

**UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005**

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For use by Members, officers, and employees

MAY 15 2006 ⁹

Emanuel Cleaver, II
(Full Name)

LEGISLATIVE RESOURCE CENTER

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2006 MAY 25 PM 4:17

(Office Use Only)

U.S. HOUSE OF REPRESENTATIVES
A \$200 penalty shall be assessed against anyone who files more than 30 days late.

Filer Status Member of the U.S. House of Representatives 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


<p>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"/> If yes, complete and attach Schedule I.</p> <p>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 checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule II.</p> <p>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"/> If yes, complete and attach Schedule III.</p> <p>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 checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule IV.</p> <p>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"/> If yes, complete and attach Schedule V.</p>	<p>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)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.</p> <p>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)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VII.</p> <p>VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VIII.</p> <p>IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IX.</p> <p>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</p>
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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	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?	Yes	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 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.		05/15/06

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) 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.

Source	Type	Amount
St. James-Paseo United Methodist Church, Kansas City, Missouri	Salary	\$23,946
Saint Paul School of Theology, Kansas City, Missouri	Salary (already approved by Standards Committee for services provided in 2004)	\$2,250
Institute Research & Reform in Education, Toms River, New Jersey	Spouse Salary	\$64,043.64
School District of Kansas City Missouri, Kansas City, Missouri	Spouse Salary	\$25,396.83
The Civic Council of Greater Kansas City, Kansas City, Missouri	Spouse Salary	\$5,625
Hall Family Foundation, Kansas City, Missouri	Spouse Honorarium	\$1,500

SCHEDULE II - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name Emanuel Cleaver, II

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List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Lawrence A. Jones Mortuary	Speech	Oct. 3, 2005	\$50
Lawrence A. Jones Mortuary	Speech	Nov. 28, 2005	\$50
Wesley O. Fields	Speech	Nov. 28, 2005	\$100
St. Paul School of Theology	Speech	Apr. 4, 2005	\$125
Lawrence A. Jones Mortuary	Speech	Apr. 4, 2005	\$50
New Era District Association	Speech	Apr. 14, 2005	\$500
Louisiana Annual Conference (United Methodist Conference)	Speech	Mar. 16, 2005	\$2,000
Metropolitan Missionary Baptist	Speech	Mar. 16, 2005	\$300
Missouri Annual Conference (UMC)	Speech	Jul. 13, 2005	\$500
Walker Nadler-Fuller Funeral Home	Speech	Aug. 31, 2005	\$500

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Emanuel Cleaver, II

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<p>BLOCK A</p> <p>Asset and/or Income Source</p> <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 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 nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.</p> <p>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.</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 (JT), in the optional column on the far left.</p>	<p>BLOCK B</p> <p>Year-End Value of Asset</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>BLOCK C</p> <p>Type of Income</p> <p>If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)</p>	<p>BLOCK D</p> <p>Amount of Income</p> <p>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.</p>	<p>BLOCK E</p> <p>Transaction</p> <p>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.</p>
<p>SP Allianz Life Insurance Company, Simple Retirement Plan</p>	<p>\$1,001 - \$15,000</p>	<p>Indivi/Other: (Individual Retirement Account)</p>	<p>NONE</p>	
<p>SP Allianz Life Insurance Company, IRA Rollover Account</p>	<p>\$100,001 - \$250,000</p>	<p>Other: (Individual Retirement Account)</p>	<p>NONE</p>	
<p>JT General Electric</p> <p>General Board of Pension and Health Benefits of the United Methodist Church - Ministerial Pension Plan</p>	<p>\$1,001 - \$15,000</p> <p>\$100,001 - \$250,000</p>	<p>DIVIDENDS</p> <p>Other: (Pension Income)</p>	<p>NONE</p> <p>\$2,501 - \$5,000</p>	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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JT	The Cleaver Co., LLC; Grandview, Missouri; The Grandview Auto Wash (Auto Laundry Business)	\$100,001 - \$250,000	PARTNERSHIP INCOME	NONE
SP	Kansas City, MO School District	\$1,001 - \$15,000	Other: (PENSION INCOME)	NONE

SCHEDULE IV - TRANSACTIONS

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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 or series of transactions exceeded \$1,000. Include transactions that resulted in a loss. 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.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	The Northern Trust Company, FBO KC Missouri Employees	Other	Unknown	\$18,322.20

SCHEDULE V - LIABILITIES

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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 your or your spouse. Report "revolving charge accounts" 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-signed 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 totalling more than \$305 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
NYSE	Mar. 7-8, 2005	Wash., D.C. -- New York, N.Y.	N	N	Y	N/A

SCHEDULE VIII - POSITIONS

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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
Past Board Member	UMKC Board of Trustees
Past Board Member	Brush Creek Partners
Past Board Member	Jazz District Redevelopment Committee
Past Board Member	American Jazz Museum
Past Board Member	Midwest Research Institute
Past LLC Member/Officer	The Cleaver Company, L.L.C.
Past Board Member	Rising Tide Foundation
Past Board Member	St. Luke's Hospital