

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

DUNCAN FOR CONGRESS

ADDRESS (number and street)

PO BOX 2646

Check if different than previously reported. (ACC)

KNOXVILLE

TN

37901

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C00229104

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

TN

02

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

07

15

2006

through

09

30

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Darrell Akins

Signature of Treasurer

Electronically Filed by Darrell Akins

Date

10

15

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

DUNCAN FOR CONGRESS

Report Covering the Period:

From:

| | |
|---|---|
| M | M |
| 0 | 7 |

| | |
|---|---|
| D | D |
| 1 | 5 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 9 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e))..... | 73200.00 | 589653.56 |
| (b) Total Contribution Refunds (from Line 20(d))..... | 0.00 | 0.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 73200.00 | 589653.56 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17)..... | 39546.33 | 289943.14 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 1047.44 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 39546.33 | 288895.70 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 1424641.72 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name
DUNCAN FOR CONGRESS

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 7 |

| | |
|---|---|
| D | D |
| 1 | 5 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 9 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

(i) Itemized (use Schedule A).....

25950.00

195904.38

(ii) Unitemized.....

1150.00

12450.00

(iii) TOTAL of contributions

27100.00

208354.38

from individuals..... ▶

0.00

1029.00

(b) Political Party Committees.....

(c) Other Political Committees
(such as PACS).....

46100.00

380270.18

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS
(other than loans)

73200.00

589653.56

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES.....

239.00

989.00

13. LOANS

(a) Made or Guaranteed by the
Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.).....

0.00

1047.44

15. OTHER RECEIPTS
(Dividends, Interest, etc.).....

7764.43

30028.30

16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶

81203.43

621718.30

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

| | | |
|--|-----------|-----------|
| 17. OPERATING EXPENDITURES..... | 39546.33 | 289943.14 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES..... | 70725.48 | 129225.48 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) Of all Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees..... | 0.00 | 0.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 0.00 | 0.00 |
| 21. OTHER DISBURSEMENTS..... | 2610.00 | 15624.83 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 112881.81 | 434793.45 |

III. CASH SUMMARY

| | |
|---|------------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 1456320.10 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)..... | 81203.43 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 1537523.53 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 112881.81 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 1424641.72 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 5 / 69 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) A. Madeleine Arison | | Date of Receipt M M / D D / Y Y Y Y Y 08 / 07 / 2006 | |
| Mailing Address 9999 Collins Avenue | | Transaction ID: SA11A1.16695 | |
| City State Zip Code Bal Harbour FL 33154 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer N/A Occupation Homemaker | Election Cycle-to-Date 2000.00 | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. Howard H. Baker, Jr. | | Date of Receipt M M / D D / Y Y Y Y Y 08 / 30 / 2006 | |
| Mailing Address 3 Court House Square P. O. Box 8 | | Transaction ID: SA11A1.16696 | |
| City State Zip Code Huntsville TN 37756 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Self Occupation Attorney | Election Cycle-to-Date 1000.00 | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Henry C. Bradley | | Date of Receipt M M / D D / Y Y Y Y Y 09 / 20 / 2006 | |
| Mailing Address 406 Virginia Avenue | | Transaction ID: SA11A1.16752 | |
| City State Zip Code Alexandria VA 22302 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Chad Bradley & Associates, LLC Occupation President/CEO | Election Cycle-to-Date 500.00 | | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 2500.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 / 69 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Suzie Brewster | | Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6 |
| Mailing Address 451 New Jersey Avenue SE | | Transaction ID: SA11A1.16880 |
| City Washington | State DC | Zip Code 20003-4034 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 350.00 |
| Name of Employer Suzie Brewster & Associates | Occupation President | In-kind - Fundraising Expense <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 350.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Bonnie Carroll | | Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 6 |
| Mailing Address P. O. Box 4141 | | Transaction ID: SA11A1.16699 |
| City Oak Ridge | State TN | Zip Code 37831 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer Information International Assn | Occupation Consultant | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Richard J. Corman | | Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6 |
| Mailing Address 1409 Jessamine Station Road | | Transaction ID: SA11A1.16742 |
| City Nicholasville | State KY | Zip Code 40356 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2100.00 |
| Name of Employer R J Corman Railroad | Occupation Owner/Executive | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2100.00 | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 3450.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 / 69 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ben G. Cottrell

Mailing Address 1531 Blanford Circle

City Norfolk State VA Zip Code 23505-1705

FEC ID number of contributing federal political committee. **C**

Name of Employer Cottrell Engineering Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 20 / 2006

Transaction ID: SA11A1.16754

Amount of Each Receipt this Period
 1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
David R. Fischell

Mailing Address 71 Riverlawn Drive

City Fair Haven State NJ Zip Code 07704

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Physicist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 20 / 2006

Transaction ID: SA11A1.16730

Amount of Each Receipt this Period
 2100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Sarah T. Fischell

Mailing Address 71 Riverlawn Drive

City Fair Haven State NJ Zip Code 07704

FEC ID number of contributing federal political committee. **C**

Name of Employer AT & T Occupation Engineer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 20 / 2006

Transaction ID: SA11A1.16728

Amount of Each Receipt this Period
 2100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 5700.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 / 69 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Edmund C. Graber

Mailing Address 10102 Lawyers Road

City State Zip Code
Vienna VA 22181

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 20 / 2006

Transaction ID: SA11A1.16750

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Tim A. Graham

Mailing Address 7010 Oak Ridge Hwy.

City State Zip Code
Knoxville TN 37931

FEC ID number of contributing federal political committee. **C**

Name of Employer Graham Corporation Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 14 / 2006

Transaction ID: SA11A1.16701

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Jonathan Harwood

Mailing Address 8 Post Road

City State Zip Code
Rumson NJ 07760

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 20 / 2006

Transaction ID: SA11A1.16740

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 / 69 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
James A. Haslam, III

Mailing Address P. O. Box 10146

City State Zip Code
Knoxville TN 37939-0146

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pilot Travel Centers, LLC CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2006

Transaction ID: SA11A1.16702

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Eric V. Haug

Mailing Address 3822 57th. Avenue, SW

City State Zip Code
Seattle WA 98116

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Manson Construction Company President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 20 / 2006

Transaction ID: SA11A1.16756

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Randolf L. Hinaman

Mailing Address 601 Madison St., Suite 200

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Smith, Hinaman & Associates Government Consultants

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 20 / 2006

Transaction ID: SA11A1.16751

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 2500.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 / 69 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Robert Hobart

Mailing Address 402 Ashford Lane

City State Zip Code
Alexandria VA 22304

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
The Bond Market Manager, Political Affairs

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 01 / 2006

Transaction ID: SA11A1.16703

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
John P. McAllister

Mailing Address 326 South Carolina Avenue, SE

City State Zip Code
Washington DC 20003

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
McAllister & Quinn Lobbyist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 27 / 2006

Transaction ID: SA11A1.16687

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Kenneth A. Miller

Mailing Address 531 S. Gay Street #1400

City State Zip Code
Knoxville TN 37902

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2006

Transaction ID: SA11A1.16882

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1750.00 |
| TOTAL This Period (last page this line number only) | |

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 / 69 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Frederick P. Paup | | Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006 |
| Mailing Address 26032 SE 30th. Street | | Transaction ID: SA11A1.16758 |
| City Sammanish | State WA | Zip Code 98075-9107 |
| Amount of Each Receipt this Period 1000.00 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Manson Construction Company | Occupation Executive Vice President | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Stephen Phipps | | Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006 |
| Mailing Address 4289 Weaver Ft. Jefferson | | Transaction ID: SA11A1.16761 |
| City Greenville | State OH | Zip Code 45331 |
| Amount of Each Receipt this Period 2000.00 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Woolpert, Inc. | Occupation Engineer | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2000.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Michael D. Ports | | Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2006 |
| Mailing Address 3824 Happy Valley Road | | Transaction ID: SA11A1.16707 |
| City Wooster | State OH | Zip Code 44691 |
| Amount of Each Receipt this Period 1000.00 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Ports Petroleum Company | Occupation President | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 4000.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 / 69 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|--------|
| A. Full Name (Last, First, Middle Initial) Fuad Reveiz Mailing Address 1231 Arborbrook Circle City Knoxville State TN Zip Code 37922 FEC ID number of contributing federal political committee. C | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.16738 Amount of Each Receipt this Period <table border="1"> <tr> <td>300.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 9 | | 2 | 0 | | 2 | 0 | 0 | 6 | 300.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 9 | | 2 | 0 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| 300.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Self Occupation Builder Receipt For: 2006 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | <table border="1"> <tr> <td>300.00</td> </tr> </table> | 300.00 | | | | | | | | | | | | | | | | | | | | |
| 300.00 | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|---------|
| B. Full Name (Last, First, Middle Initial) Edward Phillip Russell, Jr. Mailing Address 6747 Royal Thomas Way City Alexandria State VA Zip Code 22315 FEC ID number of contributing federal political committee. C | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.16732 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 9 | | 2 | 0 | | 2 | 0 | 0 | 6 | 1000.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 9 | | 2 | 0 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Self Occupation Lobbyist Receipt For: 2006 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | <table border="1"> <tr> <td>1000.00</td> </tr> </table> | 1000.00 | | | | | | | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | | | |

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|---|---|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|--------|
| C. Full Name (Last, First, Middle Initial) Derry M. Thompson Mailing Address 1200 Great Oaks Way City Knoxville State TN Zip Code 37909 FEC ID number of contributing federal political committee. C | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.16709 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 | | 3 | 0 | | 2 | 0 | 0 | 6 | 250.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 8 | | 3 | 0 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| 250.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Knoxville Expo Center Occupation Owner Receipt For: 2006 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | <table border="1"> <tr> <td>250.00</td> </tr> </table> | 250.00 | | | | | | | | | | | | | | | | | | | | |
| 250.00 | | | | | | | | | | | | | | | | | | | | | | | |

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|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1550.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 / 69 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ann D. Warner

Mailing Address 2424 Garnett Drive

City State Zip Code
Alexandria VA 22311-4907

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Government Affairs Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 01 / 2006

