INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)



NAME (LAST) NGUYEN	(FIRST) TAM	(MIDDLE)		DAYTIME TELEPHONE NUMBER
REPORTING PERIOD JULY 1, 2016 TO SE	PTEMBER 30, 2016		**************************************	
	Period, how many hours d er is none, please procee		vices unrelated to your NONE	duties of office for which you earned
1. INCOME EARNED	THIS REPORTING PER	lIOD*		
★ LESS \$500	\$500 - \$1,000	\$1,001 - \$10,000	\$10,001 - \$100,000	OVER \$100,000
*If aggregate in Report Section 5.	ing Year is more than \$50	00, proceed to Section 2. I	f aggregate in Reporting	g Year is less than \$500, proceed to
2. INCOME EARNED	THIS REPORTING YEA	R		Established States
\$0 - \$499*	\$500 - \$1,000] \$1,001 - \$10,000	310,001 - \$100,000	OVER \$100,000
*If aggregate in Report	ing Year is less than \$500	0, proceed to Section 5.		
If aggregate in Reporting	ng Year is more than \$50	0, proceed to Section 3.		
		AL AGENCY & DESCRIP	TION OF SERVICES	
NAME OF BUSINESS CITY OF SAN JOSE	ENTITY/TRUST/GOVER	NMENTAL AGENCY		
ADDRESS 200 EAST SANTA CLA	RA STREET, 18TH FLO	OR, SAN JOSE, CA 95113		
TYPE OF BUSINESS E	ENTITY/TRUST/GOVERN	MENTAL AGENCY:		
Proprietorship	Partnership	LLC		Corporation
☐ Trust	★ Governmenta	I Agency	it Organization 🗵	MUNICIPAL GOVERNMENT Other
GENERAL DESCRIPTI MUNICIPAL GOVERNI		TY/TRUST/GOVERNMEN	TAL AGENCY ACTIVIT	Y:
POSITION: COUNCIL	MEMBER			
GENERAL DESCRIPTI	ON OF SERVICES RENI	DERED: PUBLIC POLIC	(
		E OF INCOME OF \$5,000 (00 OR MORE (attach a se		EPORTING PERIOD AND IF THE
ACCRECATENTAL			Sarate sheet ii heecssar	
5. VERIFICATION	27.6124)			
information contained h		schedules is true and com		d to the best of my knowledge the benalty of perjury under the laws of
Signature	Inally signed statement wi		Date Signed	1 3 - 4 - 1 6 (month, day, year)

RECEIVED San Jose City Clerk

Page 1

TAM NGUYEN				Date of This Filing		1/2016	Date Stamp 2016 OCT -5 EP TC	AM II: 3	CITY OF SAN JOSE FORM	DFR1	
			PERIOD COVERE 7/1/2016 TO	1 Page	o	1 f	EP 57C		For Official Use Only		
DATE OF AMOUNT CONTRIBUTED FULL NAME, ADDRESS, EMPLOYER AND			OCCUPATION C	OF CON	TRIBUTOR	DESCRIPTION OF I	EVENT OR PI CONTRIBL		RAISING		
Q	Q										
					VI ()						
				**							
							-				
			· · · · · · · · · · · · · · · · · · ·								

NOTHING TO REPORT

Disclosure of Fundraising Report Form

Signature

Date 10/4/2016

Disclosure of Fundral	sing Report Form			Page 1	
NAME OF ELECTED OFFICIAL TAM NGUYEN		Date of 1/10/2017 This Filing	Date Stamp	CITY OF SAN DFR1	
OFFICE HELD COUNCILMEMBER	REPORT		2017 JAN 11 PM 12: 23	For Official Use Only	
DATE OF AMOUNT CONTRIBUT	ED FULL NAME, ADDRESS, EMPLOYER AND	OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR P CONTRIB	URPOSE OF FUNDRAISING JTION	
2/17/2016 \$5000	Joseph Nguyen, Director of Sales/N 6026 Stevenson Blvd, Fremont, CA	Marketing, SingHaiyi Ltd. 94538	Funding for Viet Artist Showca	se to Friends of Hue Foundatio	

