CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

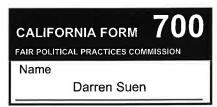
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A PUBLIC DOCUMENT Filed Date: 02/04/2024 11:51 AM SAN: FPPC

NAME OF FILER (LAST) (MIDDLE) (FIRST) W CLERKS O Guy Suen Darren 1. Office, Agency, or Court Agency Name (Do not use acronyms) City of Elk Grove Division, Board, Department, District, if applicable Your Position City Council Member ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: SEE ATTACHED LIST 2. Jurisdiction of Office (Check at least one box) ☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner State (Statewide Jurisdiction) Multi-County County of □ City of Elk Grove 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2023, through Leaving Office: Date Left _____/_ (Check one circle.) December 31, 2023. -or-The period covered is January 1, 2023, through the date The period covered is ______ through of leaving office. December 31, 2023. The period covered is ______, through the date of leaving office. _____ and office sought, if different than Part 1: ___ Candidate: Date of Election 4. Schedule Summary (required) ► Total number of pages including this cover page: Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached $\overline{|\mathbf{x}|}$ Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached -or- None - No reportable interests on any schedule 5. Verification ZIP CODE MAILING ADDRESS CITY STATE STREET (Business or Agency Address Recommended - Public Document) CA 95758-8045 Elk Grove 8401 Laguna Palms Way DAYTIME TELEPHONE NUMBER EMAIL ADDRESS (916) 478-2201 dsuen@elkgrovecity.org 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. 02/04/2024 11:51 AM Darren Guy Suen **Date Signed** Signature (month, day, year) (File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS COVER PAGE ATTACHMENT



EXPANDED STATEMENT LIST

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
Assembly Staff		Chief of Staff	State California	Annual	07/04/23 - 12/31/23

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized. Do not attach brokerage or financial statements.

CALIFORNIA FORM	700
FAIR POLITICAL PRACTICES	COMMISSION
Name	

Darren Suen

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NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Cisco Systems	Netflix
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Industrial Technology	Technology
FAIR MARKET VALUE	FAIR MARKET VALUE
	\$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	X \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other (Describe)	X Stock Other(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	1 , , 23 , , , 23
ACQUIRED DISPOSED	
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Costco Wholesale Corp	Walt Disney Co
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Retail	Entertainment
END MARKET VALUE	FAID MADIZET VALUE
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000 X \$100,001 - \$1,000,000 Over \$1,000,000	\$2,000 - \$10,000
∑ \$100,001 - \$1,000,000	
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other (Describe)	X Stock Other(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	23 , , 23
ACQUIRED DISPOSED	
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Johnson and Johnson	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Healthcare	
FAIR MARKET VALUE	FAIR MARKET VALUE
▼ \$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT X Stock ☐ Other	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
Partnership Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED

Comments: __

SCHEDULE C Income, Loans, & Business Positions (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION					
Name					
Darren Suen					

▶ 1. INCOME RECEIVED	► 1. INCOME RECEIVED		
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME		
St. Josephs Medical Center			
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
1800 N. California Street			
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Laboratory			
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION		
Clinical Laboratory Scientist			
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only		
\$500 - \$1,000 \$1,001 - \$10,000	<u>\$500 - \$1,000</u> \$1,001 - \$10,000		
▼ \$10,001 - \$100,000	S10,001 - \$100,000 OVER \$100,000		
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED		
Salary X Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)		
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)		
Sale of	Sale of		
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)		
Loan repayment	Loan repayment		
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more		
(Describe)	(Describe)		
	Other		
Other(Describe)	(Describe)		
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P	PERIOD		
a retail installment or credit card transaction, made in the	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender's s:		
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)		
	%		
ADDRESS (Business Address Acceptable)			
	SECURITY FOR LOAN		
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence		
	Real Property		
HIGHEST BALANCE DURING REPORTING PERIOD	Street address		
\$500 - \$1,000	City		
\$1,001 - \$10,000	Guarantor		
\$10,001 - \$100,000	U Guarantor		
OVER \$100,000	Other		
-	Other(Describe)		
Commente			
Comments:			