Transaction ID: SA11A1.16711

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Richard S. Weeks

Mailing Address 4 Commerce Drive

City State Zip Code
Cranford NJ 07016

FEC ID number of contributing federal political committee. **C**

Name of Employer Weeks Marine Inc. Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2000.00**

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 20 / 2006

Transaction ID: SA11A1.16749

Amount of Each Receipt this Period
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Steve Williams

Mailing Address 721 Virtue Road

City State Zip Code
Knoxville TN 37922

FEC ID number of contributing federal political committee. **C**

Name of Employer The Williams Company Occupation Builder/Developer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1500.00**

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 26 / 2006

Transaction ID: SA11A1.16689

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

| | |
|--|-----------------|
| SUBTOTAL of Receipts This Page (optional) | 3500.00 |
| TOTAL This Period (last page this line number only) | 25950.00 |

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 / 69 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d | |
| | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. AIRCRAFT OWNERS AND PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE | | Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006 |
| Mailing Address 421 AVIATION WAY | | Transaction ID: SA11C.16714 |
| City FREDERICK State MD Zip Code 21701 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00131185 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation | Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 8000.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. AMERICAN BANKERS ASSOCIATION BANKPAC | | Date of Receipt M M / D D / Y Y Y Y Y 07 / 26 / 2006 |
| Mailing Address 1120 CONN. AVE., NW SUITE 851 | | Transaction ID: SA11C.16691 |
| City WASHINGTON State DC Zip Code 20036 | Amount of Each Receipt this Period 2000.00 | |
| FEC ID number of contributing federal political committee. C C00004275 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation | Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 7500.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. AMERICAN COMMERCIAL LINES INC. EFFECTIVE GOVERNMENT FUND | | Date of Receipt M M / D D / Y Y Y Y Y 09 / 20 / 2006 |
| Mailing Address 1701 EAST MARKET STREET PO BOX 610 | | Transaction ID: SA11C.16767 |
| City JEFFERSONVILLE State IN Zip Code 47130 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00077982 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation | Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00 | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 4000.00 |
| TOTAL This Period (last page this line number only) | |

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 / 69 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d | |
| | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. AMERICAN MARITIME OFFICERS VOLUNTARY POLITICAL ACTION FUND | | Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006 |
| Mailing Address 2 West Dixie Highway | | Transaction ID: SA11C.16774 |
| City Dania Beach State FL Zip Code 33004 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00027532 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation | Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 7000.00 | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE | | Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006 |
| Mailing Address 1101 VERMONT AVENUE N W | | Transaction ID: SA11C.16735 |
| City WASHINGTON State DC Zip Code 20005 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00000422 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation | Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. AMERICAN SHIPPING GROUP MARINE RESOURCES GROUP | | Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006 |
| Mailing Address 32001 - 32ND AVE SOUTH SUITE 200 | | Transaction ID: SA11C.16777 |
| City FEDERAL WAY State WA Zip Code 98001 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00411694 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer Occupation | Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00 | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 3000.00 |
| TOTAL This Period (last page this line number only) | |

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 / 69 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d | |
| | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

A. AMERICAN WATERWAYS OPERATORS-PAC

Full Name (Last, First, Middle Initial)
Mailing Address **1600 WILSON BLVD SUITE 1000**

City **ARLINGTON** State **VA** Zip Code **22209**

FEC ID number of contributing federal political committee. **C C00034678**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2000.00**

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 20 / 2006

Transaction ID: SA11C.16769

Amount of Each Receipt this Period
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. ASSOCIATED EQUIPMENT DISTRIBUTORS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address **121 NORTH HENRY STREET**

City **ALEXANDRIA** State **VA** Zip Code **22314**

FEC ID number of contributing federal political committee. **C C00010124**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2000.00**

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 20 / 2006

Transaction ID: SA11C.16737

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. BRUNSWICK CORPORATION GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)
Mailing Address **1 N FIELD CT**

City **LAKE FOREST** State **IL** Zip Code **60045**

FEC ID number of contributing federal political committee. **C C00110262**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **4500.00**

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 20 / 2006

Transaction ID: SA11C.16766

Amount of Each Receipt this Period
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 5000.00 |
| TOTAL This Period (last page this line number only) | |

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 / 69 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d | |
| | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. BRUNSWICK CORPORATION GOOD GOVERNMENT FUND | | Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006 |
| Mailing Address 1 N FIELD CT | | Transaction ID: SA11C.16879 |
| City LAKE FOREST | State IL | Zip Code 60045 |
| Amount of Each Receipt this Period 2000.00 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| FEC ID number of contributing federal political committee. C C00110262 | | |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 6500.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. BWX TECHNOLOGIES INC POLITICAL ACTION COMMITTEE | | Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006 |
| Mailing Address 2016 MT ATHOS RD | | Transaction ID: SA11C.16744 |
| City LYNCHBURG | State VA | Zip Code 24504 |
| Amount of Each Receipt this Period 1000.00 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| FEC ID number of contributing federal political committee. C C00365502 | | |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2000.00 | |

| | | |
|--|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. CAMP DRESSER & MCKEE INC. NATIONAL POLITICAL ACTION COMMITTEE (A.K.A. 'CDM NATIONAL POLITICAL ACTION COMMITTEE) | | Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006 |
| Mailing Address 14420 ALBEMARLE POINT PL SUITE 210 | | Transaction ID: SA11C.16883 |
| City CHANTILLY | State VA | Zip Code 20151 |
| Amount of Each Receipt this Period 2000.00 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| FEC ID number of contributing federal political committee. C C00398222 | | |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 5000.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|--|------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 18 / 69 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b |
| | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CROWLEY MARITIME CORPORATION FEDERAL PAC

Mailing Address **575 7th Street N.W.
Suite 600**

City **Washington** State **DC** Zip Code **20004**

FEC ID number of contributing federal political committee. **C C00147231**

Name of Employer _____ Occupation _____

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 20 / 2006

Transaction ID: SA11C.16765

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
DEALERS ELECTION ACTION COMMITTEE OF THE NATIONAL AUTOMOBILE DEALERS ASSOCIATION

Mailing Address **8400 WESTPARK DRIVE**

City **MCLEAN** State **VA** Zip Code **22102**

FEC ID number of contributing federal political committee. **C C00040998**

Name of Employer _____ Occupation _____

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **10000.00**

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 20 / 2006

Transaction ID: SA11C.16736

Amount of Each Receipt this Period
4000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
ENTERPRISE RENT-A-CAR COMPANY POLITICAL ACTION COMMITTEE

Mailing Address **600 Corporate Park Drive**

City **St. Louis** State **MO** Zip Code **63105**

FEC ID number of contributing federal political committee. **C C00219642**

Name of Employer _____ Occupation _____

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2500.00**

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 01 / 2006

Transaction ID: SA11C.16717

Amount of Each Receipt this Period
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 7500.00 |
| TOTAL This Period (last page this line number only) | |

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 / 69 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d | |
| | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. GREAT LAKES DREDGE & DOCK COMPANY POLITICAL ACTION COMMITTEE | | Date of Receipt M M / D D / Y Y Y Y 09 / 02 / 2006 |
| Mailing Address 2122 YORK ROAD | | Transaction ID: SA11C.16745 |
| City State Zip Code OAK BROOK IL 60523 | Amount of Each Receipt this Period 2100.00 | |
| FEC ID number of contributing federal political committee. C C00264937 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 3100.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. INGRAM BARGE COMPANY POLITICAL ACTION COMMITTEE | | Date of Receipt M M / D D / Y Y Y Y 09 / 02 / 2006 |
| Mailing Address ONE BELLE MEADE PL 4400 HARDING RD | | Transaction ID: SA11C.16746 |
| City State Zip Code NASHVILLE TN 37205 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00364471 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 3000.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. KELLEY DRYE COLLIER SHANNON POLITICAL ACTION COMMITTEE | | Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2006 |
| Mailing Address 3050 K STREET NW SUITE 400 | | Transaction ID: SA11C.16720 |
| City State Zip Code WASHINGTON DC 20007 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00301929 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 4100.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 / 69 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d | |
| | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. KIRBY CORPORATION POLITICAL ACTION COMMITTEE | | Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006 |
| Mailing Address 55 WAUGH DRIVE SUITE 1000 | | Transaction ID: SA11C.16771 |
| City HOUSTON | State TX | Zip Code 77007 |
| Amount of Each Receipt this Period 1000.00 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| FEC ID number of contributing federal political committee. C C00250027 | | |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2000.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. NACS POLITICAL ACTION COMMITTEE | | Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2006 |
| Mailing Address 1605 King St. | | Transaction ID: SA11C.16721 |
| City Alexandria | State VA | Zip Code 22314 |
| Amount of Each Receipt this Period 1000.00 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| FEC ID number of contributing federal political committee. C C00126763 | | |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 1000.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. NATIONAL ASSOCIATION OF TRUCK STOP OPERATORS | | Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2006 |
| Mailing Address 1199 N FAIRFAX ST SUITE 801 | | Transaction ID: SA11C.16722 |
| City ALEXANDRIA | State VA | Zip Code 22314 |
| Amount of Each Receipt this Period 1000.00 | | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| FEC ID number of contributing federal political committee. C C00097865 | | |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 2000.00 | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 3000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 / 69 |
| | <input type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NATIONAL UTILITY CONTRACTORS ASSN LEGISLATIVE INFORMATION & ACTION COMMITTEE

Mailing Address 4301 N FAIRFAX DR SUITE 360

City ARLINGTON State VA Zip Code 22203

FEC ID number of contributing federal political committee. **C** C00004101

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 27 / 2006

Transaction ID: SA11C.16692

Amount of Each Receipt this Period
 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
NRA POLITICAL VICTORY FUND

Mailing Address 11250 WAPLES MILL ROAD

City FAIRFAX State VA Zip Code 22030

FEC ID number of contributing federal political committee. **C** C00053553

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 07 / 2006

Transaction ID: SA11C.16723

Amount of Each Receipt this Period
 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
OCCIDENTAL PETROLEUM CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 10889 WILSHIRE BOULEVARD SUITE 600

