

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

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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

Councilmember

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

Agency: _____ 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 December 31, 2023.

The period covered is January 1, 2023, through the date of leaving office.

Assuming Office: Date assumed _____

-or- The period covered is _____, through the date of leaving office.

Candidate: Date of Election 11/05/2024 and office sought, if different than Part 1: _____

4. Schedule Summary (required)

▶ Total number of pages including this cover page: 4

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

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 7/25/2024
(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.

CALIFORNIA FORM 700
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
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:
 _____/_____/23 _____/_____/23
 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:
 _____/_____/23 _____/_____/23
 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:
 _____/_____/23 _____/_____/23
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Walt Disney Corps

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:
 _____/_____/23 _____/_____/23
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Cisco

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:
 _____/_____/23 _____/_____/23
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Moderna Inc

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:
 _____/_____/23 _____/_____/23
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

Name

Darren Suen

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
St. Joseph's Medical Center

ADDRESS (Business Address Acceptable)
1800 N. Street

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Laboratory

YOUR BUSINESS POSITION
Clinical Laboratory Scientist

GROSS INCOME RECEIVED No Income - Business Position Only
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 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.)
 Sale of _____
 (Real property, car, boat, etc.)
 Loan repayment
 Commission or Rental Income, list each source of \$10,000 or more

 (Describe)
 Other _____
 (Describe)

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED No Income - Business Position Only
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 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.)
 Sale of _____
 (Real property, car, boat, etc.)
 Loan repayment
 Commission or Rental Income, list each source of \$10,000 or more

 (Describe)
 Other _____
 (Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, 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*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
BUSINESS ACTIVITY, IF ANY, OF LENDER	<input type="checkbox"/> Real Property _____	
_____	Street address	
HIGHEST BALANCE DURING REPORTING PERIOD	_____	
<input type="checkbox"/> \$500 - \$1,000	City	
<input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Other _____	
<input type="checkbox"/> OVER \$100,000	(Describe)	

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)
11 / 16 / 23	100	CALNET Dinner
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
CA Tribal Business Alliance

ADDRESS (Business Address Acceptable)
1530 J Street, Ste 410, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 11 / 24	109.61	food/entertainment
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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
Legislator

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 08 / 23	60	rafting trip
02 / 22 / 24	300	Member Fundraiser
03 / 04 / 24	200	King's game
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
CalChamber

ADDRESS (Business Address Acceptable)
1401 K Street, Sacramento, CA 95818

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 08 / 24	60.72	Host Breakfast
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Asian Peace Officers Association

ADDRESS (Business Address Acceptable)
PO Box 221251, Sacramento, CA 95822

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 06 / 24	85	Dinner
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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
Utilities

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 22 / 24	450	Summer Solstice 2 tix
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: _____