

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

DUNCAN FOR CONGRESS

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

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)).....	100734.28	362291.66
(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)).....	100734.28	362291.66
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	37540.85	200489.15
(b) Total Offsets to Operating Expenditures (from Line 14).....	847.44	1047.44
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	36693.41	199441.71
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1376246.29	
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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

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).....

68006.00

129904.38

(ii) Unitemized.....

5025.00

7400.00

(iii) TOTAL of contributions

73031.00

137304.38

from individuals..... ▶

245.00

1029.00

(b) Political Party Committees.....

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

27458.28

223958.28

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

100734.28

362291.66

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

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

0.00

250.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

0.00

(add Lines 13(a) and (b)).....

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.).....

847.44

1047.44

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

0.00

16109.30

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

101581.72

379698.40

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	37540.85	200489.15
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	31000.00
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.....	2310.00	9679.83
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	39850.85	241168.98

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1314515.42
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	101581.72
25. SUBTOTAL (add Line 23 and Line 24).....	1416097.14
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	39850.85
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1376246.29

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 / 119
<input checked="" 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 type="checkbox"/> 15

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. Gordon Acuff		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006	
Mailing Address 5016 Lonas Road		Transaction ID: SA11A1.15944	
City State Zip Code Knoxville TN 37909	Amount of Each Receipt this Period 250.00		
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 Requested Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Requested Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. J. B Adcock, Sr.		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2006	
Mailing Address 2409 Smith School Road		Transaction ID: SA11A1.15692	
City State Zip Code Knoxville TN 37914	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 N/A Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Robert Addington		Date of Receipt M M / D D / Y Y Y Y 02 / 24 / 2006	
Mailing Address 1237 Sheffield Place		Transaction ID: SA11A1.15675	
City State Zip Code Lexington KY 40509	Amount of Each Receipt this Period 2100.00		
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 Addington Enterprises Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Election Cycle-to-Date ▼ 2100.00		

SUBTOTAL of Receipts This Page (optional) ▶	2850.00
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 / 119
	<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 Addington

Mailing Address 1237 Sheffield Place

City Lexington State KY Zip Code 40509

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

Name of Employer Addington Enterprises Occupation Executive

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
 0 2 / 2 4 / 2 0 0 6

Transaction ID: SA11A1.15969

Amount of Each Receipt this Period
 400.00

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

B. Full Name (Last, First, Middle Initial)
Tony Aikens

Mailing Address 1801 Sharp Dr

City Lenoir City State TN Zip Code 37771

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 ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 2 1 / 2 0 0 6

Transaction ID: SA11A1.15693

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)
Darrell Akins

Mailing Address P. O. Box 15171

City Knoxville State TN Zip Code 37901-5171

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

Name of Employer Akins Public Strategies Occupation Public Relations

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.15694

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)	900.00
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 / 119
	<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)
Jr., Edward S. Albers

Mailing Address 403 Lyons Head Drive

City State Zip Code
Knoxville TN 37919

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

Name of Employer N/A Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 16 / 2006

Transaction ID: SA11A1.15695

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)
Susan Ramsey Aldrich

Mailing Address 85 Weddington Branch Road

City State Zip Code
Washington DC 20007

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

Name of Employer Self Occupation Real Estate Management

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 23 / 2006

Transaction ID: SA11A1.15677

Amount of Each Receipt this Period
350.00

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

C. Full Name (Last, First, Middle Initial)
Jack Amyx

Mailing Address 6703 Childs Road

City State Zip Code
Corryton TN 37721

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

Name of Employer Fountain City Finance Co. Occupation President

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
03 / 14 / 2006

Transaction ID: SA11A1.15696

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) ► **1100.00**

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 / 119
	<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) Gary Asher		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006
Mailing Address P. O. Box 1727		Transaction ID: SA11A1.15699
City State Zip Code Middlesboro KY 40965	Amount of Each Receipt this Period 250.00	
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 Appolo Fuels, Inc Occupation Coal Mining	Election Cycle-to-Date ▼ 250.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) John Asher		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006
Mailing Address P. O. Box 1727		Transaction ID: SA11A1.15700
City State Zip Code Middlesboro KY 40965	Amount of Each Receipt this Period 250.00	
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 Appolo Fuels, Inc. Occupation Coal Mining	Election Cycle-to-Date ▼ 250.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Robert Bacon		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006
Mailing Address 5508 Holston Hills Road		Transaction ID: SA11A1.15701
City State Zip Code Knoxville TN 37914	Amount of Each Receipt this Period 250.00	
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 TVA Occupation Information Department	Election Cycle-to-Date ▼ 250.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	750.00
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 / 119
	<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)
Jack W. Bailey

Mailing Address 642 Broome Road

City State Zip Code
Knoxville TN 37909

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

Name of Employer Occupation
Akins Public Strategies 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
03 / 22 / 2006

Transaction ID: SA11A1.15702

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)
Joseph Dale Bailey

Mailing Address 424 W. Hillvale Turn

City State Zip Code
Knoxville TN 37919

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

Name of Employer Occupation
Akins Public Strategies Government 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
03 / 26 / 2006

Transaction ID: SA11A1.15703

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Daniel L. Barnett

Mailing Address 2035 Lakeside Centre Way
Suite 250

City State Zip Code
Knoxville TN 37922

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

Name of Employer Occupation
Self Real Estate Developer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 27 / 2006

Transaction ID: SA11A1.15704

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)	▶	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 10 / 119
	<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 M. Bates		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006
Mailing Address 2816 Pebblestone Lane		Transaction ID: SA11A1.15705
City State Zip Code Knoxville TN 37938	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 Occupation KBB Inc. Executive Vice President		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Richard T. Beeler		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2006
Mailing Address 4440 Bucknell Drive		Transaction ID: SA11A1.15707
City State Zip Code Knoxville TN 37938	Amount of Each Receipt this Period 250.00	
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 Occupation Self Attorney		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 450.00	

C. Full Name (Last, First, Middle Initial) Beverly J. Bell		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2006
Mailing Address 7304 Nubbin Ridge Road		Transaction ID: SA11A1.15708
City State Zip Code Knoxville TN 37919	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 Occupation N/A Homemaker		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1250.00
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 / 119
	<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) Ed F. Bell		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006
Mailing Address 3662 Brookview Road		Transaction ID: SA11A1.15710
City State Zip Code Lenoir City TN 37772	Amount of Each Receipt this Period 250.00	
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 Occupation First Central Bank Banker	Election Cycle-to-Date 250.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	250.00	

B. Full Name (Last, First, Middle Initial) Rodney Beverly		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006
Mailing Address 515 Briarcreek Drive		Transaction ID: SA11A1.16084
City State Zip Code Knoxville TN 37934	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 Occupation American Vendors Service Co. Principal	Election Cycle-to-Date 500.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00	

C. Full Name (Last, First, Middle Initial) Judy Birdwell		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006
Mailing Address 3528 Iskagna Drive		Transaction ID: SA11A1.15711
City State Zip Code Knoxville TN 37919	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 Occupation N/A Housewife	Election Cycle-to-Date 500.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	1250.00

**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 12 / 119
	<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)
Joy Bishop

Mailing Address 1009 Heritage Square Court

City State Zip Code
Maryville TN 37803

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

Name of Employer Occupation
Bishop Property Management Principal

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 28 / 2006

Transaction ID: SA11A1.15713

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)
Tutt S. Bradford

Mailing Address 1401 Broad Run Drive

City State Zip Code
Maryville TN 37803

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

Name of Employer Occupation
Retired N/A

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 13 / 2006

Transaction ID: SA11A1.15716

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)
David G. Brown, Jr.

Mailing Address P. O. Box 10193

City State Zip Code
Knoxville TN 37939

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

Name of Employer Occupation
Self Real Estate

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 13 / 2006

Transaction ID: SA11A1.15717

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)	750.00
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 / 119
	<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)
Sharon Chesney Byrd

Mailing Address P. O. Box 51434

City State Zip Code
Knoxville TN 37950

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

Name of Employer Self Occupation Realtor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 2006

Transaction ID: SA11A1.15722

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)
C. Howard Capito

Mailing Address 620 Scotswood Circle

City State Zip Code
Knoxville TN 37919

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

Name of Employer Self Occupation Financial Advisor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 22 / 2006

Transaction ID: SA11A1.15723

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)
Ronnie Carroll

Mailing Address 10712 Farragut Hills Blvd.

City State Zip Code
Knoxville TN 37922

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

Name of Employer Carroll Coal Corp. Occupation Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 23 / 2006

Transaction ID: SA11A1.15724

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) ► **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 14 / 119
	<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) Lance O. Cavett		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2006	
Mailing Address P. O. Box 77067		Transaction ID: SA11A1.15726	
City Atlanta	State GA	Zip Code 30357	Amount of Each Receipt this Period 250.00
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 Best Effort	Occupation Executive	Election Cycle-to-Date 250.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) Nicholas G. Cazana		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006	
Mailing Address 1701 Vander Ridge		Transaction ID: SA11A1.15727	
City Knoxville	State TN	Zip Code 37919	Amount of Each Receipt this Period 250.00
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 Commercial Investment & Properties	Occupation Commercial Real Estate	Election Cycle-to-Date 250.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) Udit Chaudhuri		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006	
Mailing Address 520 Altamira Drive		Transaction ID: SA11A1.15728	
City Knoxville	State TN	Zip Code 37922	Amount of Each Receipt this Period 250.00
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 Physician	Election Cycle-to-Date 250.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	750.00
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 / 119
	<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) K. Q. Chedester		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2006	
Mailing Address 407 Wyndham Hall Way		Transaction ID: SA11A1.15730	
City State Zip Code Knoxville TN 37922	Amount of Each Receipt this Period 250.00		
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 Retired	Election Cycle-to-Date 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Receipt For: 2006 Election Cycle-to-Date 1250.00			

B. Full Name (Last, First, Middle Initial) Michael K. Chesney		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006	
Mailing Address 1014 S. Briarcliff Drive		Transaction ID: SA11A1.15731	
City State Zip Code Maryville TN 37803	Amount of Each Receipt this Period 250.00		
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 TDS Occupation Corporate Development	Election Cycle-to-Date 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Receipt For: 2006 Election Cycle-to-Date 250.00			

C. Full Name (Last, First, Middle Initial) Tina L. Chiozza		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2006	
Mailing Address 826 Reddoch Street		Transaction ID: SA11A1.15732	
City State Zip Code Memphis TN 38120	Amount of Each Receipt this Period 250.00		
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 Requested Occupation Requested	Election Cycle-to-Date 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Receipt For: 2006 Election Cycle-to-Date 250.00			

SUBTOTAL of Receipts This Page (optional)	750.00
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 / 119
	<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)
Clayton V. Christenberry, Jr.

Mailing Address 3909 W. Topside Road

City State Zip Code
Knoxville TN 37920

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

Name of Employer Occupation
Christenberry Trucking President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 29 / 2006

Transaction ID: SA11A1.15733

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)
H. Peter Claussen

Mailing Address 8200 Seven Islands Road

City State Zip Code
Knoxville TN 37920

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

Name of Employer Occupation
Gulf & Ohio Railways CEO

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2006

Transaction ID: SA11A1.15734

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)
James L. Clayton

Mailing Address 3340 Lakeview Drive

City State Zip Code
Knoxville TN 37919

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

Name of Employer Occupation
Clayton Homes, Inc. CEO/Chairman

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 23 / 2006

Transaction ID: SA11A1.15735

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)	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 17 / 119
	<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. Townsend Collins		Date of Receipt M M / D D / Y Y Y Y Y 03 / 20 / 2006
Mailing Address 8900 Cove Point Lane		Transaction ID: SA11A1.15737
City Knoxville	State TN	Zip Code 37922
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Collins, Sharp, Koella	Occupation Realtor	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. J. Michael Connor		Date of Receipt M M / D D / Y Y Y Y Y 03 / 28 / 2006
Mailing Address 2017 Partridge Run Lane		Transaction ID: SA11A1.15738
City Knoxville	State TN	Zip Code 37919
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Connor Concepts	Occupation Owner	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Debbie Cook		Date of Receipt M M / D D / Y Y Y Y Y 03 / 16 / 2006
Mailing Address 701 Chestnut Ridge Drive		Transaction ID: SA11A1.15739
City Lenoir City	State TN	Zip Code 37771
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2006.00
Name of Employer Requested	Occupation Requested	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2006.00	

SUBTOTAL of Receipts This Page (optional)	▶	2506.00
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 18 / 119
	<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)
Jeffrey Cornish

Mailing Address P. O. Box 10146

City State Zip Code
Knoxville TN 37939

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

Name of Employer Pilot Corporation Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 21 / 2006

Transaction ID: SA11A1.15740

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)
Thad S. Cox

Mailing Address 726 Kenesaw Avenue

City State Zip Code
Knoxville TN 37919

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

Name of Employer Ashe's Package Store Occupation Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 23 / 2006

Transaction ID: SA11A1.15741

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)
Bob Cross

Mailing Address 900 S. Gay Street Suite 2004

City State Zip Code
Knoxville TN 37902

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

Name of Employer International Discount Investors Occupation Investments

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 23 / 2006

Transaction ID: SA11A1.15743

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 19 / 119
	<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)
William H. Curtis

Mailing Address 4407 Beechwood Road

City State Zip Code
Knoxville TN 37920

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

Name of Employer Occupation
Curtis Mortgage Company Mortgage Banker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2006

Transaction ID: SA11A1.15744

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)
Randal L. Dabbs

Mailing Address 105 Osprey Cove Court

City State Zip Code
Lenoir City TN 37772

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

Name of Employer Occupation
Self Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 13 / 2006

Transaction ID: SA11A1.15745

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)
Jack E. Dance, Sr.

