

**INCOME AND TIME DISCLOSURE STATEMENT**

(San Jose Municipal Code Chapter 12.19)

*Jlewotc*  
RECEIVED  
San Jose City Clerk

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER  
Diep, Lan T. 408-535-4904  
2017 APR 13 PM 2:45

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.) 0

**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\*     \$500 - \$1,000     \$1,001 - \$10,000     \$10,001 - \$100,000     OVER \$100,000

\*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     Partnership     LLC     Corporation  
 Trust     Governmental Agency     Nonprofit Organization     City of San Jose  
Other

GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY:  
City of San Jose

POSITION: Councilmember

GENERAL DESCRIPTION OF SERVICES RENDERED: Represent District 4

**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)**

City of San Jose

**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 *Jan Diep*  
(File the originally signed statement with the City Clerk.)

Date Signed 4/13/17  
(month, day, year)

Type or print in ink.  
Amounts may be rounded to whole dollars.

*Spew 07C*  
RECEIVED  
San Jose City Clerk

### Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL Lan Diep		Date of This Filing 4/13/2017 2017 APR 13 PM 2:45	Date Stamp	<b>CITY OF SAN JOSE FORM DFR1</b> For Official Use Only
OFFICE HELD San Jose City Councilmember, District 4	PERIOD COVERED BY THIS REPORT 1/1/2017 TO 3/31/2017	Page 1 of 1		

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's Restaurants 711 Calle Artis San Jose, CA 95131	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 Ceremony

NOTHING TO REPORT

Signature

*Lan Diep*

Date 4/13/2017

# INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

OTC *ml*

RECEIVED  
San Jose City Clerk

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Diep	Lan	The	408-535-4939
REPORTING PERIOD			2017 AUG 14 PM 3:47
April 1 - June 30, 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.) 0

## 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\*     \$500 - \$1,000     \$1,001 - \$10,000     \$10,001 - \$100,000     OVER \$100,000

\*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. | San Jose, CA 95113

TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:

Proprietorship     Partnership     LLC     Corporation  
 Trust     Governmental Agency     Nonprofit Organization     City of San Jose  
Other

GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY:

City of San Jose

POSITION: Councilmember

GENERAL DESCRIPTION OF SERVICES RENDERED: Represent over 100,000 residents in North San Jose

## 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)

*City of San Jose*

## 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 *Jan Diep*  
(File the originally signed statement with the City Clerk.)

Date Signed 8/14/17  
(month, day, year)

Type or print in ink.  
Amounts may be rounded to whole dollars.

RECEIVED  
San Jose City Clerk  
OTC M

### Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL Lan Diep		Date of This Filing 8/11/2017	Date Stamp 2017 AUG 14 PM 3:47	CITY OF SAN JOSE FORM <b>DFR1</b> For Official Use Only
OFFICE HELD Councilmember	PERIOD COVERED BY THIS REPORT April 1 TO June 30	Page 1 of 1		

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: Lan Diep

DATE: 8/11/2017

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code, Chapter 12.19)

RECEIVED  
San Jose City Clerk  
e-mail  
2017 OCT 16 PM 1:36  
408-535-4939

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER  
Diep Lan The 408-535-4939

REPORTING PERIOD  
July 1-September 30

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.) 0

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\*  \$500 - \$1,000  \$1,001 - \$10,000  \$10,001 - \$100,000  OVER \$100,000

\*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. San Jose, CA 95113

TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:

Proprietorship  Partnership  LLC  Corporation  
 Trust  Governmental Agency  Nonprofit Organization  City of San Jose  
Other

GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY:  
City of San Jose

POSITION: Councilmember

GENERAL DESCRIPTION OF SERVICES RENDERED: Represent over 100,000 residents in North San Jose

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

Date Signed 10/16/17  
(month, day, year)

Type or print in ink.  
Amounts may be rounded to whole dollars.