City LOS ANGELES State CA Zip Code 90024

FEC ID number of contributing federal political committee. **C** C00083857

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 07 / 2006

Transaction ID: SA11C.16724

Amount of Each Receipt this Period
 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 3000.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 / 69 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d | |
| | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
OMEGA PROTEIN INC POLITICAL ACTION COMMITTEE (OMEGA-PAC) FKA ZAPATA-PAC

Mailing Address **251 FLORIDA STREET SUITE 308**

City **BATON ROUGE** State **LA** Zip Code **70801**

FEC ID number of contributing federal political committee. **C C00085480**

Name of Employer _____ Occupation _____

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | / | 0 | 7 | / | 2 | 0 | 0 | 6 |

Transaction ID: SA11C.16725

Amount of Each Receipt this Period

| |
|---------|
| 1000.00 |
|---------|

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
PRESTON GATES ELLIS & ROUVELAS MEEDS LLP PAC

Mailing Address **1735 NEW YORK AVENUE, NW SUITE 500**

City **WASHINGTON** State **DC** Zip Code **20006**

FEC ID number of contributing federal political committee. **C C00213173**

Name of Employer _____ Occupation _____

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | / | 2 | 0 | / | 2 | 0 | 0 | 6 |

Transaction ID: SA11C.16770

Amount of Each Receipt this Period

| |
|---------|
| 1000.00 |
|---------|

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
REALTORS POLITICAL ACTION COMMITTEE

Mailing Address **430 NORTH MICHIGAN AVE**

City **CHICAGO** State **IL** Zip Code **60611**

FEC ID number of contributing federal political committee. **C C00030718**

Name of Employer _____ Occupation _____

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **10000.00**

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | / | 2 | 0 | / | 2 | 0 | 0 | 6 |

Transaction ID: SA11C.16748

Amount of Each Receipt this Period

| |
|---------|
| 5000.00 |
|---------|

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 7000.00 |
| TOTAL This Period (last page this line number only) | |

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 / 69 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. SOCIETY OF INDEPENDENT GASOLINE MARKETERS OF AMERICA PAC | | Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2006 |
| Mailing Address 11911 FREEDOM DRIVE SUITE 590 | | Transaction ID: SA11C.16727 |
| City RESTON State VA Zip Code 20190 | Amount of Each Receipt this Period 2500.00 | |
| FEC ID number of contributing federal political committee. C C00120030 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 3500.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. UNION PACIFIC CORP FUND FOR EFFECTIVE GOVERNMENT | | Date of Receipt M M / D D / Y Y Y Y 09 / 02 / 2006 |
| Mailing Address 600 13TH STREET NW SUITE 340 | | Transaction ID: SA11C.16747 |
| City WASHINGTON State DC Zip Code 20005 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00010470 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 8000.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. UNITED PARCEL SERVICE OF AMERICA INC POLITICAL ACTION COMMITTEE (UPSPAC) | | Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006 |
| Mailing Address 55 GLENLAKE PARKWAY NE | | Transaction ID: SA11C.16734 |
| City ATLANTA State GA Zip Code 30328 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00064766 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) | |
| Name of Employer | Occupation | |
| Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼ 10000.00 | |

| | |
|--|-----------------|
| SUBTOTAL of Receipts This Page (optional) | 4500.00 |
| TOTAL This Period (last page this line number only) | 46100.00 |

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 24 / 69 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b |
| | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CHARLES BOUSTANY JR MD FOR CONGRESS INC

Mailing Address Post Office Box 80126

City State Zip Code
Lafayette LA 70598

FEC ID number of contributing federal political committee. **C** C00394866

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
239.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | / | 2 | 1 | / | 2 | 0 | 0 | 6 |

Transaction ID: SA12.16937

Amount of Each Receipt this Period
239.00

Refund of In Kind Contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 239.00 |
| TOTAL This Period (last page this line number only) | ▶ | 239.00 |

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

| | | |
|--|------------------------------|--|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 25 / 69 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 11d | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| <input type="checkbox"/> 13b | <input type="checkbox"/> 14 | <input checked="" type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
First Tennessee Bank

Mailing Address P. O. Box 280

City State Zip Code
Knoxville TN 37995

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6202.04

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2006

Transaction ID: SA15.16986

Amount of Each Receipt this Period
4517.84

Interest Income
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Home Federal Bank

Mailing Address 515 Market Street

City State Zip Code
Knoxville TN 37902

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4341.51

Date of Receipt
M M / D D / Y Y Y Y
07 / 22 / 2006

Transaction ID: SA15.16989

Amount of Each Receipt this Period
3246.59

Interest Income
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 7764.43 |
| TOTAL This Period (last page this line number only) | 7764.43 |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Darrell Akins | | Transaction ID: SB17.16792 Date of Disbursement 08 / 01 / 2006 | |
| Mailing Address P. O. Box 15171 | | Amount of Each Disbursement this Period 200.00 | |
| City Knoxville State TN Zip Code 37901-5171 | Purpose of Disbursement Salary Expense | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name DUNCAN FOR CONGRESS | Category/ Type | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Darrell Akins | | Transaction ID: SB17.16833 Date of Disbursement 09 / 01 / 2006 | |
| Mailing Address P. O. Box 15171 | | Amount of Each Disbursement this Period 200.00 | |
| City Knoxville State TN Zip Code 37901-5171 | Purpose of Disbursement Salary Expense | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name DUNCAN FOR CONGRESS | Category/ Type | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Akins/Crisp Public Strategies | | Transaction ID: SB17.16805 Date of Disbursement 08 / 10 / 2006 | |
| Mailing Address 2607 Kingston Pike, #110 | | Amount of Each Disbursement this Period 65.63 | |
| City Knoxville State TN Zip Code 37919 | Purpose of Disbursement Reimburse-Mailing Expense | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name DUNCAN FOR CONGRESS | Category/ Type | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 465.63 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Akins/Crisp Public Strategies | | Transaction ID: SB17.16822 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6 |
| Mailing Address 2607 Kingston Pike, #110 | | Amount of Each Disbursement this Period 17.23 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Knoxville State TN Zip Code 37919 | | |
| Purpose of Disbursement Reimburse-Mailing Expense Candidate Name DUNCAN FOR CONGRESS Category/Type | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 02 | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Akins/Crisp Public Strategies | | Transaction ID: SB17.16828 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6 |
| Mailing Address 2607 Kingston Pike, #110 | | Amount of Each Disbursement this Period 9.63 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Knoxville State TN Zip Code 37919 | | |
| Purpose of Disbursement Reimburse-Office Supplies Candidate Name DUNCAN FOR CONGRESS Category/Type | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 02 | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Akins/Crisp Public Strategies | | Transaction ID: SB17.16848 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6 |
| Mailing Address 2607 Kingston Pike, #110 | | Amount of Each Disbursement this Period 16.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Knoxville State TN Zip Code 37919 | | |
| Purpose of Disbursement Reimburse-Mailing Expense Candidate Name DUNCAN FOR CONGRESS Category/Type | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 02 | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 43.47 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

| | | |
|--|---------------|---|
| Full Name (Last, First, Middle Initial) A. American Event Constulting | | Transaction ID: SB17.16953 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6 |
| Mailing Address 3000 K Street, NW | | Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Washington State DC Zip Code 20007 | | |
| Purpose of Disbursement Fundraising Consulting Expense(Johnson) Candidate Name DUNCAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | Category/Type | |
| Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|---------------|---|
| Full Name (Last, First, Middle Initial) B. American Event Constulting | | Transaction ID: SB17.16955 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6 |
| Mailing Address 3000 K Street, NW | | Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Washington State DC Zip Code 20007 | | |
| Purpose of Disbursement Fundraising Event Consulting (Chabot) Candidate Name DUNCAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | Category/Type | |
| Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|---------------|---|
| Full Name (Last, First, Middle Initial) C. American Event Constulting | | Transaction ID: SB17.16956 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6 |
| Mailing Address 3000 K Street, NW | | Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Washington State DC Zip Code 20007 | | |
| Purpose of Disbursement Fundraising Event Consulting(Schmidt) Candidate Name DUNCAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | Category/Type | |
| Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 3000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

| | | |
|--|---------------|---|
| Full Name (Last, First, Middle Initial) A. American Event Constulting | | Transaction ID: SB17.16957 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6 |
| Mailing Address 3000 K Street, NW | | Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Washington State DC Zip Code 20007 | | |
| Purpose of Disbursement Fundraising Event Consulting(Boozman) Candidate Name DUNCAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | Category/Type | |
| Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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|---|---------------|---|
| Full Name (Last, First, Middle Initial) B. American Event Constulting | | Transaction ID: SB17.16958 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6 |
| Mailing Address 3000 K Street, NW | | Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Washington State DC Zip Code 20007 | | |
| Purpose of Disbursement Fundraising Event Consulting Candidate Name DUNCAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | Category/Type | |
| Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|---------------|---|
| Full Name (Last, First, Middle Initial) C. American Express | | Transaction ID: SB17.16885 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6 |
| Mailing Address Suite 0001 | | Amount of Each Disbursement this Period 51.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Chicago State IL Zip Code 60679-0001 | | |
| Purpose of Disbursement Entertaining Constituents Candidate Name DUNCAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | Category/Type | |
| Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 2051.61 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. American Express | | Transaction ID: SB17.16886 Date of Disbursement |
| Mailing Address Suite 0001 | | <input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2006"/> |
| City Chicago | State IL | Zip Code 60679-0001 |
| Purpose of Disbursement Entertain Constituents(Charlie Palmer) | <input type="text"/> | Amount of Each Disbursement this Period <input type="text" value="673.20"/> |
| Candidate Name DUNCAN FOR CONGRESS | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: TN | District: 02 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. American Express | | Transaction ID: SB17.16888 Date of Disbursement |
| Mailing Address Suite 0001 | | <input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2006"/> |
| City Chicago | State IL | Zip Code 60679-0001 |
| Purpose of Disbursement Entertain Constituents(Cracker Barrel) | <input type="text"/> | Amount of Each Disbursement this Period <input type="text" value="72.24"/> |
| Candidate Name DUNCAN FOR CONGRESS | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: TN | District: 02 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. American Express | | Transaction ID: SB17.16890 Date of Disbursement |
| Mailing Address Suite 0001 | | <input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2006"/> |
| City Chicago | State IL | Zip Code 60679-0001 |
| Purpose of Disbursement Entertain Constituents(Gondolier) | <input type="text"/> | Amount of Each Disbursement this Period <input type="text" value="33.30"/> |
| Candidate Name DUNCAN FOR CONGRESS | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: TN | District: 02 | |

