

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

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

CITY CLERK'S OFFICE
FEB 05 2024 AM 09:03

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 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, 2023, through December 31, 2023. Leaving Office: Date Left / / (Check one circle.)
- or- The period covered is / / , through of leaving office.
- Assuming Office: Date assumed / / -or- 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 (required)

► Total number of pages including this cover page: 6

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)
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 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 02/04/2024 11:51 AM Signature Darren Guy Suen
(month, day, year) (File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE ATTACHMENT

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Darren Suen

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.

Name: Darren Suen

NAME OF BUSINESS ENTITY: Cisco Systems
GENERAL DESCRIPTION OF THIS BUSINESS: Industrial Technology
FAIR MARKET VALUE: \$10,001 - \$100,000
NATURE OF INVESTMENT: Stock
IF APPLICABLE, LIST DATE: ACQUIRED: / / 23, DISPOSED: / / 23

NAME OF BUSINESS ENTITY: Netflix
GENERAL DESCRIPTION OF THIS BUSINESS: Technology
FAIR MARKET VALUE: \$100,001 - \$1,000,000
NATURE OF INVESTMENT: Stock
IF APPLICABLE, LIST DATE: ACQUIRED: / / 23, DISPOSED: / / 23

NAME OF BUSINESS ENTITY: Costco Wholesale Corp
GENERAL DESCRIPTION OF THIS BUSINESS: Retail
FAIR MARKET VALUE: \$100,001 - \$1,000,000
NATURE OF INVESTMENT: Stock
IF APPLICABLE, LIST DATE: ACQUIRED: / / 23, DISPOSED: / / 23

NAME OF BUSINESS ENTITY: Walt Disney Co
GENERAL DESCRIPTION OF THIS BUSINESS: Entertainment
FAIR MARKET VALUE: \$10,001 - \$100,000
NATURE OF INVESTMENT: Stock
IF APPLICABLE, LIST DATE: ACQUIRED: / / 23, DISPOSED: / / 23

NAME OF BUSINESS ENTITY: Johnson and Johnson
GENERAL DESCRIPTION OF THIS BUSINESS: Healthcare
FAIR MARKET VALUE: \$2,000 - \$10,000
NATURE OF INVESTMENT: Stock
IF APPLICABLE, LIST DATE: ACQUIRED: / / 23, DISPOSED: / / 23

NAME OF BUSINESS ENTITY:
GENERAL DESCRIPTION OF THIS BUSINESS:
FAIR MARKET VALUE:
NATURE OF INVESTMENT:
IF APPLICABLE, LIST DATE: ACQUIRED: / / 23, DISPOSED: / / 23

Comments:

**SCHEDULE D
Income – Gifts**

Name

Darren Suen

▶ NAME OF SOURCE *(Not an Acronym)*
Sacramento Association of Realtors
 ADDRESS *(Business Address Acceptable)*
2003 Howe Ave, Sacramento Ca 95825
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 11 / 23</u>	<u>\$ 50</u>	<u>Board Installation Lunch</u>
<u>04 / 24 / 23</u>	<u>\$ 75</u>	<u>Hors D'oeuvres</u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
North State Building Industry Association
 ADDRESS *(Business Address Acceptable)*
1536 Eureka Rd, Roseville, CA 95661
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 20 / 23</u>	<u>\$ 275</u>	<u>Board Installation Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Asian Real Estate Association of America
 ADDRESS *(Business Address Acceptable)*
106 K Street, Sacramento, Ca 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 24 / 23</u>	<u>\$ 75</u>	<u>Board Installation dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Sacramento Region Business Association
 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)
<u>03 / 17 / 23</u>	<u>\$ 250</u>	<u>Workshop Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Kaiser Foundation Health Plan, Inc
 ADDRESS *(Business Address Acceptable)*
6600 Bruceville Road, Sacramento, CA 95823
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Healthcare advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 23 / 23</u>	<u>\$ 232</u>	<u>Cap to Cap Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Asian American Business Club
 ADDRESS *(Business Address Acceptable)*
6458 Stockton Blvd, Sacramento 95823
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy/Business

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 13 / 23</u>	<u>\$ 150</u>	<u>golf tournament</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

Name

Darren Suen

▶ NAME OF SOURCE *(Not an Acronym)*
Asian Pacific American Leadership Foundation
 ADDRESS *(Business Address Acceptable)*
3183 Wilshire Blvd #196N, Los Angeles, CA 90010
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
nonprofit leadership education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 16 / 23</u>	<u>\$ 100</u>	<u>CALNET Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Cal Asian Chamber
 ADDRESS *(Business Address Acceptable)*
1610 R Street, Suite 300 Sacramento, CA 95811
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 19 / 23</u>	<u>\$ 250</u>	<u>AAPI Night Market</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Assemblymember Stephanie Nguyen
 ADDRESS *(Business Address Acceptable)*
1700 Tribute Road, Suite 201, Sacto, CA 95815
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 08 / 23</u>	<u>\$ 60</u>	<u>rafting trip</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*

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 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____