NOTHING TO REPORT

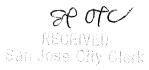
Signature

ROD-

Date 1/10/2017

INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)



NAME (LAST) NGUYEN	(FIRST) TAM	(MIDDLE)		DAYTIME TELEPHONE NUMBI	ER
REPORTING PERIO	D		No. of the second secon		
Income? (If your answ	ver is none, please proce	eed to Section 2 below.)	vices unrelated to yo 0	our duties of office for which you earned	
1. INCOME EARNE	D THIS REPORTING PE	RIOD*			
	S500 - \$1,000	\$1,001 - \$10,000	\$10,001 - \$100,0	00 OVER \$100,000	
*If aggregate in Repo Section 5.	rting Year is more than \$	500, proceed to Section 2. It	f aggregate in Report	ting Year is less than \$500, proceed to	
2. INCOME EARNE	D THIS REPORTING YE	AR		100	
\$0 - \$499*	S500 - \$1,000	\$1,001 - \$10,000] \$10,001 - \$100,00	00 OVER \$100,000	
*If aggregate in Repor	rting Year is less than \$5	00, proceed to Section 5.			
If aggregate in Report	ing Year is more than \$5	500, proceed to Section 3.			
	*	NTAL AGENCY & DESCRIP	TION OF SERVICES		
NAME OF BUSINESS CITY OF SAN JOSE	S ENTITY/TRUST/GOVE	RNMENTAL AGENCY			
	ARA STREET, SAN JOS				
TYPE OF BUSINESS	ENTITY/TRUST/GOVER	RNMENTAL AGENCY:			
Proprietorship	Partnership	LLC		Corporation	
☐ Trust	⟨ Government	tal Agency Nonprof	it Organization	MUNICIPAL Other	
	TION OF BUSINESS EN' IMENT/PUBLIC POLICY	TITY/TRUST/GOVERNMEN'	TAL AGENCY ACTIV	TTY:	
POSITION: COUNCIL	LMEMBER, COUNCIL D	ISTRICT 7			
GENERAL DESCRIPT	TION OF SERVICES REI	NDERED: PUBLIC POLICY	(
		CE OF INCOME OF \$5,000 C ,000 OR MORE (attach a sep		REPORTING PERIOD AND IF THE cary)	
5. VERIFICATION					
information contained I		ed schedules is true and com		and to the best of my knowledge the r penalty of perjury under the laws of	
Signature	Loyle		Date Signed	1.10.17	
(File the orio	inally signed statement	with the City Clerk.)		(month, day, year)	