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| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="778.74"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. American Express | | Transaction ID: SB17.16893 Date of Disbursement |
| Mailing Address Suite 0001 | | <input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2006"/> |
| City Chicago | State IL | Zip Code 60679-0001 |
| Purpose of Disbursement Entertain Constituents(Texas Roadhouse) | | Amount of Each Disbursement this Period <input type="text" value="122.46"/> |
| Candidate Name DUNCAN FOR CONGRESS | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |
| State: TN | District: 02 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. American Express | | Transaction ID: SB17.16896 Date of Disbursement |
| Mailing Address Suite 0001 | | <input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2006"/> |
| City Chicago | State IL | Zip Code 60679-0001 |
| Purpose of Disbursement Entertain Constituents(TFI Fridays) | | Amount of Each Disbursement this Period <input type="text" value="33.00"/> |
| Candidate Name DUNCAN FOR CONGRESS | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |
| State: TN | District: 02 | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. American Express | | Transaction ID: SB17.16899 Date of Disbursement |
| Mailing Address Suite 0001 | | <input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2006"/> |
| City Chicago | State IL | Zip Code 60679-0001 |
| Purpose of Disbursement Entertain Constituents(Hops) | | Amount of Each Disbursement this Period <input type="text" value="92.63"/> |
| Candidate Name DUNCAN FOR CONGRESS | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |
| State: TN | District: 02 | |

SUBTOTAL of Disbursements This Page (optional) ►

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. American Express | | Transaction ID: SB17.16902 Date of Disbursement |
| Mailing Address Suite 0001 | | <input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2006"/> |
| City Chicago | State IL | Zip Code 60679-0001 |
| Purpose of Disbursement Entertain Constituents(Calhoun's) | <input type="text"/> | Amount of Each Disbursement this Period <input type="text" value="161.93"/> |
| Candidate Name DUNCAN FOR CONGRESS | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: TN | District: 02 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. American Express | | Transaction ID: SB17.16904 Date of Disbursement |
| Mailing Address Suite 0001 | | <input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2006"/> |
| City Chicago | State IL | Zip Code 60679-0001 |
| Purpose of Disbursement Entertain Constituents(Chesapeake's) | <input type="text"/> | Amount of Each Disbursement this Period <input type="text" value="15.53"/> |
| Candidate Name DUNCAN FOR CONGRESS | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: TN | District: 02 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. American Express | | Transaction ID: SB17.16906 Date of Disbursement |
| Mailing Address Suite 0001 | | <input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2006"/> |
| City Chicago | State IL | Zip Code 60679-0001 |
| Purpose of Disbursement Gift Expense | <input type="text"/> | Amount of Each Disbursement this Period <input type="text" value="106.78"/> |
| Candidate Name DUNCAN FOR CONGRESS | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: TN | District: 02 | |

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| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="284.24"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. American Express | | Transaction ID: SB17.16907 Date of Disbursement |
| Mailing Address Suite 0001 | | <input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2006"/> |
| City Chicago | State IL | Zip Code 60679-0001 |
| Purpose of Disbursement Gift Expense(Bed,Bath & Beyond) | <input type="text"/> | Amount of Each Disbursement this Period <input type="text" value="200.00"/> |
| Candidate Name DUNCAN FOR CONGRESS | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: TN | District: 02 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. American Express | | Transaction ID: SB17.16910 Date of Disbursement |
| Mailing Address Suite 0001 | | <input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2006"/> |
| City Chicago | State IL | Zip Code 60679-0001 |
| Purpose of Disbursement Floral Expense | <input type="text"/> | Amount of Each Disbursement this Period <input type="text" value="62.22"/> |
| Candidate Name DUNCAN FOR CONGRESS | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: TN | District: 02 | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. American Express | | Transaction ID: SB17.16911 Date of Disbursement |
| Mailing Address Suite 0001 | | <input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2006"/> |
| City Chicago | State IL | Zip Code 60679-0001 |
| Purpose of Disbursement Travel Expense(Opryland Hotel) | <input type="text"/> | Amount of Each Disbursement this Period <input type="text" value="386.16"/> |
| Candidate Name DUNCAN FOR CONGRESS | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: TN | District: 02 | |

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. American Express | | Transaction ID: SB17.16913 Date of Disbursement 09 / 07 / 2006 |
| Mailing Address Suite 0001 | | Amount of Each Disbursement this Period 43.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Chicago State IL Zip Code 60679-0001 | | |
| Purpose of Disbursement Travel Expense(Opryland) | Category/Type | |
| Candidate Name DUNCAN FOR CONGRESS | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | | |
|---|--|---|---------------|
| Full Name (Last, First, Middle Initial) B. American Express | | Transaction ID: SB17.16915 Date of Disbursement 09 / 07 / 2006 | |
| Mailing Address Suite 0001 | | Amount of Each Disbursement this Period 60.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| City Chicago State IL Zip Code 60679-0001 | | | |
| Purpose of Disbursement Travel Expense | | | Category/Type |
| Candidate Name DUNCAN FOR CONGRESS | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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|---|--|--|---------------|
| Full Name (Last, First, Middle Initial) C. American Express | | Transaction ID: SB17.16916 Date of Disbursement 09 / 07 / 2006 | |
| Mailing Address Suite 0001 | | Amount of Each Disbursement this Period 563.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| City Chicago State IL Zip Code 60679-0001 | | | |
| Purpose of Disbursement Travel Expense(US Air) | | | Category/Type |
| Candidate Name DUNCAN FOR CONGRESS | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 667.32 |
| TOTAL This Period (last page this line number only) ▶ | [] |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 35 / 69

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. American Express | | Transaction ID: SB17.16918 Date of Disbursement 09 / 07 / 2006 |
| Mailing Address Suite 0001 | | Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Chicago State IL Zip Code 60679-0001 | | |
| Purpose of Disbursement Gift Expense | Category/ Type | |
| Candidate Name DUNCAN FOR CONGRESS | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. American Express | | Transaction ID: SB17.16919 Date of Disbursement 09 / 07 / 2006 |
| Mailing Address Suite 0001 | | Amount of Each Disbursement this Period 495.41 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Chicago State IL Zip Code 60679-0001 | | |
| Purpose of Disbursement Entertain Constituents | Category/ Type | |
| Candidate Name DUNCAN FOR CONGRESS | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. American Express | | Transaction ID: SB17.16920 Date of Disbursement 09 / 07 / 2006 |
| Mailing Address Suite 0001 | | Amount of Each Disbursement this Period 597.13 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Chicago State IL Zip Code 60679-0001 | | |
| Purpose of Disbursement Entertain Constituents(Aramark) | Category/ Type | |
| Candidate Name DUNCAN FOR CONGRESS | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 1192.54 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

| | | |
|--|---------------|---|
| Full Name (Last, First, Middle Initial) A. American Express | | Transaction ID: SB17.16923 Date of Disbursement 09 / 07 / 2006 |
| Mailing Address Suite 0001 | | Amount of Each Disbursement this Period 64.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Chicago State IL Zip Code 60679-0001 | | |
| Purpose of Disbursement Entertain Constituents(Cracker Bbl) Candidate Name DUNCAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | Category/Type | |
| Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---------------|---|
| Full Name (Last, First, Middle Initial) B. American Express | | Transaction ID: SB17.16925 Date of Disbursement 09 / 07 / 2006 |
| Mailing Address Suite 0001 | | Amount of Each Disbursement this Period 28.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Chicago State IL Zip Code 60679-0001 | | |
| Purpose of Disbursement Entertain Constituents(Hops) Candidate Name DUNCAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | Category/Type | |
| Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---------------|--|
| Full Name (Last, First, Middle Initial) C. American Express | | Transaction ID: SB17.16927 Date of Disbursement 09 / 07 / 2006 |
| Mailing Address Suite 0001 | | Amount of Each Disbursement this Period 204.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Chicago State IL Zip Code 60679-0001 | | |
| Purpose of Disbursement Entertain Constituents(Kanpai) Candidate Name DUNCAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | Category/Type | |
| Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 297.51 |
| TOTAL This Period (last page this line number only) ▶ | [] |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. American Express | | Transaction ID: SB17.16929 Date of Disbursement 09 / 07 / 2006 |
| Mailing Address Suite 0001 | | Amount of Each Disbursement this Period 288.07 |
| City Chicago | State IL Zip Code 60679-0001 | |
| Purpose of Disbursement Entertain Constituents(Calhoun's) | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Candidate Name DUNCAN FOR CONGRESS | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: TN District: 02 | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. American Express | | Transaction ID: SB17.16934 Date of Disbursement 09 / 07 / 2006 |
| Mailing Address Suite 0001 | | Amount of Each Disbursement this Period 100.00 |
| City Chicago | State IL Zip Code 60679-0001 | |
| Purpose of Disbursement Entertain Constituents(Edison Park) | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Candidate Name DUNCAN FOR CONGRESS | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: TN District: 02 | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Aramark | | Transaction ID: SB17.16921 Date of Disbursement 09 / 07 / 2006 |
| Mailing Address 2001 E. Capitol Street, SE | | Amount of Each Disbursement this Period 597.13 |
| City Washington | State DC Zip Code 20003 | |
| Purpose of Disbursement Memo:Entertain Constituents | | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Candidate Name DUNCAN FOR CONGRESS | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: TN District: 02 | | |

[MEMO ITEM]

