk.)	Date Oigile		, day, year)

Disclosure of Fundraising Report Form Page 1 NAME OF ELECTED OFFICIAL CITY OF SAN JOSE FORM Date of 7/2/18 Lan Diep This Filing OFFICE HELD PERIOD COVERED BY THIS For Official Use Only REPORT Councilmember TO June 30 April 1 DATE OF **AMOUNT** DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR **CONTRIBUTED** SOLICITATION CONTRIBUTION DATE: 7/2/18 Signature: NOTHING TO REPORT

(San Jose Municipal Code Chapter 12.19) San Jose City Clerk

NAME (LAST) (FIRST) Diep Lan	(MIDDLE) The	2018 OCT - 50A PHME TELEPHONE NUMBER 408-935-4939
REPORTING PERIOD July 1- Sept 30		
During the Reporting Period, how many hours di Income? (If your answer is none, please proceed		related to your duties of office for which you earned
1. INCOME EARNED THIS REPORTING PERI	OD*	
LESS \$500] \$1,001 - \$10,000 × \$10,0	001 - \$100,000
*If aggregate in Reporting Year is more than \$50 Section 5.	0, proceed to Section 2. If aggrega	ate in Reporting Year is less than \$500, proceed to
2. INCOME EARNED THIS REPORTING YEAR	?	
□ \$0 - \$499* □ \$500 - \$1,000 □	\$1,001 - \$10,000	01 - \$100,000
*If aggregate in Reporting Year is less than \$500	, proceed to Section 5.	
If aggregate in Reporting Year is more than \$500	•	
3. BUSINESS ENTITY/TRUST/GOVERNMENT/ NAME OF BUSINESS ENTITY/TRUST/GOVERN		SERVICES
City of San Jose		
ADDRESS 200 E. Santa Clara St, San Jose CA 95113		
TYPE OF BUSINESS ENTITY/TRUST/GOVERN	MENTAL AGENCY:	
☐ Proprietorship ☐ Partnership	☐ LLC	Corporation
☐ Trust ☑ Governmental	Agency Nonprofit Organi	zation City of San Jose Other
GENERAL DESCRIPTION OF BUSINESS ENTI	TY/TRUST/GOVERNMENTAL AGE	NCY ACTIVITY
City of San Jose	THE	
POSITION: Councilmember		
GENERAL DESCRIPTION OF SERVICES RENE	DERED: Represents over 100,000	D residents in North San Jose
4. LIST EACH REPORTABLE SINGLE SOURCE AGGREGATE IN REPORTING YEAR IS \$5,00		
5. VERIFICATION		
I have used all reasonable diligence in preparing information contained herein and in any attached the State of California that the foregoing is tru	schedules is true and complete. I	s statement and to the best of my knowledge the certify under penalty of perjury under the laws of
Signature (File the originally signed statement wi	th the City Clerk.)	re Signed /0/5/18 (month, day, year)

Disclosure	of Fundraisir	ıg Re _l	RECEIVED	Page 1					
NAME OF ELECTED OFFICIAL Date of 10/5/2018						on Jose Chare Stampk	CITY OF SAN DEDA		
Lan Diep This Filing					10/5/2018	OTUM	JOSE FORM DFR1		
OFFICE HELD			PERIOD COVERED BY THIS REPORT	1	ZUI	18 OCT -5 PM 4: 33	For Official Use Only		
Councilmemb	er		July 1 TO Sept 30	Page L	of <u>'</u>				
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL 1	NAME, ADDRESS, EMPLOYER AND (OCCUPATION O	F CONTRIBUTOR		DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION		
8/6/2018	500	[er Permante/Kaiser Health Inc. 75 N. Fair Oaks Ave, 3		District 4 End of Summer Festival				
8/14/2018	2,500		ublic Services, Inc. 18500 5054	N. Allied W	/ay, Phoenix,	District 4 End of Sur	mmer Festival		
NOTHING T	O REPORT	Sig	nature:	Dieg	·	·	ATE: 10/5/2018		
						Cì	ty of San José Form DFR-1 (Nov/2010)		

(San Jose Municipal Code Chapter 12.19)

