Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS

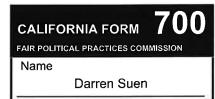
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NAI	ME OF FILER	(LAST)	(FIR	ST)	(MIDDLE)				
		Suen	Darren		Guy				
1. Office, Agency, or Court									
	Agency Name (L	Do not use acronyms)							
	City of Elk G	rove			MAR 22 2024 PM09: 19				
	Division, Board, I	Department, District, if applicable		r Position					
			Ci	City Council Member					
	► If filing for mu	If filing for multiple positions, list below or on an attachment. (Do not use acronyms)							
	Agency: SEE	ATTACHED LIST	Pos	sition:					
_									
2.		of Office (Check at least one box)	П.						
	State			dge, Retired Judge, Pro Tem atewide Jurisdiction)	Judge, or Court Commissioner				
	Multi-County	X	Cc	ounty of					
	City of Elk City of Elk City of Elk	Grove	Ot	her					
~	Type of Stat	tement (Check at least one box)							
J.	•		igh 🗔 I	anving Office: Data Laft	¥				
Annual: The period covered is January 1, 2023, through December 31, 2023. (Check one circle.)									
	The	e period covered is/		of leaving office.	uary 1, 2023, through the date				
	Assuming Office: Date assumed, thro								
	the date of leaving office. Candidate: Date of Election and office sought, if different than Part 1:								
			=						
4.	Schedule Su	ummary (required)	Total number of pages	including this cover p	page:3				
	Schedules	attached							
	× Schedule	Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Business Positions – schedule attached							
	Schedule	• A-2 - Investments - schedule attached	Schedule	Schedule D - Income - Gifts - schedule attached					
	Schedule	B - Real Property - schedule attached	Schedule	E - Income - Gifts - Travel	Payments - schedule attached				
-or-									
	☐ None - No	o reportable interests on any sche	dule						
5.	Verification								
	MAILING ADDRESS (Business or Agency A	STREET Address Recommended - Public Document)	CITY	STATE	ZIP CODE				
		a Palms Way	Elk Grove	CA	95758-8045				
	DAYTIME TELEPHON		E-MAIL ADDR						
	2	dsuen@elkgrovecity.org							
	have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained nerein 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	03/17/2024 01:24 PM	Signature	Darren	Guy Suen				
		(month, day, year)	913114141	(File the originally signed paper s	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.

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

Do not attach brokerage	or financial statements.			
NAME OF BUSINESS ENTITY Moderna, Inc.	► NAME OF BUSINESS ENTITY			
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 \$10,000 \$100,000 Over \$1,000,000			
NATURE OF INVESTMENT X Stock Other (Describe)	NATURE OF INVESTMENT Stock Other (Describe)			
Partnership Income 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 NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY			
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS			
FAIR MARKET VALUE \$2,000 - \$10,000	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:	IF APPLICABLE, LIST DATE:			
NAME OF BUSINESS ENTITY	Filer's Verification			
GENERAL DESCRIPTION OF THIS BUSINESS	Print NameDarren Suen			
	Office, Agency City of Elk Grove			
FAIR MARKET VALUE \$2,000 - \$10,000 \$100,001 - \$1,000,000 Over \$1,000,000	Statement Type 2023/2024 Annual Assuming Leaving Candidate			
NATURE OF INVESTMENT Stock Other (Describe)	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.			
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
IF APPLICABLE, LIST DATE:	03/17/2024 01:24 PM			
	(month, day, year)			
Vodoliven Nigl open	Filer's Signature Darren Guy Suen			
Comments:				