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) | 388.07 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Atlanta Advertising & Novelty | | Transaction ID: SB17.16797 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6 |
| Mailing Address 14 Lennox Pointe NE | | Amount of Each Disbursement this Period 3801.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Atlanta State GA Zip Code 30324 | | |
| Purpose of Disbursement Campaign Promotional Materials Candidate Name DUNCAN FOR CONGRESS | Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Atlanta Advertising & Novelty | | Transaction ID: SB17.16806 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 6 |
| Mailing Address 14 Lennox Pointe NE | | Amount of Each Disbursement this Period 909.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Atlanta State GA Zip Code 30324 | | |
| Purpose of Disbursement Campaign Promotional Materials Candidate Name DUNCAN FOR CONGRESS | Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Bearden Mini Storage | | Transaction ID: SB17.16795 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6 |
| Mailing Address 6415 Baum Drive | | Amount of Each Disbursement this Period 62.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Knoxville State TN Zip Code 37919 | | |
| Purpose of Disbursement Rental Expense Candidate Name DUNCAN FOR CONGRESS | Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 4772.86 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Bearden Mini Storage | | Transaction ID: SB17.16832 Date of Disbursement 09 / 01 / 2006 |
| Mailing Address 6415 Baum Drive | | Amount of Each Disbursement this Period 62.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Knoxville State TN Zip Code 37919 | | |
| Purpose of Disbursement Rental Expense | Category/ Type | |
| Candidate Name DUNCAN FOR CONGRESS | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Beck Cultural Center | | Transaction ID: SB17.16854 Date of Disbursement 09 / 25 / 2006 |
| Mailing Address 1927 Dandridge Avenue | | Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Knoxville State TN Zip Code 37915 | | |
| Purpose of Disbursement Ad Expense | Category/ Type | |
| Candidate Name DUNCAN FOR CONGRESS | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Becmor Services | | Transaction ID: SB17.16794 Date of Disbursement 08 / 01 / 2006 |
| Mailing Address 1100 Bridgestone Place | | Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Knoxville State TN Zip Code 37919 | | |
| Purpose of Disbursement FEC Accounting Expense | Category/ Type | |
| Candidate Name DUNCAN FOR CONGRESS | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 862.00 |
| TOTAL This Period (last page this line number only) ▶ | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Becmor Services | | Transaction ID: SB17.16830 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6 |
| Mailing Address 1100 Bridgestone Place | | Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Knoxville State TN Zip Code 37919 | | |
| Purpose of Disbursement FEC Accounting Expense | Category/ Type | |
| Candidate Name DUNCAN FOR CONGRESS | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Bed, Bath & Beyond | | Transaction ID: SB17.16908 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6 |
| Mailing Address 244 Morrell Road | | Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| City Knoxville State TN Zip Code 37919 | | |
| Purpose of Disbursement Memo:Gift Expense | Category/ Type | |
| Candidate Name DUNCAN FOR CONGRESS | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Bittersweet Cafe | | Transaction ID: SB17.16942 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6 |
| Mailing Address 823 King Street | | Amount of Each Disbursement this Period 293.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Alexandria State VA Zip Code 22314 | | |
| Purpose of Disbursement Catering Expense (Hart) | Category/ Type | |
| Candidate Name DUNCAN FOR CONGRESS | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 793.39 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Bittersweet Cafe | | Transaction ID: SB17.16972 Date of Disbursement 09 / 19 / 2006 |
| Mailing Address 823 King Street | | Amount of Each Disbursement this Period 239.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Alexandria State VA Zip Code 22314 | | |
| Purpose of Disbursement Catering Expense (Chabot) | Category/Type | |
| Candidate Name DUNCAN FOR CONGRESS | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Bittersweet Cafe | | Transaction ID: SB17.16973 Date of Disbursement 09 / 19 / 2006 |
| Mailing Address 823 King Street | | Amount of Each Disbursement this Period 239.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Alexandria State VA Zip Code 22314 | | |
| Purpose of Disbursement Catering Expense (Schmidt) | Category/Type | |
| Candidate Name DUNCAN FOR CONGRESS | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Suzie Brewster | | Transaction ID: SB17.16881 Date of Disbursement 09 / 26 / 2006 |
| Mailing Address 451 New Jersey Avenue SE | | Amount of Each Disbursement this Period 350.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Washington State DC Zip Code 20003-4034 | | |
| Purpose of Disbursement In-kind - Fundraising Expense | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 828.78 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

| | | |
|--|--|--|
| A. Calhoun's Full Name (Last, First, Middle Initial) Calhoun's Mailing Address 10020 Kingston Pike City Knoxville State TN Zip Code 37922 Purpose of Disbursement Memo:Entertain Constituents Candidate Name DUNCAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: SB17.16903 Date of Disbursement 08 / 01 / 2006 Amount of Each Disbursement this Period 161.93 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
|--|--|--|

| | | |
|--|--|--|
| B. Calhoun's Full Name (Last, First, Middle Initial) Calhoun's Mailing Address 10020 Kingston Pike City Knoxville State TN Zip Code 37922 Purpose of Disbursement Memo:Entertain Constituents Candidate Name DUNCAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: SB17.16933 Date of Disbursement 09 / 07 / 2006 Amount of Each Disbursement this Period 288.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
|--|--|--|

| | | |
|--|--|--|
| C. Cash Full Name (Last, First, Middle Initial) Cash Mailing Address P. O. Box 2646 City Knoxville State TN Zip Code 37901 Purpose of Disbursement Petty Cash Candidate Name DUNCAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Transaction ID: SB17.16779 Date of Disbursement 07 / 17 / 2006 Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|--|--|--|

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 100.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

| | | |
|--|---------------|--|
| Full Name (Last, First, Middle Initial) A. Charlie Palmers Steakhouse | | Transaction ID: SB17.16887 Date of Disbursement 08 / 01 / 2006 |
| Mailing Address 101 Constitution Avenue, NW | | Amount of Each Disbursement this Period 673.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| City Washington State DC Zip Code 20001 | | |
| Purpose of Disbursement Memo:Entertain Constituents Candidate Name DUNCAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | Category/Type | |
| Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---------------|--|
| Full Name (Last, First, Middle Initial) B. Cherokee Printing Center | | Transaction ID: SB17.16796 Date of Disbursement 08 / 01 / 2006 |
| Mailing Address 306 Erin Drive | | Amount of Each Disbursement this Period 256.74 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Knoxville State TN Zip Code 37919 | | |
| Purpose of Disbursement Printing Expense Candidate Name DUNCAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | Category/Type | |
| Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---------------|---|
| Full Name (Last, First, Middle Initial) C. Cherokee Printing Center | | Transaction ID: SB17.16861 Date of Disbursement 09 / 25 / 2006 |
| Mailing Address 306 Erin Drive | | Amount of Each Disbursement this Period 1332.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Knoxville State TN Zip Code 37919 | | |
| Purpose of Disbursement Printing Expense Candidate Name DUNCAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | Category/Type | |
| Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 1589.59 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Chesapeake's | | Transaction ID: SB17.16905 Date of Disbursement MM / DD / YYYY 08 / 01 / 2006 |
| Mailing Address 500 Henley Street | | Amount of Each Disbursement this Period 15.53 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| City Knoxville | State TN | |
| Zip Code 37902 | | |
| Purpose of Disbursement Memo:Entertain Constituents | | |
| Candidate Name DUNCAN FOR CONGRESS | | Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: TN | District: 02 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Citi-Bank | | Transaction ID: SB17.16826 Date of Disbursement MM / DD / YYYY 07 / 21 / 2006 |
| Mailing Address P. O. Box 6575 | | Amount of Each Disbursement this Period 92.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City The Lakes | State NV | |
| Zip Code 88901 | | |
| Purpose of Disbursement Entertaining Constituents | | |
| Candidate Name DUNCAN FOR CONGRESS | | Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: TN | District: 02 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Citi-Bank | | Transaction ID: SB17.16813 Date of Disbursement MM / DD / YYYY 08 / 17 / 2006 |
| Mailing Address P. O. Box 6575 | | Amount of Each Disbursement this Period 45.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City The Lakes | State NV | |
| Zip Code 88901 | | |
| Purpose of Disbursement Entertaining Constituents | | |
| Candidate Name DUNCAN FOR CONGRESS | | Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: TN | District: 02 | |

| | |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | 138.50 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 17 | <input type="checkbox"/> | 18 | <input type="checkbox"/> | 19a | <input type="checkbox"/> | 19b |
| <input type="checkbox"/> | 20a | <input type="checkbox"/> | 20b | <input type="checkbox"/> | 20c | <input type="checkbox"/> | 21 |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

