

UNITED STATES HOUSE OF REPRESENTATIVES 2014 FINANCIAL DISCLOSURE STATEMENT	Form A For Use by Members, Officers, and Employees	LEGISLATIVE RESOURCE CENTER TO 7
5		OFFICE OF THE CLERK
Name: JOHN J. OUNCAN, JR. Day	Daytime Telephone: <u>ユ<i>〇</i></u> ユーコスケー <u>5</u> チラS	U.S. HOUSE OF REPRESENTATIVES (Office Use Only)
FILER STATUS Member of or Candidate for State: U.S. House of Representatives District:	Officer or Employing Office:	
REPORT 2014 Annual (Due: May 15, 2015) A	Amendment Termination Date of Termination:	ninetion:
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	JESTIONS	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Make more than \$200 in unearned income from any reportable asset during the reporting period?	No F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	arrangement with an the current calendar Yes No
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single source during the reporting period?	shild receive any alue from a single Yes No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	No H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period?	totaling more than Yes No Yes No
D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	No L. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	onation to charity in Yes No Proceed No Proceeding the
E. Did you hold any reportable positions during the reporting period or in Yes the current calendar year up through the date of filing?	ATTACH THE CORRESPONDING	ESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR	DEPENDENT, OR TRUST INFORMATION - ANSWER EACH	EACH OF THESE QUESTIONS
IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.	ering during the reporting period? If you answered "yes" to this qu	estion, please contact Yes No
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not this report details of such a trust that benefits you, your spouse, or your dependent child?	s and certain other "excepted trusts" need not be disclosed.	Have you excluded from Yes No No
EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for examption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	e, transactions, or liabilities of a spouse or your dependent child b Committee on Ethics.	pecause they meet all Yes No V

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THEOME FUNDS AND	HILLIADOLUNIS-TRA	TINELITY FUND THE	Hilliago Lyons TAA	FIDELY GOLDETUND	1 UNLIAGO KYONS-TEP	ABC Hedge Fund X	Simon & Schuster	SP Mega Corp. Stock EIF	For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.	If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box.	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal refirement program, including the Thrift Savings Plan.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	For all IRAs and other refirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use only ticker symbols).		Identify (a) each asset held for investment or production of income and with a fair market value	Asset and/or Income Source	BLOCK A
		×		×		×	Indefinite	×	\$25,000,00 Over \$50,00	0,000 20,000 250,000 500,000 1,000,000 \$5,000,000 \$25,000,000	000 000						you have no interest.	used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None." **Column M is for assets held by your sonuse or dependent child in which	indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method	Value of Asset	BLOCK B
X		X		×		Partnership Income	Royaltes	×	NONE DIVIDENDS RENT INTEREST CAPITAL G EXCEPTED TAX-DEFER	AINS /BLIND TRUS	F	am Income)		6			period.	529 accounts), you may check the Tax- column. Dividends, interest, and capit even if reinvested, must be disclosed as for assets held in taxable accounts. Chea if the prest reported to income during the		Type of Income	BLOCK C
X		*		×				×	None \$1-\$200 \$201-\$1,000 \$1,001-\$2,5 \$2,501-\$5,0 \$5,001-\$15, \$15,001-\$15 \$100,001-\$ \$1,000,001- Over \$5,000 Spouse/DC	00 00 00 00 00 00 00 00 00 00 00 00 00	ome over \$1.	000,000*			= = = = = = = = = = = = = = = = = = =	in which you have no interest.	*Column XII is for assets held by your spouse or dependent child		at For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the	Amou	BLOCK D
								(S(part)	P, S, S(part), or E						Leave this column blank if there are no transactions that exceeded \$1,000.	an asset was sold, please indicate as follows: (S (part)).	_		Indicate if the asset had	Transaction	BLOCK E

OWIE'S Co STOCK X	-6001	•	-	PEDWI BASIN ROUNG TO	ILID MODDIS-STOCK	12ED-5104-724 :	٠.		ance.	7	6	STATE OF TH	BB+T STOCK	HILLIAGO LYONS TRA	ASSET NAME EIF	None >- \$1-\$1,000 cc	BLOCK A Asset and/or Income Source	
		X		×		X		×			×		×			\$1,001-\$15,000 C \$15,001-\$50,000 C \$60,001-\$100,000 C \$100,001-\$250,000 C \$250,001-\$500,000 C \$1,000,001-\$5,000,000 C \$1,000,001-\$5,000,000 C \$5,000,001-\$25,000,000 C \$25,000,001-\$25,000,000 C \$25,000,001-\$25,000,000 C \$25,000,001-\$25,000,000 C \$25,000,001-\$25,000,000 C	BLOCK B Value of Asset	
X	<u>X</u>	<u>X</u>	<u>X</u>	X	X	×	X	×	X		X		×			Spouse/DC Asset over \$1,000,000° NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	BLOCK C Type of Income	
X	X	X	×	×	×	X	X	X	*		X		×			None — \$1-\$200 = \$201-\$1,000 ≡ \$1,001-\$2,500 ≥ \$2,501-\$5,000 <	BLOCK D Amount of Income	
	n		G		4		G		h							P, S, S(part), or E	BLOCK E Transaction	

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

SCHEDULE B - TRANSACTIONS

Name JOHNJ. DUNCAN, JA.