Mailing Address 10010 McCormick Place

City State Zip Code
Knoxville TN 37923

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

Name of Employer Occupation
Bacon & Company Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 2006

Transaction ID: SA11A1.15747

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)	▶	750.00
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 / 119
	<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. Ronald G. Daves		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2006
Mailing Address 550 W. Main Street Sixth Floor		Transaction ID: SA11A1.15749
City Knoxville State TN Zip Code 37902	Amount of Each Receipt this Period 250.00	
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 Requested Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Requested Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mark S. Deathridge		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006
Mailing Address 2201 Laurinda Road		Transaction ID: SA11A1.15751
City Knoxville State TN Zip Code 37914	Amount of Each Receipt this Period 250.00	
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 Requested Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Requested Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Autry 'Pete' DeBusk		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2006
Mailing Address 200 DeBusk Lane		Transaction ID: SA11A1.15753
City Powell State TN Zip Code 37849	Amount of Each Receipt this Period 250.00	
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 Requested Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Requested Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	750.00
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 / 119
	<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. James W. Dee		Date of Receipt M M / D D / Y Y Y Y Y 03 / 28 / 2006
Mailing Address P. O. Box 5621		Transaction ID: SA11A1.15754
City Oak Ridge	State TN	Zip Code 37831
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Requested	Occupation Requested	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Dr. James Denny, III		Date of Receipt M M / D D / Y Y Y Y Y 03 / 28 / 2006
Mailing Address 1634 Wheaton Place		Transaction ID: SA11A1.15756
City Knoxville	State TN	Zip Code 37919
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Walt Dickson		Date of Receipt M M / D D / Y Y Y Y Y 03 / 17 / 2006
Mailing Address 9052 Middlebrook Pike		Transaction ID: SA11A1.15758
City Knoxville	State TN	Zip Code 37923
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Luxury Townhouse Management	Occupation Owner	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	900.00
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 22 / 119 (check only one) <input checked="" 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 type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Sharon Draper</p> <p>Mailing Address 1829 Wayland Road</p> <p>City State Zip Code Knoxville TN 37914</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Requested Occupation Requested</p> <p>Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right; margin-right: 50px;">500.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <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>3</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p> <p>Transaction ID: SA11A1.15760</p> <p>Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>500.00</td> </tr> </table> </p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	1		2	0	0	6		500.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	1		2	0	0	6														
	500.00																						

<p>B. Full Name (Last, First, Middle Initial) David E. Dugger</p> <p>Mailing Address 700 Brixworth Blvd.</p> <p>City State Zip Code Knoxville TN 37922</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Requested Occupation Requested Kalthoff, Inc. President</p> <p>Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right; margin-right: 50px;">500.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <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>3</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p> <p>Transaction ID: SA11A1.15761</p> <p>Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>500.00</td> </tr> </table> </p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	4		2	0	0	6		500.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	4		2	0	0	6														
	500.00																						

<p>C. Full Name (Last, First, Middle Initial) Randy Edgemon</p> <p>Mailing Address 12044 Prater Lane</p> <p>City State Zip Code Knoxville TN 37922</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Requested Occupation Requested Diversified Energy Coal Broker</p> <p>Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p style="text-align: right; margin-right: 50px;">500.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <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>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p> <p>Transaction ID: SA11A1.15763</p> <p>Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>500.00</td> </tr> </table> </p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	0	6		500.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	4		2	0	0	6														
	500.00																						

SUBTOTAL of Receipts This Page (optional)	1500.00
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 23 / 119
	(check only one)
<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"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Beverly Farrell</p> <p>Mailing Address 8500-26 Olde Colony Trail</p> <p>City State Zip Code Knoxville TN 37923</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation IBM Executive</p> <p>Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2006</p> <p>Transaction ID: SA11A1.15770</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) James Russell Farrell</p> <p>Mailing Address 8500-26 Olde Colony Trail</p> <p>City State Zip Code Knoxville TN 37923</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Investments & Insurance</p> <p>Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2006</p> <p>Transaction ID: SA11A1.15768</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) J. W. Felton, III.</p> <p>Mailing Address 310 Forest Park Blvd.</p> <p>City State Zip Code Knoxville TN 37919</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Tennessee Brokerage Agency Insurance Sales</p> <p>Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006</p> <p>Transaction ID: SA11A1.15773</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>750.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

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 24 / 119
	<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) Fred R. Flenniken Mailing Address 1513 Maryville Pike City Knoxville State TN Zip Code 37920 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6 Transaction ID: SA11A1.15774 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Duracap Paving Company Occupation Estimator Receipt For: 2006 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		

B. Full Name (Last, First, Middle Initial) Nancy Jorgensen Fletcher Mailing Address 4125 Parkglen Court, NW City Washington State DC Zip Code 20007 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6 Transaction ID: SA11A1.15679 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Outdoor Advertising of America Occupation President Receipt For: 2006 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		

C. Full Name (Last, First, Middle Initial) Christopher J. Gettelfinger Mailing Address 559 Arrowhead Trail City Knoxville State TN Zip Code 37919 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6 Transaction ID: SA11A1.15776 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Requested Occupation Requested Receipt For: 2006 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		

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 25 / 119
	<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)
Gerald W. Gibson

Mailing Address 2105 Southwood Drive

City State Zip Code
Maryville TN 37801

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

Name of Employer Occupation
Maryville College Educator

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 21 / 2006

Transaction ID: SA11A1.15777

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)
Dr. R. A. Gillespie

Mailing Address 2761 Sullins Street

City State Zip Code
Knoxville TN 37919

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

Name of Employer Occupation
N/A Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 13 / 2006

Transaction ID: SA11A1.15778

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Sidney Gilreath

Mailing Address 508 Union Avenue
Apt. 501

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 ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 28 / 2006

Transaction ID: SA11A1.15779

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) ► **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 26 / 119
	<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) David P. Goch		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6
Mailing Address 7459 Arlington Road		Transaction ID: SA11A1.15781
City State Zip Code Bethesda MD 20814	Amount of Each Receipt this Period 250.00	
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 Webster Chamberlain & Bean	Occupation Attorney	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1250.00	

B. Full Name (Last, First, Middle Initial) Dr. Jack E. Gotcher, Jr.		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6
Mailing Address 1928 Alcoa Highway Suite 305		Transaction ID: SA11A1.15783
City State Zip Code Knoxville TN 37920	Amount of Each Receipt this Period 250.00	
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 Physician	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) C. C. Howard Gray		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address P. O. Box 277		Transaction ID: SA11A1.15681
City State Zip Code Glasgow KY 42142	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 James N. Gray Construction	Occupation Construction	
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) ▶	1500.00
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 27 / 119
	<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)
Lois Howard Gray

Mailing Address 1611 Fairway Drive

City Lexington State KY Zip Code 40502

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

Name of Employer James N Gray Co. Occupation Administrator

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2006

Transaction ID: SA11A1.16086

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)
Jan Greaves

Mailing Address 3901 Topside Road

City Knoxville State TN Zip Code 37920

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

Name of Employer Self Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 23 / 2006

Transaction ID: SA11A1.15785

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)
Randy Greaves

Mailing Address 3801 Topside Road

City Knoxville State TN Zip Code 37920

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

Name of Employer J.Randall Greaves Company Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 28 / 2006

Transaction ID: SA11A1.15784

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) ► **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: PAGE 28 / 119
	(check only one)
<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"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Ray Hand		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006
Mailing Address 1155 Scenic Drive		Transaction ID: SA11A1.15788
City State Zip Code Knoxville TN 37919	Amount of Each Receipt this Period 250.00	
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 Eagle Distributing Company	Occupation Owner	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Albert J. Harb		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006
Mailing Address 2313 Covefield Road		Transaction ID: SA11A1.15789
City State Zip Code Knoxville TN 37919	Amount of Each Receipt this Period 250.00	
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 Hodges, Dougherty & Carson	Occupation Attorney	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) David T. Harrell		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2006
Mailing Address 6601 Hummer Lane		Transaction ID: SA11A1.15790
City State Zip Code Knoxville TN 37912	Amount of Each Receipt this Period 250.00	
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 City of Knoxville	Occupation Civil Engineer	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	750.00
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 29 / 119
	<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, II, II

Mailing Address P. O. Box 10146

City State Zip Code
Knoxville TN 37939

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

Name of Employer Pilot Corporation Occupation Chairman

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 29 / 2006

Transaction ID: SA11A1.15795

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)
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 Pilot Travel Centers, LLC Occupation CEO

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 2006

Transaction ID: SA11A1.15794

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)
William E. Haslam

Mailing Address 7112 Sherwood Drive

City State Zip Code
Knoxville TN 37919

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

Name of Employer City of Knoxville Occupation Mayor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 27 / 2006

Transaction ID: SA11A1.15796

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: PAGE 30 / 119 (check only one) <input checked="" 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 type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Christopher Hawk Mailing Address 1433 Buxton Drive City State Zip Code Knoxville TN 37922 FEC ID number of contributing federal political committee. C Name of Employer Requested Occupation Requested Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <div style="text-align: right; border: 1px solid black; padding: 2px;">500.00</div>	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <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>3</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.15797 Amount of Each Receipt this Period <div style="text-align: right; border: 1px solid black; padding: 2px;">500.00</div> <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	3		2	8		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	8		2	0	0	6												

B. Full Name (Last, First, Middle Initial) David R. Haynes Mailing Address 529 E. Fox Den Drive City State Zip Code Knoxville TN 37934 FEC ID number of contributing federal political committee. C Name of Employer FSG Bank Occupation Executive Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <div style="text-align: right; border: 1px solid black; padding: 2px;">250.00</div>	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <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>3</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.15799 Amount of Each Receipt this Period <div style="text-align: right; border: 1px solid black; padding: 2px;">250.00</div> <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	3		2	8		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	8		2	0	0	6												

C. Full Name (Last, First, Middle Initial) Joe A. Hollingsworth, Jr. Mailing Address One Rocky Top City State Zip Code Clinton TN 37716 FEC ID number of contributing federal political committee. C Name of Employer Court South Occupation Health Club Owner Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <div style="text-align: right; border: 1px solid black; padding: 2px;">1000.00</div>	Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <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>3</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.15803 Amount of Each Receipt this Period <div style="text-align: right; border: 1px solid black; padding: 2px;">1000.00</div> <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	3		1	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	6		2	0	0	6												

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 31 / 119
	<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

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. Dewitt Ingram		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2006
Mailing Address 7530 Rivertrace Blvd.		Transaction ID: SA11A1.15805
City State Zip Code Knoxville TN 37920	Amount of Each Receipt this Period 250.00	
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 Christenberry Trucking & Farm	Occupation General Manager	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Diane B. Jablonski		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006
Mailing Address 11640 S. Monticello Drive		Transaction ID: SA11A1.15808
City State Zip Code Knoxville TN 37922	Amount of Each Receipt this Period 250.00	
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 Knox County	Occupation School Board	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. James J. Jablonski		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006
Mailing Address 11640 S. Monticello Drive		Transaction ID: SA11A1.15809
City State Zip Code Knoxville TN 37922	Amount of Each Receipt this Period 250.00	
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 Landmark International Truck	Occupation CEO	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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 32 / 119
	<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)
Lisa Janke

Mailing Address P. O. Box 518

City State Zip Code
Tellico Plains TN 37385

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

Name of Employer Occupation
Camel Manufacturing Executive

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 28 / 2006

Transaction ID: SA11A1.15810

Amount of Each Receipt this Period
2100.00

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

B. Full Name (Last, First, Middle Initial)
Judge Gail Stone Jarvis

Mailing Address 6916 Stone Mill Road

City State Zip Code
Knoxville TN 37919

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

Name of Employer Occupation
Knox County Sessions Court Judge

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 28 / 2006

Transaction ID: SA11A1.15949

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)
John T. Johnson

Mailing Address 454 Sugarwood Drive

City State Zip Code
Knoxville TN 37922

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

Name of Employer Occupation
Self Attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 21 / 2006

Transaction ID: SA11A1.15812

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)	2600.00
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 33 / 119
	<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 E. Johnston, Jr.

