CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

(month, day, year)

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

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Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) CITY CLERK'S OFFICE TAN 27 2025 AMOS:31 Guy Suen Darren 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 2. Jurisdiction of Office (Check at least one box) State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) Multi-County X City of Elk Grove 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2024, through Leaving Office: Date Left ____/_ (Check one circle below.) December 31, 2024. The period covered is January 1, 2024, through the date of The period covered is _______, through leaving office. December 31, 2024. The period covered is __ the date of leaving office. and office sought, if different than Part 1:___ Candidate: Date of Election _ 4. Schedule Summary (required) ► Total number of pages including this cover page: Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached X Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached **-or-** None - No reportable interests on any schedule 5. Verification STATE ZIP CODE STREET CITY (Business or Agency Address Recommended - Public Document) 95758-8045 8401 Laguna Palms Way Elk Grove CA EMAIL ADDRESS DAYTIME TELEPHONE NUMBER (916) 478-2201 dgsuen@gmail.com 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. Darren Guy Suen 01/26/2025 07:40 PM **Date Signed** Signature

(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
Air Quality Management District	Board of Directors	Director (Alternate)	County of Sacramento	Annual	01/01/24 - 12/31/24
Sac Sewer District	Board of Directors	Director	County of Sacramento	Annual	01/01/24 - 12/31/24
Sacramento Area Council of Govts	Board of Directors	Director	Multi-county Sacramento, Sutter, Yolo, Yuba, El Dorado, Placer	Annual	01/01/24 - 12/31/24
Sacramento Regional Transit	Board of Directors	Director (Alternate)	County of Sacramento	Annual	01/01/24 - 12/31/24

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 FAIR POLITICAL PRACTICES COMMISSION

Darren Suen

	NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY	
	Cisco Systems	Moderna, Inc.	
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS	
	Industrial Technology	Healthcare	
	FAIR MARKET VALUE	FAIR MARKET VALUE	_
	\$2,000 - \$10,000 X \$10,001 - \$100,000	\$2,000 - \$10,000	
	\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000	
	NATURE OF INVESTMENT	NATURE OF INVESTMENT	
	X Stock (Describe)	X Stock Other (Describe)	
	Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499	
	O Income Received of \$500 or More (Report on Schedule C)	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	e C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:	
	24		
		ACQUIRED DISPOSED	
-	7,00,011,00	NAME OF BUSINESS ENTITY	_
	NAME OF BUSINESS ENTITY		
	Costco Wholesale Corp	Netflix GENERAL DESCRIPTION OF THIS BUSINESS	
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS	
	Retail	Technology	_
	FAIR MARKET VALUE	FAIR MARKET VALUE	
	\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000	
	▼ \$100,001 - \$1,000,000	X \$100,001 - \$1,000,000 Over \$1,000,000	
	NATURE OF INVESTMENT	NATURE OF INVESTMENT	
	Stock Other	X Stock Other	
	(Describe)	(Describe)	
	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule	e C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:	
	ACQUIRED DISPOSED	ACQUIRED DISPOSED	
_		A NAME OF BURNISON FRITTY	_
	NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY	
	Johnson and Johnson	Walt Disney Co	_
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS	
	Healthcare	Entertainment	
	FAIR MARKET VALUE	FAIR MARKET VALUE	
	X \$2,000 - \$10,000	\$2,000 - \$10,000 X \$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	
	Stock Other (Describe)	X Stock Other (Describe)	
	Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499	
	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:	
	, , 24 , , , 24	, , 24	
	ACQUIRED DISPOSED	ACQUIRED DISPOSED	
	1	13	

Comments: ...

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. Josephs Medical Center	Stephanie Nguyen for Assembly 2024 #1457478			
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)			
1800 N. California Street	1700 Tribute Road, Suite 201			
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE			
Laboratory				
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION			
Clinical Laboratory Scientist	Campaign consulting			
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 \qquad \$1,001 - \$10,000			
X \$10,001 - \$100,000 ☐ OVER \$100,000	▼ \$10,001 - \$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(Describe)	Other(Describe)			
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F	PERIOD			
a retail installment or credit card transaction, made in t	I lending institution, or any indebtedness created as part of he lender's regular course of business on terms available status. Personal loans and loans received not in a lender's s: INTEREST RATE TERM (Months/Years)			
	% None			
ADDRESS (Business Address Acceptable)				
	SECURITY FOR LOAN			
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence			
· · · · · · · · · · · · · · · · · · ·	Real Property			
HIGHEST BALANCE DURING REPORTING PERIOD	Street address			
\$500 - \$1,000	City			
	_			
\$10,001 - \$100,000	Guarantor			
OVER \$100,000	Other(Describe)			
	(American Control of C			

SCHEDULE D Income - Gifts



Darren Suen

 NAME OF SOURC 	E (Not an Acronyr	n)	► NAME OF SOURCE	E (Not an Acroi	nym)	
CA Tribal Business Alliance			Assemblymember Stephanie Nguyen			
ADDRESS (Business Address Acceptable)			ADDRESS (Busines			
1530 J Street.	Ste 410, Sac	cramento, CA 95814	1700 Tribute F	Road, Suite	201, Sacto, CA 95815	
BUSINESS ACTIVI			BUSINESS ACTIVI			
Advocacy			Legislator			
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
01 / 11 / 24	_{\$} 109.61	Food/entertainment	02 , 22 , 24	\$ <u>300</u>	Member Fundraiser*	
	\$		03 , 04 , 24	<u>\$</u> 200	King's Game*	
	\$			\$	-	
NAME OF SOURC	E (Not an Acronyn	n)	► NAME OF SOURC	E (Not an Acror	nym)	
CalChamber			Asian Peace (Officers Ass	ociation	
ADDRESS (Business Address Acceptable)			ADDRESS (Busines	ss Address Acce	eptable)	
1401 K Street,	, Sacramento,	, CA 95818	PO Box 2212	51, Sacrame	ento, CA 95822	
BUSINESS ACTIVITY, IF ANY, OF SOURCE			BUSINESS ACTIVI	TY, IF ANY, OF	SOURCE	
Advocacy			Advocacy			
DATE (mm/dd/yy)	VALUÉ	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
05 , 08 , 24	§ 60.72	Host Breakfast	06 , 06 , 24	<u>\$</u> 85	Dinner	
12 / 02 / 24	_{\$_} 50	Legislative reception		\$		
	\$			\$	-	
NAME OF SOURC	E (Not an Acronyn	1)	► NAME OF SOURC	E (Not an Acror	nym)	
ADDRESS (Business Address Acceptable) ADDRESS (Business Address Acceptable)					eptable)	
5555 Florin Pe	erkins Rd, Sad	cramento, CA 95826				
BUSINESS ACTIVITUDE			BUSINESS ACTIVI	TY, IF ANY, OF	SOURCE	
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
06 / 22 / 24	\$ <u>450</u>	Summer Solstice 2 tix		\$		
1 1	\$			\$	-	