| | | |
|--|---------------|---|
| Full Name (Last, First, Middle Initial) A. Cracker Barrel | | Transaction ID: SB17.16889 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6 |
| Mailing Address 305 Hartmann Drive | | Amount of Each Disbursement this Period 72.24 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| City Lebanon State TN Zip Code 37087 | | |
| Purpose of Disbursement Memo:Entertain Constituents Candidate Name DUNCAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | Category/Type | |
| Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|---------------|---|
| Full Name (Last, First, Middle Initial) B. Cracker Barrel | | Transaction ID: SB17.16924 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6 |
| Mailing Address 305 Hartmann Drive | | Amount of Each Disbursement this Period 64.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| City Lebanon State TN Zip Code 37087 | | |
| Purpose of Disbursement Memo:Entertain Constituents Candidate Name DUNCAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | Category/Type | |
| Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|---------------|---|
| Full Name (Last, First, Middle Initial) C. Crouch Florist | | Transaction ID: SB17.16808 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 6 |
| Mailing Address 2120 Cumberland Avenue | | Amount of Each Disbursement this Period 63.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Knoxville State TN Zip Code 37916 | | |
| Purpose of Disbursement Memo:Floral Expense Candidate Name DUNCAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | Category/Type | |
| Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 63.31 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Crouch Florist | | Transaction ID: SB17.16860 Date of Disbursement 09 / 25 / 2006 |
| Mailing Address 2120 Cumberland Avenue | | Amount of Each Disbursement this Period 162.13 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Knoxville State TN Zip Code 37916 | | |
| Purpose of Disbursement Floral Expense | Category/ Type | |
| Candidate Name DUNCAN FOR CONGRESS | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Daily Post Athenian | | Transaction ID: SB17.16847 Date of Disbursement 09 / 12 / 2006 |
| Mailing Address P. O. Box 340 | | Amount of Each Disbursement this Period 175.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Athens State TN Zip Code 37371-0340 | | |
| Purpose of Disbursement Advertising Expense | Category/ Type | |
| Candidate Name DUNCAN FOR CONGRESS | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Direct Mail Service | | Transaction ID: SB17.16865 Date of Disbursement 09 / 26 / 2006 |
| Mailing Address P. O. Box 51864 | | Amount of Each Disbursement this Period 171.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Knoxville State TN Zip Code 37950 | | |
| Purpose of Disbursement Mailing Expense | Category/ Type | |
| Candidate Name DUNCAN FOR CONGRESS | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 509.11 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Direct Mail Service | | Transaction ID: SB17.16866 Date of Disbursement 09 / 26 / 2006 |
| Mailing Address P. O. Box 51864 | | Amount of Each Disbursement this Period 480.48 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Knoxville State TN Zip Code 37950 | <input type="checkbox"/> Category/Type | |
| Purpose of Disbursement Mailing Expense(US Postmaster) | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Candidate Name DUNCAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Edisonpark Steakhouse | | Transaction ID: SB17.16935 Date of Disbursement 09 / 07 / 2006 |
| Mailing Address 111 S Campbell Station Road | | Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| City Knoxville State TN Zip Code 37922 | <input type="checkbox"/> Category/Type | |
| Purpose of Disbursement Memo:Entertain Constituents | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Candidate Name DUNCAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Fulton High School | | Transaction ID: SB17.16816 Date of Disbursement 08 / 23 / 2006 |
| Mailing Address 2509 N. Broadway | | Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Knoxville State TN Zip Code 37917 | <input type="checkbox"/> Category/Type | |
| Purpose of Disbursement Ad Expense | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Candidate Name DUNCAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 530.48 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) A. Gonolier Pizza | | Transaction ID: SB17.16891 | |
| Mailing Address 2241 Congress Pkwy. | | Date of Disbursement 08 / 01 / 2006 | |
| City Athens | State TN | Zip Code 37303 | Amount of Each Disbursement this Period 33.30 |
| Purpose of Disbursement Memo: Entertain Constituents | | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Candidate Name DUNCAN FOR CONGRESS | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | [MEMO ITEM] |
| State: TN | District: 02 | | |

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) B. Bob Griffiths | | Transaction ID: SB17.16793 | |
| Mailing Address 2002 Rivergate Drive | | Date of Disbursement 08 / 01 / 2006 | |
| City Knoxville | State TN | Zip Code 37920 | Amount of Each Disbursement this Period 400.00 |
| Purpose of Disbursement Salary Expense | | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Candidate Name DUNCAN FOR CONGRESS | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: TN | District: 02 | | |

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) C. Bob Griffiths | | Transaction ID: SB17.16831 | |
| Mailing Address 2002 Rivergate Drive | | Date of Disbursement 09 / 01 / 2006 | |
| City Knoxville | State TN | Zip Code 37920 | Amount of Each Disbursement this Period 400.00 |
| Purpose of Disbursement Salary Expense | | Category/ Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Candidate Name DUNCAN FOR CONGRESS | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: TN | District: 02 | | |

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| SUBTOTAL of Disbursements This Page (optional) | 800.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 17 | <input type="checkbox"/> | 18 | <input type="checkbox"/> | 19a | <input type="checkbox"/> | 19b |
| <input type="checkbox"/> | 20a | <input type="checkbox"/> | 20b | <input type="checkbox"/> | 20c | <input type="checkbox"/> | 21 |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Herron-Connell Insurance | | Transaction ID: SB17.16872 Date of Disbursement 09 / 27 / 2006 | |
| Mailing Address P. O. Box 4909 | | Amount of Each Disbursement this Period 926.12 | |
| City Oak Ridge State TN Zip Code 37831 | Purpose of Disbursement Event Insurance | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name DUNCAN FOR CONGRESS | Category/ Type | <input type="checkbox"/> | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | State: TN District: 02 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Hops | | Transaction ID: SB17.16900 Date of Disbursement 08 / 01 / 2006 | |
| Mailing Address 3625 Jefferson Davis Highway | | Amount of Each Disbursement this Period 92.63 | |
| City Alexandria State VA Zip Code 22305 | Purpose of Disbursement Memo:Entertain Constituents | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name DUNCAN FOR CONGRESS | Category/ Type | <input type="checkbox"/> | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | State: TN District: 02 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Hops | | Transaction ID: SB17.16926 Date of Disbursement 09 / 07 / 2006 | |
| Mailing Address 3625 Jefferson Davis Highway | | Amount of Each Disbursement this Period 28.01 | |
| City Alexandria State VA Zip Code 22305 | Purpose of Disbursement Memo:Entertain Constituents | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name DUNCAN FOR CONGRESS | Category/ Type | <input type="checkbox"/> | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | State: TN District: 02 | |

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|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 926.12 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 17 | <input type="checkbox"/> | 18 | <input type="checkbox"/> | 19a | <input type="checkbox"/> | 19b |
| <input type="checkbox"/> | 20a | <input type="checkbox"/> | 20b | <input type="checkbox"/> | 20c | <input type="checkbox"/> | 21 |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Kanpai of Tokyo | | Transaction ID: SB17.16928 Date of Disbursement 09 / 07 / 2006 | |
| Mailing Address 1645 Downtown West Blvd. | | Amount of Each Disbursement this Period 204.80 | |
| City Knoxville State TN Zip Code 37919 | Purpose of Disbursement Memo:Entertain Constituents | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] | |
| Candidate Name DUNCAN FOR CONGRESS | Category/Type | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Elaine King | | Transaction ID: SB17.16791 Date of Disbursement 08 / 01 / 2006 | |
| Mailing Address P. O. Box 15171 | | Amount of Each Disbursement this Period 240.00 | |
| City Knoxville State TN Zip Code 37901 | Purpose of Disbursement Salary Expense | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name DUNCAN FOR CONGRESS | Category/Type | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Elaine King | | Transaction ID: SB17.16827 Date of Disbursement 09 / 01 / 2006 | |
| Mailing Address P. O. Box 15171 | | Amount of Each Disbursement this Period 240.00 | |
| City Knoxville State TN Zip Code 37901 | Purpose of Disbursement Salary Expense | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name DUNCAN FOR CONGRESS | Category/Type | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 480.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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| <input checked="" type="checkbox"/> | 17 | <input type="checkbox"/> | 18 | <input type="checkbox"/> | 19a | <input type="checkbox"/> | 19b |
| <input type="checkbox"/> | 20a | <input type="checkbox"/> | 20b | <input type="checkbox"/> | 20c | <input type="checkbox"/> | 21 |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

| | | | |
|--|---|--|--|
| Full Name (Last, First, Middle Initial) A. Elaine King | | Transaction ID: SB17.16850 Date of Disbursement 09 / 24 / 2006 | |
| Mailing Address P. O. Box 15171 | | Amount of Each Disbursement this Period 240.00 | |
| City Knoxville State TN Zip Code 37901 | Purpose of Disbursement Salary Expense | Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name DUNCAN FOR CONGRESS | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: TN District: 02 | | | |

| | | | |
|--|---|--|--|
| Full Name (Last, First, Middle Initial) B. Kiwanis Club of Northside Knoxville | | Transaction ID: SB17.16868 Date of Disbursement 09 / 26 / 2006 | |
| Mailing Address P. O. Box 3041 | | Amount of Each Disbursement this Period 15.00 | |
| City Knoxville State TN Zip Code 37927-3041 | Purpose of Disbursement Dues Expense | Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name DUNCAN FOR CONGRESS | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: TN District: 02 | | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) C. Knoxville Quarterback Club | | Transaction ID: SB17.16823 Date of Disbursement 08 / 30 / 2006 | |
| Mailing Address P. O. Box 2753 | | Amount of Each Disbursement this Period 300.00 | |
| City Knoxville State TN Zip Code 37901 | Purpose of Disbursement Dues Expense | Category/Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name DUNCAN FOR CONGRESS | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: TN District: 02 | | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 555.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Knoxville Quarterback Club | | Transaction ID: SB17.16875 Date of Disbursement 08 / 31 / 2006 |
| Mailing Address P. O. Box 2753 | | Amount of Each Disbursement this Period 20.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Knoxville State TN Zip Code 37901 | | |
| Purpose of Disbursement Event Ticket | Category/ Type | |
| Candidate Name DUNCAN FOR CONGRESS | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Robert M. Lobetti | | Transaction ID: SB17.16834 Date of Disbursement 09 / 06 / 2006 |
| Mailing Address 5508 Holston Hills Road | | Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Knoxville State TN Zip Code 37914 | | |
| Purpose of Disbursement Salary Expense | Category/ Type | |
| Candidate Name DUNCAN FOR CONGRESS | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Robert M. Lobetti | | Transaction ID: SB17.16835 Date of Disbursement 09 / 06 / 2006 |
| Mailing Address 5508 Holston Hills Road | | Amount of Each Disbursement this Period 525.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Knoxville State TN Zip Code 37914 | | |
| Purpose of Disbursement Reimburse-Promotional Expense(TVA&I) | Category/ Type | |
| Candidate Name DUNCAN FOR CONGRESS | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1145.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 17 | <input type="checkbox"/> | 18 | <input type="checkbox"/> | 19a | <input type="checkbox"/> | 19b |
| <input type="checkbox"/> | 20a | <input type="checkbox"/> | 20b | <input type="checkbox"/> | 20c | <input type="checkbox"/> | 21 |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Opryland USA | | Transaction ID: SB17.16912 Date of Disbursement 08 / 01 / 2006 | |
| Mailing Address 2800 Opryland Drive | | Amount of Each Disbursement this Period 386.16 | |
| City Nashville State TN Zip Code 37214 | Purpose of Disbursement Memo: Travel Expense | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name DUNCAN FOR CONGRESS | Category/Type | [MEMO ITEM] | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: TN District: 02 | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Opryland USA | | Transaction ID: SB17.16914 Date of Disbursement 09 / 07 / 2006 | |
| Mailing Address 2800 Opryland Drive | | Amount of Each Disbursement this Period 43.72 | |
| City Nashville State TN Zip Code 37214 | Purpose of Disbursement Memo: Travel Expense | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name DUNCAN FOR CONGRESS | Category/Type | [MEMO ITEM] | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: TN District: 02 | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Russell Printing Options | | Transaction ID: SB17.16783 Date of Disbursement 07 / 26 / 2006 | |
| Mailing Address 1800 Grand Avenue | | Amount of Each Disbursement this Period 6212.00 | |
| City Knoxville State TN Zip Code 37916 | Purpose of Disbursement Printing Expense | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Candidate Name DUNCAN FOR CONGRESS | Category/Type | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: TN District: 02 | | | |

