CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

(month, day, year)

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received
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Filed Date: 03/05/2023 10:05 AM SAN: 111400076-STH-0076

Please type or print in ink. NAME OF FILER (LAST) (FIRST) Duncan Christopher 1. Office, Agency, or Court Agency Name (Do not use acronyms) City of San Clemente 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 X City of San Clemente 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2022, through Leaving Office: Date Left ____ December 31, 2022. (Check one circle.) The period covered is January 1, 2022, through the date of The period covered is ____/___, through leaving office. December 31, 2022. -or-The period covered is ____ Assuming Office: Date assumed _____/____ the date of leaving office. Candidate: Date of Election ___ and office sought, if different than Part 1: ____ Schedule Summary (required) ▶ Total number of pages including this cover page: Schedules attached X Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - 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) 910 Calle Negocio San Clemente CA 92673 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS (949) 361-8200 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 03/05/2023 10:05 AM Christopher Duncan 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 FAIR POLITICAL PRACTICES COMMISSION

Christopher Duncan

► NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
Abundant Life Publishing Co.	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	
	GENERAL DESCRIPTION OF THIS BUSINESS
Printed planners and journals FAIR MARKET VALUE	
× \$2,000 - \$10,000	FAIR MARKET VALUE
\$100,001 - \$1,000,000 Over \$1,000,000	\$2,000 - \$10,000
NEW TOTAL CONTROL OF STREET CO	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Spouse is partner (Presiden)	NATURE OF INVESTMENT Stock Other
(Describe) ☐ Partnership ◯ Income Received of \$0 - \$499	(Describe)
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:
03 / 01 / 22 / / 22	
ACQUIRED DISPOSED	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 \$10,001 - \$100,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	\$2,000 - \$10,000
NATURE OF INVESTMENT	State of the state
Stock Other	NATURE OF INVESTMENT Stock Other
(Describe) Partnership Olncome Received of \$0 - \$499	(Describe)
Income Received of \$500 or More (Report on Schedule C)	Partnership Oncome Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
	properties of solicidate by
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	OFNED W. DEGLESS
THE SOUNCE	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT
(Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499
50 UP	○ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments:	

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Christopher Duncan

Ricolivebrook Holdings, Inc. DBA Dream Big Nation Name Properties Address Acceptables Name Property Property Conception	▶ 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Address (Business Address Acceptable) Check one Trust, go to 2 Business Entity, complete the box, then go to 2 GENERAL DESCRIPTION OF THIS BUSINESS SKINGARE, NUTRITION, executive Coaching FAIR MARKET VALUE	Ricolivebrook Holdings, Inc. DBA Dream Big Nation	
Charlet one Trust, go to 2 Business Entilly, complete the box, then go to 2	4	Name
Check one Chec	Address (Business Address Acceptable)	Address (Business Address Acceptable)
GENERAL DESCRIPTION OF THIS BUSINESS Skincare, nutrition, executive coaching FAIR MARKET VALUE	COLIN GOOD BY THE COLIN OF THE	Check one
Skincare, nutrition, executive coaching FAIR MARKET VALUE FAPPLICABLE, LIST DATE: \$0\$1,996 \$10.001 - \$10.0000 \$1.000.0000 \$1.000.00		☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
FAIR MARKET VALUE		GENERAL DESCRIPTION OF THIS BUSINESS
S 3.00 - \$10.000	Standard, Hearton, executive coaching	
St. 200 - \$10.000	THI FEIGNACE, EIGI BATE.	The state of the s
SIGO_001 - \$1,000_000	× \$2,000 - \$10,000	00
Over \$1,000,000 Over \$1,00	DIO COED	
Partnership Sole Proprietorship Other		
Partnership Sole Proprietorship Other		NATURE OF INVESTMENT
YOUR BUSINESS POSITION	Partnership Sole Proprietorship Other	Partnership Sole Proprietorship Other
2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRORATA SHARE OF THE GROSS INCOME 10 THE ENTITY/TRUST)	YOUR BUSINESS POSITION Owner	
SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) \$ 30 - \$499	2 IDENTIFY THE GDOSS INCOME DESCRIVED (INCLUDE VOICE DESCRIVED)	
\$500 - \$1,000 OVER \$10,000 OVER \$1,000,000 OVER	SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
S 1,001 - \$10,000 S 1,001 - \$1,000,000 S 1,001	= + + + + + + + + + + + + + + + + + + +	\$0 - \$499 \$10,001 - \$100,000
3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (utuch a separate sheet if necessary) None or Names listed below 1. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property Name of Business Activity or City or Other Precise Location of Real Property Same of Business Activity or City or Other Precise Location of Real Property Same of Business Activity or City or Other Precise Location of Real Property Same of Business Activity or City or Other Precise Location of Real Property Same of Business Activity or City or Other Precise Location of Real Property Same of Business Activity or City or Other Precise Location of Real Property Same of Business Activity or City or Other Precise Location of Real Property Same of Business Activity or City or Other Precise Location of Real Property Same of Business Activity or City or Other Precise Location of Real Property Description of Business Activity or City or Other Precise Location of Real Property Same of Business Activity or City or Other Precise Location of Real Property Description of Business Activity or City or Other Precise Location of Real Property Description of Business Activity or City or Other Precise Location of Real Property Description of Business Activity or City or Other Precise Location of Real Property Description of Business Activity or City or Other Precise Location of Real Property Description of Business Activity or City or Other Precise Location of Real Property Description of Business Activity or City or Other Precise Location of Real Property Description of Business Activity or City or Other Precise Location of Real Property Description of Business Activity or City or Other Precise Location of Real Property Description of Business Activity or City or Other Precise Location		
None or Names listed below Name Name Names Na	▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
A. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: ☐ INVESTMENT ☐ REAL PROPERTY Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property Description of Business Activity or City or Other Precise Location of Real Property FAIR MARKET VALUE ☐ IF APPLICABLE, LIST DATE: ☐ \$2,000 - \$10,000 ☐ J / 22		INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property Description of Business Activity or City or Other Precise Location of Real Property FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,000 \$1,000 \$2,000 \$10,000 \$1,	149 - 1500 CONTROL OF	None of Premes listed below
LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property Description of Business Activity or City or Other Precise Location of Real Property FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,000 \$1,000 \$2,000 \$10,000 \$1,		
LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property Description of Business Activity or City or Other Precise Location of Real Property FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,000 \$1,000 \$2,000 \$10,000 \$1,		
LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property Description of Business Activity or City or Other Precise Location of Real Property FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,000 \$1,000 \$2,000 \$10,000 \$1,	A INVESTMENTS AND DESCRIPTION	
Check one box: INVESTMENT	LEASED BY THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property Description of Business Activity or City or Other Precise Location of Real Property FAIR MARKET VALUE	No. 10	Check one box:
Assessor's Parcel Number or Street Address of Real Property Description of Business Activity or City or Other Precise Location of Real Property FAIR MARKET VALUE	REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Description of Business Activity or City or Other Precise Location of Real Property FAIR MARKET VALUE	Name of Business Entity, if Investment, or	Name of Business Entity, if Investment, or
City or Other Precise Location of Real Property FAIR MARKET VALUE	Assessor's Parcer Number of Street Address of Real Property	Assessor's Parcel Number or Street Address of Real Property
FAIR MARKET VALUE FAPPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$1,000,000 \$10,0		
\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$1,000,000 Over \$1,000,000 NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership Leasehold Yrs. remaining Other Check box if additional schedules reporting investments or real property Check box if additional schedules reporting investments or real property		
\$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership Leasehold Yrs. remaining Other Check box if additional schedules reporting investments or real property The stock of the	\$2,000 - \$10,000	THE CONDECT COT BATE.
Over \$1,000,000 NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership Leasehold Yrs. remaining Other Check box if additional schedules reporting investments or real property Check box if additional schedules reporting investments or real property		
Property Ownership/Deed of Trust		
Leasehold Yrs. remaining Check box if additional schedules reporting investments or real property Check box if additional schedules reporting investments or real property		
Yrs. remaining Check box if additional schedules reporting investments or real property The check box if additional schedules reporting investments or real property Check box if additional schedules reporting investments or real property		Property Ownership/Deed of Trust Stock Partnership
Check box if additional schedules reporting investments or real property Check box if additional schedules reporting investments or real property	Leasehold Other	Leasehold Other
TI .	Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property
Comments:	Comments:	I

