

# INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

EP OTC  
RECEIVED  
San Jose City Clerk

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER  
NGUYEN TAM (408) 535-4907

REPORTING PERIOD  
JULY 1, 2016 TO SEPTEMBER 30, 2016

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     \$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 EAST SANTA CLARA STREET, 18TH FLOOR, 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 [Signature]  
(File the originally signed statement with the City Clerk.)

Date Signed 10-4-16  
(month, day, year)

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

# Disclosure of Fundraising Report Form

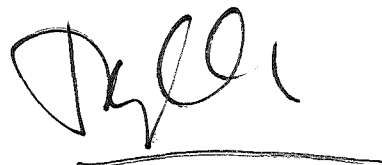
RECEIVED  
San Jose City Clerk

NAME OF ELECTED OFFICIAL TAM NGUYEN		Date of This Filing 10/4/2016	Date Stamp 2016 OCT -5 AM 11:30 EP 07C	CITY OF SAN JOSE FORM <b>DFR1</b> For Official Use Only
OFFICE HELD COUNCILMEMBER	PERIOD COVERED BY THIS REPORT 7/1/2016 TO 9/30/2016	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
Ø	Ø		

NOTHING TO REPORT

Signature



Date 10/4/2016

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

# Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL TAM NGUYEN		Date of This Filing 1/10/2017	Date Stamp 2017 JAN 11 PM 12:00 EP OTC	CITY OF SAN JOSE FORM <b>DFR1</b> For Official Use Only
OFFICE HELD COUNCILMEMBER	PERIOD COVERED BY THIS REPORT 10/1/2016 TO 12/31/2016	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
12/17/2016	\$5000	Joseph Nguyen, Director of Sales/Marketing, SingHaiyi Ltd. 6026 Stevenson Blvd, Fremont, CA 94538	Funding for Viet Artist Showcase to Friends of Hue Foundation

NOTHING TO REPORT

Signature



Date 1/10/2017

# INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

SP OFC  
RECEIVED  
San Jose City Clerk  
JAN 11 PM 12:33

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER  
NGUYEN TAM (408) 535-4907

REPORTING PERIOD

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 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     Other

GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY:  
MUNICIPAL GOVERNMENT/PUBLIC POLICY

POSITION: COUNCILMEMBER, COUNCIL DISTRICT 7

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

Date Signed 1.10.17  
(month, day, year)

# INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

RECEIVED  
San Jose City Clerk  
*Jew etc*  
2017 APR 19 12:23  
(408) 535-4907

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER  
NGUYEN TAM (408) 535-4907

REPORTING PERIOD  
JANUARY 1, 2017 to 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.) NONE

### 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 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 +  
Other

GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY:  
MUNICIPAL GOVERNMENT/PUBLIC POLICY

POSITION: COUNCILMEMBER, DISTRICT 7

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 4-17-17  
(month, day, year)

# Disclosure of Fundraising Report Form

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

*Shwotc*  
 RECEIVED  
 San Jose City Clerk

NAME OF ELECTED OFFICIAL TAM NGUYEN		Date of This Filing 4/17/2017 <del>2017 APR 17</del>	Date Stamp PM 12:23	CITY OF SAN JOSE FORM <b>DFR1</b> For Official Use Only
OFFICE HELD COUNCILMEMBER	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

NOTHING TO REPORT

Signature *[Handwritten Signature]*

Date 4.17.17

OTC  
N

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

NAME (LAST) (FIRST) (MIDDLE) 2017 JUL 20 10 13:58 DAYTIME TELEPHONE 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     \$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 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 [Signature]  
(File the originally signed statement with the City Clerk.)

Date Signed 7/20/2017  
(month, day, year)

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

# Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL

TAM NGUYEN

Date of This Filing 7/20/2017

RECEIVED  
San José City Clerk  
Date Stamp

CITY OF SAN JOSE FORM **DFR1**

OFFICE HELD

COUNCILMEMBER

PERIOD COVERED BY THIS REPORT  
4/1/2017 TO 6/30/2017

Page 1 of 1

2017 JUL 20 PM 3:07

For Official Use Only

OTC MR

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: 7/20/2017



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

*otc  
m*

2017 JUDICIAL ELECTION  
PHONE NUMBER  
(408) 535-4907

NAME (LAST) (FIRST) (MIDDLE)  
NGUYEN TAM

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

Date Signed 7/30/2017  
(month, day, year)

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

# Disclosure of Fundraising Report Form

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**

Page **1** of **1**

RECEIVED  
San Jose City Clerk  
Date Stamp  
**2017 JUL 20 PM 3:07**  
*OTC*

**CITY OF SAN JOSE FORM DFR1**  
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

NOTHING TO REPORT  Signature: *Tam Nguyen*

DATE: 7/20/2017

# INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

RECEIVED

San Jose City Clerk

OTC

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER  
NGUYEN TAM 2017 OCT (408) 535-4200

REPORTING PERIOD  
7/1/2017 TO 9/30/2017

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     \$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 EAST SANTA CLARA STREET, SAN JOSE, CA 95113

TYPE OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY:

Proprietorship     Partnership     LLC     Corporation  
 Trust     Governmental Agency     Nonprofit Organization     CITY OF SAN JOSE/MUNICIPALITY  
Other

GENERAL DESCRIPTION OF BUSINESS ENTITY/TRUST/GOVERNMENTAL AGENCY ACTIVITY:  
CITY OF SAN JOSE/MUNICIPALITY

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 10-16-17  
(month, day, year)

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 TAM NGUYEN		Date of This Filing 10/16/2017	Date Stamp <i>OTC</i> 2017 OCT 16 PM 2:01	CITY OF SAN JOSE FORM <b>DFR1</b> For Official Use Only
OFFICE HELD COUNCILMEMBER	PERIOD COVERED BY THIS REPORT 7/1/2017 TO 9/30/2017	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

NOTHING TO REPORT

Signature: 

DATE: 10.16.17

# INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

RECEIVED  
San Jose City Clerk

DAYTIME TELEPHONE NUMBER

408-535-4907

2018 JAN 17 PM 3:30

NAME (LAST) (FIRST) (MIDDLE)  
NGUYEN TAM

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.) NONE

## 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 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:  
PUBLIC POLICY/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 [Signature]  
(File the originally signed statement with the City Clerk.)

