

UNITED STATES HOUSE OF REPRESENTATIVES

2007 FINANCIAL DISCLOSURE STATEMENT

FORM A

For use by Members, officers, and employees

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U.S. HOUSE OF REPRESENTATIVES
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John Paul Kline Jr.
(Full Name)

10085 170th St W
Lakeville, MN 55044
(Mailing Address)

202-225-2271
Daytime Telephone:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>MN</u>	<input type="checkbox"/> Officer or Employee	Employing Office:
Report Type	<input checked="" type="checkbox"/> Annual (May 15)	District: <u>2</u>	<input type="checkbox"/> Amendment	Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$305 from one source)? If yes, complete and attach Schedule VII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	<i>John Paul Kline Jr.</i>	5/15/07

SCHEDULE III — ASSETS AND “UNEARNED” INCOME

BLOCK A Asset and/or Income Source		BLOCK B Value of Asset												BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction		
Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than \$200 in “unearned” income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the name of the business, the nature of the business, and its geographic location. For additional information, see the instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse’s child, parent, or sibling; any deposits totaling \$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.		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 and is included only because it generated income, the value should be “None.”												Check all columns that apply. Check “None” if asset did not generate any income during the calendar year.						For retirement plans or accounts that do not allow you to choose specific investments, you may write “NA” for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check “None” if no income was received.											Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year.		
		A	B	C	D	E	F	G	H	I	J	K	L	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	P	S
SP, DC, JT	Examples:				X								X					Royalties				X						X					P
JT	(Formerly LPL Premier Midway)		X																													E	
JT	LPL Insured Cash Acct		X																													P	
JT	Dodge + Cox Intl		X										X			X								X								P	
JT	Franklin Value		X										X			X								X								P	
JT	John Hancock Classic Value		X										X			X								X								P	
JT	Third Avenue Value		X										X			X								X								P	
	ING Russia		X										X			X								X								P	

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange 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.			Type of Transaction			Date (MO/DAY/YR)	Amount of Transaction										
			PURCHASE	SALE	EXCHANGE		B \$1,001- \$15,000	C \$15,001- \$50,000	D \$50,001- \$100,000	E \$100,001- \$250,000	F \$250,001- \$500,000	G \$500,001- \$1,000,000	H \$1,000,001- \$5,000,000	I \$5,000,001- \$25,000,000	J \$25,000,001- \$50,000,000	K Over \$50,000,000	
SP, DC, JT	Asset																
SP	Example:	Mega Corporation Common Stock	X			10-12-06		X									
JT	(Formerly - LPL Premier money market) LPL Insured Cash Acct				X	Various	X										
JT	Dodge + Cox Int'l		X			9-12-06	X										
JT	John Hancock Classic Value		X			9-12-06	X										
JT	Third Avenue Value		X			9-12-06	X										
JT	Aim International Global Aggressive Growth Fund			X		9-12-06	X										
JT	Fidelity Fixed Income Trust Investment Grade Bond			X		9-12-06	X										
JT	Seligman Communication + Info Fund			X		9-12-06	X										
	Pfizer Corp			X		9-12-06	X										
	Selected American Shares			X		9-12-06		X									
	Jackson National Perspective 2 Advisor		X			10-16-06		X									
	ING Russia Fund		X			9-12-06	X										
SP	Jackson National Perspective 2 Advisor		X			9-19-06			X								
SP	Aim International Global Aggressive Growth Fund			X		9-12-06	X										
SP	Growth Fund of America			X		9-12-06	X										
SP	Harbor Capital Appreciation			X		9-12-06	X										
SP	Pioneer High Yield			X		9-12-06		X									

