

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

 Date Initial Filing  
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 03/29/2017  
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NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Nguyen, Tam			

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

CITY OF SAN JOSE

Division, Board, Department, District, if applicable

40-Council Offices

Your Position

Councilmember D7

▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: \*SEE ATTACHED FOR ADDITIONAL POSITIONS

Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)** State Judge or Court Commissioner (Statewide Jurisdiction) Multi-County \_\_\_\_\_ County of Santa Clara City of San Jose Other \_\_\_\_\_**3. Type of Statement (Check at least one box)** **Annual:** The period covered is January 1, 2016, through  
December 31, 2016

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
December 31, 2016 **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one) The period covered is January 1, 2016, through the date of  
leaving office. **Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date  
of leaving office. **Candidate:** Election Year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_**4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: 2****Schedules attached** **Schedule A-1 - Investments** – schedule attached **Schedule C - Income, Loans, & Business Positions** – schedule attached **Schedule A-2 - Investments** – schedule attached **Schedule D - Income – Gifts** – schedule attached **Schedule B - Real Property** – schedule attached **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-

 **None - No reportable interests on any schedule****5. Verification**

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document)				
[REDACTED]				

DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS
[REDACTED]	[REDACTED]

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 acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

 Date Signed 03/29/2017  
 (month, day, year)

 Signature \_\_\_\_\_  
 (Ily signed statement with your filing official.)

**STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
Expanded Statement Attachment**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Tam Nguyen

\* This table lists all positions including the primary position listed in the Office, Agency, or Court section of the Cover Page.

Agency	Division/Board/Dept/District	Position	Type of Statement
CITY OF SAN JOSE	40-Council Offices	Councilmember D7	Annual 1/1/2016 - 12/31/2016
City of San Jose	40- Mayor and Council Offices	Council Member	Annual 1/1/2016 - 12/31/2016



# CITY OF SAN JOSÉ, CALIFORNIA

Office of the City Clerk  
200 East Santa Clara Street  
14th Floor  
San José, California 95113  
Telephone 1 (408) 535-126  
FAX 1 (408) 292-6207

## FAMILY GIFT REPORTING FORM

Pursuant to the City's Gift Ordinance, Chapter 12.08 of the San Jose Municipal Code, all consultants, contract employees, officers and designated employees of the City and its Successor Agency to the Redevelopment Agency must file this form with the City, together with the annual Statement of Economic Interests (Form 700).

You must list below any reportable gifts known to have been accepted by your domestic partner, spouse and any dependent child (Section 12.08.050) during the previous calendar year. Gifts that must be reported are those that would be prohibited had they been given to you. Refer to Section 12.08.010 and 12.08.020 to determine whether a particular gift must be reported. Section 12.08.030 lists the gifts that are not prohibited and do not need to be reported.

PLEASE TYPE OR PRINT IN INK

Name of Filer Tam Nguyen Phone (408) 535-4907

Name of Agency City of San Jose

### CHECK ONE

To my knowledge there are no reportable gifts.

The following are reportable gifts:

### PLEASE LIST EACH GIFT SEPARATELY

DATE	RECIPIENT	GIFT	DONOR	VALUE

### VERIFICATION

I have used all reasonable diligence in preparing this form, and to the best of my knowledge the information contained herein 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.

Executed on 03/29/2017, at San Jose, CA  
(Date) (City, State)

Tam Nguyen  
(Signature)