Mailing Address 6212 Creswell Drive

City State Zip Code
Knoxville TN 37919

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

Name of Employer Self Occupation
Physical Therapist

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
03 / 23 / 2006

Transaction ID: SA11A1.15813

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)
Gary E. Jones

Mailing Address 1774 E. Union Valley Road

City State Zip Code
Seymour TN 38765

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 ▼

350.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 20 / 2006

Transaction ID: SA11A1.15815

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)
George A. Jones

Mailing Address 1712 Maplecrest Drive

City State Zip Code
Louisville TN 37777

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 ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 13 / 2006

Transaction ID: SA11A1.15816

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)	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 34 / 119
	<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. Tom Kilgore		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address 9200 Linksvie Drive		Transaction ID: SA11A1.15683
City State Zip Code Knoxville TN 37922	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 TVA	Occupation President/COO	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Steve Kirkham		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 6
Mailing Address 1324 Lawnville Road		Transaction ID: SA11A1.15818
City State Zip Code Kingston TN 37763	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 Harriman Oil Company	Occupation Executive	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Stephen Koella		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address P. O. Box 58		Transaction ID: SA11A1.15819
City State Zip Code Rockford TN 37853	Amount of Each Receipt this Period 250.00	
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 Insurance	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: PAGE 35 / 119
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Thomas Korn

Mailing Address 130 Bay Pointe Drive

City State Zip Code
Vonore TN 37885

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

Name of Employer N/A Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2006

Transaction ID: SA11A1.15821

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)
Chuck Laine

Mailing Address 12227 South Fox Den Drive

City State Zip Code
Knoxville TN 37922

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

Name of Employer Laine Communications 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
03 / 28 / 2006

Transaction ID: SA11A1.15823

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)
Ronald C. Leadbetter

Mailing Address 6316 Creekhead Drive

City State Zip Code
Knoxville TN 37909

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

Name of Employer University of Tennessee Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 21 / 2006

Transaction ID: SA11A1.15824

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) ► **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 36 / 119
	<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) Sherri Lee		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2006
Mailing Address 5555 Cove Island Road		Transaction ID: SA11A1.15825
City State Zip Code Knoxville TN 37919	Amount of Each Receipt this Period 250.00	
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 Occupation Southeast Service Corp. Owner	Election Cycle-to-Date 250.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	250.00	

B. Full Name (Last, First, Middle Initial) William Allen Lewis		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2006
Mailing Address 113 York Circle		Transaction ID: SA11A1.15826
City State Zip Code Maryville TN 37801	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 Occupation Twin City Dealership Auto Dealer	Election Cycle-to-Date 500.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00	

C. Full Name (Last, First, Middle Initial) James H. London		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006
Mailing Address 1716 Clinch Avenue		Transaction ID: SA11A1.15827
City State Zip Code Knoxville TN 37916	Amount of Each Receipt this Period 300.00	
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 Occupation Self Attorney	Election Cycle-to-Date 300.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	300.00	

SUBTOTAL of Receipts This Page (optional) ▶	1050.00
TOTAL This Period (last page this line number only) ▶	1050.00

**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 37 / 119
	<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. John E. Long, Jr.		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006
Mailing Address 912 Broken Shaft Lane		Transaction ID: SA11A1.15828
City State Zip Code Knoxville TN 37922	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 Requested Occupation Requested	Election Cycle-to-Date ▼ 500.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Amy Brasfield Marlow		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2006
Mailing Address 6916 Chartwell Road		Transaction ID: SA11A1.15831
City State Zip Code Knoxville TN 37931	Amount of Each Receipt this Period 2000.00	
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 Requested Occupation Requested	Election Cycle-to-Date ▼ 2000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Lewis A. Masingo		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006
Mailing Address 809 Virginia Drive		Transaction ID: SA11A1.15833
City State Zip Code Maryville TN 37803	Amount of Each Receipt this Period 250.00	
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 Requested Occupation Requested East TN Human Resource Agency Asst. Director	Election Cycle-to-Date ▼ 250.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	2750.00
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 38 / 119
	<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)
Dr. Lynn Massingale

Mailing Address 2236 Lake Lane

City State Zip Code
Knoxville TN 37919

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

Name of Employer Self Occupation
Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 16 / 2006

Transaction ID: SA11A1.15834

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)
Michael T. McClamroch

Mailing Address 8220 Martin Mill Pike

City State Zip Code
Knoxville TN 37920

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

Name of Employer Self Occupation
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
03 / 13 / 2006

Transaction ID: SA11A1.15838

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Wallace McClure, Jr.

Mailing Address 114 Durwood Road

City State Zip Code
Knoxville TN 37922

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

Name of Employer Self Occupation
Real Estate

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 27 / 2006

Transaction ID: SA11A1.15959

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)	▶	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 39 / 119
	<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. Joseph D. McDonald		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address 2923 Hodges Landing Drive		Transaction ID: SA11A1.15839
City State Zip Code Knoxville TN 37920	Amount of Each Receipt this Period 250.00	
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 Occupation Covenant Health Health System Executive		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Anne Dean McWhirter		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6
Mailing Address 4017 Topside Road		Transaction ID: SA11A1.15844
City State Zip Code Knoxville TN 37920	Amount of Each Receipt this Period 250.00	
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 Occupation N/A Retired		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. Kenneth A. Miller		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 6
Mailing Address 531 S. Gay Street #1400		Transaction ID: SA11A1.15845
City State Zip Code Knoxville TN 37902	Amount of Each Receipt this Period 250.00	
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 Occupation Self Attorney		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	750.00
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 40 / 119
	<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) David Moon		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006
Mailing Address 2151 Asbury Drive		Transaction ID: SA11A1.15848
City State Zip Code Knoxville TN 37914	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 Moon Capital Management	Occupation Owner	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Cynthia Moxley		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006
Mailing Address 2061 Cherokee Blvd.		Transaction ID: SA11A1.15850
City State Zip Code Knoxville TN 37919	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 Moxley Communications	Occupation Public Relations	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Rodney E. Napier, Jr.		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006
Mailing Address 8209 Ruggles FerryRoad		Transaction ID: SA11A1.15852
City State Zip Code Knoxville TN 37924	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 Broadway Electric Service Corp.	Occupation President & Treasurer	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1500.00
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 41 / 119
	<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. Stephen W. Newberry		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2006
Mailing Address 1025 Spy Glass Way		Transaction ID: SA11A1.15854
City State Zip Code Knoxville TN 37922	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 N/A Occupation Retired		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Theodore F. Nichols		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006
Mailing Address 5815 Westover Drive		Transaction ID: SA11A1.15858
City State Zip Code Knoxville TN 37919	Amount of Each Receipt this Period 250.00	
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 Requested Occupation Requested		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Trent Lee Nichols		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006
Mailing Address 5815 Westover Drive		Transaction ID: SA11A1.15859
City State Zip Code Knoxville TN 37919	Amount of Each Receipt this Period 250.00	
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 Requested Occupation Requested		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

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 42 / 119
	<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)
Scott Niswonger

Mailing Address P. O. Box 1058

City State Zip Code
Greenville TN 37744

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

Name of Employer Forward Air Corp. Occupation Chairman

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
03 / 16 / 2006

Transaction ID: SA11A1.15860

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)
Freddie W. Nix, Sr.

Mailing Address 3552 Old Lowes Ferry Road

City State Zip Code
Louisville TN 37777

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

Name of Employer Continental Aerial Surveys Occupation President/Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **300.00**

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 23 / 2006

Transaction ID: SA11A1.15861

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
James C. Norris, III

Mailing Address 322 Council Buff Pkwy.

City State Zip Code
Murfreesboro TN 37127

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 Y
03 / 27 / 2006

Transaction ID: SA11A1.15862

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)	950.00
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 43 / 119
	<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. Julie Y. Oaks		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2006
Mailing Address 9900 Cedar Croft Circle		Transaction ID: SA11A1.15863
City State Zip Code Knoxville TN 37932	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 N/A Occupation Homemaker	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) B. J. Douglas Overbey		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2006
Mailing Address 530 S. Gay Street Suite 802		Transaction ID: SA11A1.15864
City State Zip Code Knoxville TN 37902	Amount of Each Receipt this Period 250.00	
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	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Jerry Park		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2006
Mailing Address 4747 Williams Ferry Road		Transaction ID: SA11A1.15865
City State Zip Code Lenoir City TN 37771	Amount of Each Receipt this Period 250.00	
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 Requested Occupation Requested	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 250.00		

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 44 / 119
	<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 C. Parrott

Mailing Address 2239 Lake Lane

City State Zip Code
Knoxville TN 37919

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

Name of Employer Barber & McMurry, Inc. Occupation Architect

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 14 / 2006

Transaction ID: SA11A1.15866

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)
Jay Patel

Mailing Address 525 Kings Hills Blvd.

City State Zip Code
Pigeon Forge TN 37863

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

Name of Employer Riverbend Inn Occupation Hotel Operator

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2006

Transaction ID: SA11A1.15961

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)
K. Timothy Patterson

Mailing Address 525 E. Fox Den Drive

City State Zip Code
Knoxville TN 37922

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

Name of Employer Smoky Mountain Coal Occupation Sales

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 28 / 2006

Transaction ID: SA11A1.15867

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 45 / 119
	<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)
Ed Pemberton

Mailing Address 1332 Scottsbury Circle

City State Zip Code
Knoxville TN 37919

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

Name of Employer Occupation
Knox County Teacher

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 28 / 2006

Transaction ID: SA11A1.15868

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)
Robert E. Petrone

Mailing Address 7312 Parliament Drive

City State Zip Code
Knoxville TN 37919

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

Name of Employer Occupation
B & T Distributing Sales

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 21 / 2006

Transaction ID: SA11A1.15871

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
John M. Potter

Mailing Address P. O. Box 1200

City State Zip Code
Robinson Creek KY 41560

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

Name of Employer Occupation
Hawk Eye Coal Co. Coal Operator

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 23 / 2006

Transaction ID: SA11A1.15688

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)	▶	2000.00
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 46 / 119
	<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)
Thomas A. Potter

Mailing Address P. O. Box 1200

City State Zip Code
Robinson Creek KY 41560

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

Name of Employer Occupation
Hawk Eye Coal Co. Coal Operator

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 2 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.15686

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)
Will J. Pugh

Mailing Address 1045 Hayslope Drive

City State Zip Code
Knoxville TN 37919

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

Name of Employer Occupation
Pugh & Associates CPA

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 1 6 / 2 0 0 6

Transaction ID: SA11A1.15873

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)
G. Frank Ramsey

Mailing Address 85 Weddington Branch Road

City State Zip Code
Pikeville KY 41501

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

Name of Employer Occupation
Self Real Estate Management

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.15690

Amount of Each Receipt this Period
350.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1600.00
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 47 / 119
	<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) Bill Ratliff		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006
Mailing Address 5616 Kesterbrooke Blvd.		Transaction ID: SA11A1.15874
City State Zip Code Knoxville TN 37918	Amount of Each Receipt this Period 250.00	
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 Tennessee Asphalt Co.	Occupation President	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Richard B. Ray		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2006
Mailing Address 8614 Cadet Drive		Transaction ID: SA11A1.15876
City State Zip Code Knoxville TN 37922	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 21st Mortgage	Occupation Partner	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) William F. Regas		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2006
Mailing Address 10201 S. River Trail		Transaction ID: SA11A1.15877
City State Zip Code Knoxville TN 37922	Amount of Each Receipt this Period 250.00	
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 Regas Restaurant	Occupation CEO	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

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 48 / 119
	<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)
Christine Rhea

Mailing Address 16 Rockingham Lane

City State Zip Code
Oak Ridge TN 37830

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 ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2006

Transaction ID: SA11A1.15878

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)
H. W. Rimmer, Jr.