RECEIVED  
San Jose City Clerk

### Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL Lan Diep		Date of This Filing 10/13/2017	Date Stamp OCT 16 PM 1:36	CITY OF SAN JOSE FORM <b>DFR1</b> For Official Use Only
OFFICE HELD Councilmember	PERIOD COVERED BY THIS REPORT July 1 TO Sept 30	Page 1 of 1		

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: Lan Diep

DATE:

**INCOME AND TIME DISCLOSURE STATEMENT**

(San Jose Municipal Code Chapter 12.19)

RECEIVED  
San Jose City Clerk  
OTCM  
2018 JAN 11 PM 2:05  
DAYTIME TELEPHONE NUMBER  
408-535-4939

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER  
Diep Lan The 408-535-4939

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.) 0

**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\*     \$500 - \$1,000     \$1,001 - \$10,000     \$10,001 - \$100,000     OVER \$100,000

\*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, San Jose 95113

TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:  
 Proprietorship     Partnership     LLC     Corporation  
 Trust     Governmental Agency     Nonprofit Organization     City of San Jose  
Other

GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY:  
City of San Jose

POSITION: Councilmember

GENERAL DESCRIPTION OF SERVICES RENDERED: Represent over 100,000 residents in North San Jose

**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 Jan Diep  
(File the originally signed statement with the City Clerk.)

Date Signed 1/10/18  
(month, day, year)

Type or print in ink.  
Amounts may be rounded to whole dollars.

# Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL <b>Lan Diep</b>		Date of This Filing <b>1/9/2018</b>	RECEIVED San José City Clerk Date Stamp <i>OTL</i> 2018 JAN 11 PM 2:05	CITY OF SAN JOSE FORM <b>DFR1</b> For Official Use Only
OFFICE HELD <b>Councilmember</b>	PERIOD COVERED BY THIS REPORT <b>OCT 1 TO Dec 31</b>	Page <b>1</b> of <b>1</b>		

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: *Lan Diep*

DATE:



# INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

RECEIVED  
San Jose City Clerk  
OTC  
408-535-4939

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER  
Diep Lan The 408-535-4939

REPORTING PERIOD  
January 1- March 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.) 0

### 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\*     \$500 - \$1,000     \$1,001 - \$10,000     \$10,001 - \$100,000     OVER \$100,000

\*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, San Jose 95113

TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:  
 Proprietorship     Partnership     LLC     Corporation  
 Trust     Governmental Agency     Nonprofit Organization     City of San Jose  
Other

GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY:  
City of San Jose

POSITION: Councilmember

GENERAL DESCRIPTION OF SERVICES RENDERED: Represent over 100,000 residents in North San Jose

### 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 Lin Diep Date Signed 4/2/18  
(File the originally signed statement with the City Clerk.) (month, day, year)

Type or print in ink.  
Amounts may be rounded to whole dollars.

RECEIVED  
San Jose City Clerk

### Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL <b>Lan Diep</b>		Date of This Filing <b>4/2/2018</b>	Date Stamp <b>2018 APR -2 PM 4:14</b>	CITY OF SAN JOSE FORM <b>DFR1</b> For Official Use Only
OFFICE HELD <b>Councilmember</b>	PERIOD COVERED BY THIS REPORT <b>Jan 1 TO Mar 31</b>	Page <b>1</b> of <b>1</b>		

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: *Lan Diep*

DATE: **4/2/18**

# INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

RECEIVED  
San Jose City Clerk

KL OTC

DAYTIME TELEPHONE NUMBER  
2018 JUL 2 AM 10:06

NAME (LAST) (FIRST) (MIDDLE)  
Diep Lan The

REPORTING PERIOD  
 Jan 1-March 31  April 1-June 30  July 1-Sept 30  Oct 1-Dec 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.) 0

## 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\*  \$500 - \$1,000  \$1,001 - \$10,000  \$10,001 - \$100,000  OVER \$100,000

\*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, San Jose CA 95113

TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:

Proprietorship  Partnership  LLC  Corporation  
 Trust  Governmental Agency  Nonprofit Organization  City of San Jose  
Other

GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY:

City of San Jose

POSITION: Councilmember

GENERAL DESCRIPTION OF SERVICES RENDERED: Represent over 100,000 residents in North San Jose

## 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.

PRINT

RESET

Signature

Jan Diep

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

Date Signed

7/2/2018

(month, day, year)

Type or print in ink.  
Amounts may be rounded to whole dollars.

# Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL Lan Diep		Date of This Filing 7/2/18	RECEIVED San José City Clerk Date Stamp KL OTC 2018 JUL -2 AM 10:05	CITY OF SAN JOSE FORM <b>DFR1</b> For Official Use Only
OFFICE HELD Councilmember	PERIOD COVERED BY THIS REPORT April 1 TO June 30	Page 1 of 1		

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: Lan Diep

DATE: 7/2/18

**INCOME AND TIME DISCLOSURE STATEMENT RECEIVED**

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

*OTCA*  
2018 OCT - 5 PM 5:53

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER  
Diep Lan The 408-555-4939

REPORTING PERIOD  
July 1- Sept 30

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.) 10

**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\*     \$500 - \$1,000     \$1,001 - \$10,000     \$10,001 - \$100,000     OVER \$100,000

\*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, San Jose CA 95113

TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:

Proprietorship     Partnership     LLC     Corporation  
 Trust     Governmental Agency     Nonprofit Organization     City of San Jose  
Other

GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY:  
City of San Jose

POSITION: Councilmember

GENERAL DESCRIPTION OF SERVICES RENDERED: Represents over 100,000 residents in North San Jose

**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 *San Diep*  
(File the originally signed statement with the City Clerk.)

Date Signed 10/5/18  
(month, day, year)

Type or print in ink.  
Amounts may be rounded to whole dollars.

**Disclosure of Fundraising Report Form**

NAME OF ELECTED OFFICIAL Lan Diep		Date of This Filing 10/5/2018	RECEIVED San Jose City Stamp OTCM 2018 OCT -5 PM 4:33	CITY OF SAN JOSE FORM <b>DFR1</b> For Official Use Only
OFFICE HELD Councilmember	PERIOD COVERED BY THIS REPORT July 1 TO Sept 30	Page 1 of 1		

DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION
8/6/2018	500	Kaiser Permanente/Kaiser Health Foundation Health Plan Inc. 75 N. Fair Oaks Ave, 4th Fl, Pasadena, CA 91103	District 4 End of Summer Festival
8/14/2018	2,500	Republic Services, Inc. 18500 N. Allied Way, Phoenix, AZ 85054	District 4 End of Summer Festival

NOTHING TO REPORT

Signature: \_\_\_\_\_

*Lan Diep*

DATE: 10/5/2018

# INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

RECEIVED  
San Jose City Clerk

DAYTIME TELEPHONE NUMBER  
408-535-4989  
2019 JAN -7 PM 4:31

NAME (LAST) (FIRST) (MIDDLE)  
Diep Lan The

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.) 0

## 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\*     \$500 - \$1,000     \$1,001 - \$10,000     \$10,001 - \$100,000     OVER \$100,000

\*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, San Jose CA 95113

TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:

Proprietorship     Partnership     LLC     Corporation  
 Trust     Governmental Agency     Nonprofit Organization     City of San Jose  
Other

GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY:

City of San Jose

POSITION: Councilmember

GENERAL DESCRIPTION OF SERVICES RENDERED: Represents over 100,000 residents in North San Jose.

## 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 Jan Diep  
(File the originally signed statement with the City Clerk.)

Date Signed 1/7/2019  
(month, day, year)

Type or print in ink.  
Amounts may be rounded to whole dollars.

# Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL <b>Lan Diep</b>		Date of This Filing <b>1/7/2019</b>	<b>RECEIVED</b> San Jose City Clerk <i>OTCM</i> <b>2019 JAN -7 PM 4:31</b>	<b>CITY OF SAN JOSE FORM DFR1</b> For Official Use Only
OFFICE HELD <b>Councilmember</b>	PERIOD COVERED BY THIS REPORT <b>Oct 1 TO Dec 31</b>	Page <b>1</b> of <b>1</b>		

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: *Lan Diep*

DATE: Jan 7, 2019



# INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

OTC JLD  
DAYTIME TELEPHONE NUMBER  
408-535-4904

NAME (LAST) (FIRST) (MIDDLE)  
Diep Lan

REPORTING PERIOD  
April 1 - June 30, 2019

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.) 0

### 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\*     \$500 - \$1,000     \$1,001 - \$10,000     \$10,001 - \$100,000     OVER \$100,000

\*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  
Knight Foundation

ADDRESS  
200 S. Biscayne Blvd., Suite 3300 | Miami, FL 33131

TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:  
 Proprietorship     Partnership     LLC     Corporation  
 Trust     Governmental Agency     Nonprofit Organization     \_\_\_\_\_  
Other

GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY:

POSITION: Community Advisory Boardmember

GENERAL DESCRIPTION OF SERVICES RENDERED: Advise Foundation on how to best invest in San Jose, Assess orgs and ideas

### 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 Jan Diep Date Signed 7/15/19  
(File the originally signed statement with the City Clerk.) (month, day, year)

Type or print in ink.  
Amounts may be rounded to whole dollars.

# Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL Lan Diep		Date of This Filing _____	Date Stamp JUL 15 11 31 AM '19 OTC Hw	CITY OF SAN JOSE FORM <b>DFR1</b> For Official Use Only
OFFICE HELD City Councilmember	PERIOD COVERED BY THIS REPORT April 1st TO June 30th	Page 1 of 1		

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 *Lan Diep*

Date 7/15/19

# INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

OTC JLD  
DAYTIME TELEPHONE NUMBER  
408-535-4904

NAME (LAST) (FIRST) (MIDDLE)  
Diep Lan

REPORTING PERIOD  
April 1 - June 30, 2019

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.) 0

### 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\*     \$500 - \$1,000     \$1,001 - \$10,000     \$10,001 - \$100,000     OVER \$100,000

\*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  
Knight Foundation

ADDRESS  
200 S. Biscayne Blvd., Suite 3300 | Miami, FL 33131

TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:  
 Proprietorship     Partnership     LLC     Corporation  
 Trust     Governmental Agency     Nonprofit Organization     Other

GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY:

POSITION: Community Advisory Boardmember

GENERAL DESCRIPTION OF SERVICES RENDERED: Advise Foundation on how to best invest in San Jose, Assess orgs and ideas

### 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 Jan Diep Date Signed 7/15/19  
(File the originally signed statement with the City Clerk.) (month, day, year)

Type or print in ink.  
Amounts may be rounded to whole dollars.

# Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL Lan Diep		Date of This Filing _____	Date Stamp JUL 15 11 31 AM '19 OTC Hw	CITY OF SAN JOSE FORM <b>DFR1</b> For Official Use Only
OFFICE HELD City Councilmember	PERIOD COVERED BY THIS REPORT April 1st TO June 30th	Page 1 of 1		

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 *Lan Diep*

Date 7/15/19

Type or print in ink.  
Amounts may be rounded to whole dollars.

# Disclosure of Fundraising Report Form

RECEIVED  
San Jose City Clerk

NAME OF ELECTED OFFICIAL <b>Lan Diep</b>		Date of This Filing <b>1/13/2020</b>	Date Stamp <b>2020 JAN 15 PM 1:10</b>	CITY OF SAN JOSE FORM <b>DFR1</b> For Official Use Only
OFFICE HELD <b>D4 city council</b>	PERIOD COVERED BY THIS REPORT <b>October 1 TO december 31</b>	Page <b>1</b> of <b>1</b>	<b>ote lb</b>	

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

Behested payments that total \$5,000 or more per calendar year may also need to be reported on a form 803 within 30 days of the date they are made.

NOTHING TO REPORT  Signature: Lan Diep

DATE: 1/13/2020

Type or print in ink.  
Amounts may be rounded to whole dollars.

# Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL Lan Diep		Date of This Filing 10/3/2019	Date Stamp OCT 03 2019 11:15:33	CITY OF SAN JOSE FORM <b>DFR1</b> For Official Use Only
OFFICE HELD City Councilmember, District 4	PERIOD COVERED BY THIS REPORT July 2019 TO Sept 2019	Page 1 of 1		

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: Lan Diep

DATE: 10/3/2019

# INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER  
Diep, Lan T 408-535-4904

REPORTING PERIOD  
 Jan 1-March 31  April 1-June 30  July 1-Sept 30  Oct 1-Dec 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.) 0

## 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\*  \$500 - \$1,000  \$1,001 - \$10,000  \$10,001 - \$100,000  OVER \$100,000

\*If aggregate in Reporting Year is less than \$500, proceed to Section 5.

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## 3. BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY & DESCRIPTION OF SERVICES

NAME OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY  
Knight Foundation

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200 S. Biscayne Blvd., Suite 3300 | Miami, FL 33131

TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:

Proprietorship  Partnership  LLC  Corporation  
 Trust  Governmental Agency  Nonprofit Organization  Other

GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY:  
Investing in cities.

POSITION: Community Advisory Board Member

GENERAL DESCRIPTION OF SERVICES RENDERED: Advising Foundation on how to invest resources in San Jose.

## 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 Lan Diep Date Signed 10/3/2019  
(File the originally signed statement with the City Clerk.) (month, day, year)