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| SUBTOTAL of Disbursements This Page (optional) | 6212.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Superior Ice Company | | Transaction ID: SB17.16859 Date of Disbursement 09 / 25 / 2006 |
| Mailing Address 2727 Middlebrook Pike | | Amount of Each Disbursement this Period 601.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Knoxville State TN Zip Code 37921 | Purpose of Disbursement Promotional Expense | |
| Candidate Name DUNCAN FOR CONGRESS | Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Teen Center | | Transaction ID: SB17.16829 Date of Disbursement 09 / 01 / 2006 |
| Mailing Address P. O. Box 10434 | | Amount of Each Disbursement this Period 75.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Knoxville State TN Zip Code 37939-0434 | Purpose of Disbursement Ad expense | |
| Candidate Name DUNCAN FOR CONGRESS | Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Tennessee Right to Life | | Transaction ID: SB17.16864 Date of Disbursement 09 / 26 / 2006 |
| Mailing Address P. O. Box 5218 | | Amount of Each Disbursement this Period 150.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Knoxville State TN Zip Code 37928-0218 | Purpose of Disbursement Ad Expense | |
| Candidate Name DUNCAN FOR CONGRESS | Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 826.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Texas Roadhouse | | Transaction ID: SB17.16894 Date of Disbursement 08 / 01 / 2006 |
| Mailing Address 7522 Kingston Pike | | Amount of Each Disbursement this Period 122.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| City Knoxville | State TN | |
| Zip Code 37919 | | |
| Purpose of Disbursement Memo:Entertain Constituents | | |
| Candidate Name DUNCAN FOR CONGRESS | | Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: TN | District: 02 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. TGI Friday's | | Transaction ID: SB17.16897 Date of Disbursement 08 / 01 / 2006 |
| Mailing Address 135 N. Northshore Drive | | Amount of Each Disbursement this Period 33.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| City Knoxville | State TN | |
| Zip Code 37919 | | |
| Purpose of Disbursement Memo:Entertain Constituents | | |
| Candidate Name DUNCAN FOR CONGRESS | | Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: TN | District: 02 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. TVA & I Fair | | Transaction ID: SB17.16836 Date of Disbursement 09 / 06 / 2006 |
| Mailing Address P. O. Box 6066 | | Amount of Each Disbursement this Period 525.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| City Knoxville | State TN | |
| Zip Code 37914 | | |
| Purpose of Disbursement Memo:Promotional Expense | | |
| Candidate Name DUNCAN FOR CONGRESS | | Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: TN | District: 02 | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 56 / 69

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. U. S. Postmaster | | Transaction ID: SB17.16803 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6 |
| Mailing Address 1237 Weisgarber Road | | Amount of Each Disbursement this Period 390.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Knoxville State TN Zip Code 37950 | | |
| Purpose of Disbursement Mailing Expense Candidate Name DUNCAN FOR CONGRESS Category/Type | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 02 | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. U. S. Postmaster | | Transaction ID: SB17.16837 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6 |
| Mailing Address 1237 Weisgarber Road | | Amount of Each Disbursement this Period 390.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Knoxville State TN Zip Code 37950 | | |
| Purpose of Disbursement Mailing Expense Candidate Name DUNCAN FOR CONGRESS Category/Type | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 02 | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. U. S. Postmaster | | Transaction ID: SB17.16845 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6 |
| Mailing Address 1237 Weisgarber Road | | Amount of Each Disbursement this Period 39.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Knoxville State TN Zip Code 37950 | | |
| Purpose of Disbursement Mailing Expense Candidate Name DUNCAN FOR CONGRESS Category/Type | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 02 | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 819.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. U. S. Postmaster | | Transaction ID: SB17.16867 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6 |
| Mailing Address 1237 Weisgarber Road | | Amount of Each Disbursement this Period 480.48 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| City Knoxville State TN Zip Code 37950 | | |
| Purpose of Disbursement Memo: Mailing Expense Candidate Name DUNCAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Category/Type | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. United Printers | | Transaction ID: SB17.16858 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6 |
| Mailing Address 7569 Northshore Drive | | Amount of Each Disbursement this Period 205.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Knoxville State TN Zip Code 37919 | | |
| Purpose of Disbursement Printing Expense Candidate Name DUNCAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Category/Type | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. University of TN Athletic Dept. | | Transaction ID: SB17.16786 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6 |
| Mailing Address P. O. Box 47 | | Amount of Each Disbursement this Period 576.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Knoxville State TN Zip Code 37901 | | |
| Purpose of Disbursement Entertaining Constituents Candidate Name DUNCAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Category/Type | | |

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|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 781.39 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. University of TN Athletic Dept. | | Transaction ID: SB17.16824 Date of Disbursement 08 / 30 / 2006 |
| Mailing Address P. O. Box 47 | | Amount of Each Disbursement this Period 768.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Knoxville State TN Zip Code 37901 | Category/ Type | |
| Purpose of Disbursement Entertaining Constituents | | |
| Candidate Name DUNCAN FOR CONGRESS | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. U S Air | | Transaction ID: SB17.16917 Date of Disbursement 09 / 07 / 2006 |
| Mailing Address 2345 Crystal Drive | | Amount of Each Disbursement this Period 563.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| City Arlington State VA Zip Code 22227 | Category/ Type | |
| Purpose of Disbursement Memo:Travel Expense | | |
| Candidate Name DUNCAN FOR CONGRESS | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Don Walker | | Transaction ID: SB17.16804 Date of Disbursement 08 / 10 / 2006 |
| Mailing Address 1318 Dewitt Avenue | | Amount of Each Disbursement this Period 4914.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Alexandria State VA Zip Code 22301 | Category/ Type | |
| Purpose of Disbursement Salary Expense | | |
| Candidate Name DUNCAN FOR CONGRESS | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|-----------------|
| SUBTOTAL of Disbursements This Page (optional) | 5682.00 |
| TOTAL This Period (last page this line number only) | 38480.13 |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | |
|------------------------------|--|------------------------------|------------------------------|
| <input type="checkbox"/> 17 | <input checked="" type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. BOOZMAN FOR CONGRESS | | Transaction ID: SB18.16969 Date of Disbursement 08 / 30 / 2006 |
| Mailing Address PO BOX 671 | | Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| City ROGERS State AR Zip Code 72757 | | |
| Purpose of Disbursement Memo: Fundraising Event Consulting Candidate Name DUNCAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 03 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Category/Type | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. BOOZMAN FOR CONGRESS | | Transaction ID: SB18.16970 Date of Disbursement 09 / 12 / 2006 |
| Mailing Address PO BOX 671 | | Amount of Each Disbursement this Period 103.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| City ROGERS State AR Zip Code 72757 | | |
| Purpose of Disbursement Memo: Fax Expense Candidate Name DUNCAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 03 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Category/Type | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. BOOZMAN FOR CONGRESS | | Transaction ID: SB18.16971 Date of Disbursement 09 / 25 / 2006 |
| Mailing Address PO BOX 671 | | Amount of Each Disbursement this Period 103.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| City ROGERS State AR Zip Code 72757 | | |
| Purpose of Disbursement Memo: Fax Expense Candidate Name DUNCAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 03 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Category/Type | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | [Empty Box] |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | |
|------------------------------|--|------------------------------|------------------------------|
| <input type="checkbox"/> 17 | <input checked="" type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. FRIENDS OF TIM JOHNSON | | Transaction ID: SB18.16959 Date of Disbursement MM / DD / YYYY 08 / 30 / 2006 |
| Mailing Address PO Box 17097 | | Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| City Urbana State IL Zip Code 61803 | | |
| Purpose of Disbursement Memo: Fundraising Event Consulting Candidate Name DUNCAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 15 | | |
| Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. FRIENDS OF TIM JOHNSON | | Transaction ID: SB18.16961 Date of Disbursement MM / DD / YYYY 09 / 12 / 2006 |
| Mailing Address PO Box 17097 | | Amount of Each Disbursement this Period 103.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| City Urbana State IL Zip Code 61803 | | |
| Purpose of Disbursement Memo: Fax Expense Candidate Name DUNCAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 15 | | |
| Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. FRIENDS OF TIM JOHNSON | | Transaction ID: SB18.16962 Date of Disbursement MM / DD / YYYY 09 / 25 / 2006 |
| Mailing Address PO Box 17097 | | Amount of Each Disbursement this Period 103.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| City Urbana State IL Zip Code 61803 | | |
| Purpose of Disbursement Memo: Fax Expense Candidate Name DUNCAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 15 | | |
| Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | [Empty Box] |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | |
|------------------------------|--|------------------------------|------------------------------|
| <input type="checkbox"/> 17 | <input checked="" type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE CONTRIBUTIONS | | Transaction ID: SB18.16945 | |
| Mailing Address 320 FIRST STREET | | Date of Disbursement 09 / 12 / 2006 | |
| City WASHINGTON | State DC | Zip Code 20003 | Amount of Each Disbursement this Period 103.64 |
| Purpose of Disbursement Fax Expense (Johnson) | | <input type="checkbox"/> | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Candidate Name DUNCAN FOR CONGRESS | | Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: TN | District: 02 | | |