Mailing Address 12829 Peachview Drive

City State Zip Code
Knoxville TN 37922

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

Name of Employer Requested Occupation Requested
BB&T Bank Mortgage Banker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 21 / 2006

Transaction ID: SA11A1.15880

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)
Cowan Rodgers, III

Mailing Address 8360 Kingston Pike

City State Zip Code
Knoxville TN 37919

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

Name of Employer Requested Occupation Requested
Rodgers Cadillac Car Dealer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 14 / 2006

Transaction ID: SA11A1.15882

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 49 / 119
	<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

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

A. Full Name (Last, First, Middle Initial)
Ronnie Roger, Jr.

Mailing Address 3023 Linden Avenue

City State Zip Code
Knoxville TN 37914

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

Name of Employer Self Occupation Security

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 29 / 2006

Transaction ID: SA11A1.15883

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)
Frank Rothermel

Mailing Address 1635 Western Avenue, #105

City State Zip Code
Knoxville TN 37921

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

Name of Employer Denark-Smith, Inc. Occupation General Contractor

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 13 / 2006

Transaction ID: SA11A1.15885

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)
Robert E. Rowan

Mailing Address 6849 Grenadier Blvd.
Apt. 1104

City State Zip Code
Naples FL 34108-7218

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

Name of Employer N/A Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 23 / 2006

Transaction ID: SA11A1.15886

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)	1250.00
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 50 / 119
	<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)
R. Michael Ruppert

Mailing Address 122 Tigitsi Lane

City Loudon State TN Zip Code 37774

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

Name of Employer Southeastern Energy Inc. 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
03 / 16 / 2006

Transaction ID: SA11A1.15887

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)
Bill Russell

Mailing Address P. O. Box 47

City Philadelphia State TN Zip Code 37846

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

Name of Employer Loudon County Occupation Judge

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 23 / 2006

Transaction ID: SA11A1.15888

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)
Herbert F. Shanklin

Mailing Address 5936 Katrina Lane

City Knoxville State TN Zip Code 37912

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 ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2006

Transaction ID: SA11A1.15893

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)	750.00
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 51 / 119
	<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) David E. Sharp		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006
Mailing Address 3924 Arline Drive		Transaction ID: SA11A1.15894
City State Zip Code Knoxville TN 37938	Amount of Each Receipt this Period 250.00	
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 Home Federal Bank	Occupation Banker	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Howard W. Sherod		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2006
Mailing Address 1057 Waterplace Way		Transaction ID: SA11A1.15896
City State Zip Code Knoxville TN 37922	Amount of Each Receipt this Period 250.00	
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 Allison, Sherrod, Owens & Siddons	Occupation Insurance	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Pamela Sherrod		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006
Mailing Address 7405 Bellingham Drive		Transaction ID: SA11A1.16083
City State Zip Code Knoxville TN 37919	Amount of Each Receipt this Period 250.00	
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 Optimu Rehab.	Occupation Nurse	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	750.00
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 52 / 119 (check only one) <input checked="" 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 type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) William Harry Sherrod</p> <p>Mailing Address 7405 Bellingham Drive</p> <p>City State Zip Code Knoxville TN 37919</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Atlas Electric Company CEO</p> <p>Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <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>3</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p> <p>Transaction ID: SA11A1.15895</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	8		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	8		2	0	0	6												

<p>B. Full Name (Last, First, Middle Initial) Jerry Sloan</p> <p>Mailing Address 213 College Street</p> <p>City State Zip Code Madisonville TN 37354</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Contractor</p> <p>Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <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>3</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p> <p>Transaction ID: SA11A1.15897</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	8		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	8		2	0	0	6												

<p>C. Full Name (Last, First, Middle Initial) Charles D. Smith</p> <p>Mailing Address 306 W. Depot Avenue</p> <p>City State Zip Code Knoxville TN 37917</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Bullock Smith & Partners Architech</p> <p>Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <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>3</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p> <p>Transaction ID: SA11A1.15899</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	8		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	8		2	0	0	6												

SUBTOTAL of Receipts This Page (optional)	750.00
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 53 / 119 (check only one) <input checked="" 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 type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Oliver A. Smith, IV Mailing Address 7216 Wellington Drive, Suite One City State Zip Code Knoxville TN 37919 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006 Transaction ID: SA11A1.15900 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self Occupation Real Estate Developer Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00	

B. Full Name (Last, First, Middle Initial) K. Karl Spalvins Mailing Address Medical Arts Bldg, Suite 404 603 Main Avenue City State Zip Code Knoxville TN 37902 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2006 Transaction ID: SA11A1.15902 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Requested Occupation Requested Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00	

C. Full Name (Last, First, Middle Initial) E. Mac Stalcup, Jr. Mailing Address 6905 Resolute Drive City State Zip Code Knoxville TN 37918 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2006 Transaction ID: SA11A1.15966 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Associated Insurors Inc. Occupation Insurance Agent Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	750.00
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 54 / 119
	<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. Harry W. Stowers, Jr.		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006	
Mailing Address 8733 Inlet Drive		Transaction ID: SA11A1.15905	
City State Zip Code Knoxville TN 37922	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 Stowers Machinery Corp.	Occupation Executive		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. William K. Swann, III		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2006	
Mailing Address P. O. Box 11604		Transaction ID: SA11A1.15906	
City State Zip Code Knoxville TN 37939	Amount of Each Receipt this Period 250.00		
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 Knox County	Occupation Judge		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. D. Michael Swiney		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2006	
Mailing Address 4205 McCampbell Lane		Transaction ID: SA11A1.15908	
City State Zip Code Knoxville TN 37918	Amount of Each Receipt this Period 250.00		
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 Paine, Swiney & Tarwater	Occupation Attorney		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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 55 / 119
	<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 Swisher		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006
Mailing Address 554 Norris Freeway		Transaction ID: SA11A1.15910
City State Zip Code Lake City TN 37769	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 Self Occupation Coal Operator	Election Cycle-to-Date ▼ 500.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Roger Thomas		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006
Mailing Address 143 Thomas Road		Transaction ID: SA11A1.15914
City State Zip Code Vonore TN 37885	Amount of Each Receipt this Period 250.00	
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 BWXT Occupation Machinist	Election Cycle-to-Date ▼ 250.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) B. Ray Thompson, Jr.		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2006
Mailing Address 4624 Chambliss Avenue		Transaction ID: SA11A1.15916
City State Zip Code Knoxville TN 37919	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 Columbia Capital Occupation Owner	Election Cycle-to-Date ▼ 1000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 56 / 119
	<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)
John C. Thornton

Mailing Address P. O. Box 4737

City State Zip Code
Chattanooga TN 37405

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

Name of Employer Self Occupation Real Estate Developer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **250.00**

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2006

Transaction ID: SA11A1.15918

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)
F. Carl Tindell

Mailing Address 7751 Norris Freeway

City State Zip Code
Knoxville TN 37938

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

Name of Employer Tindell's Builders Supply Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **300.00**

Date of Receipt
M M / D D / Y Y Y Y
03 / 16 / 2006

Transaction ID: SA11A1.15919

Amount of Each Receipt this Period
300.00

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

C. Full Name (Last, First, Middle Initial)
H. B. Trimble

Mailing Address P. O. Box 1882

City State Zip Code
Knoxville TN 37901

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

Name of Employer Ameristeel Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **250.00**

Date of Receipt
M M / D D / Y Y Y Y
03 / 13 / 2006

Transaction ID: SA11A1.15921

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)	800.00
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 57 / 119
	<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. Michael Twine		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006
Mailing Address 4311 Silverglen Lane		Transaction ID: SA11A1.15922
City State Zip Code Knoxville TN 37921	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 Terallax Occupation Electrical Engineer	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) B. Gary R Wade		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2006
Mailing Address 520 Panorama Dr		Transaction ID: SA11A1.15924
City State Zip Code Sevierville TN 37862	Amount of Each Receipt this Period 250.00	
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 Requested Occupation Requested	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Charles A. Wagner, III		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006
Mailing Address 4076 Alta Vista Way		Transaction ID: SA11A1.15925
City State Zip Code Knoxville TN 37919	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 Self Occupation Attorney	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 500.00		

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 58 / 119
	<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)
S. G. Walker

Mailing Address 7300 Westland Drive

City State Zip Code
Knoxville TN 37919

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

Name of Employer N/A Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 2006

Transaction ID: SA11A1.15926

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)
R. A. Watkins

Mailing Address 7812 Badgett Drive

City State Zip Code
Knoxville TN 37919

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 ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 16 / 2006

Transaction ID: SA11A1.15927

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)
Henny C. Weissinger

Mailing Address 416 Heathermoor Drive

City State Zip Code
Knoxville TN 37922

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

Name of Employer Smoky Mtn. Coal Corp. Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2006

Transaction ID: SA11A1.15928

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)	▶	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 59 / 119
	<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)
Steve West

Mailing Address 454 Broadmoor Drive

City State Zip Code
Maryville TN 37803

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

Name of Employer Occupation
West Chevrolet Car Dealer

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
MM / DD / YYYY
03 / 24 / 2006

Transaction ID: SA11A1.15968

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)
Buddy White

Mailing Address 717 Kevin Lane

City State Zip Code
Lenoir City TN 37772

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

Name of Employer Occupation
Self Developer

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2006

Transaction ID: SA11A1.15929

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)
Douglas G. White

Mailing Address 10415 Parkside Drive

City State Zip Code
Knoxville TN 37930

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

Name of Employer Occupation
Toyota Knoxville President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2006

Transaction ID: SA11A1.15931

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)	750.00
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 60 / 119
	<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)
Troy Whiteside

Mailing Address 6001 Candler lane

City State Zip Code
Knoxville TN 37921

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

Name of Employer Occupation
Minact Promotions, Inc. President

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

1000.00

Date of Receipt
MM / DD / YYYY
03 / 28 / 2006

Transaction ID: SA11A1.15933

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)
Mark K. Williams

Mailing Address 602 Cherokee Blvd.

City State Zip Code
Knoxville TN 37919

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

Name of Employer Occupation
Young Williams Kirk & Stone Attorney

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

250.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2006

Transaction ID: SA11A1.15934

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)
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 Occupation
The Williams Company Builder/Developer

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

500.00

Date of Receipt
MM / DD / YYYY
03 / 14 / 2006

Transaction ID: SA11A1.15936

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) ► **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:	PAGE 61 / 119
	(check only one)	
<input checked="" 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 type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Hugh M Wilson

Mailing Address **Hurstland Farm**
871 W Wilson St

City **Niota** State **TN** Zip Code **37286**

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 ▼ **250.00**

Date of Receipt
M M / D D / Y Y Y Y
03 / 27 / 2006

Transaction ID: SA11A1.15958

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)
Edward Yovella

Mailing Address **477 Central View Road**

City **Andersonville** State **TN** Zip Code **37705**

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
03 / 24 / 2006

Transaction ID: SA11A1.15942

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)	750.00
TOTAL This Period (last page this line number only)	68006.00

**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 62 / 119
	<input type="checkbox"/> 11a <input checked="" 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 type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE CONTRIBUTIONS		Date of Receipt M M / D D / Y Y Y Y Y 02 / 27 / 2006
Mailing Address 320 FIRST STREET		Transaction ID: SA11B.16617
City WASHINGTON State DC Zip Code 20003	Amount of Each Receipt this Period 98.00	
FEC ID number of contributing federal political committee. C C00002931	In-kind - Fax Expense <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) ▼ 882.00	

Full Name (Last, First, Middle Initial) B. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE CONTRIBUTIONS		Date of Receipt M M / D D / Y Y Y Y Y 03 / 01 / 2006
Mailing Address 320 FIRST STREET		Transaction ID: SA11B.16619
City WASHINGTON State DC Zip Code 20003	Amount of Each Receipt this Period 49.00	
FEC ID number of contributing federal political committee. C C00002931	In-kind - Fax Expense <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) ▼ 931.00	

