PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V. Name: John Paul Kline JR be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? \$1,000 during the reporting period? IV. Did you, your spouse, or a dependent child purchase, sell If yes, complete and attach Schedule III. III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I. **CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct and certain other "excepted trusts" need not or exchange any reportable asset in a transaction exceeding Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the UNITED STATES HOUSE OF REPRESENTATIVES they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct If yes, complete and attach Schedule II. reporting period? I. Did you or your spouse have "earned" income (e.g., salaries or yes, complete and attach Schedule IV. Status Report Filer Member of the U.S. House of Representatives Annual (May 15) District: State: Amendment Yes Yes Yes 🗸 Yes 🖊 Yes Daytime Telephone: 202-225-227 1909 MAY 12 PM 3: 39 No S <u>8</u> **₹** <u>N</u> <u>8</u> ✓ Officer or Employee If yes, complete and attach Schedule IX an outside entity? of filing in the current calendar year? If yes, complete and attach Schedule VIII. reportable travel or reimbursements for travel in the reporting VII. Did you, your spouse, or a dependent child receive any period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII. If yes, complete and attach Schedule VI. than \$335 and not otherwise exempt)? For use by Members, officers, and employees IX. Did you have any reportable agreement or arrangement with VIII. Did you hold any reportable positions on or before the date reportable gift in the reporting period (i.e., aggregating more Did you, your spouse, or a dependent child receive any appropriate schedule attached for each "Yes" response Employing Office: Each question in this part must be answered and the Termination Fermination Date: NO. ATIVE RESOURCE OF HAND DELVERED against anyone who files more than A \$200 penalty shall * assessed 30 days late. (Office Use Only) Yes/ Yes / Yes Yes Yes Yes <u>| S</u> <u>8</u> 8 **≤** ٥ ٥ ۷ 0 8

Name
John
Kline

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. 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.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

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Source	Туре	Amount
	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Citizano Coulty Double of Euthorion		$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $
SP U.S. YOVERMENT (DHS)	MILLAMENTENENT	7 NA
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P Grow through of America	Third Avenue Valve	T Franklin Valve	T Dodge + Cox Internation	TTLAL Insured Orsh Account		SP, SP Mega Corp. Stock DC Examples: Simon & Schuster	Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by you or your spouse's child, parent, or sibling; any deposits totalling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active 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 additional information, see the instruction booklet.	BLOCK A BLOCK A Sset and/or Income Source (a) each asset held for investment or p of income with a fair market va ng \$1,000 at the end of the reporting py (b) any other asset or sources of inco enerated more than \$200 in "unearn during the year. For rental property ovide a complete address. Provide of stocks and mutual funds (do not u mbols). For all IRAs and other retirem uch as 401(k) plans) that are self direc of sed, to select the specific investmen stocks on the specific investmen s
2<>	<>	×	*	×	×	Indefinite X	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 Qver \$50,000,000	> B B C C C C C C C C C C C C C C C C C	BLOCK B Value of Asset Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."
* * * * * * * * * * * * * * * * * * * *	× ×	× ×	*	×	×	X X Royalties	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership	o Income or Farm Income)	Type of Income Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during calendar year.
X			>	×	×	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000	- = = = = = = = = = = = = = = = = = = =	Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.
						S (partial)	example. P, S, E	If only a portion of an asset is sold, please indicate as follows: (S) (partial)	BLOCK E Transaction Indicate it the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year.

င္ဘ ္	SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)	<u>.</u>	\geq	Ē	₽	ĝ	Щ	ű	Z	$\overline{\Omega}$	9	严	•									Name John Kline	=	~	$\overline{\wedge}$	11	4	l `	[1		ł		Pag	Page 3_of 5
	BLOCK A Asset and/or Income Source	ï	1		<	<u>a</u> _	BLOCK B Year-End Value of Asset	BLOCK B ear-En	A S in G	iğ -	*		}					.	BLOCK C Type of Income	BLOCK C Type fincon	9 6 6	ਰ				ا ةِ	ᇍᇛ	BLOCK D Amount of Income		ਨੂੰ	Ž	Ψ .		=	BLOCK E
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SCHEDULE IV— TRANSACTIONS

Name JOHN Kline

															JT John Hancock Classic Value	SP Example: Mega Coporation Common Stock (partial sale)	transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.	amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange	Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property,
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																	EXCHAN	GE	ction
														•	12/31/08	10-12-08	Monthly, or Bi-weekly, if applicable	(MO/DAY/YR) or Quarterly	Date
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Name (
John
Kline

Page 5

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by

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 (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 you

Source	Date(s)	ation—	Z ng ?	~ 7	Was a Family Member included? (Y/N)
Examples: Chicago Chamber of Commerce Roycroft Corporation	Mar. 2 Aug. 6–11	DC—Chicago—DC DC—Los Angeles—Cleveland	≺ Z	≺ Z	≺ Z
The Heritage Foundation Jan 30-Feb 1 2008 DC-Baltimore-DC	(an30-Febl	2008 DC-Baltimore-DC	<	Y	V
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