		TIME DISCLOSURE se Municipal Code Chapter	13.6.41.19.6.41
NAME (LAST) NGUYEN	(FIRST) TAM	(MIDDLE)	2017 DAYTIME TELEPHONE NUMBER
REPORTING PERIOD JANUARY 1, 2017 to	MARCH 31, 2017		
	eriod, how many hours did you sp er is none, please proceed to Sect		elated to your duties of office for which you earned
1. INCOME EARNED	THIS REPORTING PERIOD*		The state of the s
	\$500 - \$1,000 \$1,00	1 - \$10,000	01 - \$100,000
*If aggregate in Reporti Section 5.	ng Year is more than \$500, proce	ed to Section 2. If aggrega	te in Reporting Year is less than \$500, proceed to
2. INCOME EARNED	THIS REPORTING YEAR		
\$0 - \$499*	S500 - \$1,000 S1,001	- \$10,000	11 - \$100,000 OVER \$100,000
 *If aggregate in Reporti	ng Year is less than \$500, procee	d to Section 5.	
If aggregate in Reportir	ng Year is more than \$500, procee	d to Section 3.	
3. BUSINESS ENTITY	/TRUST/GOVERNMENTAL AGEN	NCY & DESCRIPTION OF	SERVICES
NAME OF BUSINESS CITY OF SAN JOSE	ENTITY/TRUST/GOVERNMENTA	L AGENCY	
ADDRESS 200 EAST SANTA CLA	RA STREET, SAN JOSE, CA 951	13	
TYPE OF BUSINESS E	NTITY/TRUST/GOVERNMENTAI	_ AGENCY:	~
Proprietorship	☐ Partnership	LLC	Corporation
☐ Trust	Governmental Agency	☐ Nonprofit Organiz	ation X MUNICIPAL Other
GENERAL DESCRIPTI MUNICIPAL GOVERNM	ON OF BUSINESS ENTITY/TRUS	ST/GOVERNMENTAL AGE	NCY ACTIVITY:
POSITION: COUNCIL	MEMBER, DISTRICT 7		
	ON OF SERVICES RENDERED:	PUBLIC POLICY	
4 LIST FACIL DEDORT	ARI E CINCLE COURCE OF INC		FOR THE REPORTING REDIOD AND IT THE
	PORTING YEAR IS \$5,000 OR M		E FOR THIS REPORTING PERIOD AND IF THE set if necessary)
5. VERIFICATION	STEP STATE OF THE		
information contained he		es is true and complete. I c	s statement and to the best of my knowledge the certify under penalty of perjury under the laws of
Signature(File the origi	nally signed statement with the Ci	Dat o	e Signed 4 - 1 > - 1 7 (month, day, year)

NAME OF ELECTED OFFICIAL TAM NGUYEN OFFICE HELD COUNCILMEMBER Date of 4/17/2017 This Filing 2017 APR 17 Page 1 of 1 Page 1 of 1 Page 1 of 1	DER I
TOTO	
DATE OF SOLICITATION AMOUNT CONTRIBUTED FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR DESCRIPTION OF EVENT OR PURPOSE OF FU	NDRAISING

NOTHING TO REPORT

Signature



INCOME AND TIME DISCLOSURE STATEMENTRECEIVED (San Jose Municipal Code Chapter 12.19) San Jose City Clark



NAME (L NGUYEN	LAST)	(FIRST) TAM		(MIDDLE)		2017 J	(408) 535-4907	HONE NUMBER
REPORTING APRIL 1, 20		∃ 30, 2017						
		od, how many hour s none, please prod		-	rvices unrelated t NONE	o your dı	uties of office for whic	h you earned
1. INCOME E	EARNED TH	HIS REPORTING P	ERIOD*					
LESS \$5	500	\$500 - \$1,000	\$1,001 - \$	\$10,000	\$10,001 - \$1	00,000	OVER \$100,0	00
*If aggregate in Section 5.	n Reporting	Year is more than	\$500, proceed to	o Section 2.	If aggregate in Re	eporting `	Year is less than \$500), proceed to
2. INCOME E	EARNED TH	IIS REPORTING Y	EAR					
\$0 - \$4 99	9*] \$500 - \$1,000	\$1,001 - \$	10,000 [\$10,001 - \$10	0,000	OVER \$100,00	00
*If aggregate ir	n Reporting	Year is less than \$	500, proceed to	Section 5.				
		Year is more than \$,					
	SINESS EN	RUST/GOVERNME TITY/TRUST/GOVI			PTIONIOF SERVI	OES,		
ADDRESS 200 EAST SAN	NTA CLARA	STREET, SAN JO	DSE, CA 95113	PLANTAGE AND ASSESSMENT OF THE PARTY OF THE				
		TTY/TRUST/GOVE		GENCY:	THE REPORT AND AN APPLICATION OF THE REPORT OF THE THE REPORT OF THE THE REPORT OF THE			
Proprietors	ship	☐ Partnership)	LLC			Corporation	
☐ Trust		€ Governme	ntal Agency	☐ Nonpro	ofit Organization	X _	MUNICIPAL GOVER	RNMENT ———
GENERAL DES MUNICIPAL GO		OF BUSINESS EN	NTITY/TRUST/G	GOVERNMEN	ITAL AGENCY A	CTIVITY		
POSITION: CO	OUNCILME	MBER						
GENERAL DES	SCRIPTION	OF SERVICES RE	ENDERED: PI	UBLIC POLIC	Y			
		RESINGLE SOUR RTING YEAR IS \$					PORTING PERIOD A	ND IF THE
	TO SECURITION OF THE SECURITIO	AND MANAGEMENT AND ADDRESS OF THE PARTY OF T	7	Francisco Commente de la Commente de				
5. VERIFICATI	ON		F ,		en e			
information con	tained herei	diligence in prepari in and in any attach it the foregoing is	ned schedules is	true and cor	riewed this statem nplete. Ι certify ι	ent and inder pe	to the best of my known alty of perjury under	wledge the er the laws of
Signature(File	the original	V signed statemen) twith the City C	lerk.)	Date Signe	d	7/30/3017 (month, day, ye	ar)