Full Name (Last, First, Middle Initial) C. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE CONTRIBUTIONS		Date of Receipt M M / D D / Y Y Y Y Y 03 / 01 / 2006
Mailing Address 320 FIRST STREET		Transaction ID: SA11B.16621
City WASHINGTON State DC Zip Code 20003	Amount of Each Receipt this Period 98.00	
FEC ID number of contributing federal political committee. C C00002931	In-kind - Fax Expense <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) ▼ 1029.00	

SUBTOTAL of Receipts This Page (optional)	245.00
TOTAL This Period (last page this line number only)	245.00

**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 63 / 119
	<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 03 / 13 / 2006
Mailing Address 2 West Dixie Highway		Transaction ID: SA11C.15947
City Dania Beach State FL Zip Code 33004	Amount of Each Receipt this Period 2000.00	
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	4000.00	

Full Name (Last, First, Middle Initial) B. AMERICAN RENTAL ASSOCIATION POLITICAL ACTION COMMITTEE (ARAPAC)		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006
Mailing Address 1900-19TH STREET		Transaction ID: SA11C.15946
City MOLINE State IL Zip Code 61265	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C C00107615	<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) ▼	1250.00	

Full Name (Last, First, Middle Initial) C. AMERICAN ROAD & TRANSPORTATION BUILDERS ASSOCIATION (ARTBA) - 525 PAC		Date of Receipt M M / D D / Y Y Y Y 01 / 04 / 2006
Mailing Address 1010 MASSACHUSETTS AVENUE NW		Transaction ID: SA11C.15668
City WASHINGTON State DC Zip Code 20001	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C C00118208	<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) ▼	2500.00	

SUBTOTAL of Receipts This Page (optional)	2750.00
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 64 / 119
	<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. BECHTEL GROUP INC PAC (AKA BECHTEL PAC AND BECHTEL POLITICAL ACTION COMMITTEE)		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 6
Mailing Address PO BOX 193965 50 BEALE STREET		Transaction ID: SA11C.15672
City SAN FRANCISCO	State CA	Zip Code 94119
Amount of Each Receipt this Period 2500.00		<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 C00103697		
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. BRUNSWICK CORPORATION GOOD GOVERNMENT FUND		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6
Mailing Address 1 N FIELD CT		Transaction ID: SA11C.15662
City LAKE FOREST	State IL	Zip Code 60045
Amount of Each Receipt this Period 500.00		<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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. BUILD POLITICAL ACTION COMMITTEE OF THE NATIONAL ASSOCIATION OF HOME BUILDERS		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 6
Mailing Address 1201 15TH STREET NW		Transaction ID: SA11C.15950
City WASHINGTON	State DC	Zip Code 20005
Amount of Each Receipt this Period 2500.00		<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 C00000901		
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 ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional) ▶	5500.00
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 65 / 119
	<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. CATERPILLAR EMPLOYEES POLITICAL ACTION COMMITTEE		Date of Receipt MM / DD / YYYY 01 / 04 / 2006
Mailing Address 100 N E ADAMS ST		Transaction ID: SA11C.15663
City PEORIA State IL Zip Code 61629	FEC ID number of contributing federal political committee. C C00148031	Amount of Each Receipt this Period 2500.00
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼	2500.00	

Full Name (Last, First, Middle Initial) B. Citizens for McNally		Date of Receipt MM / DD / YYYY 02 / 01 / 2006
Mailing Address 121 Amanda Drive		Transaction ID: SA11C.16088
City Oak Ridge State TN Zip Code 37830	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼	300.00	

Full Name (Last, First, Middle Initial) C. DEALERS ELECTION ACTION COMMITTEE OF THE NATIONAL AUTOMOBILE DEALERS ASSOCIATION		Date of Receipt MM / DD / YYYY 03 / 28 / 2006
Mailing Address 8400 WESTPARK DRIVE		Transaction ID: SA11C.15951
City MCLEAN State VA Zip Code 22102	FEC ID number of contributing federal political committee. C C00040998	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date ▼	6000.00	

SUBTOTAL of Receipts This Page (optional)	▶	3800.00
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 66 / 119
	<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. FAA MANAGERS ASSOCIATION INC. PAC		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6
Mailing Address 888 16th Street NW Suite 333		Transaction ID: SA11C.15665
City Washington	State DC	Zip Code 20006
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 C00366070		
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 ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. HARDWOOD FEDERATION PAC INC		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 6
Mailing Address 6830 RALEIGH - LAGRANGE ROAD		Transaction ID: SA11C.15953
City MEMPHIS	State TN	Zip Code 38134
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 C00396671		
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. HOME FEDERAL OF TENNESSEE-PAC (HF-PAC)		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6
Mailing Address 515 MARKET STREET P O BOX 1230		Transaction ID: SA11C.15955
City KNOXVILLE	State TN	Zip Code 37901
Amount of Each Receipt this Period 100.00		<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 C00169532		
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 ▼ 100.00	

SUBTOTAL of Receipts This Page (optional) ▶	3100.00
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 67 / 119
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LAMAR CORPORATION POLITICAL ACTION COMMITTEE (LAMARPAC)

Mailing Address PO BOX 66338

City State Zip Code
BATON ROUGE LA 70896

FEC ID number of contributing federal political committee. **C** C00174599

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
 0 2 / 2 2 / 2 0 0 6

Transaction ID: SA11C.15673

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)
Matlock for Legislature

Mailing Address 190 Matlock Road

City State Zip Code
Lenoir City TN 37771-7328

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

Name of Employer Occupation

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
 0 3 / 1 3 / 2 0 0 6

Transaction ID: SA11C.16081

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
NATIONAL AIR TRANSPORTATION ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 4226 KING STREET

City State Zip Code
ALEXANDRIA VA 22302

FEC ID number of contributing federal political committee. **C** C00340554

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 0 1 / 2 0 0 6

Transaction ID: SA11C.15956

Amount of Each Receipt this Period
1500.00

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: PAGE 68 / 119
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
DUNCAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NATIONAL BUSINESS AVIATION ASSOCIATION INC POLITICAL ACTION COMMITTEE (NBAA-PAC)
 Mailing Address 1200 EIGHTEENTH ST NW SUITE 400
 City State Zip Code
 WASHINGTON DC 20036
 FEC ID number of contributing federal political committee. **C** C00319723
 Name of Employer Occupation
 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
 03 / 20 / 2006
Transaction ID: SA11C.15957
 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)
OUTDOOR ADVERTISING ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE
 Mailing Address 1850 M STREET NW SUITE 1040
 City State Zip Code
 WASHINGTON DC 20036
 FEC ID number of contributing federal political committee. **C** C00045781
 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
 02 / 22 / 2006
Transaction ID: SA11C.15674
 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 State Zip Code
 CHICAGO IL 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 ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 03 / 2006
Transaction ID: SA11C.15670
 Amount of Each Receipt this Period
 3000.00
 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:	PAGE 69 / 119
	(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)
SCHERING - PLOUGH CORPORATION BETTER GOVERNMENT FUND

Mailing Address **1 GIRALDA FARM**

City **MADISON** State **NJ** Zip Code **07940**

FEC ID number of contributing federal political committee. **C C00108290**

Name of Employer _____ Occupation _____

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **3000.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	3	/	2	0	0	6

Transaction ID: SA11C.15963

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)
TRUCKING POLITICAL ACTION COMMITTEE OF THE AMERICAN TRUCKING ASSOCIATIONS' INC

Mailing Address **430 FIRST STREET SE 2ND FLOOR**

City **WASHINGTON** State **DC** Zip Code **20003**

FEC ID number of contributing federal political committee. **C C00002881**

Name of Employer _____ Occupation _____

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2808.28**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	4	/	2	0	0	6

Transaction ID: SA11C.15669

Amount of Each Receipt this Period

1808.28

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

C. Full Name (Last, First, Middle Initial)
TRUCKING POLITICAL ACTION COMMITTEE OF THE AMERICAN TRUCKING ASSOCIATIONS' INC

Mailing Address **430 FIRST STREET SE 2ND FLOOR**

City **WASHINGTON** State **DC** Zip Code **20003**

FEC ID number of contributing federal political committee. **C C00002881**

Name of Employer _____ Occupation _____

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **3808.28**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	8	/	2	0	0	6

Transaction ID: SA11C.15964

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)	3808.28
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 70 / 119
	(check only one)	
<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)
UNITED PARCEL SERVICE OF AMERICA INC POLITICAL ACTION COMMITTEE (UPSPAC)

Mailing Address 55 GLENLAKE PARKWAY NE

City ATLANTA State GA Zip Code 30328

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 2 2 / 2 0 0 6

Transaction ID: SA11C.15671

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)	▶	500.00
TOTAL This Period (last page this line number only)	▶	27458.28

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 71 / 119	
	(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 checked="" 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)
The Uniformed Division Benefit Fund

Mailing Address **529 14th Street, NW**

City **Washington** State **DC** Zip Code **20045**

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

Name of Employer Occupation

Receipt For: **2006** Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 01 / 2006

Transaction ID: SA14.16117

Amount of Each Receipt this Period
847.44

Refund-Gift Expense

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

SUBTOTAL of Receipts This Page (optional)	847.44
TOTAL This Period (last page this line number only)	847.44

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: SB17.15974 Date of Disbursement 01 / 05 / 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 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	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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: SB17.16019 Date of Disbursement 02 / 02 / 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 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	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Darrell Akins		Transaction ID: SB17.16046 Date of Disbursement 03 / 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 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	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional) ▶	600.00
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. Akins/Crisp Public Strategies		Transaction ID: SB17.15993 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6
Mailing Address 2607 Kingston Pike, #110		Amount of Each Disbursement this Period 16.32 <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 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. Akins/Crisp Public Strategies		Transaction ID: SB17.16033 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6
Mailing Address 2607 Kingston Pike, #110		Amount of Each Disbursement this Period 16.57 <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 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. American Express		Transaction ID: SB17.16118 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6
Mailing Address Suite 0001		Amount of Each Disbursement this Period 831.90 <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) 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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	864.79
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: SB17.16120 Date of Disbursement
Mailing Address Suite 0001		<input type="text" value="01"/> / <input type="text" value="20"/> / <input type="text" value="2006"/>
City Chicago	State IL	Zip Code 60679-0001
Purpose of Disbursement Gift Expense (White House Historical)		Amount of Each Disbursement this Period <input type="text" value="169.20"/>
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) ▼	
State: TN	District: 02	

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: SB17.16122 Date of Disbursement
Mailing Address Suite 0001		<input type="text" value="01"/> / <input type="text" value="20"/> / <input type="text" value="2006"/>
City Chicago	State IL	Zip Code 60679-0001
Purpose of Disbursement Travel Expense(Royal Hotel)		Amount of Each Disbursement this Period <input type="text" value="2655.82"/>
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) ▼	
State: TN	District: 02	

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: SB17.16125 Date of Disbursement
Mailing Address Suite 0001		<input type="text" value="01"/> / <input type="text" value="20"/> / <input type="text" value="2006"/>
City Chicago	State IL	Zip Code 60679-0001
Purpose of Disbursement Gift Expense		Amount of Each Disbursement this Period <input type="text" value="115.22"/>
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) ▼	
State: TN	District: 02	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2940.24"/>
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: SB17.16126 Date of Disbursement
Mailing Address Suite 0001		<input type="text" value="01"/> / <input type="text" value="20"/> / <input type="text" value="2006"/>
City Chicago	State IL	Zip Code 60679-0001
Purpose of Disbursement Entertain Constituents(Regas)	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name DUNCAN FOR CONGRESS	Category/ Type	<input type="text" value="103.10"/>
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: TN	District: 02	

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: SB17.16128 Date of Disbursement
Mailing Address Suite 0001		<input type="text" value="01"/> / <input type="text" value="20"/> / <input type="text" value="2006"/>
City Chicago	State IL	Zip Code 60679-0001
Purpose of Disbursement Entertain Constituents(Chop House)	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name DUNCAN FOR CONGRESS	Category/ Type	<input type="text" value="198.76"/>
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: TN	District: 02	

