

**UNITED STATES HOUSE OF REPRESENTATIVES**

**2007 FINANCIAL DISCLOSURE STATEMENT**

**FORM A**

For use by Members, officers, and employees

**HAND DELIVERED**

LEGISLATIVE RESOURCE CENTER 10

2007 MAY 10 PM 3:20 MC

OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES  
(Office Use Only)

John J. Duncan, Jr.

(Full Name)

12103 Butternut Circle

(Mailing Address)

202-225-5435

Daytime Telephone:

Knoxville, TN 37922

<b>Filer Status</b>	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>TN</u>	<input type="checkbox"/> Officer or Employee	Employing Office: _____
	District: <u>02</u>			
<b>Report Type</b>	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date: _____

**A \$200 penalty shall be assessed against anyone who files more than 30 days late.**

**PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS**

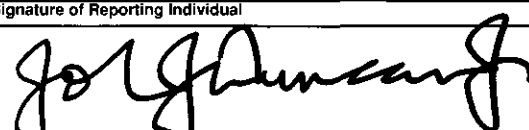
<p>I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? <b>If yes, complete and attach Schedule I.</b></p> <p style="text-align: right;">Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$305 and not otherwise exempt)? <b>If yes, complete and attach Schedule VI.</b></p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? <b>If yes, complete and attach Schedule II.</b></p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$305 from one source)? <b>If yes, complete and attach Schedule VII.</b></p> <p style="text-align: right;">Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? <b>If yes, complete and attach Schedule III.</b></p> <p style="text-align: right;">Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? <b>If yes, complete and attach Schedule VIII.</b></p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? <b>If yes, complete and attach Schedule IV.</b></p> <p style="text-align: right;">Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>IX. Did you have any reportable agreement or arrangement with an outside entity? <b>If yes, complete and attach Schedule IX.</b></p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? <b>If yes, complete and attach Schedule V.</b></p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p><b>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</b></p>

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS**

<p><b>TRUSTS</b>—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p><b>EXEMPTION</b>—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

**CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED**

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

<b>Certification</b>	<b>Signature of Reporting Individual</b>	<b>Date (Month, Day, Year)</b>
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		5/8/07





**SCHEDULE III — ASSETS AND "UNEARNED" INCOME**

BLOCK A Asset and/or Income Source			BLOCK B Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year.  <b>Exclude:</b> Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.			at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."												Check all columns that apply. Check "None" if asset did not generate any income during the calendar year.							For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was received.											Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year.
			A	B	C	D	E	F	G	H	I	J	K	L	None	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	P, S, E
SP, DC, JT	Examples:	SP Mega Corp. Stock			X									X				Royalties				X						X					P
		Simon & Schuster		Indefinite																									X				
		1st Bank of Paducah, KY accounts			X																			X									
		Smith-Barney-IRA Fidelity Value Fund			X									X								X											
		Smith-Barney-IRA Fidelity Fund Inc.			X									X								X											
		Smith-Barney-IRA Income Fund of America			X									X								X											
		Smith-Barney-IRA BB&T Stock				X								X									X									Partial Sale	
DC		Cracker Barrel-Stock		X										X										X									
		State of TN. Pension Fund		X																		X											

For additional assets and unearned income, use next page.



**SCHEDULE V — LIABILITIES**

Name **John J. Duncan, Jr.**

Page **1** of **1**

Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B \$10,001– \$15,000	C \$15,001– \$50,000	D \$50,001– \$100,000	E \$100,001– \$250,000	F \$250,001– \$500,000	G \$500,001– \$1,000,000	H \$1,000,001– \$5,000,000	I \$5,000,001– \$25,000,000	J \$25,000,001– \$50,000,000	K Over \$50,000,000	
<i>Example:</i>	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X							
	NONE												

**SCHEDULE VI — GIFTS**

Report the source, a brief description, and the value of all gifts totalling more than \$305 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$122 or less need not be added towards the \$305 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
<i>Example:</i> Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$325
N/A		

Use additional sheets if more space is required.



**SCHEDULE VIII — POSITIONS**

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	NONE

**SCHEDULE IX — AGREEMENTS**

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NONE	



JOHN J. DUNCAN, JR.  
2ND DISTRICT, TENNESSEE

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FAX: (202) 225-6440

**Congress of the United States**  
**House of Representatives**

**Washington, DC 20515-4202**

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KNOXVILLE, TN 37902 MARYVILLE, TN 37804-5782  
PHONE: (865) 523-3772 PHONE: (865) 984-5464  
FAX: (865) 544-0728 FAX: (865) 984-0521

6 EAST MADISON AVENUE COURTHOUSE  
ATHENS, TN 37303-4297  
PHONE: (423) 745-4671  
FAX: (423) 745-6025

**Ms. Lorraine C. Miller**  
**Clerk of the House**  
**House of Representatives**  
**Legislative Resource Center**  
**B106 Cannon House Office Building**  
**Washington, D.C. 20515**

**May 7, 2007**

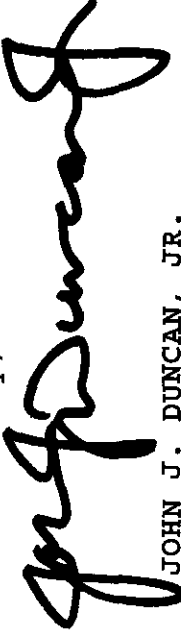
**Dear Ms. Miller:**

I wish to clarify the "excepted trusts" noted on my 2006 Financial Disclosure Statement. The trust noted on my report consists of the Lois S. Duncan Grandchildren's Trust Fund. The trustee is Attorney James H. London, with his office being located at 1716 Clinch Avenue, Knoxville, TN 37916.

The beneficiaries of the trust include one of my children that was a dependent in 2006. This is not an income trust and no funds will be disbursed until the beneficiaries reach their 30<sup>th</sup> birthday. The value of the trust at the end of 2006 was approximately \$26,000 per child. This information was provided by Mr. William Slayden, the accountant for the trust.

With kindest regards, I am

Yours truly,



**JOHN J. DUNCAN, JR.**  
Member of Congress

COMMITTEES:  
TRANSPORTATION AND INFRASTRUCTURE

SUBCOMMITTEES:  
HIGHWAYS AND TRANSIT—RANKING MEMBER  
WATER RESOURCES AND ENVIRONMENT

AVIATION

NATURAL RESOURCES

SUBCOMMITTEE:  
NATIONAL PARKS, FORESTS, AND PUBLIC LANDS

OVERSIGHT AND GOVERNMENT REFORM

SUBCOMMITTEES:  
NATIONAL SECURITY AND FOREIGN AFFAIRS  
GOVERNMENT MANAGEMENT, ORGANIZATION,  
AND PROCUREMENT