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
Arbonne Int'l	Stein Shostak Shostak Pollack & O'Hara
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
9400 Jeronimo Rd., Irvine, CA 92618	865 S. Figueroa St., Ste. 1388, Los Angeles, CA 90017
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Skincare, Nutrition	Law firm
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Consultant	Associate Attorney
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 \$1,000
S10,001 - \$100,000 X OVER \$100,000	☐ \$10,001 - \$100,000 X 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.)	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.) Loan repayment	(Real property, car, boat, etc.)
	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	Other
(Describe)	(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PE	
You are not required to report loans from a commercial I	ending institution, or any indebtedness created as part of
a retail installment or credit card transaction, made in the	e lender's regular course of business on terms available
regular course of business must be disclosed as follows	status. Personal loans and loans received not in a lender's
regular codisc of business must be disclosed as follows	
NAME OF LENDER*	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	
\$1,001 - \$10,000	City
\$10,001 - \$100,000	Guarantor
OVER \$100,000	
_	Other(Describe)
Comments:	(Describe)

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Christopher Duncan

NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
California Teachers Association	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1118 10th St., Sacramento, CA 95814	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
CTA Reception	I SSEME TO THE THE PARTY OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
2 222	Description of Sil 1(5)
07 / 24 / 22 § 34.90 Attendance	\$
/ \$	
/	\ //_ \$
NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
	[
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
	DOUNTESO NOTIVITI, IL AIVI, OF SOUNCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
/	
	\$
NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
	The total of double (Not all Actollyth)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
3 out not referred about 2000 and a state of the state of	The state of the s
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Special contraction and a special contraction of the special contraction of	BOOKES NOTIVITI, II ANI, OF BOOKES
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
DESCRIPTION OF SHIT(S)	DESCRIPTION OF GIFT(S)
/	
	// \$
Comments:	

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

	FORNIA FORM 700 DILITICAL 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	
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
	133 (4)(4) SI DESCRIBE BECINESS NOT WITH, III ANTI, OF SOURCE
DATE(S): 03 / 20 / 22 _ 03 / 26 / 22 AMT: \$ 2500	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 Travel and lodging for conference	Other - Provide Description
If Gift, Provide Travel Destination	► If Gift, Provide Travel Destination
Cancun, MX	
▶ 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	
Comments:	