

### STATEMENT OF ECONOMIC INTERESTS

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#### **COVER PAGE**

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IAME OF FILER (LAST)	(FIRST)		(MIDDLE)		
Suen	Darren	G			
. Office, Agency, or Court					
Agency Name (Do not use acronyms)					
City of Elk Grove					
Division, Board, Department, District, if applica	able	Your Position			
Dividion, Board, Doparanom, District, in Spirite		Councilmember			
▶ If filing for multiple positions, list below or	on an attachment. (Do not use	e acronyms)			
See attached list					
Agency: See attached list		_ Position:			
Jurisdiction of Office (Check at lea	st one box)				
_	,	Judge Retired Judge Pro Te	m Judge, or Court Commissioner		
State		(Statewide Jurisdiction)	an oddgo, or oddir commonerie		
		County of			
Multi-County					
		Other			
Type of Statement (Check at least of	ne box)				
		Leaving Office: Date Left .	1 1		
Annual: The period covered is January December 31, 2019.	1, 2019, tillough		k one circle.)		
-07-	il Manuala		anuary 1, 2019, through the date of		
The period covered is	, tnrougn	leaving office.	andary 1, 2010, amough and date of		
Assuming Office: Date assumed	· · · · · · · · · · · · · · · · · · ·				
Candidate: Date of Election	and office sought,	if different than Part 1:			
Schedule Summary (must comp	iete) > lotal number	or pages including this cover	page:		
Schedules attached					
Schedule A-1 - Investments - schedu		Schedule C - Income, Loans, & Bus			
Schedule A-2 - Investments - schedu	le attached	Schedule D - Income - Gifts - sche			
Schedule B - Real Property - schedu	le attached	Schedule E - Income - Gifts - Trav	el Payments – schedule attached		
_					
or- 🗌 None - No reportable interes	ts on any schedule				
Verification	ONE THE PROPERTY OF THE PARTY O				
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE		
(Business or Agency Address Recommended - Public Dod			05750 0045		
8401 Laguna Palms Way	Elk Grove	CA	95758-8045		
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS			
( 916 ) 478-2201		dsuen@elkgrovecity.org			
I have used all reasonable diligence in prepar herein and in any attached schedules is true	ng this statement. I have revie and complete. I acknowledge	wed this statement and to the best of r this is a public document.	ny knowledge the information contair		
I certify under penalty of perjury under the			rrect.		
02/25/2022	2	( )n	1		
Date Signed 02 /25 /2020	S	ignature	per statement with your filing official.)		

## 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

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Netflix	Costco Wholesale
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Technology	Retail
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \times \$10,000
\$2,000 - \$10,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other	X Stock Other (Describe)
(Describe)  Partnership Oncome Received of \$0 - \$499  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:
//	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
Johnson and Johnson	Walt Disney Corp
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Healthcare	Entertainment
FAIR MARKET VALUE	FAIR MARKET VALUE
<b> </b> \$2,000 - \$10,000     \$10,001 - \$100,000	\$2,000 - \$10,000 <b>X</b> \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT
NATURE OF INVESTMENT  Stock Other	Stock Other
(Describe)	(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:
	// 19// 19_
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Cisco Systems	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Industrial Technology	
FAIR MARKET VALUE	FAIR MARKET VALUE
<b>x</b> \$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	NATURE OF INVESTMENT
X Stock Other	Stock Other(Describe)
(Describe)	Partnership () Income Received of \$0 - \$499
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	○ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ / 19 / / 19	/ / 19 / / 19
ACQUIRED DISPOSED	ACQUIRED DISPOSED
	11
Comments:	

