

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

CITY CLERK'S OFFICE
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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Suen Darren G

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Elk Grove

Division, Board, Department, District, if applicable Your Position
City Councilmember

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

Agency: SEE ATTACHED LIST Position:

2. Jurisdiction of Office (Check at least one box)

- State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- Multi-County County of
- City of Elk Grove Other

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2021, through December 31, 2021. Leaving Office: Date Left (Check one circle.)
- or- The period covered is through December 31, 2021. The period covered is January 1, 2021, through the date of leaving office.
- Assuming Office: Date assumed The period covered is through the date of leaving office.
- Candidate: Date of Election and office sought, if different than Part 1:

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 7

Schedules attached

- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- None - No reportable interests on any schedule

5. Verification

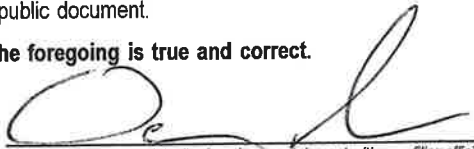
MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
8401 Laguna Palms Way Elk Grove CA 95758-8405

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.

Date Signed 01/20/2022
(month, day, year)

Signature 
(File the originally signed paper 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.

Name
Darren Suen

▶ NAME OF BUSINESS ENTITY
Netflix

GENERAL DESCRIPTION OF THIS BUSINESS
Technology

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/21 _____/_____/21
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Costco

GENERAL DESCRIPTION OF THIS BUSINESS
Retail

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/21 _____/_____/21
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Johnson & Johnson

GENERAL DESCRIPTION OF THIS BUSINESS
Healthcare

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/21 _____/_____/21
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Walt Disney Corp

GENERAL DESCRIPTION OF THIS BUSINESS
Entertainment

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/21 _____/_____/21
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Cisco Systems

GENERAL DESCRIPTION OF THIS BUSINESS
Industrial Technology

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/21 _____/_____/21
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/21 _____/_____/21
 ACQUIRED DISPOSED

Comments: _____

Print **Clear**

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name
Darren Suen

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
119-1770-039-0000

CITY
Elk Grove

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
7/23/21 ACQUIRED 10/15/21 DISPOSED

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$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.
 None
Sally Malave'

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 _____/_____/21 ACQUIRED _____/_____/21 DISPOSED

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$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.
 None

* You are not required to report loans from a commercial lending institution made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE _____% TERM (Months/Years) _____
 None

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE _____% TERM (Months/Years) _____
 None

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

Print **Clear**

SCHEDULE D
Income – Gifts

Name
Darren Suen

▶ NAME OF SOURCE (Not an Acronym)
Crown Castle

ADDRESS (Business Address Acceptable)
1 Park Place, Suite 300 Dublin, CA 94568

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Infrastructure - telecommunications

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8 9 21	250	Jalepeno Golf Classic
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Sheet Metal Local Union No. 104

ADDRESS (Business Address Acceptable)
4040 Lennane Drive Sacto, CA 95834

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 1 21	250	D.A.D. Golf Tourney
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Asian Pacific American Leadership Foundation

ADDRESS (Business Address Acceptable)
330 Cordova St., Ste. 158 Pasadena, CA 91101

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 4 21	566	* lodging, dinner
____/____/____	\$ _____	_____
11 5 21	336	* breakfast, lunch, rece
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Assemblyman Jim Cooper

ADDRESS (Business Address Acceptable)
9250 Laguna Springs Dr, Suite 220. Sacto, CA 95758

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 22 21	75	Luncheon
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Association of General Contractors

ADDRESS (Business Address Acceptable)
3095 Beacon Blvd.West Sacramento, CA 95691

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 20 21	50	Reception
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
OCA Sacramento

ADDRESS (Business Address Acceptable)
P.O. Box 221306 Sacramento, CA 95822-8306

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 3 21	50	Reception
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: * Per Gov. Code § 89506, the gift is not subject to the \$520 gift limit. Travel, lodging, and subsistence expense was "reasonably related to a legislative or governmental purpose" and the expenses were paid by a 501c3.

SCHEDULE D
Income – Gifts

Name
 Darren Suen

▶ NAME OF SOURCE *(Not an Acronym)*
Plumbers and Pipefitters UA Local 447

ADDRESS *(Business Address Acceptable)*
5841 Newman Ct Sacramento, CA 95819

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Construction

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 3 / 21	\$ 50	Holiday Luncheon
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Sacramento Area Firefighters 522

ADDRESS *(Business Address Acceptable)*
3720 Folsom Blvd Sacramento, CA 95816-6727

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public safety

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 9 / 21	\$ 50	Holiday Reception
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Pacific Gas & Electric

ADDRESS *(Business Address Acceptable)*
5555 Florin Perkins Rd, Sacramento, CA 95826

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Utility Provider

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 6 / 21	\$ 250	Golf
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Region Business

ADDRESS *(Business Address Acceptable)*
1717 I St, Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 1 / 21	\$ 200	BBQ
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

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

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