Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Filing Official Use Only

COVER PAGE

Filed Date: 04/06/2023 02:03 PM SAN: 111400076-STH-0076

NAME OF FILER (LAST) (FIRST) (MIDDLE) 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) 2. Jurisdiction of Office (Check at least one box) 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.) -or-The period covered is January 1, 2022, through the date of The period covered is ____ leaving office. December 31, 2022. Assuming Office: Date assumed ____ The period covered is ____ 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: _ 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 CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 910 Calle Negocio San Clemente CA 92673 DAYTIME TELEPHONE NUMBER (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. 04/06/2023 02:03 PM Christopher Duncan Date Signed. Signature __ (month, day, year)

(File the originally signed paper statement with your filing official.)

SCHEDULE D Income - Gifts

▶ NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
San Clemente Chamber of Commerce	White or ocorrect (Not all Autoryth)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CONTROL CONTRO	ADDITESS (Business Address Acceptable)
1231 Puerta Del Sol, Unit 200, San Clemente, CA 92673 BUSINESS ACTIVITY, IF ANY, OF SOURCE	PUCINESS ACTIVITY IS ANY OF COURSE
BUSINESS ACTIVITY, IF ANY, OF SOUNCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
10 , 28 , 22 s 165 Taste of San Clemente	
/	
▶ 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
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	/ \$
/	
▶ NAME OF SOURCE (Not an Acronym)	Filer's Verification
ADDRESS (Business Address Acceptable)	Print Name Christopher Duncan
	Office, Agency City of San Clemente
BUSINESS ACTIVITY, IF ANY, OF SOURCE	Statement Type 2022/2023 Annual Assuming Leaving
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	AnnualCandidate
	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 certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
	Date Signed
	Filer's Signature Christopher Duncan

Comments: _____