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: SB17.16130 Date of Disbursement
Mailing Address Suite 0001		<input type="text" value="01"/> / <input type="text" value="20"/> / <input type="text" value="2006"/>
City Chicago	State IL	Zip Code 60679-0001
Purpose of Disbursement Entertain Constituents(Cracker Bbl)	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name DUNCAN FOR CONGRESS	Category/ Type	<input type="text" value="24.52"/>
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) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: TN	District: 02	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="326.38"/>
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: SB17.16132 Date of Disbursement 01 / 20 / 2006	
Mailing Address Suite 0001		Amount of Each Disbursement this Period 295.00	
City Chicago	State IL	Zip Code 60679-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Entertain Constituents(Market Inn)		001 Category/ Type	
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) B. American Express		Transaction ID: SB17.16134 Date of Disbursement 01 / 20 / 2006	
Mailing Address Suite 0001		Amount of Each Disbursement this Period 289.38	
City Chicago	State IL	Zip Code 60679-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Entertain Constituents(Cafe Fiorello)		Category/ Type	
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. American Express		Transaction ID: SB17.16137 Date of Disbursement 01 / 20 / 2006	
Mailing Address Suite 0001		Amount of Each Disbursement this Period 295.00	
City Chicago	State IL	Zip Code 60679-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Entertain Constituents(Del Frisco's)		Category/ Type	
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		

SUBTOTAL of Disbursements This Page (optional) ▶

879.38

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: SB17.16141 Date of Disbursement
Mailing Address Suite 0001		<input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/>
City Chicago	State IL	Zip Code 60679-0001
Purpose of Disbursement Entertain Constituents(Copper Cellar)		Amount of Each Disbursement this Period <input type="text" value="343.18"/>
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) ▼	
State: TN	District: 02	

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: SB17.16143 Date of Disbursement
Mailing Address Suite 0001		<input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/>
City Chicago	State IL	Zip Code 60679-0001
Purpose of Disbursement Enterain Constituents(Chesapeake)		Amount of Each Disbursement this Period <input type="text" value="11.78"/>
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) ▼	
State: TN	District: 02	

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: SB17.16145 Date of Disbursement
Mailing Address Suite 0001		<input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/>
City Chicago	State IL	Zip Code 60679-0001
Purpose of Disbursement Entertain Constituents		Amount of Each Disbursement this Period <input type="text" value="480.99"/>
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) ▼	
State: TN	District: 02	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="835.95"/>
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: SB17.16146 Date of Disbursement 02 / 02 / 2006	
Mailing Address Suite 0001		Amount of Each Disbursement this Period 259.30	
City Chicago	State IL	Zip Code 60679-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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	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: SB17.16148 Date of Disbursement 02 / 02 / 2006	
Mailing Address Suite 0001		Amount of Each Disbursement this Period 75.00	
City Chicago	State IL	Zip Code 60679-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Membership Fee		Category/Type	
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. American Express		Transaction ID: SB17.16149 Date of Disbursement 02 / 02 / 2006	
Mailing Address Suite 0001		Amount of Each Disbursement this Period 194.11	
City Chicago	State IL	Zip Code 60679-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Entertain Constituents(Calhoun's)		Category/Type	
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			

SUBTOTAL of Disbursements This Page (optional)	528.41
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: SB17.16151 Date of Disbursement
Mailing Address Suite 0001		<input type="text" value="02"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Chicago	State IL	Zip Code 60679-0001
Purpose of Disbursement Entertain Constituents	<input type="text" value=""/>	Amount of Each Disbursement this Period <input type="text" value="160.58"/>
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: SB17.16152 Date of Disbursement
Mailing Address Suite 0001		<input type="text" value="03"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Chicago	State IL	Zip Code 60679-0001
Purpose of Disbursement Travel Expense(US Air)	<input type="text" value=""/>	Amount of Each Disbursement this Period <input type="text" value="737.00"/>
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) C. American Express		Transaction ID: SB17.16154 Date of Disbursement
Mailing Address Suite 0001		<input type="text" value="03"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Chicago	State IL	Zip Code 60679-0001
Purpose of Disbursement Gift Expense(Babies R Us)	<input type="text" value="001"/>	Amount of Each Disbursement this Period <input type="text" value="87.39"/>
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)	<input type="text" value="984.97"/>
TOTAL This Period (last page this line number only)	<input type="text" value=""/>

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: SB17.16156 Date of Disbursement
Mailing Address Suite 0001		<input type="text" value="03"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Chicago	State IL	Zip Code 60679-0001
Purpose of Disbursement Gift Expense(Glass Bazaar)	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="78.66"/>
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: SB17.16159 Date of Disbursement
Mailing Address Suite 0001		<input type="text" value="03"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Chicago	State IL	Zip Code 60679-0001
Purpose of Disbursement Gift Expense(Dillard's)	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="119.03"/>
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: SB17.16161 Date of Disbursement
Mailing Address Suite 0001		<input type="text" value="03"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Chicago	State IL	Zip Code 60679-0001
Purpose of Disbursement Republican Retreat Expense(NRCC)	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="800.00"/>
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	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="997.69"/>
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: SB17.16163 Date of Disbursement
Mailing Address Suite 0001		<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2006"/>
City Chicago	State IL	Zip Code 60679-0001
Purpose of Disbursement Gift Expense(Spa Visage)	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="210.00"/>
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: SB17.16166 Date of Disbursement
Mailing Address Suite 0001		<input type="text" value="03"/> / <input type="text" value="06"/> / <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="40.31"/>
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: SB17.16167 Date of Disbursement
Mailing Address Suite 0001		<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2006"/>
City Chicago	State IL	Zip Code 60679-0001
Purpose of Disbursement Travel Expense	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="42.43"/>
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: SB17.16168 Date of Disbursement
Mailing Address Suite 0001		<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2006"/>
City Chicago	State IL	Zip Code 60679-0001
Purpose of Disbursement Entertain Constituents(Chop House)	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="371.45"/>
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: SB17.16170 Date of Disbursement
Mailing Address Suite 0001		<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2006"/>
City Chicago	State IL	Zip Code 60679-0001
Purpose of Disbursement Entertain Constituents(Market Inn)	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="105.00"/>
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) C. American Express		Transaction ID: SB17.16172 Date of Disbursement
Mailing Address Suite 0001		<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2006"/>
City Chicago	State IL	Zip Code 60679-0001
Purpose of Disbursement Entertain Constituents(Kanpai)	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="107.01"/>
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)	<input type="text" value="583.46"/>
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: SB17.16174 Date of Disbursement
Mailing Address Suite 0001		<input type="text" value="03"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Chicago	State IL	Zip Code 60679-0001
Purpose of Disbursement Entertain Constituents(S &S)	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="16.76"/>
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: SB17.16177 Date of Disbursement
Mailing Address Suite 0001		<input type="text" value="03"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Chicago	State IL	Zip Code 60679-0001
Purpose of Disbursement Entertain Constituents	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="207.26"/>
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: SB17.16178 Date of Disbursement
Mailing Address Suite 0001		<input type="text" value="03"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Chicago	State IL	Zip Code 60679-0001
Purpose of Disbursement Printing Expense(Carol Ann's)	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="519.81"/>
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)	<input type="text" value="743.83"/>
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: SB17.16180 Date of Disbursement 03 / 28 / 2006
Mailing Address Suite 0001		Amount of Each Disbursement this Period 81.02 <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	Category/ Type	
Purpose of Disbursement Gift 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: SB17.16181 Date of Disbursement 03 / 28 / 2006
Mailing Address Suite 0001		Amount of Each Disbursement this Period 86.48 <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	Category/ Type	
Purpose of Disbursement Entertain Constituents(Gondolier)		
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. American Express		Transaction ID: SB17.16183 Date of Disbursement 03 / 28 / 2006
Mailing Address Suite 0001		Amount of Each Disbursement this Period 80.17 <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	Category/ Type	
Purpose of Disbursement Entertain Constituents(Calhouns)		
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) ▶

247.67

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: SB17.16185 Date of Disbursement 03 / 28 / 2006
Mailing Address Suite 0001		Amount of Each Disbursement this Period 17.47
City Chicago	State IL Zip Code 60679-0001	
Purpose of Disbursement Entertain Constituents(S&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 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: SB17.16187 Date of Disbursement 03 / 28 / 2006
Mailing Address Suite 0001		Amount of Each Disbursement this Period 344.68
City Chicago	State IL Zip Code 60679-0001	
Purpose of Disbursement Entertain Constituents(Regas)		<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. American Express		Transaction ID: SB17.16189 Date of Disbursement 03 / 28 / 2006
Mailing Address Suite 0001		Amount of Each Disbursement this Period 466.02
City Chicago	State IL Zip Code 60679-0001	
Purpose of Disbursement 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TN District: 02		

SUBTOTAL of Disbursements This Page (optional) ▶

828.17

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 Red Cross-Blount County		Transaction ID: SB17.16054																					
Mailing Address 300 E. Church Avenue		Date of Disbursement																					
City Maryville State TN Zip Code 37804		<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>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		0	6		2	0	0	6														
Purpose of Disbursement Table Sponsor		Amount of Each Disbursement this Period																					
Candidate Name DUNCAN FOR CONGRESS		<table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>		250.00																			
250.00																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
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. Athens Area Chamber of Commerce		Transaction ID: SB17.16052																					
Mailing Address 13 N. Jackson Street		Date of Disbursement																					
City Athens State TN Zip Code 37303		<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>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		0	6		2	0	0	6														
Purpose of Disbursement Dues Expense		Amount of Each Disbursement this Period																					
Candidate Name DUNCAN FOR CONGRESS		<table border="1"> <tr> <td colspan="10">275.00</td> </tr> </table>		275.00																			
275.00																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
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. Babies R Us		Transaction ID: SB17.16155																					
Mailing Address 9626 Kingston Pike		Date of Disbursement																					
City Knoxville State TN Zip Code 37922		<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>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		0	6		2	0	0	6														
Purpose of Disbursement Memo: Gift Expense		Amount of Each Disbursement this Period																					
Candidate Name DUNCAN FOR CONGRESS		<table border="1"> <tr> <td colspan="10">87.39</td> </tr> </table>		87.39																			
87.39																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
State: TN District: 02		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	525.00
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. Bankeast		Transaction ID: SB17.16090 Date of Disbursement MM / DD / YYYY 03 / 14 / 2006	
Mailing Address P. O. Box 24		Amount of Each Disbursement this Period 3516.00	
City Knoxville State TN Zip Code 37901	Purpose of Disbursement Income Tax	<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. Bearden Mini Storage		Transaction ID: SB17.15977 Date of Disbursement MM / DD / YYYY 01 / 06 / 2006	
Mailing Address 6415 Baum Drive		Amount of Each Disbursement this Period 62.00	
City Knoxville State TN Zip Code 37919	Purpose of Disbursement Rental 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. Bearden Mini Storage		Transaction ID: SB17.16018 Date of Disbursement MM / DD / YYYY 02 / 02 / 2006	
Mailing Address 6415 Baum Drive		Amount of Each Disbursement this Period 62.00	
City Knoxville State TN Zip Code 37919	Purpose of Disbursement Rental 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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	3640.00
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. Bearden Mini Storage		Transaction ID: SB17.16043 Date of Disbursement																					
Mailing Address 6415 Baum Drive		<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>3</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		0	1		2	0	0	6														
City Knoxville	State TN	Zip Code 37919	Amount of Each Disbursement this Period																				
Purpose of Disbursement Rental Expense		Category/ Type	62.00																				
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) ▼																						
State: TN	District: 02																						

Full Name (Last, First, Middle Initial) B. Becmor Services		Transaction ID: SB17.15975 Date of Disbursement																					
Mailing Address 1100 Bridgestone Place		<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>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	5		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		0	5		2	0	0	6														
City Knoxville	State TN	Zip Code 37919	Amount of Each Disbursement this Period																				
Purpose of Disbursement FEC Accounting Expense		Category/ Type	500.00																				
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) ▼																						
State: TN	District: 02																						

Full Name (Last, First, Middle Initial) C. Becmor Services		Transaction ID: SB17.16015 Date of Disbursement																					
Mailing Address 1100 Bridgestone Place		<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>2</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	2		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		0	2		2	0	0	6														
City Knoxville	State TN	Zip Code 37919	Amount of Each Disbursement this Period																				
Purpose of Disbursement FEC Accounting Expense		Category/ Type	500.00																				
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) ▼																						
State: TN	District: 02																						

SUBTOTAL of Disbursements This Page (optional)	▶	1062.00
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: SB17.16044 Date of Disbursement 03 / 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		
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. Bittersweet Cafe		Transaction ID: SB17.16111 Date of Disbursement 03 / 07 / 2006
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		
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. Bittersweet Cafe		Transaction ID: SB17.16632 Date of Disbursement 03 / 30 / 2006
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 (Sodrel)		
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		