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									HOST HOTELS - STOCK	ALTELAGROUP - STOCK	PKILL & MORRIS-STOCK	RB4T-STOCK	HALIARO LYDUS - MM	SP Example Mega Corp. Stock	SP,DC,JT Asset	Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A. *Column K is for assets solely held by your spouse or dependent child.	dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose 'partial sale' as the type of transaction.	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your
																Purchase		Тур
						ļ .			×	X	X	X	X			Sale		Type of Transaction
														×		Partial Sale		nsactio
																Exchange		Ď
ľ														×		Check Box if Cap Exceeded \$200	oital Gain	
								,	41-6-6	2-714	2-7-14	2-14.14	2-14-14	3/5/14		Monthly, or Bi- weekly, if applicable	(MO/DAYR) or Quarterly,	Date
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ľ										٠			×	×		\$15,001- \$50,000	В	
			1									X				\$50,001- \$100,000	n	
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																\$250,001- \$500,000	m	Amount of
			_1													\$500,001- \$1,000,000	भा	of Trai
																\$1,000,001- \$5,000,000	6	Transaction
																\$5,000,001- \$25,000,000	.	ĭă
				 												\$25,000,001- \$50,000,000	-	
																Over \$50,000,00	0 _	
			1													Over \$1,000,000 (Spouse/DC Ass		

SCHEDULE C - EARNED INCOME

Name: JOHN J. DUNCAN, Je . Page.

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

 	 _	 		 	 	12	_	_	_	
					MASIOR GIFTS AND CONTRIBUTIONS	KINCOLY MEMORIAL UNIVERSITY - DIRECTOR OF SPONSE SALARY	EXAITI PIES: Civil War Roundtable (Oct. 2) Onlario County Board of Education		Source (include date of receipt for honoraria)	EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act INCOME LIMITS and PROHIBITED INCOME: The 2014 limit on outside earned income for Members and employees compensated at or above types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.
						SPOUSE SALARY	Spouse Speech Spouse Salary	Approved Teaching Fee Legislative Pension	Туре	Social Security Act. ssated at or above the "senior staff" rate totally prohibited.
					•	NIA	\$1,000 N/A	\$6,000 \$18,000	Amount	Security Act. at or above the "senior staff" rate was \$26,955. In addition, certain prohibited.

SCHEDULE D - LIABILITIES

Name: JoHN J. DUNCAN.
JR.
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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependent child.

				SP, DC, JT		
		N	Example			
		NONE	First Bank of Wilmington, DE	Creditor		
			5/98	Liability Incurred MO/YR	•	
			Mortgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	*	
				\$15,001- \$50,000	w	
				\$50,001- \$100,000	n	
			×	\$100,001- \$250,000	O	
				\$250,001- \$500,000	m	Amount of Liability
				\$500,001- \$1,000,000	П	t of Li
				\$1,000,001- \$5,000,000	6	ability
				\$5,000,001- \$25,000,000	Ξ	
				\$25,000,001- \$50,000,000		
				Over \$50,000,000	_	
				Over \$1,000,000* (Spouse/DC Liability)	*	Ιİ

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions and campaign propriets and positions social fraterial or political entities (such as political parties and campaign propriets and positions social fraterial or political entities (such as political parties and campaign propriets and positions social fraterial or political entities (such as political parties).

Position	Position Position Name of Organization
Show	

SCHEDULE F - AGREEMENTS

	Name: Jo Aw J.
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Date	Parties to Agreement	Terms of Agreement
	NIA	

SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$375 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$150 or less need not be added towards the \$375 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph Smith, Arlington, VA	Silver Pletter (determination of personal friendship received from the Ethics Committee)	\$400
N//B		
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SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$375 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

Source	Date(s)	City of Departure – Destination — City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
Government of China (MECEA)	Aug. 6-11	DC-Beijing, Chira - DC	٧	Υ	Z
Examples: Habital for Humanity (charity fundralser)	Mar. 3-4	DC-Baston-DC	۲	Υ	γ
AMERICAN ISBAEL EDUCATION 2-15-14		KNOXYINE TN-TEZ-AYV	Y	ヤ	N
FOUNDATION (AIEF)	3	70 1-23-14 KNOXVILLE			
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SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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ist the source separate confic	List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charitles receiving such payments must be filed directly with the Committee on Ethics.	sor of an event to a charitable organ	ization in lieu of paying an	honorarium to you. A
	Source	Activity	Date	Amount
Examples:	Association of American Associations, Washington, DC XYZ Magazine	Speech Article	Feb, 2, 2014 Aug. 13, 2014	\$2,000 \$500
<i>%</i>	NONE			