

**FINANCIAL DISCLOSURE REPORT
FOR CALENDAR YEAR 2006**

*Report Required by the Ethics
in Government Act of 1978,
(5 U.S.C. app. §§101-111)*

1. Person Reporting (<i>Last name, first, middle initial</i>) NEALON, WILLIAM J.	2. Court or Organization UNITED STATES DISTRICT COURT MIDDLE DISTRICT OF PA	3. Date of Report MARCH 9, 2007
4. Title (<i>Article III judges indicate active or senior status; magistrate judges indicate full- or part-time</i>) JUDGE, SENIOR STATUS	5a. Report Type (check appropriate type) ___ Nomination, ___ Dat ___ ___ Initial <input checked="" type="checkbox"/> Annual ___ Final	6. Reporting Period 1/1/06 TO 12/31/06
7. Chambers or Office Address WILLIAM J. NEALON FEDERAL BLDG. & U. S. COURTHOUSE POST OFFICE BOX 1146 SCRANTON, PA 18501-1146	8. On the basis of the information contained in this Report and any modifications pertaining thereto, it is, in my opinion, in compliance with applicable laws and regulations. Reviewing Officer _____ Date _____	
IMPORTANT NOTES: The instructions accompanying this form must be followed. Complete all parts, checking the NONE box for each part where you have no reportable information. Sign on last page.		

I. POSITIONS. (*Reporting individual only; see pp. 9-13 of Instructions.*)

	<u>POSITION</u>	<u>NAME OF ORGANIZATION/ENTITY</u>
1	<input checked="" type="checkbox"/> NONE (No reportable positions.)	
2	_____	_____
3	_____	_____

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II. AGREEMENTS. (*Reporting individual only; see pp. 14-16 of Instructions.*)

	<u>DATE</u>	<u>PARTIES AND TERMS</u>
1	<input checked="" type="checkbox"/> NONE (No reportable agreements.)	
2	_____	_____

III. NON-INVESTMENT INCOME. (*Reporting individual and spouse; see pp. 17-24 of Instructions.*)

	<u>DATE</u>	<u>SOURCE AND TYPE</u>	<u>INCOME</u>
A. Filer's Non-Investment Income			
1	<input checked="" type="checkbox"/> NONE (No reportable non-investment income.)		
2	_____	_____	\$
3	_____	_____	\$

B. Spouse's Non-Investment Income - If you were married during any portion of the reporting year, please complete this section. (dollar amount not required except for honoraria)

1	<input checked="" type="checkbox"/> NONE (No reportable non-investment income.)	
2	_____	_____

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IV. REIMBURSEMENTS – transportation, lodging, food, entertainment.
(Includes those to spouse and dependent children. See pp. 25-27 of Instructions.)

	<u>SOURCE</u>	<u>DESCRIPTION</u>
<input checked="" type="checkbox"/>	NONE (No such reportable reimbursements.)	
1		
2		
3		
4		
5		
6		
7		

V. GIFTS. (Includes those to spouse and dependent children. See pp. 28-31 of Instructions.)

	<u>SOURCE</u>	<u>DESCRIPTION</u>	<u>VALUE</u>
<input checked="" type="checkbox"/>	NONE (No such reportable gifts.)		
1			\$
2			\$
3			\$
4			\$

VI. LIABILITIES. (Includes those of spouse and dependent children See pp. 32-33 of Instructions.)

	<u>CREDITOR</u>	<u>DESCRIPTION</u>	<u>VALUE CODE*</u>
<input checked="" type="checkbox"/>	NONE (No reportable liabilities.)		
1			
2			
3			
4			
5			

*Value Codes:

J=\$15,000 or less

K=\$15,001-\$50,000

L=\$50,001-\$100,000

M=\$100,001-\$250,000

N=\$250,001-\$500,000

O=\$500,001-\$1,000,000

P1=\$1,000,001-\$5,000,000

P2=\$5,000,001-\$25,000,000

P3=\$25,000,001-\$50,000,000

P4=\$50,000,001 or more

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VII. Page 1 INVESTMENTS and TRUSTS – income, value, transactions (Includes those of spouse and dependent children. See pp. 34-60 of Instructions.)