SUBTOTAL of Disbursements This Page (optional) ▶	1086.78
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

Full Name (Last, First, Middle Initial) A. Blount Co. Chamber of Commerce		Transaction ID: SB17.16053 Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2006	
Mailing Address 309 S. Washington Street		Amount of Each Disbursement this Period 250.00	
City Maryville State TN Zip Code 37801	Purpose of Disbursement Dues 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	<input type="checkbox"/>	
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) ▼	<input type="checkbox"/>	

Full Name (Last, First, Middle Initial) B. Cafe Fiorello		Transaction ID: SB17.16135 Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2006	
Mailing Address 1900 Broadway		Amount of Each Disbursement this Period 289.38	
City New York City State NY Zip Code 10023	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 State: TN District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) C. Calhoun's		Transaction ID: SB17.16150 Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2006	
Mailing Address 10020 Kingston Pike		Amount of Each Disbursement this Period 194.11	
City Knoxville State TN Zip Code 37922	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 State: TN District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

SUBTOTAL of Disbursements This Page (optional) ▶	250.00
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

A. Calhoun's Full Name (Last, First, Middle Initial) 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: SB17.16184 Date of Disbursement 03 / 28 / 2006 Amount of Each Disbursement this Period 80.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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B. Capitol Hill Club Full Name (Last, First, Middle Initial) Mailing Address 300 First Street, SE City Washington State DC Zip Code 20003 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) ▼		Transaction ID: SB17.16035 Date of Disbursement 01 / 18 / 2006 Amount of Each Disbursement this Period 604.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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C. Capitol Hill Club Full Name (Last, First, Middle Initial) Mailing Address 300 First Street, SE City Washington State DC Zip Code 20003 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) ▼		Transaction ID: SB17.16022 Date of Disbursement 02 / 22 / 2006 Amount of Each Disbursement this Period 309.51 <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) ▶	913.52
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. Capitol Hill Club		Transaction ID: SB17.16060 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 6
Mailing Address 300 First Street, SE		Amount of Each Disbursement this Period 92.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003		
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) ▼		

Full Name (Last, First, Middle Initial) B. Carol Ann's Hallmark		Transaction ID: SB17.16179 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address 7812 Montvue Center Way		Amount of Each Disbursement this Period 519.81 <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: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. Cash		Transaction ID: SB17.16036 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address P. O. Box 2646		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
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	Category/Type	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	292.49
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. Cash		Transaction ID: SB17.16633 Date of Disbursement 03 / 30 / 2006	
Mailing Address P. O. Box 2646		Amount of Each Disbursement this Period 100.00	
City Knoxville State TN Zip Code 37901	Purpose of Disbursement Petty Cash	<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. Cherokee Printing Center		Transaction ID: SB17.16056 Date of Disbursement 03 / 10 / 2006	
Mailing Address 306 Erin Drive		Amount of Each Disbursement this Period 1146.03	
City Knoxville State TN Zip Code 37919	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 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. Cherokee Printing Center		Transaction ID: SB17.16072 Date of Disbursement 03 / 20 / 2006	
Mailing Address 306 Erin Drive		Amount of Each Disbursement this Period 125.64	
City Knoxville State TN Zip Code 37919	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 006		
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) ▶	1371.67
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. Chesapeake's		Transaction ID: SB17.16144 Date of Disbursement 01 / 20 / 2006
Mailing Address 500 Henley Street		Amount of Each Disbursement this Period 11.78 <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 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		

Full Name (Last, First, Middle Initial) B. Chop House		Transaction ID: SB17.16129 Date of Disbursement 01 / 20 / 2006
Mailing Address 9700 Kingston Pike		Amount of Each Disbursement this Period 198.76 <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		
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) ▼	
Category/Type		

Full Name (Last, First, Middle Initial) C. Chop House		Transaction ID: SB17.16169 Date of Disbursement 03 / 06 / 2006
Mailing Address 9700 Kingston Pike		Amount of Each Disbursement this Period 371.45 <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		
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) ▼	
Category/Type		

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)

<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. Citi-Bank		Transaction ID: SB17.15978 Date of Disbursement 01 / 09 / 2006
Mailing Address P. O. Box 6575		Amount of Each Disbursement this Period 170.55 <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 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. Citi-Bank		Transaction ID: SB17.16058 Date of Disbursement 03 / 13 / 2006
Mailing Address P. O. Box 6575		Amount of Each Disbursement this Period 42.45 <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 Food 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) ▼	

Full Name (Last, First, Middle Initial) C. Congressional Club		Transaction ID: SB17.16020 Date of Disbursement 02 / 20 / 2006
Mailing Address 2001 New Hampshire Avenue, NW		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 Washington State DC Zip Code 20009	Purpose of Disbursement Ticket 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) ▶	513.00
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. Copper Cellar		Transaction ID: SB17.16142 Date of Disbursement 01 / 20 / 2006
Mailing Address 7316 Kingston Pike		Amount of Each Disbursement this Period 343.18 <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 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. Cracker Barrel		Transaction ID: SB17.16131 Date of Disbursement 01 / 20 / 2006
Mailing Address 305 Hartmann Drive		Amount of Each Disbursement this Period 24.52 <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 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Crouch Florist		Transaction ID: SB17.15972 Date of Disbursement 01 / 04 / 2006
Mailing Address 2120 Cumberland Avenue		Amount of Each Disbursement this Period 358.29 <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		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	358.29
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. Crouch Florist		Transaction ID: SB17.16032 Date of Disbursement
Mailing Address 2120 Cumberland Avenue		<input type="text" value="02"/> / <input type="text" value="22"/> / <input type="text" value="2006"/>
City Knoxville	State TN	Zip Code 37916
Purpose of Disbursement Floral Expense	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="244.50"/>
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. Crouch Florist		Transaction ID: SB17.16057 Date of Disbursement
Mailing Address 2120 Cumberland Avenue		<input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2006"/>
City Knoxville	State TN	Zip Code 37916
Purpose of Disbursement Floral Expense	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="120.07"/>
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. Crouch Florist		Transaction ID: SB17.16062 Date of Disbursement
Mailing Address 2120 Cumberland Avenue		<input type="text" value="03"/> / <input type="text" value="17"/> / <input type="text" value="2006"/>
City Knoxville	State TN	Zip Code 37916
Purpose of Disbursement Floral Expense	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="75.27"/>
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)	<input type="text" value="439.84"/>
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)

PAGE 98 / 119

<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: SB17.16073 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 6
Mailing Address 2120 Cumberland Avenue		Amount of Each Disbursement this Period 89.17 <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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Daily Post Athenian		Transaction ID: SB17.15990 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6
Mailing Address P. O. Box 340		Amount of Each Disbursement this Period 62.33 <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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Del Frisco's		Transaction ID: SB17.16140 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6
Mailing Address 1221 Avenue of the Americas		Amount of Each Disbursement this Period 295.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City New York City State NY Zip Code 10020		
Purpose of Disbursement Memo: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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	151.50
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

<p>A. Dillard's</p> <p>Full Name (Last, First, Middle Initial) Dillard's</p> <p>Mailing Address 7600 Kingston Pike</p> <p>City Knoxville State TN Zip Code 37919</p> <p>Purpose of Disbursement Memo: Gift Expense</p> <p>Candidate Name DUNCAN FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB17.16160</p> <p>Date of Disbursement 03 / 06 / 2006</p> <p>Amount of Each Disbursement this Period 119.03</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
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<p>B. Direct Mail Service</p> <p>Full Name (Last, First, Middle Initial) Direct Mail Service</p> <p>Mailing Address P. O. Box 51864</p> <p>City Knoxville State TN Zip Code 37950</p> <p>Purpose of Disbursement Mailing Expense</p> <p>Candidate Name DUNCAN FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB17.16114</p> <p>Date of Disbursement 03 / 01 / 2006</p> <p>Amount of Each Disbursement this Period 931.06</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
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<p>C. Fulton High School</p> <p>Full Name (Last, First, Middle Initial) Fulton High School</p> <p>Mailing Address 2509 N. Broadway</p> <p>City Knoxville State TN Zip Code 37917</p> <p>Purpose of Disbursement Advertising Expense</p> <p>Candidate Name DUNCAN FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB17.16025</p> <p>Date of Disbursement 02 / 22 / 2006</p> <p>Amount of Each Disbursement this Period 110.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
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<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>1041.06</p>
<p>TOTAL This Period (last page this line number only)</p>	

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 100 / 119

<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. Glass Bazaar		Transaction ID: SB17.16157 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6
Mailing Address 6470 Kingston Pike		Amount of Each Disbursement this Period 78.66 <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 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. Gonolier Pizza		Transaction ID: SB17.16182 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address 2241 Congress Pkwy.		Amount of Each Disbursement this Period 86.48 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Athens State TN Zip Code 37303		
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) C. Bob Griffiths		Transaction ID: SB17.15976 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6
Mailing Address 2002 Rivergate Drive		Amount of Each Disbursement this Period 400.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Knoxville State TN Zip Code 37920		
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	Category/Type	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	400.00
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. Bob Griffiths		Transaction ID: SB17.16008 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address 2002 Rivergate Drive		Amount of Each Disbursement this Period 400.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Knoxville State TN Zip Code 37920		
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	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. Bob Griffiths		Transaction ID: SB17.16045 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address 2002 Rivergate Drive		Amount of Each Disbursement this Period 400.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Knoxville State TN Zip Code 37920		
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	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. Iota Phi Lambda		Transaction ID: SB17.16074 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 6
Mailing Address 4112 Sandpoint		Amount of Each Disbursement this Period 125.00 <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 Advertising 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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	925.00
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 102 / 119

<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. Rex Jones		Transaction ID: SB17.16001 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 6	
Mailing Address 801 Vanosdale Road		Amount of Each Disbursement this Period 2126.15	
City Knoxville State TN Zip Code 37909	Purpose of Disbursement Catering 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	<input type="checkbox"/>	
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) ▼	<input type="checkbox"/>	

Full Name (Last, First, Middle Initial) B. Kanpai of Tokyo		Transaction ID: SB17.16173 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6	
Mailing Address 1645 Downtown West Blvd.		Amount of Each Disbursement this Period 107.01	
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	
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 State: TN District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) C. Beverly Kerr		Transaction ID: SB17.16075 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 6	
Mailing Address P. O. Box 2251		Amount of Each Disbursement this Period 250.00	
City Knoxville State TN Zip Code 37901-2251	Purpose of Disbursement Entertainment 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	<input type="checkbox"/>	
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) ▼	<input type="checkbox"/>	

SUBTOTAL of Disbursements This Page (optional) ▶	2376.15
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. Elaine King		Transaction ID: SB17.15970 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6
Mailing Address P. O. Box 15171		Amount of Each Disbursement this Period 240.00 <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 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	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. Elaine King		Transaction ID: SB17.15971 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6
Mailing Address P. O. Box 15171		Amount of Each Disbursement this Period 15.30 <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 Reimburse-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	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. Elaine King		Transaction ID: SB17.16006 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address P. O. Box 15171		Amount of Each Disbursement this Period 240.00 <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 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	Category/Type	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	495.30
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 104 / 119

<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: SB17.16041 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address P. O. Box 15171		Amount of Each Disbursement this Period 240.00 <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 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Elaine King		Transaction ID: SB17.16079 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address P. O. Box 15171		Amount of Each Disbursement this Period 240.00 <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 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Kiwanis Club of Northside Knoxville		Transaction ID: SB17.15997 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6
Mailing Address P. O. Box 3041		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
City Knoxville State TN Zip Code 37927-3041	Category/ Type	
Purpose of Disbursement Dues 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	513.00
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 105 / 119