### **SCHEDULE B** Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Darren Suen

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 119-1770-039-0000	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 119-0670-057-0000
	*   ·
CITY Elk Grove	CITY Elk Grove
Lik Glove	-   Eik didve
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$40,004 \$400,000 / /19 / /19	\$2,000 - \$10,000 12,13,19
\$10,001 - \$100,000	- \$10,001 - \$100,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
	30
X Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499	\$0 - \$499
<b>☒</b> \$10,001 - \$100,000 ☐ OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	sources of rental income: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
None	None
	I I MOUE
Sally Malave'	
Sally Malave'	roial lending institution made in the lender's regular course of
Sally Malave'  You are not required to report loans from a commer	rcial lending institution made in the lender's regular course of
You are not required to report loans from a commer business on terms available to members of the pub	lic without regard to your official status. Personal loans and
You are not required to report loans from a commer business on terms available to members of the publicans received not in a lender's regular course of business.	lic without regard to your official status. Personal loans and usiness must be disclosed as follows:
You are not required to report loans from a commer business on terms available to members of the pub	lic without regard to your official status. Personal loans and
You are not required to report loans from a commer business on terms available to members of the pub loans received not in a lender's regular course of business of LENDER*	lic without regard to your official status. Personal loans and usiness must be disclosed as follows:
You are not required to report loans from a commer business on terms available to members of the pub loans received not in a lender's regular course of business.	lic without regard to your official status. Personal loans and usiness must be disclosed as follows:  NAME OF LENDER*
You are not required to report loans from a commer business on terms available to members of the pub loans received not in a lender's regular course of business of LENDER*	lic without regard to your official status. Personal loans and usiness must be disclosed as follows:  NAME OF LENDER*
You are not required to report loans from a commer business on terms available to members of the pub loans received not in a lender's regular course of business of LENDER*  ADDRESS (Business Address Acceptable)	lic without regard to your official status. Personal loans and usiness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)
You are not required to report loans from a commer business on terms available to members of the pub loans received not in a lender's regular course of business of LENDER*  ADDRESS (Business Address Acceptable)	lic without regard to your official status. Personal loans and usiness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)
You are not required to report loans from a commer business on terms available to members of the pub loans received not in a lender's regular course of business (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER	lic without regard to your official status. Personal loans and usiness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER
You are not required to report loans from a commer business on terms available to members of the pub loans received not in a lender's regular course of business (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)	lic without regard to your official status. Personal loans and usiness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)
You are not required to report loans from a commer business on terms available to members of the publicans received not in a lender's regular course of business (Business Address Acceptable)  BUSINESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)  Mone  HIGHEST BALANCE DURING REPORTING PERIOD	lic without regard to your official status. Personal loans and usiness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)  None
You are not required to report loans from a commer business on terms available to members of the pub loans received not in a lender's regular course of business (Business Address Acceptable)  BUSINESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)  Whighest Balance during reporting period  \$500 - \$1,000	lic without regard to your official status. Personal loans and usiness must be disclosed as follows:    NAME OF LENDER*   ADDRESS (Business Address Acceptable)
You are not required to report loans from a commer business on terms available to members of the pub loans received not in a lender's regular course of business (Business Address Acceptable)  BUSINESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$10,001 - \$100,000  OVER \$100,000	lic without regard to your official status. Personal loans and usiness must be disclosed as follows:    NAME OF LENDER*
You are not required to report loans from a commer business on terms available to members of the pub loans received not in a lender's regular course of business (Business Address Acceptable)  BUSINESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)  Whighest Balance during reporting period  \$500 - \$1,000	lic without regard to your official status. Personal loans and usiness must be disclosed as follows:    NAME OF LENDER*   ADDRESS (Business Address Acceptable)

### 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. Joseph's Medical Center	1
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	1
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	\$500 - \$1,000 \qquad \qqquad \qqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq
<b>★</b> \$10,001 - \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary 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)
a retail installment or credit card transaction, made in	al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available to tatus. Personal loans and loans received not in a lender's
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	%
ADDRESS (Business Address Acceptable)	
	SECURITY FOR LOAN  None  Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
<u>\$500 - \$1,000</u>	City
\$1,001 - \$10,000	·
	Guarantor
OVER \$100,000	
<u> </u>	Other(Describe)

# SCHEDULE D Income - Gifts

			1		
► NAME OF SOURCE		•	NAME OF SOURCE		•
Sacramento A	Association o	f Realtors	Sac Metro Cha		
ADDRESS (Business Address Acceptable)		ADDRESS (Busine		, ,	
2003 Howe Ave, Sacramento, CA 95825			1 Capitol Mall #700, Sacramento, CA 95814		
BUSINESS ACTIV	ITY, IF ANY, OF	SOURCE	BUSINESS ACTIV	ITY, IF ANY,	OF SOURCE
Advocacy			Advocacy		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01,10,19	125 \$	Installation Dinner	02,01,19	195 \$	Board Installation
	\$	, <del>, , , , , , , , , , , , , , , , , , </del>		\$	_
	\$	-		\$	
► NAME OF SOUR	CE (Not an Acrony	ym)	► NAME OF SOURC		ronym)
Northstate Bu	ilding Industr	y Association	Sierra Building	g Trades	
ADDRESS (Busine	ess Address Accep	otable)	ADDRESS (Busine		
1536 Eureka I	Road, Rosev	ille,CA 95661	1600 Sacrame	ento Inn W	/ay, Ste 132, Sacto, CA 95815
BUSINESS ACTIV	ITY, IF ANY, OF	SOURCE	BUSINESS ACTIVI	TY, IF ANY,	OF SOURCE
Advocacy			Advocacy		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 , 18 , 19	125 \$	Board Installation Rece	02,28,19	\$ <u>300</u>	CA Asian Chamber Din
	\$		03,19,19	\$ <u>50</u>	SACOG luncheon
	\$	•		\$	
NAME OF SOURCE	CE (Not an Acrony	vm)	► NAME OF SOURCE	E (Not an Ac	ronym)
Asian Real Es	state Associa	tion of America	Association of	General (	Contractors
ADDRESS (Busine	ss Address Accep	otable)	ADDRESS (Business Address Acceptable)		
3990 Old Tow	n Avenue C	304, San Diego, CA 92110	3095 Beacon	Blvd., Wes	st Sacramento, CA 95691
BUSINESS ACTIV	ITY, IF ANY, OF	SOURCE	BUSINESS ACTIVI	TY, IF ANY, O	OF SOURCE
Advocacy			Advocacy		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01,18,19	\$ <mark>75</mark>	Installation Dinner	03,06,19	\$50	Reception
	\$			\$	_
	\$			\$	-
Comments:					