A Description of Asset (including trust assets) <i>Place "(X)" after each asset exempt from prior disclosure</i>	B Income during reporting period		C Gross value at end of reporting period		D Transactions during reporting period				
	(1)	(2)	(1)	(2)	(1)	If not exempt from disclosure			
	Amt. Code (A-H)	Type (C-E) div- rent- int	Value Code (J-R)	Value Method Code (Q-W)	Type (C-E) buy- sell- merge- redemption	(2) Date- Month- Day	(3) Value Code (G-P)	(4) Gain Code (A-H)	(5) Identity of buyer/seller (if private transaction)
<input type="checkbox"/> NONE (No reportable income, assets, or transactions.)									
1 PNC Bank (Checking)	A	Int.	J	T					
2 Wachovia (Savings)	A	Int.	J	T					
3 Penn Security Bank (Penseco)	A	Div.	K	T					
4 Fidelity PA Muni Money Market	A	Int.	K	T					
5 Fidelity Spartan PA Muni Income	B	Int.	K	T					
6 Morgan Stanley Tax Exempt Security	C	Int.	L	T					
7 Morgan Stanley Muni Money Market	A	Int.	J	T					
8 Dreyfus Pennsylvania Muni Money Market Fund	A	Int.	K	T					
9 Dreyfus PA Intermediate Muni Bond Fund	B	Int.	L	T					
10 Wachovia Tax Free Money Market Account	A	Int.	K	T					
11 Vanguard PA Tax Exempt	C	Int.	L	T					
12 Penn Security Savings	A	Int.	J	T					
13									
14									
15									
16									
17									

1	Income/Gain Codes (See Col. B, D4)	A = \$1,000 or less F = \$50,001 - \$100,000	B = \$1,001 - \$2,500 G = \$100,001 - \$1,000,000	C = \$2,501 - \$5,000 H = \$1,000,001 - \$5,000,000	D = \$5,001 - \$15,000 I = \$5,000,001 - \$25,000,000	E = \$15,001 - \$50,000 J = More than \$5,000,000
2	Value Codes (See Col. C1, D3)	J = \$15,000 or less N = \$250,001 - \$500,000 P3 = \$25,000,001 - \$50,000,000	K = \$15,001 - \$50,000 O = \$500,001 - \$1,000,000	L = \$50,001 - \$100,000 P1 = \$1,000,001 - \$5,000,000 P4 = More than \$50,000,000	M = \$100,001 - \$250,000 R2 = \$5,000,001 - \$25,000,000	
3	Value Method Codes (See Col. C2)	Q = Appraisal U = Book value	R = Cash (real estate only) V = Other	S = Assessment W = Estimated	T = Cash/Market	

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VIII. ADDITIONAL INFORMATION OR EXPLANATIONS (Indicate part of Report.)**IX. CERTIFICATION.**

I certify that all information given above (including information pertaining to my spouse and minor or dependent children, if any) is accurate, true, and complete to the best of my knowledge and belief, and that any information not reported was withheld because it met applicable statutory provisions permitting non-disclosure.

I further certify that earned income from outside employment and honoraria and the acceptance of gifts which have been reported are in compliance with the provisions of 5 U.S.C. app. § 501 et. seq., 5 U.S.C. § 7353 and Judicial Conference regulations.

Signature _____

Date

March 9, 2007

NOTE: ANY INDIVIDUAL WHO KNOWINGLY AND WILFULLY FALSIFIES OR FAILS TO FILE THIS REPORT MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS (5 U.S.C. app. § 104.)

FILING INSTRUCTIONS.

Mail signed original and 3 additional copies to:

Committee on Financial Disclosure
Administrative Office of the
United States Courts
Suite 2-301
One Columbus Circle, N.E.
Washington, D.C. 20544