

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER

2012 MAY 15 AM 11:53

(Office Use: Only) OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

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

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT

FORM A

For use by Members, officers, and employees

Page 1 of 9

Emanuel Cleaver, II

202-225-4535

(Full Name)

(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:

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 \$350 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 \$350 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	\$21,454
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>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 reportable asset or source of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <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 threshold. 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 saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.</p> <p>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 with your spouse (JT), in the optional column on the far left.</p>		<p>At close of reporting year.</p> <p>If you use a valuation method other than fair market value, please specify the method used.</p> <p>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>
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 Landry 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	\$50,001 - \$100,000	INTEREST	\$1,001 - \$2,500	

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	\$2,501 - \$5,000	
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 Fund	\$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. NOTE: Pending legislation may require Members to report mortgages on personal residences.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
	FNMA Co-Singatore for Wyloris McNeel (Niece)	April 1998	Student Loan	\$10,001 - \$15,000
JT	Liberty Bank	November 2008	Mortgage on Personal Residence	\$250,001 - \$500,000
JT	M&I Marshall & Isely Bank	April 2009	Installment Loan	\$15,001 - \$50,000

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 \$350 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
NBC News	Feb. 26-27	Myrtle Beach, SC - Washington DC	N	N	N	None
Southern Christian Leadership Conference	Apr. 3-4	Kansas City, MO-Atlanta, GA- Washington, DC	Y	Y	N	None
The Harriet Beecher Stowe Center	Jun. 9-10	Kansas City, MO-Hartford, CT-Washington, DC	Y	Y	N	None
Congressional Black Caucus Foundation	Jun. 10-13	Washington, DC- Williamsburg, VA- Washington, DC	Y	Y	Y	None
Workers Union (USW)	Aug. 17-18	Detroit, MI-Las Vegas, NV- Kansas City, MO	Y	Y	N	None
Abyssinian Baptist Church	Oct. 8-9	Washington, DC-New York City-Kansas City, MO	Y	Y	N	None
Case Western Reserve University	Oct. 20	Kansas City, MO-Cleveland, OH-Kansas City, MO	N	Y	N	None
Spruce Street Baptist Church	Nov. 12-13	Kansas City, MO-Nashville, TN-Baltimore, MD	Y	Y	N	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