RECEIVED San Jose City Clerk

NAME	(LAST) Diep	(FIRST) Lan	(MIDDLE) The		DAYTIME A PLEAHONE NUMBER
5.00	NG PERIOD 1- December 3	31			2019 JAN - / 111 4-01
-		기용하다 제가 있는 이번 5차 6세 에 걸린 사람이 있다면 그 하는 것 같아요.	사이는 이 원이고 계루 내기가 있다면 가는 특별이 많아 하지 않는데 없는데 없는데 없었다. 그 아이지는		ur duties of office for which you earned
1. INCOM	IE EARNED T	HIS REPORTING F	PERIOD*	3. A. S. C. C. C.	
☐ LES	S \$500	\$500 - \$1,000	\$1,001 - \$10,000	× \$10,001 - \$100,0	00 OVER \$100,000
*If aggrega Section 5.		g Year is more than	\$500, proceed to Section 2.	If aggregate in Report	ing Year is less than \$500, proceed to
2. INCOM	IE EARNED T	HIS REPORTING Y	EAR	学院等着图示证 图	
□ \$0 -	\$499*	\$500 - \$1,000	\$1,001 - \$10,000	\$10,001 - \$100,00	0 X OVER \$100,000
*If aggrega	ate in Reporting	y Year is less than \$	5500, proceed to Section 5.		
If aggregat	te in Reporting	Year is more than S	\$500, proceed to Section 3.		
			NTAL AGENCY & DESCRIP	PTION OF SERVICES	
NAME OF City of San		NTITY/TRUST/GOV	ERNMENTAL AGENCY		
ADDRESS 200 E. Sar		an Jose CA 95113			
TYPE OF	BUSINESS EN	TITY/TRUST/GOV	ERNMENTAL AGENCY:		,
☐ Propri	etorship	☐ Partnershi	p 🗆 LLC		Corporation
☐ Trust		X Governme	ental Agency Nonpro	ofit Organization [City of San Jose Other
GENERAL City of Sar		N OF BUSINESS E	NTITY/TRUST/GOVERNME	NTAL AGENCY ACTIV	ITY:
	Councilmon	hor			
POSITION	(A)				
GENERAL	DESCRIPTIO	N OF SERVICES R	ENDERED: Represents ov	er 100,000 residents ir	North San Jose.
			RCE OF INCOME OF \$5,000 5,000 OR MORE (attach a se		REPORTING PERIOD AND IF THE sary)
5. VERIFIC	CATION		Sales Parkers		
information	contained her	e diligence in prepa ein and in any attac nat the foregoing is	hed schedules is true and co	viewed this statement mplete. I certify unde	and to the best of my knowledge the r penalty of perjury under the laws of
	1				1/2/210
Signature	(File the original	ally signed statemen	nt with the City Clerk.)	Date Signed	(month, day, year)

Disclosure of	of Fundraisin	g Rep	oort Form			RECEIVED	Page 1
NAME OF ELECTED	OFFICIAL			Date of	1/7/2010	San Jospate Stamplerk	CITY OF SAN DED4
Lan Diep				This Filing	1/7/2019	2019 JAN -7 PM 4: 31	JOSE FORM DFR1
OFFICE HELD			PERIOD COVERED BY THIS REPORT	1	1	2019 JAN -7 PM 4: 31	For Official Use Only
Councilmemb	er		Oct 1 To Dec 31	Page 1	of 1		
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL N	NAME, ADDRESS, EMPLOYER AND	OCCUPATION (OF CONTRIBUTOR	DESCRIPTION OF EVENT OR CONTRI	
		E		*			
v.							
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							u .
NOTHING TO	O REPORT	Sigi	nature: Jan De	èp		DATE:	Jan 7, 2019

INCOME AND TIME DISCLOSURE STATEMENT (San Jose Municipal Code Chapter 12.19)

NAME (LAST) Diep	(FIRST) Lan	(MIDDLE)		DAYTIME TELEPHONE NUMBER
REPORTING PERIOD April 1 - June 30, 2019				
During the Reporting Period Income? (If your answer is			es unrelated to your	duties of office for which you earned
1. INCOME EARNED TH	HIS REPORTING PERIOD			
LESS \$500 [\$500 - \$1,000	\$1,001 - \$10,000	\$10,001 - \$100,000	OVER \$100,000
*If aggregate in Reporting Section 5.	Year is more than \$500, p	proceed to Section 2. If aç	ggregate in Reporting	g Year is less than \$500, proceed to
2. INCOME EARNED TH	HIS REPORTING YEAR			
\$0 - \$499*	\$500 - \$1,000 🔀 \$	1,001 - \$10,000	\$10,001 - \$100,000	OVER \$100,000
*If aggregate in Reporting	Year is less than \$500, pr	oceed to Section 5.		
If aggregate in Reporting `	Year is more than \$500, p	roceed to Section 3.		
3. BUSINESS ENTITY/TI NAME OF BUSINESS EN			NOF SERVICES	
Knight Foundation	THE PERSON NAMED OF THE PE	LIVIAL AOLINOT		
ADDRESS 200 S. Biscayne Blvd., Su	ita 2200 i Miami. El. 2212:	1		4.44
TYPE OF BUSINESS EN	· · · · · · · · · · · · · · · · · · ·			2
	_	<u></u>	Г	7 Companylian
Proprietorship	Partnership	LLC	<u>L</u>	Corporation
Trust	☐ Governmental Aç	jency 🔀 Nonprofit (Organization	Other
GENERAL DESCRIPTION	OF BUSINESS ENTITY	TRUST/GOVERNMENTA	L AGENCY ACTIVIT	TY:
POSITION: Coummunity	Advisory Boardmember			
GENERAL DESCRIPTION	N OF SERVICES RENDE	RED:	on how to best inve	st in San Jose, Assess orgs and ideas
	BLE SINGLE SOURCE O PRTING YEAR IS \$5,000			REPORTING PERIOD AND IF THE
5. VERIFICATION				
I have used all reasonable	ein and in any attached sc	hedules is true and compl		nd to the best of my knowledge the penalty of perjury under the laws of
Signature (File the original	n Deep	tha City Clark	Date Signed	7/15/19