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) B. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE CONTRIBUTIONS | | Transaction ID: SB18.16946 | |
| Mailing Address 320 FIRST STREET | | Date of Disbursement 09 / 12 / 2006 | |
| City WASHINGTON | State DC | Zip Code 20003 | Amount of Each Disbursement this Period 103.64 |
| Purpose of Disbursement Fax Expense (Chabot) | | <input type="checkbox"/> | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Candidate Name DUNCAN FOR CONGRESS | | Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: TN | District: 02 | | |

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) C. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE CONTRIBUTIONS | | Transaction ID: SB18.16947 | |
| Mailing Address 320 FIRST STREET | | Date of Disbursement 09 / 12 / 2006 | |
| City WASHINGTON | State DC | Zip Code 20003 | Amount of Each Disbursement this Period 103.64 |
| Purpose of Disbursement Fax Expense (Schmidt) | | <input type="checkbox"/> | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Candidate Name DUNCAN FOR CONGRESS | | Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: TN | District: 02 | | |

| | |
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| SUBTOTAL of Disbursements This Page (optional) | 310.92 |
| TOTAL This Period (last page this line number only) | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

| | | | |
|------------------------------|--|------------------------------|------------------------------|
| <input type="checkbox"/> 17 | <input checked="" type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE CONTRIBUTIONS | | Transaction ID: SB18.16948 |
| Mailing Address 320 FIRST STREET | | Date of Disbursement 09 / 12 / 2006 |
| City WASHINGTON | State DC | Zip Code 20003 |
| Purpose of Disbursement Fax Expense (Boozman) | Amount of Each Disbursement this Period 103.64 | |
| Candidate Name DUNCAN FOR CONGRESS | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type |
| State: TN District: 02 | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE CONTRIBUTIONS | | Transaction ID: SB18.16877 |
| Mailing Address 320 FIRST STREET | | Date of Disbursement 09 / 21 / 2006 |
| City WASHINGTON | State DC | Zip Code 20003 |
| Purpose of Disbursement Donation | Amount of Each Disbursement this Period 70000.00 | |
| Candidate Name DUNCAN FOR CONGRESS | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type |
| State: TN District: 02 | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE CONTRIBUTIONS | | Transaction ID: SB18.16949 |
| Mailing Address 320 FIRST STREET | | Date of Disbursement 09 / 25 / 2006 |
| City WASHINGTON | State DC | Zip Code 20003 |
| Purpose of Disbursement Fax Expense (Johnson) | Amount of Each Disbursement this Period 103.64 | |
| Candidate Name DUNCAN FOR CONGRESS | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/Type |
| State: TN District: 02 | | |

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|--|-----------------|
| SUBTOTAL of Disbursements This Page (optional) | 70207.28 |
| TOTAL This Period (last page this line number only) | |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | |
|------------------------------|--|------------------------------|------------------------------|
| <input type="checkbox"/> 17 | <input checked="" type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE CONTRIBUTIONS

Full Name (Last, First, Middle Initial)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE CONTRIBUTIONS

Mailing Address 320 FIRST STREET

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Fax Expense (Boozman)

Candidate Name
DUNCAN FOR CONGRESS

Office Sought: House Senate President
State: TN District: 02

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB18.16950

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE CONTRIBUTIONS

Full Name (Last, First, Middle Initial)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE CONTRIBUTIONS

Mailing Address 320 FIRST STREET

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Fax Expense (Schmidt)

Candidate Name
DUNCAN FOR CONGRESS

Office Sought: House Senate President
State: TN District: 02

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB18.16951

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. PEOPLE WITH HART INC

Full Name (Last, First, Middle Initial)
PEOPLE WITH HART INC

Mailing Address PO BOX 435

City WEXFORD State PA Zip Code 15090

Purpose of Disbursement
Memo:Catering Expense Donation

Candidate Name
DUNCAN FOR CONGRESS

Office Sought: House Senate President
State: PA District: 04

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB18.16943

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

| | | | |
|------------------------------|--|------------------------------|------------------------------|
| <input type="checkbox"/> 17 | <input checked="" type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. SCHMIDT FOR CONGRESS COMMITTEE

Mailing Address 771 WARDS CORNER ROAD

City LOVELAND State OH Zip Code 45140

Purpose of Disbursement
Memo: Fundraising Event Expense

Candidate Name
DUNCAN FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: OH District: 02

Transaction ID: SB18.16967

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. SCHMIDT FOR CONGRESS COMMITTEE

Mailing Address 771 WARDS CORNER ROAD

City LOVELAND State OH Zip Code 45140

Purpose of Disbursement
Memo: Fax Expense

Candidate Name
DUNCAN FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: OH District: 02

Transaction ID: SB18.16968

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. SCHMIDT FOR CONGRESS COMMITTEE

Mailing Address 771 WARDS CORNER ROAD

City LOVELAND State OH Zip Code 45140

Purpose of Disbursement
Memo: Catering Expense

Candidate Name
DUNCAN FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: OH District: 02

Transaction ID: SB18.16974

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | |
|------------------------------|--|------------------------------|------------------------------|
| <input type="checkbox"/> 17 | <input checked="" type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. SCHMIDT FOR CONGRESS COMMITTEE

Mailing Address 771 WARDS CORNER ROAD

City LOVELAND State OH Zip Code 45140

Purpose of Disbursement
Memo:Fax Expense

Candidate Name
DUNCAN FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: OH District: 02

Transaction ID: SB18.16966

Date of Disbursement

09 / 25 / 2006

Amount of Each Disbursement this Period

103.64

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. STEVE CHABOT FOR CONGRESS

Mailing Address 3339 Harrison Ave.
3014 Harrison Ave.

City Cincinnati State OH Zip Code 45211

Purpose of Disbursement
Memo:Fundraising Event Consulting

Candidate Name
DUNCAN FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: OH District: 01

Transaction ID: SB18.16963

Date of Disbursement

08 / 30 / 2006

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. STEVE CHABOT FOR CONGRESS

Mailing Address 3339 Harrison Ave.
3014 Harrison Ave.

City Cincinnati State OH Zip Code 45211

Purpose of Disbursement
Memo:Fax Expense

Candidate Name
DUNCAN FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: OH District: 01

Transaction ID: SB18.16965

Date of Disbursement

09 / 12 / 2006

Amount of Each Disbursement this Period

103.64

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 66 / 69

| | | | | | | | |
|--------------------------|-----|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input type="checkbox"/> | 17 | <input checked="" type="checkbox"/> | 18 | <input type="checkbox"/> | 19a | <input type="checkbox"/> | 19b |
| <input type="checkbox"/> | 20a | <input type="checkbox"/> | 20b | <input type="checkbox"/> | 20c | <input type="checkbox"/> | 21 |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. STEVE CHABOT FOR CONGRESS

Mailing Address 3339 Harrison Ave.
3014 Harrison Ave.

City Cincinnati State OH Zip Code 45211

Purpose of Disbursement
Memo:Catering Expense

Candidate Name
DUNCAN FOR CONGRESS

Office Sought: House
 Senate
 President
State: OH District: 01

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB18.16975
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

70725.48

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 67 / 69

| | | | |
|------------------------------|------------------------------|------------------------------|--|
| <input type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input checked="" type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Burchett For Senate | | Transaction ID: SB21.16941 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 0 6 |
| Mailing Address 8220 Bennington Drive | | Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Knoxville State TN Zip Code 37909 | | |
| Purpose of Disbursement Donation | Category/ Type | |
| Candidate Name DUNCAN FOR CONGRESS | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Dogwood Arts Festival | | Transaction ID: SB21.16815 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6 |
| Mailing Address 111 N. Central | | Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Knoxville State TN Zip Code 37902 | | |
| Purpose of Disbursement Donation | Category/ Type | |
| Candidate Name DUNCAN FOR CONGRESS | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. East Tennessee Foundation | | Transaction ID: SB21.16787 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6 |
| Mailing Address 550 Main Street | | Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Knoxville State TN Zip Code 37902 | | |
| Purpose of Disbursement Donation | Category/ Type | |
| Candidate Name DUNCAN FOR CONGRESS | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 68 / 69

| | | | |
|------------------------------|------------------------------|------------------------------|--|
| <input type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input checked="" type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Jim Bryson for Governor | | Transaction ID: SB21.16811 Date of Disbursement 08 / 17 / 2006 |
| Mailing Address P. O. Box 330158 | | Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Nashville State TN Zip Code 37203 | Category/ Type | |
| Purpose of Disbursement Donation | | |
| Candidate Name DUNCAN FOR CONGRESS | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Lincoln Memorial University Athletics | | Transaction ID: SB21.16801 Date of Disbursement 08 / 01 / 2006 |
| Mailing Address 6965 Cumberland Gap Parkway | | Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Harrogate State TN Zip Code 37752 | Category/ Type | |
| Purpose of Disbursement Donation | | |
| Candidate Name DUNCAN FOR CONGRESS | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Oakwood Baptist Church | | Transaction ID: SB21.16789 Date of Disbursement 07 / 17 / 2006 |
| Mailing Address 111 E. Columbia Avenue | | Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| City Knoxville State TN Zip Code 37917 | Category/ Type | |
| Purpose of Disbursement Donation | | |
| Candidate Name DUNCAN FOR CONGRESS | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 69 / 69

| | | | | | | | |
|--------------------------|-----|--------------------------|-----|--------------------------|-----|-------------------------------------|-----|
| <input type="checkbox"/> | 17 | <input type="checkbox"/> | 18 | <input type="checkbox"/> | 19a | <input type="checkbox"/> | 19b |
| <input type="checkbox"/> | 20a | <input type="checkbox"/> | 20b | <input type="checkbox"/> | 20c | <input checked="" type="checkbox"/> | 21 |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. West Knox Republican Club

Mailing Address 714 Broome Road

City Knoxville State TN Zip Code 37909

Purpose of Disbursement
Donation

Candidate Name
DUNCAN FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: TN District: 02

Transaction ID: SB21.16825

Date of Disbursement

07 / 15 / 2006

Amount of Each Disbursement this Period

100.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

100.00

TOTAL This Period (last page this line number only)

2100.00