Disclosure of	of Fundraisin	ng Report Form		KEUEIVED	Page 1
NAME OF ELECTED	OFFICIAL		Date of 7/20/2017	W PO DATA OF STATE TO A STATE	ITY OF SAN DEDA
TAM NGUYE	N		Date of 7/20/2017 This Filing		ITY OF SAN DFR1
OFFICE HELD		PERIOD COVERED BY THIS REPORT	1 1 1	2017 JUL 20 PM 3: 07	For Official Use Only
COUNCILMEMBER REPORT 4/1/2017 TO 6/30/2017 Page 1 of 1				orcar	
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDRESS, EMPLOYER AND O	OCCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PUR CONTRIBUTI	
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			J		
		164	7 000		•
NOTHING TO	REPORT 🗸	Signature:	Mille	DATE: 7/2	0/2017

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



NAME (LAST) (FIRST) (MIDDLE) 2017 JUDAY IMPTEGERHONE NUMBER NGUYEN TAM (408) 535-4907
REPORTING PERIOD APRIL 1, 2017 TO 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.) NONE
1. INCOME EARNED THIS REPORTING PERIOD*
LESS \$500
*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 TEARNED THIS REPORTING YEAR
*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 EAST SANTA CLARA STREET, SAN JOSE, CA 95113
TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:
Proprietorship Partnership LLC Corporation
☐ Trust ☐ Governmental Agency ☐ Nonprofit Organization ☐ MUNICIPAL GOVERNMENT Other
GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY: MUNICIPAL GOVERNMENT
POSITION: COUNCILMEMBER
GENERAL DESCRIPTION OF SERVICES RENDERED: PUBLIC POLICY
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

Disclosure of Fundraising Report Form						;	RECEIVED Page 1		
NAME OF ELECTED OFFICIAL TAM NGUYEN OFFICE HELD COUNCILMEMBER PERIOD COVERED BY THIS REPORT 4/1/2017 TO 6/30/2017			Date of This Filing	7/20/2017	Date	Stamp Ty UIE	CITY OF SAN DFR1		
				Page 1	of	ot	20 PM 3: (For Official Use Only	
DATE OF AMOUNT CONTRIBUTED FULL NAME, ADDRESS, EMPLOYER AND OR				CCUPATION C	OF CONTRIBUTOR	DESCRIPTI		PURPOSE OF FUNDRAISING	
					-				
NOTHING TO	REPORT √	ر Sign	ature:	Sh	ealle			DATE:	7/20/2017