Disclosure	of Fundraisin	ıg Rep	ort For		Page 1				
NAME OF ELECTE Lan Diep	D OFFICIAL				Date of This Filing		Date Stamp OTC KW	CITY OF SAN DFR1	
OFFICE HELD	V - 14770FF88748144444444444444444444444444444444		PERIOD CO	VERED BY THIS	\dashv	1		For Official Use Only	
City Councilmember			REPORT April 1st	June 30th TO	Page	of			
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL N	AME, ADDRE	ESS, EMPLOYER AND	OCCUPATION O	F CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISI CONTRIBUTION		
					74.774.11M				
						AND THE PROPERTY OF THE PARTY O		**************************************	
				 					
			'		***************************************		•		

NOTHING TO REPORT $\[igotimes \]$

Signature

In Trey

Date 7/15/19

INCOME AND TIME DISCLOSURE STATEMENT (San Jose Municipal Code Chapter 12.19)

NAME (LAST) Diep	(FIRST) Lan	(MIDDLE)		DAYTIME TELEPHONE NUMBER
REPORTING PERIOD April 1 - June 30, 2019				
During the Reporting Period Income? (If your answer is			es unrelated to your	duties of office for which you earned
1. INCOME EARNED TH	HIS REPORTING PERIOD			
LESS \$500 [\$500 - \$1,000	\$1,001 - \$10,000	\$10,001 - \$100,000	OVER \$100,000
*If aggregate in Reporting Section 5.	Year is more than \$500, p	proceed to Section 2. If aç	ggregate in Reporting	g Year is less than \$500, proceed to
2. INCOME EARNED TH	HIS REPORTING YEAR			
\$0 - \$499*	\$500 - \$1,000 🔀 \$	1,001 - \$10,000	\$10,001 - \$100,000	OVER \$100,000
*If aggregate in Reporting	Year is less than \$500, pr	oceed to Section 5.		
If aggregate in Reporting `	Year is more than \$500, p	roceed to Section 3.		
3. BUSINESS ENTITY/TI NAME OF BUSINESS EN			NOF SERVICES	
Knight Foundation	THE PERSON NAMED OF THE PE	LIVIAL AOLINOT		
ADDRESS 200 S. Biscayne Blvd., Su	ita 2200 i Miami. El. 2212:	1		4.44
TYPE OF BUSINESS EN	· · · · · · · · · · · · · · · · · · ·			2
	_	<u></u>	Г	7 Communation
Proprietorship	Partnership	LLC	<u>L</u>	Corporation
Trust	☐ Governmental Aç	jency 🔀 Nonprofit (Organization	Other
GENERAL DESCRIPTION	OF BUSINESS ENTITY	TRUST/GOVERNMENTA	L AGENCY ACTIVIT	TY:
POSITION: Coummunity	Advisory Boardmember			
GENERAL DESCRIPTION	N OF SERVICES RENDE	RED:	on how to best inve	st in San Jose, Assess orgs and ideas
	BLE SINGLE SOURCE O PRTING YEAR IS \$5,000			REPORTING PERIOD AND IF THE
5. VERIFICATION				
I have used all reasonable	ein and in any attached sc	hedules is true and compl		nd to the best of my knowledge the penalty of perjury under the laws of
Signature (File the original	n Deep	tha City Clark	Date Signed	7/15/19

Disclosure	of Fundraisin	ıg Rep	ort For		Page 1				
NAME OF ELECTE Lan Diep	D OFFICIAL				Date of This Filing		Date Stamp OTC KW	CITY OF SAN DFR1	
OFFICE HELD	V - 14770FF88748144444444444444444444444444444444		PERIOD CO	VERED BY THIS	\dashv	1		For Official Use Only	
City Councilmember			REPORT April 1st	June 30th TO	Page	of			
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL N	AME, ADDRE	ESS, EMPLOYER AND	OCCUPATION O	F CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISI CONTRIBUTION		
					74.774.41M074.11				
						AND THE PROPERTY OF THE PARTY O		**************************************	
				 					