### SCHEDULE D Income - Gifts



Darren Suen

▶ NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)		
Sac Municipal Utilities District	Regional Transit		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
6301 S St, Sacramento, CA 95817	1400 29th Street, Sacramento, CA 95816		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Utilities	Quasi-government/Transit provider		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
03 17 19 50 SACOG reception	03 19 19 \$75 SACOG Breakfast		
	\$		
► NAME OF SOURCE (Not an Acronym)	▶ NAME OF SOURCE (Not an Acronym)		
KMP Strategies	Asian Resources Inc		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
1721 2nd St Sacramento CA 95811	5100 El Paraiso Avenue. Sacramento, CA 95824		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Strategic Communications	Workforce Development		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
03 17 19 100 SACOG dinner	05 , 09 , 19		
	\$		
\$	\$		
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)		
Sacramento Area Council of Governments	Kaiser Permanente		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
1415 L St Ste 300, Sacramento, CA 95814	9201 Big Horn Blvd., Elk Grove, CA 95758		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Quasi-government/Transportation planning	Healthcare		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
03 18 19 100 Executive Board dinner	08 19 19 \$232 Music Circus Rehearsal		
\$			
\$			
Comments:			

### SCHEDULE D Income - Gifts



► NAME OF SOUR	CE (Not an Acrony	m)		NAME OF SOURC	E (Not an Acro	novm)
Chick-fil-a	OE (Not all Actory	**************************************	- 11			Local Union 447
ADDRESS (Business Address Acceptable)		-	ADDRESS (Busines			
2101 Alta Arden Expressway, Sacto, CA 95825		- 11	8750 Younger Creek Dr, Sacramento, CA 95828			
BUSINESS ACTIV	TTY, IF ANY, OF S	SOURCE	-	BUSINESS ACTIVI	TY, IF ANY, O	F SOURCE
Food service			Workforce Dev	elopment//	Advocacy	
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	~ ]]	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08,22,19	.65 \$	CAPITAL Dinner	-	12 , 13 , 19	\$ <sup>50</sup>	Big Cheese Lunch
	\$		-	_/_/_	\$	_ ,
	\$		-   _		\$	- 1
NAME OF SOUR	,	m)	-	NAME OF SOURC		
Republic Serv	vices		. 11	Real Men Wea		
ADDRESS (Busine			- 11	ADDRESS (Busines		eptable) 00 Sacramento, CA 95815
		cho Cordova, CA 95742	- 11			
BUSINESS ACTIV		SOURCE	- 11	BUSINESS ACTIVI	TY, IF ANY, O	FSOURCE
Waste manag			- 11	Advocacy		DESCRIPTION OF GIFT(S)
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	- 11	DATE (mm/dd/yy)	VALUE	
09,14,19	100 \$	Harvest of Hope	-	10 28 19	250 \$	Basketball game
	\$	39	-		\$	
	\$	A			\$	<del></del>
NAME OF SOURCE	CE (Not an Acronyi	m)		NAME OF SOURC	E (Not an Acro	onym)
Region Busine	ess		- 11	Pappas Invest	ments	
ADDRESS (Business Address Acceptable)		111	ADDRESS (Business Address Acceptable)			
1717 I St, Sac	cramento, CA	95811	- 11	2020 L Street,	Sacramen	to, CA 95811
BUSINESS ACTIV	ITY, IF ANY, OF S	OURCE	11	BUSINESS ACTIVI		F SOURCE
Advocacy			. 11	Real estate inv	/estments	
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)		DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 , 13 , 19	\$	Annual Dinner	.	06,09,19	\$	Bounty on Blvd
	\$	. (	-	_/_/_	\$	
	\$	: s <del></del>	. 11		\$	-
Comments:						

Multiple Positions reported on the Annual Statement Form 700 Statement of Economic Interests for filer **Darren G. Suen** with the City of Elk Grove:

- Council Member (City of Elk Grove)
- Member of the Board (Finance Authority of the City of Elk Grove)
- Member of the Board (Parking Authority of the City of Elk Grove)

Multiple Positions reported on the Annual Statement Form 700 Statement of Economic Interests for filer **Darren G. Suen** with additional agencies:

- Board Member (Sacramento Public Library Authority)
- Board Member (Sacramento Area Council of Governments, and secondary agency info: Capitol Valley Regional Service Authority)
- Board Member (Sacramento Transportation Authority and Sacramento Abandoned Vehicle Service Authority)
- Alternate Board Member (Capital SouthEast Connector Joint Powers Authority)
- Alternate Board Member (Sacramento Regional County Sanitation District)
- Alternate Board Member (Sacramento County Sanitation Districts Financing Authority)