<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 News Sentinel		Transaction ID: SB17.15987 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6
Mailing Address 208 W. Church Avenue		Amount of Each Disbursement this Period 260.00 <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 Advertising 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) B. Knoxville TN Lodge No. 160		Transaction ID: SB17.16042 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address P. O. Box 11005		Amount of Each Disbursement this Period 153.00 <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 Dues 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. Leadership Knoxville		Transaction ID: SB17.16021 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 6
Mailing Address P. O. Box 326		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 37901		
Purpose of Disbursement Dues 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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	563.00
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. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE CONTRIBUTIONS		Transaction ID: SB17.16618 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6
Mailing Address 320 FIRST STREET		Amount of Each Disbursement this Period 98.00
City WASHINGTON State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement In-kind - Fax Expense		Category/Type
Candidate Name	Office Sought: <input 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: District:		
Full Name (Last, First, Middle Initial) B. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE CONTRIBUTIONS		Transaction ID: SB17.16620 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address 320 FIRST STREET		Amount of Each Disbursement this Period 49.00
City WASHINGTON State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement In-kind - Fax Expense		Category/Type
Candidate Name	Office Sought: <input 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: District:		
Full Name (Last, First, Middle Initial) C. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE CONTRIBUTIONS		Transaction ID: SB17.16622 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address 320 FIRST STREET		Amount of Each Disbursement this Period 98.00
City WASHINGTON State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement In-kind - Fax Expense		Category/Type
Candidate Name	Office Sought: <input 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: District:		

SUBTOTAL of Disbursements This Page (optional) ▶

245.00

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 107 / 119

<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. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE CONTRIBUTIONS

Full Name (Last, First, Middle Initial)
Mailing Address 320 FIRST STREET

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Memo:Republican Retreat Expense

Candidate Name
DUNCAN FOR CONGRESS

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

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB17.16162

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]

B. Regas Restaurant

Full Name (Last, First, Middle Initial)
Mailing Address 318 N. Gay Street

City Knoxville State TN Zip Code 37917

Purpose of Disbursement
Memo:Entertain Constituents

Candidate Name
DUNCAN FOR CONGRESS

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

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB17.16127

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]

C. Regas Restaurant

Full Name (Last, First, Middle Initial)
Mailing Address 318 N. Gay Street

City Knoxville State TN Zip Code 37917

Purpose of Disbursement
Memo:Entertain Constituents

Candidate Name
DUNCAN FOR CONGRESS

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

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB17.16188

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)

PAGE 108 / 119

<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. Rihga Royal Hotel		Transaction ID: SB17.16123 Date of Disbursement 01 / 20 / 2006	
Mailing Address 151 W. 5th Street		Amount of Each Disbursement this Period 2655.82	
City New York City State NY Zip Code 10019	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. Robert Jennings Company		Transaction ID: SB17.16115 Date of Disbursement 03 / 09 / 2006	
Mailing Address 300 K Street, NW		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20007	Purpose of Disbursement Consulting 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			

Full Name (Last, First, Middle Initial) C. Robert Jennings Company		Transaction ID: SB17.16116 Date of Disbursement 03 / 28 / 2006	
Mailing Address 300 K Street, NW		Amount of Each Disbursement this Period 3000.00	
City Washington State DC Zip Code 20007	Purpose of Disbursement Consulting Expense(Sodrel,Kuhl,Mack)	<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			

SUBTOTAL of Disbursements This Page (optional)	4000.00
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 109 / 119

<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. S & S Cafeteria		Transaction ID: SB17.16176 Date of Disbursement 03 / 06 / 2006	
Mailing Address 9381 Kingston Pike		Amount of Each Disbursement this Period 16.76	
City Knoxville	State TN	Zip Code 37922	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Purpose of Disbursement Memo:Entertain Constituents		Category/Type	
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) B. S & S Cafeteria		Transaction ID: SB17.16186 Date of Disbursement 03 / 28 / 2006	
Mailing Address 9381 Kingston Pike		Amount of Each Disbursement this Period 17.47	
City Knoxville	State TN	Zip Code 37922	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Purpose of Disbursement Memo:Entertain Constituents		Category/Type	
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. Spa Visage		Transaction ID: SB17.16164 Date of Disbursement 03 / 06 / 2006	
Mailing Address 1701 Downtown West Blvd.		Amount of Each Disbursement this Period 210.00	
City Knoxville	State TN	Zip Code 37919	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
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	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)	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 110 / 119

<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. Sprete Office Solutions		Transaction ID: SB17.16007 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address 2877 Sapelo Drive		Amount of Each Disbursement this Period 79.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Valdosta State GA Zip Code 31605		
Purpose of Disbursement 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	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. Tennessee Children's Dance Ensemble		Transaction ID: SB17.15991 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6
Mailing Address 4216 Sutherland Avenue		Amount of Each Disbursement this Period 242.50 <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 Advertising 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. Tennessee Conservative Union		Transaction ID: SB17.16093 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 6
Mailing Address P. O. Box 85		Amount of Each Disbursement this Period 12.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Signal Mountain State TN Zip Code 37377		
Purpose of Disbursement Ticket 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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	334.30
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. The Daily Times		Transaction ID: SB17.16026 Date of Disbursement																					
Mailing Address P. O. Box 9740		<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>2</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	2		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		2	2		2	0	0	6														
City Maryville	State TN	Zip Code 37803																					
Purpose of Disbursement Advertising Expense		<table border="1"> <tr> <td>Amount of Each Disbursement this Period</td> </tr> <tr> <td style="text-align: right;">620.76</td> </tr> </table>		Amount of Each Disbursement this Period	620.76																		
Amount of Each Disbursement this Period																							
620.76																							
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) ▼																						
State: TN District: 02																							

Full Name (Last, First, Middle Initial) B. The Market Inn		Transaction ID: SB17.16133 Date of Disbursement																					
Mailing Address 200 E Street, SW		<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>1</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>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		2	0		2	0	0	6														
City Washington	State DC	Zip Code 20001																					
Purpose of Disbursement Memo:Entertain Constituents		<table border="1"> <tr> <td>Amount of Each Disbursement this Period</td> </tr> <tr> <td style="text-align: right;">295.00</td> </tr> </table>		Amount of Each Disbursement this Period	295.00																		
Amount of Each Disbursement this Period																							
295.00																							
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) ▼																						
State: TN District: 02																							

Full Name (Last, First, Middle Initial) C. The Market Inn		Transaction ID: SB17.16171 Date of Disbursement																					
Mailing Address 200 E Street, SW		<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>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		0	6		2	0	0	6														
City Washington	State DC	Zip Code 20001																					
Purpose of Disbursement Memo:Entertain Constituents		<table border="1"> <tr> <td>Amount of Each Disbursement this Period</td> </tr> <tr> <td style="text-align: right;">105.00</td> </tr> </table>		Amount of Each Disbursement this Period	105.00																		
Amount of Each Disbursement this Period																							
105.00																							
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) ▼																						
State: TN District: 02																							

SUBTOTAL of Disbursements This Page (optional)	620.76
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 112 / 119

<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. Trademark Advertising

Mailing Address 12325 Singing Hills Point
Suite 100

City Knoxville State TN Zip Code 37922

Purpose of Disbursement
Printing Expense

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: SB17.16078

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. U. S. Postmaster

Mailing Address 1237 Weisgarber Road

City Knoxville State TN Zip Code 37950

Purpose of Disbursement
Mailing Expense

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: SB17.15999

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. U. S. Postmaster

Mailing Address 1237 Weisgarber Road

City Knoxville State TN Zip Code 37950

Purpose of Disbursement
Mailing Expense

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: SB17.16091

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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)

PAGE 113 / 119

<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 Tennessee		Transaction ID: SB17.16068 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 6
Mailing Address 600 Andy Holt Tower		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 Knoxville State TN Zip Code 37996-0165		
Purpose of Disbursement Ticket 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) B. U S Air		Transaction ID: SB17.16119 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6
Mailing Address 2345 Crystal Drive		Amount of Each Disbursement this Period 831.90 <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		
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	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. U S Air		Transaction ID: SB17.16147 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6
Mailing Address 2345 Crystal Drive		Amount of Each Disbursement this Period 259.30 <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		
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	Category/Type	
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)

<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 Air		Transaction ID: SB17.16153 Date of Disbursement 03 / 06 / 2006	
Mailing Address 2345 Crystal Drive		Amount of Each Disbursement this Period 737.00	
City Arlington State VA Zip Code 22227	Purpose of Disbursement Memo: Travel Expense	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Candidate Name DUNCAN FOR CONGRESS	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
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. Bill Vaughan		Transaction ID: SB17.16047 Date of Disbursement 03 / 06 / 2006	
Mailing Address 7972 Camberley Drive		Amount of Each Disbursement this Period 115.00	
City Powell State TN Zip Code 37849	Purpose of Disbursement Reimburse: Travel Expense	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Candidate Name DUNCAN FOR CONGRESS	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
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. White House Historical Association		Transaction ID: SB17.16121 Date of Disbursement 01 / 20 / 2006	
Mailing Address 9227 Hampton Overlook		Amount of Each Disbursement this Period 169.20	
City Capitol Heights State MD Zip Code 20743	Purpose of Disbursement Memo: Gift Expense	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Candidate Name DUNCAN FOR CONGRESS	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02			

SUBTOTAL of Disbursements This Page (optional) ▶	115.00
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 115 / 119

<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. WJXB

Transaction ID: SB17.15982
Date of Disbursement

Mailing Address 1100 Sharp's Ridge Road

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
0	1		1	2		2	0	0	6

City Knoxville State TN Zip Code 37917

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Advertising Expense

--

Candidate Name
DUNCAN FOR CONGRESS

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

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

Disbursement For: 2006
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

36451.38

**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 116 / 119

<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 CONNIE MACK		Transaction ID: SB18.16628 Date of Disbursement 03 / 28 / 2006
Mailing Address P.O. Box 519 PMB 388		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 Naples State FL Zip Code 34106		
Purpose of Disbursement Memo: Consulting Expense Candidate Name DUNCAN FOR CONGRESS	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 14	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. FRIENDS OF MIKE SODREL		Transaction ID: SB18.16626 Date of Disbursement 03 / 28 / 2006
Mailing Address 702 NORTH SHORE DRIVE SUITE 500		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 JEFFERSONVILLE State IN Zip Code 47130		
Purpose of Disbursement Memo: Consulting Expense Candidate Name DUNCAN FOR CONGRESS	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. FRIENDS OF MIKE SODREL		Transaction ID: SB18.16630 Date of Disbursement 03 / 30 / 2006
Mailing Address 702 NORTH SHORE DRIVE SUITE 500		Amount of Each Disbursement this Period 293.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City JEFFERSONVILLE State IN Zip Code 47130		
Purpose of Disbursement Memo: Catering Expense Candidate Name DUNCAN FOR CONGRESS	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input 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) ▶	_____

**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 117 / 119

<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. KUHL FOR CONGRESS

Mailing Address 10 GANESVOORT STREET

City State Zip Code
BATH NY 14810

Purpose of Disbursement
Memo: Consulting Expense

Candidate Name
DUNCAN FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 29

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB18.16627
Date of Disbursement

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
0	3		2	8		2	0	0	6

Amount of Each Disbursement this Period

1000.00

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)

0.00

**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 118 / 119

<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. Boy Scouts of America		Transaction ID: SB21.16013	
Mailing Address P. O. Box 51885		Date of Disbursement 02 / 02 / 2006	
City Knoxville	State TN	Zip Code 37950-1885	
Purpose of Disbursement Donation		Amount of Each Disbursement this Period 400.00	
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) ▼		
State: TN District: 02	Category/ Type		

Full Name (Last, First, Middle Initial) B. East Tennessee Public Television		Transaction ID: SB21.16034	
Mailing Address 1611 East Magnolia Avenue		Date of Disbursement 02 / 23 / 2006	
City Knoxville	State TN	Zip Code 37917	
Purpose of Disbursement Donation		Amount of Each Disbursement this Period 150.00	
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) ▼		
State: TN District: 02	Category/ Type		

Full Name (Last, First, Middle Initial) C. Matlock for Legislature		Transaction ID: SB21.16095	
Mailing Address 190 Matlock Road		Date of Disbursement 03 / 06 / 2006	
City Lenoir City	State TN	Zip Code 37771-7328	
Purpose of Disbursement Donation		Amount of Each Disbursement this Period 500.00	
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) ▼		
State: TN District: 02	Category/ Type		

SUBTOTAL of Disbursements This Page (optional)	1050.00
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 119 / 119

<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. Tennessee Wesleyan College

Mailing Address 204 W. College Street

City Athens State TN Zip Code 37303

Purpose of Disbursement
Donation

Candidate Name
DUNCAN FOR CONGRESS

Category/
Type

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

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB21.16064
Date of Disbursement

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
0	3		2	0		2	0	0	6

Amount of Each Disbursement this Period

500.00

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

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

1550.00