Date Signed 1/11/2018  
(month, day, year)

RESET


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

# Disclosure of Fundraising Report Form

NAME OF ELECTED OFFICIAL <b>TAM NGUYEN</b>		Date of This Filing <b>1/11/2018</b>	Date Stamp	<b>CITY OF SAN JOSE FORM DFR1</b> For Official Use Only
OFFICE HELD <b>COUNCILMEMBER</b>	PERIOD COVERED BY THIS REPORT <b>10/1/2017 TO 12/31/2017</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

RECEIVED  
San Jose City Clerk  
2018 JAN 1 PM 3:30

NOTHING TO REPORT  Signature: 

DATE: 1/11/2018

# INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

RECEIVED  
San Jose City Clerk

2018 APR 12 PM 3:12  
DAYTIME TELEPHONE NUMBER  
408-536-4907

NAME (LAST) (FIRST) (MIDDLE)  
NGUYEN TAM

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  \$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 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:

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  Date Signed 4/11/18  
(File the originally signed statement with the City Clerk.) (month, day, year)

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

# Disclosure of Fundraising Report Form

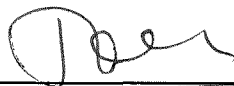
NAME OF ELECTED OFFICIAL <b>TAM NGUYEN</b>		Date of This Filing <u>4/11/2018</u>	Date Stamp	<b>CITY OF SAN JOSE FORM DFR1</b> For Official Use Only
OFFICE HELD <b>COUNCILMEMBER</b>	PERIOD COVERED BY THIS REPORT <b>1/1/2018 TO 3/31/2018</b>	Page <u>1</u> of <u>1</u>		

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: 4/11/2018



**INCOME AND TIME DISCLOSURE STATEMENT**

(San Jose Municipal Code Chapter 12.19)

RECEIVED  
San Jose City Clerk

2018 JUL 18 AM 11:42  
DAYTIME TELEPHONE NUMBER  
408 535 4901

NAME (LAST) (FIRST) (MIDDLE)  
NGUYEN TAM

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  \$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 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:

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.

RESET

Signature [Signature]  
(File the originally signed statement with the City Clerk.)

Date Signed 07/18/2018  
(month, day, year)

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

### Disclosure of Fundraising Report Form

RECEIVED  
San Jose City Clerk  
Date Stamp  
2018 JUL 18 AM 11:14

CITY OF SAN JOSE FORM **DFR1**  
For Official Use Only

NAME OF ELECTED OFFICIAL TAM NGUYEN		Date of This Filing <u>7/18/18</u>
OFFICE HELD COUNCILMEMBER	PERIOD COVERED BY THIS REPORT 04/01/18 TO 06/30/18	Page <u>1</u> of <u>1</u>

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: 7/18/2018

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

RECEIVED  
San Jose City Clerk  
*OTC*

NAME (LAST) (FIRST) (MIDDLE) DAYTIME PHONE NUMBER  
NGUYEN TAM 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 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  \$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  MUNICIPAL GOVERNMENT  
Other

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

Date Signed 10/15/18  
(month, day, year)

PRINT SUBMIT RESET

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>TAM NGUYEN</b>		Date of This Filing <u>10/15/18</u>	Date-Stamp <b>OCT 15 PM 3:12</b>	CITY OF SAN JOSE FORM <b>DFR1</b> For Official Use Only
OFFICE HELD <b>COUNCILMEMBER</b>	PERIOD COVERED BY THIS REPORT 07/01/18 TO 09/30/18	Page <u>1</u> of <u>1</u>		

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: 10/15/18

# INCOME AND TIME DISCLOSURE STATEMENT

(San Jose Municipal Code Chapter 12.19)

RECEIVED  
San Jose City Clerk  
ITC

2018 JAN 9 AM 10:10  
DAYTIME TELEPHONE NUMBER  
408-535-4907

NAME (LAST) (FIRST) (MIDDLE)  
NGUYEN TAM

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.) NONE

### 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 EAST SANTA CLARA STREET, 18TH FLOOR, 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:  
PUBLIC POLICY

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.

PRINT

SUBMIT

RESET

Signature [Handwritten Signature]  
(File the originally signed statement with the City Clerk.)

Date Signed 12/31/2018  
(month, day, year)

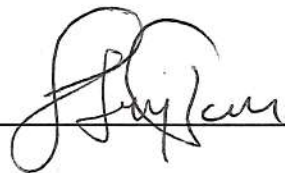
Type or print in ink.  
Amounts may be rounded to whole dollars.

### Disclosure of Fundraising Report Form

RECEIVED  
San Jose City Clerk  
Date Stamp  
2019 JAN -9 AM 10: 18

NAME OF ELECTED OFFICIAL <b>TAM NGUYEN</b>		Date of This Filing <u>12/31/2018</u>	CITY OF SAN JOSE FORM <b>DFR1</b> For Official Use Only
OFFICE HELD <b>COUNCILMEMBER</b>	PERIOD COVERED BY THIS REPORT 10/1/2018 TO 12/31/2018	Page <u>1</u> of <u>1</u>	

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: 12/31/2018