

**UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT**

FORM A Page 1 of 8
For use by Members, officers, and employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER

2009 MAY 14 PM 5:19

MC

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Emanuel Cleaver, II
(Full Name)

202-225-4535
(Daytime Telephone)

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

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 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 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 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 checked="" type="checkbox"/> No <input 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 checked="" type="checkbox"/> No <input 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 Unites Methodist Church; Kansas City, Missouri	Salary	\$24,924
Self Employment, Consulting; Kansas City, Missouri	Spouse Salary	N/A
KCMO Pension Plan, The Northern Trust Company, F.B.O KCMO Employees; Kansas City, Missouri	Benefit Recieved from Pension Plan, Per Agreement between Emanuel Cleaver and KCMO City Governement	\$19,888
Cascade United Methodist Church	Salary - Speaking Fees	\$1,000

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Emanuel Cleaver, II

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BLOCK A		BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source		Year-End Value of Asset	Type of Income	Amount of Income	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 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.</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>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 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.</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, 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.</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	\$100,001 - \$250,000	Other: (Individual Retirement Account)	NONE	
SP	Allianz Life Insurance Company, SIMPLE RETIREMENT PLAN	\$15,001 - \$50,000	Other: (Individual Retirement Account)	NONE	
JT	The Cleaver Co., LLC; Grandview, Missouri; The Grandview Auto Wash (Auto Laundry Business)	\$100,001 - \$250,000	Partnership Income	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Emanuel Cleaver, II

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	The General Board of Pension and Health Benefits of the United Methodist Church - Personal Investment Plan - Bal Social Values Fund	None	None	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	
	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	\$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 - Multiple Assest Fund	None	None	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Emanuel Cleaver, II

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	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 - 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	
	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 - Multiple Assest Fund	None	None	NONE	
	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	

SCHEDULE V - LIABILITIES

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	Type of Liability	Amount of Liability
	FNMA Co-Signator for Willoris McNeel (niece)	Student Loan	\$10,001 - \$15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Emanuel Cleaver, II

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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
Kansas City Convention and Vistors Center	Dec. 2 - 3	Kansas City, MO - New York City, NY	Y	Y	N	None
Cleaver Campaign Committee	Aug. 25-28	Kansas City, MO - Denver, CO - Kansas City, MO	Y	Y	Y	None
Congressional Black Caucus Foundation	Sept. 24- 27	Kansas City, MO - Washigton, DC - Kansas City, MO	Y	N	N	None

SCHEDULE IX - AGREEMENTS

Name Emanuel Cleaver, II

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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
01/01/06	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

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UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees.

LEGISLATIVE RESOURCE CENTER

2009 MAY 15 PM 12:18

Emanuel Cleaver, II
(Full Name)

202-225-4535
(Daytime Telephone)

U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

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

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? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule I.	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 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"/> If yes, complete and attach Schedule II.	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)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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"/> If yes, complete and attach Schedule III.	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 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"/> If yes, complete and attach Schedule IV.	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 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"/> If yes, complete and attach Schedule V.	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 checked="" type="checkbox"/> No <input 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 checked="" type="checkbox"/> No <input type="checkbox"/>

SCHEDULE I - EARNED INCOME

Name Emanuel Cleaver, II

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Source	Type	Amount
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KCMO Pension Plan, The Northern Trust Company, F.B.O KCMO Employees; Kansas City, Missouri	Benefit Recieved from Pension Plan, Per Agreement between Emanuel Cleaver and KCMO City Governement	\$19,888
Cascade United Methodist Church	Salary - Speaking Fees	\$1,000

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 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.</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>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.</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, 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.</p>	<p>BLOCK E</p> <p>Transaction</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</p>	<p>\$100,001 - \$250,000</p>	<p>Other: (Individual Retirement Account)</p>	<p>NONE</p>	
<p>SP Allianz Life Insurance Company, SIMPLE RETIREMENT PLAN</p>	<p>\$15,001 - \$50,000</p>	<p>Other: (Individual Retirement Account)</p>	<p>NONE</p>	
<p>JT The Cleaver Co., LLC; Grandview, Missouri; The Grandview Auto Wash (Auto Laundry Business)</p>	<p>\$100,001 - \$250,000</p>	<p>Partnership Income</p>	<p>NONE</p>	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Emanuel Cleaver, II

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The General Board of Pension and Health Benefits of the United Methodist Church - Personal Investment Plan - Bal Social Values Fund	None	None	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
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	\$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 - Multiple Assest Fund	None	None	NONE

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Emanuel Cleaver, II

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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
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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 - Multiple Assest Fund	None	None	NONE
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

SCHEDULE V - LIABILITIES

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	Type of Liability	Amount of Liability
	FNMA Co-Signator for Willoris McNeel (niece)	Student Loan	\$10,001 - \$15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Emanuel Cleaver, II

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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
Kansas City Convention and Vistors Center	Dec. 2 - 3	Kansas City, MO - New York City, NY	Y	Y	N	None

SCHEDULE IX - AGREEMENTS

Name Emanuel Cleaver, II Page 8 of 8

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
01/01/06	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