

UNITED STATES HOUSE OF REPRESENTATIVES  
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A  
For use by Members, officers, and employees

Page 1 of 9

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U.S. HOUSE OF REPRESENTATIVES

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Emanuel Cleaver, II  
(Full Name)

202-225-4535  
(Daytime Telephone)

**HAND DELIVERED**  
(Office Use Only)

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representative	State: MO District: 5th	<input type="checkbox"/> Officer Or Employee	Employing Office:	Termination Date:
Report Type	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination		

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

~~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 \$335 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 \$335 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 checked="" type="checkbox"/> No <input 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 type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input checked="" type="checkbox"/> No <input 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 checked="" type="checkbox"/> No <input 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 Ethics 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"/>
Exemptions - 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? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**SCHEDULE I - EARNED INCOME**

Name Emanuel Cleaver, II

Page 2 of 9

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 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.

Source	Type	Amount
Self Employment, Consulting, Kansas City, Missouri	Spouse Salary	N/A
KCMO Pension Plan, The Northern Trust Company, F.B.O. KCMO Employee; Kansas City, MO	Benefit recieved from Pension Plan, Per Agreement between Emanuel Cleaver and KCMO City Government	\$20,932
Missouri Annual Conference of United Methodist Church	Salary	\$9,664

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Emanuel Cleaver, II

Page 3 of 9

BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
<p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>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.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or</p>	<p>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 is generated income, the value should be "None."</p>	<p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>	<p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>	<p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
<p>SP Allianz Life Insurance Company, 10% Bonus POWERDEX ELITE ANNUITY (IRA)</p>	<p>\$100,001 - \$250,000</p>	<p>None</p>	<p>NONE</p>	
<p>SP Allianz Life Insurance Company, SIMPLE RETIREMENT PLAN (IRA)</p>	<p>\$15,001 - \$50,000</p>	<p>None</p>	<p>NONE</p>	
<p>JT The Cleaver Co., LLC Grandview, Missouri: The Grandview Auto Wash (Auto Landry Business)</p>	<p>\$100,001 - \$250,000</p>	<p>Partner Income</p>	<p>NONE</p>	
<p>The General Board of Pension and Health Benefits of the United Methodist Church - Ministerial Pension Plan - Domestic Bond Fund</p>	<p>\$50,001 - \$100,000</p>	<p>INTEREST</p>	<p>\$1,001 - \$2,500</p>	

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Emanuel Cleaver, II

Page 4 of 9

The General Board of Pension and Health Benefits of the United Methodist Church- Ministerial Pension Plan - Domestic Stock Fund	\$50,001 - \$100,000	INTEREST	\$201 - \$1,000
The General Board of Pension and Health Benefits of the United Methodist Church- Ministerial Pension Plan - Inflation Protection	\$50,001 - \$100,000	INTEREST	\$1,001 - \$2,500
The General Board of Pension and Health Benefits of the United Methodist Church- Ministerial Pension Plan - International Stock Fund	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000
The General Board of Pension and Health Benefits of the United Methodist Church- Ministerial Pension Plan - Stable Value Fund	\$100,001 - \$250,000	INTEREST	\$5,001 - \$15,000
The General Board of Pension and Health Benefits of the United Methodist Church- Personal Investment Plan - Domestic Bond Fund	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000
The General Board of Pension and Health Benefits of the United Methodist Church- Personal Investment Plan - Domestic Stock Plan	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000
The General Board of Pension and Health Benefits of the United Methodist Church- Personal Investment Plan - Inflation Protection Plan	\$1,001 - \$15,000	INTEREST	\$1 - \$200

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Emanuel Cleaver, II

Page 5 of 9

The General Board of Pension and Health Benefits of the United Methodist Church- Personal Investment Plan - International Stock Plan	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000
The General Board of Pension and Health Benefits of the United Methodist Church- Personal Investment Plan - Stable Value Fund	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500

# SCHEDULE V - LIABILITIES

Name Emanuel Cleaver, II

Page 6 of 9

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
	FNMA Co-Signator for Willoris McNeal (Niece)	April 1998	Student Loan	\$10,001 - \$15,000

**SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS**

Name Emanuel Cleaver, II

Page 7 of 9

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by 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 the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly 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 (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)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
The Congressional Black Caucus Political Education and Leadership Institute	Aug. 12-15	Kansas City, MO-Tunica, MS- Kansas City, MO	Y	Y	Y	None

**SCHEDULE VIII - POSITIONS**

Name Emanuel Cleaver, II

Page 8 of 9

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Trustees	National World War I Museum

**SCHEDULE IX - AGREEMENTS**

Name Emanuel Cleaver, II

Page 9 of 9

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
01/01/2006	Emanuel Cleaver; The City of Kansas City, Missouri	Agreement between Emanuel Cleaver and the City of Kansas City, Missouri; Continuing Interest in Pension Plan Related to Former Employment