

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT

FORM A

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For use by Members, officers, and employees

Emanuel Cleaver, II
(Full Name)

202-225-4535
(Daytime Telephone)

Filer Status ☒ Member of the U.S. House of Representative

State: MO District: 5th

☐ Officer Or Employee

Employing Office:

Report Type ☐ Annual (May 15)

☒ Amendment

☐ Termination

Termination Date:

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

(Office Use Only)

2010 JUL 15 PM 3:59

HAND DELIVERED

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?	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)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, complete and attach Schedule I.		If yes, complete and attach Schedule VI.	
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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel \$335 from one source?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, complete and attach Schedule II.		If yes, complete and attach Schedule VII.	
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?	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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, complete and attach Schedule III.		If yes, complete and attach Schedule VIII.	
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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, complete and attach Schedule IV.		If yes, complete and attach Schedule IX.	
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	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.	
If yes, complete and attach Schedule V.			

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"/>
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 Standards of Official Conduct.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

Name Emanuel Cleaver, II

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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 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
St. James - Paseo United Methodist Church; Kansas City, Missouri	Salary	\$12,337
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	\$20,410
Missouri Annual Conference of United Methodist Church	Salary	\$7,332

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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BLOCK A Asset and/or Income Source <small>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 assets or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). 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 and income information on 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. 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.</small>	BLOCK B Year-End Value of Asset <small>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."</small>	BLOCK C Type of Income <small>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 the calendar year.</small>	BLOCK D Amount of Income <small>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.</small>	BLOCK E Transaction <small>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</small>
SP Allianz Life Insurance Company, 10% Bonus POWERDEX ELITE ANNUITY (IRA)	\$100,001 - \$250,000	None	NONE	
SP Allianz Life Insurance Company, SIMPLE RETIREMENT PLAN (IRA)	\$15,001 - \$50,000	None	NONE	
JT The Cleaver Co., LLC; Grandview, Missouri; The Grandview Auto Wash (Auto Laundry Business)	\$100,001 - \$250,000	Partner Income	NONE	
The General Board of Pension and Health Benefits of the United Methodist Church - Ministerial Pension Plan - Domestic Bond Fund	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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The General Board of Pension
and Health Benefits of the
United Methodist Church -
Ministerial Pension Plan -
Inflation Protection

\$15,001 -
\$50,000

INTEREST

\$201 - \$1,000

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

\$50,001 -
\$100,000

INTEREST

\$1 - \$200

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 -
Personal Investment Plan -
Domestic Bond 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 -
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

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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	\$201 - \$1,000

V - LIABILITIES

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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 to any one creditor during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household 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	Type of Liability	Amount of Liability
	FNMA Co-Singator for Willoris McNeel (Niece)	Student Loan	\$10,001 - \$15,000

SCHEDULE VII - 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 \$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
Elizabeth City State University	May 8-9	DC- Elizabeth City-KC	Y	Y	N	None
The Lawyers Club of Chicago	May 27-28	KC-Chicago-KC	Y	Y	N	None

SCHEDULE IX - AGREEMENTS

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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