

Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS

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COVER PAGE

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Filed Date: 12/19/2020 01:56 PM SAN: 111400076-STH-0076

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Duncan	n Christopher		
1. Office, Agency, or Cour	t		
Agency Name (Do not use acro.	nyms)		
City of San Clemente			
Division, Board, Department, Dist	trict, 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 (Statewide Jurisdiction)	Judge, or Court Commissioner
Multi-County		_ County of	
★ City of San Clemente		Other	
3. Type of Statement (Che	ck at least one box)		
December 31, 201	d is January 1, 2019, through 9.	Leaving Office: Date Left	/ ne circle.)
-or- The period covere December 31, 201	d is/, through 9.	 The period covered is Janu leaving office. 	ary 1, 2019, through the date of
➤ Assuming Office: Date as	sumed 12 , 01 , 2020		_/, through
Candidate: Date of Election	n and office soug	ht, if different than Part 1:	
4. Schedule Summary (m	ust complete) ► Total number	er of pages including this cover p	age:4
Schedules attached			
Schedule A-1 - Investme	ents – schedule attached	Schedule C - Income, Loans, & Busine	ss Positions - schedule attached
Schedule A-2 - Investments – schedule attached Schedule D - Income		Schedule D - Income - Gifts - schedul	
☐ Schedule B - Real Property – schedule attached ☐ Schedule E - Income – Gifts – Travel Payments – schedule attached			
-or- ☐ None - No reporta	ble interests on any schedule		
5. Verification	,		
MAILING ADDRESS STRI (Business or Agency Address Recommen		STATE	ZIP CODE
910 Calle Negocio	San Cler	mente CA	92673
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
(949) 361-8200			
	nce in preparing this statement. I have red dules is true and complete. I acknowled	viewed this statement and to the best of my lige this is a public document.	knowledge the information contained
I certify under penalty of perju	ry under the laws of the State of California	ornia that the foregoing is true and corre	ct.
Date Signed12/19/20	20 01:56 PM	Signature Electronic	Submission
	th day year	Signature	totoment with your filing official)

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Christopher Duncan

(Ownership Interest is 10% or Greater)

▶ 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST	
Ricolivebrook Holdings, Inc. DBA Dream Big Nation		
Name	Name	
9 Via Cancion, San Clemente, CA 92673		
Address (Business Address Acceptable)	Address (Business Address Acceptable)	
Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Check one ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS	
Skincare, nutrition, executive coaching		
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	
□ \$0 - \$1,999	☐ \$0 - \$1,999 ☐ \$0 - \$0.000	
\$2,000 - \$10,000	\$2,000 - \$10,000	
\$100,001 - \$1,000,000	\$100,001 - \$1,000,000	
Over \$1,000,000	Over \$1,000,000	
NATURE OF INVESTMENT	NATURE OF INVESTMENT	
Partnership X Sole Proprietorship Other	Partnership Sole Proprietorship Other	
YOUR BUSINESS POSITION Owner	YOUR BUSINESS POSITION	
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA	► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA	
SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	
☐ \$0 - \$499 ☐ \$10,001 - \$100,000	\$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000	
☐ \$500 - \$1,000 ☐ OVER \$100,000 ■ \$1,001 - \$10,000	│	
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	
None or Names listed below	☐ None or ☐ Names listed below	
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST	
Check one box:	Check one box:	
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY	
Name of Business Entity, if Investment, or	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	
Assessor's Parcel Number or Street Address of Real Property	Assessor's Farcer Number of Street Address of Real Property	
Description of Business Activity or	Description of Business Activity or	
City or Other Precise Location of Real Property	City or Other Precise Location of Real Property	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000	
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED	
Over \$1,000,000	Over \$1,000,000	
NATURE OF INTEREST	NATURE OF INTEREST	
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership	
Leasehold Other	Leasehold Other	
Yrs. remaining Check box if additional schedules reporting investments or real property	Yrs. remaining Check box if additional schedules reporting investments or real property	
are attached		

Comments:_

SCHEDULE C Income, Loans, & Business **Positions**(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Christopher Duncan

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Stein Shostak Shostak Pollack & O'Hara	Arbonne Int'l
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
865 S. Figueroa St., Ste. 1388, Los Angeles, CA 90017	9400 Jeronimo Rd., Irvine, CA 92618
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law firm	Skincare, Nutrition
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Associate Attorney	Consultant
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED No Income - Business Position Onl \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 X OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED
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.)
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	Other
(Describe)	(Describe)
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 tatus. 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
HIGHEST BALANCE DURING REPORTING PERIOD	Real PropertyStreet address
\$500 - \$1,000	City
\$1,001 - \$10,000	Guarantor
\$10,001 - \$100,000	U Guaranioi
OVER \$100,000	Other(Describe)
Comments:	

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Christopher Duncan

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
Arbonne Int'l	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
9400 Jeronimo Rd.	
CITY AND STATE	CITY AND STATE
Irvine, CA 92618	
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE Skincare, Nutririon	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 01 / 04 / 20 - 01 / 11 / 20 AMT: \$3,000	DATE(S):////AMT: \$
► MUST CHECK ONE: 🕱 Gift -or- 🗌 Income	► MUST CHECK ONE: ☐ Gift -or- ☐ Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
► If Gift, Provide Travel Destination Maui, Hawaii	▶ If Gift, Provide Travel Destination
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):/	DATE(S):/
► MUST CHECK ONE: Gift -or- Income	► MUST CHECK ONE: ☐ Gift -or- ☐ Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
► If Gift, Provide Travel Destination	▶ If Gift, Provide Travel Destination
Comments:	