SCHEDULE D Income - Gifts



Darren Suen

► NAME OF SOURCE (Not an Acronym)		► NAME OF SOURCE (Not an Acronym)			
Sacramento Association of Realtors	- 11	North State Building Industry Association			
ADDRESS (Business Address Acceptable)		ADDRESS (Business Address Acceptable)			
2003 Howe Ave, Sacramento Ca 95825		1536 Eureka Rd, Roseville, CA 95661			
BUSINESS ACTIVITY, IF ANY, OF SOURCE		BUSINESS ACTIVIT			
Advocacy		Advocacy			
DATE (mm/dd/yy) VALUE DESCRIPTION	OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
01 / 11 / 23 § 50 Board Insta	llation Lunch	01 / 20 / 23	<u>\$</u> 275	Board Installation Dinner	
04 / 24 / 23 \$75 Hors D'oe	ıvres		\$		
			\$	/:	
▶ NAME OF SOURCE (Not an Acronym)		► NAME OF SOURCE	E (Not an Acronym)		
Asian Real Estate Association of America		Sacramento R	egion Business	s Association	
ADDRESS (Business Address Acceptable)		ADDRESS (Busines			
106 K Street, Sacramento, Ca 95814		1717 I St, Sac	ramento, CA 9	5811	
BUSINESS ACTIVITY, IF ANY, OF SOURCE		BUSINESS ACTIVIT	TY, IF ANY, OF SOL	JRCE	
Advocacy		Advocacy			
DATE (mm/dd/yy) VALUE DESCRIPTION	OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
02 / 24 / 23 § 75 Board Insta	llation dinner	03 / 17 / 23	_{\$} 250	Workshop Dinner	
	=======================================		\$) 	
			\$	S	
► NAME OF SOURCE (Not an Acronym)		▶ NAME OF SOURCE (Not an Acronym)			
Kaiser Foundation Health Plan, Inc		Asian American Business Club			
ADDRESS (Business Address Acceptable)		ADDRESS (Business Address Acceptable)			
6600 Bruceville Road, Sacrmento, CA 95	823	6458 Stockton Blvd, Sacramento 95823			
BUSINESS ACTIVITY, IF ANY, OF SOURCE		BUSINESS ACTIVITY, IF ANY, OF SOURCE			
Healthcare advocacy		Advocacy/Business			
DATE (mm/dd/yy) VALUE DESCRIPTION	OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
04 , 23 , 23	Dinner	05 / 13 / 23	<u>\$ 150</u>	golf tournament	
			\$		
		//	\$	-	
Comments:					

SCHEDULE D Income - Gifts



Darren Suen

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► NAME OF SOURC	'E (Not on Agranum	n1	7	► NAME OF SOURC	E /Not on Aoro	an (m)	
				Cal Asian Cha		nym)	
Asian Pacific American Leadership Foundation ADDRESS (Business Address Acceptable)		. []	ADDRESS (Business Address Acceptable)				
3183 Wilshire Blvd #196N, Los Angeles, CA 90010			· ·		Sacramento, CA 95811		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		. []	BUSINESS ACTIVITY, IF ANY, OF SOURCE				
nonprofit lead				Adovcacy	W		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	1	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
11 / 16 / 23	<u>\$ 100</u>	CALNET Dinner	ş	05 / 19 / 23	_{\$} 250	AAPI Night Market	
	\$				\$		
	\$		1		\$		
NAME OF SOURC	E (Not an Acronyn	1)	٦I	► NAME OF SOURC	E (Not an Acro	nym)	
Assemblymen	nber Stephani	e Nguyen	. 11				
ADDRESS (Busines			- 11	ADDRESS (Busines	s Address Acce	eptable)	
1700 Tribute F	Road, Suite 20	01, Sacto, CA 95815	. 11	·			
BUSINESS ACTIVI	TY, IF ANY, OF S	OURCE		BUSINESS ACTIVI	TY, IF ANY, OF	SOURCE	
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)		DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
08 / 08 / 23	<u>\$</u> 60	rafting trip	9		\$	-	
	\$				\$	_	
	\$		2		\$	· ·	
NAME OF SOURC	E (Not an Acronym	יו		► NAME OF SOURCE	E (Not an Acroi	nym)	
ADDRESS (Business Address Acceptable)				ADDRESS (Business Address Acceptable)			
BUSINESS ACTIVI	TY, IF ANY, OF S	OURCE	ř	BUSINESS ACTIVIT	TY, IF ANY, OF	SOURCE	
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	ş	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
	\$				\$	-	
	\$	-	20		\$	-	
	\$				\$	<u> </u>	
Comments:							