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

NAME (LAST) NGUYEN	(FIRST) TAM	(MIDDLE)	2017 O GT(4	DAYTIME TELEPHONE NUMBER 08) 5851420700
REPORTING PERIOD 7/1/2017 TO 9/30/201	7			
, , , ,	eriod, how many hours did er is none, please proceed			luties of office for which you earned
1. INCOME EARNED	THIS REPORTING PERI	OD*		
★ LESS \$500	\$500 - \$1,000	\$1,001 - \$10,000	\$10,001 - \$100,000	OVER \$100,000
*If aggregate in Reporti Section 5.	ng Year is more than \$50	0, proceed to Section 2. If agg	regate in Reporting	Year is less than \$500, proceed to
2. INCOME EARNED	THIS REPORTING YEAR		44	
\$0 - \$499*	\$500 - \$1,000	\$1,001 - \$10,000	10,001 - \$100,000	OVER \$100,000
*If aggregate in Reporti	ng Year is less than \$500,	, proceed to Section 5.		
If aggregate in Reportin	g Year is more than \$500	, proceed to Section 3.		
	TRUST/GOVERNMENTA ENTITY/TRUST/GOVERN	AL AGENCY & DESCRIPTION IMENTAL AGENCY	OF SERVICES	
ADDRESS 200 EAST SANTA CLA	RA STREET, SAN JOSE,	CA 95113	/	
TYPE OF BUSINESS E	NTITY/TRUST/GOVERN	MENTAL AGENCY:		
Proprietorship	Partnership	LLC		Corporation
Trust	⟨ Governmental	Agency Nonprofit Or	ganization	Other
GENERAL DESCRIPTION OF SAN JOSE/MU		Y/TRUST/GOVERNMENTAL	AGENCY ACTIVITY	.
POSITION:	MEMBER			
	ON OF SERVICES REND	ERED: PUBLIC POLICY		
		OF INCOME OF \$5,000 OR M 0 OR MORE (attach a separat		PORTING PERIOD AND IF THE
ď				
5. VERIFICATION				
information contained he		schedules is true and complete		to the best of my knowledge the enalty of perjury under the laws of
Signature	nally signed statement wit		Date Signed	(month, day, year)

Disclosure of Fundraising Report Form					ounded to whole dollars	NEVELVEL San Jose City) Glerk	Page 1		
NAME OF ELECTED				Date of	10/16/2017	Date Stamp		CITY OF SAN DFR1		
TAM NGUYEN	<u> </u>		PERIOD COVERED BY THIS	This Filin	g	2017 OCT 16 PM	2:01	JOSE FORM DFR1 For Official Use Only		
COUNCILMEMBER 7/1/2017 TO 9/30/2017			Page 1	of 1			For Official Use Only			
DATE OF AMOUNT SOLICITATION CONTRIBUTED FULL NAME, ADDRESS, EMPLOYER AND OC			CCUPATION	OF CONTRIBUTOR	DESCRIPTION OF E	VENT OR F CONTRIB	PURPOSE OF FUNDRAISING BUTION			
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NOTHING TO	REPORT V	Sigr	nature:				DATE:	12.16,7		