			'		***************************************		•		

NOTHING TO REPORT $\[igotimes \]$

Signature

In Trey

Date 7/15/19

Disclosure (of Fundraisin	ıg Repo	rt Form	Amou	ınts may be roı	unded to whole dollars	· RECE Sentince	AVED ON O	Pa	ge 1	
NAME OF ELECTE			C			1/13/2020	Date Sta	Date Stamp CITY C 2020 JAN 15 PM 1: 10 JOSE			
OFFICE HELD DY City	Council	R	eriod covered by the eport tober 1 to de	ember	Page	of		3 (6	For Offici	al Use Only	
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAM	E, ADDRESS, EMPLO	YER AND O	CCUPATION C	OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION				
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Behested paymonade.	ents that total \$5	5,000 or m	nore per calendar	year may	v also need	I to be reported o	on a form 803 w	ithin 30 days	of the date t	ney are	
NOTHING TO	REPORT V	Signatu	ure:	in i	Dues		***************************************		1/15/20		
								City of Sal	n José Form DF	N-1 (3an 2020)	

Disclosure of Fundraising Report Form

Page 1

NAME OF ELECTED	OFFICIAL			Date of This Filing	10/3/2019	Date S		CITY OF SAN DFR1		
OFFICE HELD		PERIOD CO REPORT	VERED BY THIS	Page 1	1	And the second s	D. 49. 00	For Official Use Only		
City Councilmember, District 4 July 2019 To Sept 2019					of <u>'</u> _					
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRI	ESS, EMPLOYER AND O	CCUPATION OF	- CONTRIBUTOR	DESCRIPTION	OF EVENT OR P CONTRIBI	F EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION		
							Community of the Commun			
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NOTHING TO	DEBORT [4]	Signature:	Lan Dieg	0		:	DATE: 1	0/3/2019		
NOTHING TO	REPORT 🗹						City of Sa	n José Form DFR-1 (Nov/2010)		

INCOME AND TIME DISCLOSURE STATEMENT (San Jose Municipal Code Chapter 12.19)

NAME (LAST) Diep, Lan T	(FIRST)	(MIDDLE)			YTIME TELEPHONE 535-4904	NUMBER
REPORTING PERIOD Jan 1-March 31	☐ Ap	oril 1-June 30		July 1-Sept 30	Oct 1-Dec 31	
	riod, how many hours did	you spend rendering servi to Section 2 below.)0	ces unrelated t	to your duties of	office for which you	earned
1. INCOME EARNED T	THIS REPORTING PERIO	D,				V
LESS \$500	\$500 - \$1,000	\$1,001 - \$10,000	\$10,001 - \$1	00,000	OVER \$100,000	
*If aggregate in Reportin Section 5.	g Year is more than \$500	, proceed to Section 2. If a	aggregate in Re	eporting Year is	less than \$500, proce	ed to
2. INCOME EARNED T	IHIS REPORTING YEAR					
\$0 - \$499*	\$500 - \$1,000	\$1,001 - \$10,000	\$10,001 - \$10	00,000	OVER \$100,000	
	g Year is less than \$500,	•				
	Year is more than \$500,				r Provincia kanda a policin e erroga and a policin kan a angus ay en e e o policina.	
	IRUSH/GOVIERNMENHA NTITY/TRUST/GOVERN	LAGENCY & DESCRIPT MENTAL AGENCY	ON OF SERV	CES		
ADDRESS 200 S. Biscayne Blvd., S	uite 3300 Miami, FL 331	31				
TYPE OF BUSINESS EN	NTITY/TRUST/GOVERNI	MENTAL AGENCY:				
Proprietorship	Partnership	LLC		Corpor	ation	
Trust	Governmental	Agency Nonprofit	Organization		Other	
GENERAL DESCRIPTION Investing in cities.	ON OF BUSINESS ENTIT	Y/TRUST/GOVERNMENT	AL AGENCY A	CTIVITY:		
POSITION: Community	Advisory Board Member			uungesuureen ka Connection millionisti ja sa killagassa sa killagassa sa killagassa sa killagassa sa killagass		
GENERAL DESCRIPTION	ON OF SERVICES REND	ERED:	ion on how to i	nvest resources	in San Jose.	
		OF INCOME OF \$5,000 O OOR MORE (atlach a sepa			NG PERIOD AND IF	1115
	Widelight	(A) = (-1, -1) = (-1,				Milesoni et esta esta esta esta esta esta esta e
5, VERIFICATION						
information contained he		nis statement. I have revie schedules is true and comp e and correct.				
Simpohius	Dio.n		D-4: C'	10/3/201	19	
Signature (File the origin	nally signed statement with	h the City Clerk.)	Date Sign		(month, day, year)	