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

RECEIVED Ean Jose City Clerk

NAME (LAST) NGUYEN	(FIRST) TAM	(MIDDLE)		DAYTIME 2010 408-535 _[49	TELEPHONE NUMBER
REPORTING PERIOD Jan 1-March 31	Apri	l 1-June 30	Ju	uly 1-Sept 30	Oct 1-Dec 31
During the Reporting Period Income? (If your answer is		,	vices unrelated to	your duties of office f	or which you earned
1. INCOME EARNED TH		,			and the second second
LESS \$500	\$500 - \$1,000	\$1,001 - \$10,000	\$10,001 - \$100	0,000 OVER	\$100,000
*If aggregate in Reporting Section 5.	Year is more than \$500, p	proceed to Section 2. If	aggregate in Rep	oorting Year is less tha	an \$500, proceed to
2. INCOME EARNED TH	IIS REPORTING YEAR	Property and the second			
\$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	roceed to Section 5.			
If aggregate in Reporting \	•				
3. BUSINESS ENTITY/TR NAME OF BUSINESS EN	the allowards of the control of the	Commission of the second second	ION OF SERVIC	ES	
CITY OF SAN JOSE	TH I/TROOT/OOVERRIVE	INTAL AGENOT			
ADDRESS 200 EAST SANTA CLARA	STREET, SAN JOSE, C/	4 95113			
TYPE OF BUSINESS ENT					
Proprietorship	Partnership	LLC		Corporation	
Trust	Governmental Ag	uency Nonprofi	t Organization	MUNICIPA	AL GOVERNMEN
			· ·	Oth	er
GENERAL DESCRIPTION PUBLIC POLICY/MUNICIP		TRUST/GOVERNMENT	AL AGENCY AC	TIVITY:	
COUNCILMEN	MBER				
POSITION:		PUBLIC POLICY			
GENERAL DESCRIPTION	OF SERVICES RENDER	RED:			
4. LIST EACH REPORTAB	BLE SINGLE SOURCE OF RTING YEAR IS \$5,000 (RIOD AND IF THE
			31.000000000000000000000000000000000000	occary)	
5. VERIFICATION				A. T.	
I have used all reasonable	diligence in preparing this	statement. I have revie	ewed this stateme	nt and to the hest of r	my knowledge the
information contained herei	in and in any attached sch	nedules is true and comp	olete. I certify un	der penalty of perju	ry under the laws of
the State of California tha	tine foregoing is true a	nu correct.		RESI	
Signature (File the original)	Dulle	he City Clerk)	Date Signed		2018 day year)
crie ne ondinali	www.aremem will i	GE CHV CIERCE		(month	Day vean

Type or print in ink.
Amounts may be rounded to whole dollars. Disclosure of Fundraising Report Form

Page 1

NAME OF ELECTED TAM NGUYEN				Date of This Filing	1/11/2018	Date Stamp	CITY OF SAN DFR1	
OFFICE HELD			PERIOD COVERED BY THIS	1	1		For Official Use Only	
COUNCILMEN	MBER		10/1/2017 _{TO} 12/31/2017	Page	of			
DATE OF SOLICITATION	DATE OF AMOUNT CONTRIBUTED FULL NAME, ADDRESS, EMPLOYER AND OC			CCUPATION C	OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION		
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·								
							<u></u>	
							3	

NOTHING TO REPORT 🗹

Signature:

DATE: 1/11/2018

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

NAME (LAST) (FIRST) (MIDDLE) NGUYEN TAM 2018 APR 12 PAOS 335 4907
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.)
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 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 EAST SANTA CLARA STREET, SAN JOSE, CA 95113
TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:
Proprietorship Dartnership LLC Corporation
Trust Governmental Agency Nonprofit Organization WUNICIPAL GOVERNME
GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY:
POSITION: COUNCILMEMBER
GENERAL DESCRIPTION OF SERVICES RENDERED: PUBLIC POLICY
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.) Date Signed 4 11/18 (month, day, year)

Disclosure of Fundraising Report Form Page 1 NAME OF ELECTED OFFICIAL Date Stamp CITY OF SAN JOSE FORM Date of 4/11/2018 TAM NGUYEN This Filing OFFICE HELD PERIOD COVERED BY THIS For Official Use Only REPORT COUNCILMEMBER 1/1/2018 _{TO} 3/31/2018 DATE OF AMOUNT DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING FULL NAME, ADDRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR CONTRIBUTED SOLICITATION CONTRIBUTION

NOTHING TO REPORT ✓

Signature:

DATE: 4/11/2018

INCOME AND TIME DISCLOSURE STATEMENT RECEIVED (San Jose Municipal Code Chapter 12.19) San Jose City Clerk	
NAME (LAST) (FIRST) (MIDDLE) 2018 DAYTIME TELEPHONE NUM NGUYEN TAM	/IBER
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 earne Income? (If your answer is none, please proceed to Section 2 below.)	d —
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 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 EAST SANTA CLARA STREET, SAN JOSE, CA 95113	
TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:	
Proprietorship Partnership LLC Corporation	
Trust Governmental Agency Nonprofit Organization WMUNICIPAL GOVERME Other	NT
GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY:	
OOUNG! MEMPER	
POSITION: COUNCILMEMBER	
GENERAL DESCRIPTION OF SERVICES RENDERED: PUBLIC POLICY	
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)	Articles
5. VERIFICATION	25 8 2
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 the State of California that the foregoing is true and correct.	of
Signature	

	of Fundraisin	g Rep	oort Form	Amoun	its may be rou	nded to whole dollars	RECE San Jose	IVED	Page 1
NAME OF ELECTED OFFICIAL TAM NGUYEN					Date of This Filing	7/18/18	Date Stamp	2018 JUL 18 AM II: L	
OFFICE HELD COUNCILMEMBER PERIOD COVERED BY THIS REPORT 04/01/18 TO 06/30/18				Page 1 of 1		2010 001. 10			
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL N		DRESS, EMPLOYER AND OCCUPATION OF CONTRIBUTOR			DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION		
				- 44.4					
		1)	4	lon				
NOTHING T	O REPORT	Sigı آ	nature:	MIK	ulle			DATE: 7 /	18/2018

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

RECEIVED San Jose City Clerk

NAME (LAST) NGUYEN	(FIRST) TAM	(MIDDLE)		DAYT 2013 (JCEPHS NE N U 408-535-4907	MBER2
REPORTING PERIOD Jan 1-March 31	Apri	I 1-June 30	July 1-Se	ept 30 Oct 1-Dec 31	
During the Reporting Period Income? (If your answer is r			es unrelated to your du	uties of office for which you earn	ed
1. INCOME EARNED THIS					
✓ LESS \$500	\$500 - \$1,000	\$1,001 - \$10,000	\$10,001 - \$100,000	OVER \$100,000	
*If aggregate in Reporting Y Section 5.	ear is more than \$500,	proceed to Section 2. If a	gregate in Reporting	Year is less than \$500, proceed	to
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 Y	ear is less than \$500, p	roceed to Section 5.			
If aggregate in Reporting Ye	ar is more than \$500, p	roceed to Section 3.			
3. BUSINESS ENTITY/TRU NAME OF BUSINESS ENTI CITY OF SAN JOSE		A Brief Date of Description of the Control of Control and Control of Control	N OF SERVICES		
ADDRESS 200 E SANTA CLARA ST, S	SAN JOSE CA 95113				
TYPE OF BUSINESS ENTIT	<u> </u>	ENTAL AGENCY:			
Proprietorship	Partnership	LLC	,	Corporation	
Trust	Governmental Ag	gency Nonprofit (Organization	MUNICIPAL GOVERME Other	ENT
GENERAL DESCRIPTION (OF BUSINESS ENTITY/	TRUST/GOVERNMENTA	L AGENCY ACTIVITY:		<u> </u>
POSITION: COUNCILMEM	BER				
GENERAL DESCRIPTION C	OF SERVICES RENDER	RED: PUBLIC POLICY			
4. LIST EACH REPORTABL AGGREGATE IN REPOR				PORTING PERIOD AND IF THE	
5. VERIFICATION	e and an area				
I have used all reasonable di	and in any attached sch	nedules is true and comple		to the best of my knowledge the nalty of perjury under the laws	
(File the originally	signed statement with t	he City Clerk.)	Date Signed 10	(month, day, year)	

Type or print in ink.

Amounts may be rounded to whole dollars RECEIVED

San Jose City Clerk

Disclosure of	of Fundraisin	g Report For	m	·	San J	ose Cify Clerk		Page 1
TAM NGUYEN				Date of This Filing		07 CDate Stan T 15 PM 3: 12	np	CITY OF SAN DFR1
COUNCI	LMEMBI	REPORT	VERED BY THIS 8 TO 09/30/18	Page 1	of			For Official Use Only
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL NAME, ADDR	ESS, EMPLOYER AND O	CCUPATION O	F CONTRIBUTOR	DESCRIPTION O	F EVENT OR PUR CONTRIBUT	POSE OF FUNDRAISING
						·		
								· .
						-		
NOTHING TO	D REPORT V	Signature:	B	reulle			DATE: (0/15/18

(San Jose Municipal Code Chapter 12.19)

RECEIVED
San Jose City Clerk

NAME (LAST) (FIRST) NGUYEN TAM	(MIDDLE)	20 DAYTIME PELEPHIONE NUMBER 408-535-4907
REPORTING PERIOD Jan 1-March 31	April 1-June 30	July 1-Sept 30 Oct 1-Dec 31
During the Reporting Period, how many Income? (If your answer is none, please		ted to your duties of office for which you earned
INCOME EARNED THIS REPORTING		(1) 10 10 10 10 10 10 10 10 10 10 10 10 10
LESS \$500 \$500 - \$1,0	\$1,001 - \$10,000 \$10,001	- \$100,000 OVER \$100,000
*If aggregate in Reporting Year is more Section 5.	than \$500, proceed to Section 2. If aggregate	in Reporting Year is less than \$500, proceed to
2. INCOME EARNED THIS REPORTIN	NG YEAR	
\$500 - \$1,00	00 \$1,001 - \$10,000 \$10,001 -	\$100,000 OVER \$100,000
*If aggregate in Reporting Year is less th	nan \$500, proceed to Section 5.	
If aggregate in Reporting Year is more the	nan \$500, proceed to Section 3.	
3. BUSINESS ENTITY/TRUST/GOVER	NMENTAL AGENCY & DESCRIPTION OF SE	RVICES
NAME OF BUSINESS ENTITY/TRUST/CITY OF SAN JOSE	GOVERNMENTAL AGENCY	ψ.
ADDRESS 200 EAST SANTA CLARA STREET, 18	TH FLOOR, SAN JOSE, CA 95113	
TYPE OF BUSINESS ENTITY/TRUST/0	GOVERNMENTAL AGENCY:	
Proprietorship Partne	ership LLC	Corporation
Trust Gove	rnmental Agency Nonprofit Organizati	ion MUNICIPAL GOVERNMEN Other
OFMED AL DEGODIDATION OF BUGINES	OO ENTITY/TOUGT/OO//FONMENTAL ACEN/	100-bit 200-bit
PUBLIC POLICY	SS ENTITY/TRUST/GOVERNMENTAL AGENO	LY ACTIVITY:
POSITION: COUNCILMEMBER		
GENERAL DESCRIPTION OF SERVICE	ES RENDERED: PUBLIC POLICY	
	SOURCE OF INCOME OF \$5,000 OR MORE F IS \$5,000 OR MORE (attach a separate sheet	
5. VERIFICATION		
		tify under penalty of perjury under the laws of
01 0		
Signature (File/the originally signed state	Date Sement with the City Clerk.)	Signed 23 2019 (month, day, year)

Type or print in ink.

RECEIVED San Jose City Clerk Amounts may be rounded to whole dollars.

Page 1

TAM NGU				Date of This Filing 12/31/2018	2019 JAN -9 AM 10: 18	CITY OF SAN DFR1	
OFFICE HELD COUNCILMEMBER PERIOD COVERED BY THIS REPORT 10/1/2018 TO 12/31/2018			354 0355 3550 355	Page 1 of 1		For Official Use Only	
DATE OF SOLICITATION	AMOUNT CONTRIBUTED	FULL N	NAME, ADDRESS, EMPLOYER AND O	CCUPATION OF CONTRIBUTOR	DESCRIPTION OF EVENT OR PURPOSE OF FUNDRAISING CONTRIBUTION		
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Disclosure of Fundraising Report Form