

**UNITED STATES HOUSE OF REPRESENTATIVES**  
**2022 FINANCIAL DISCLOSURE STATEMENT**

**Form A**  
For Use by Members, Officers, and Employees

**HAND DELIVERED**  
LEGISLATIVE RESOURCE CENTER  
(Office Use Only)  
2023 MAY 12 PM 3:31

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Name: Steven Brett Guthrie

Daytime Telephone: 202-225-3501

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

<b>FILER STATUS</b>	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>KY</u> District: <u>2</u>	<input type="checkbox"/> Officer or Employee	Employing Office: _____	Staff Filer Type: (If Applicable) Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/>
	<b>REPORT TYPE</b>	<input checked="" type="checkbox"/> 2022 Annual (Due: May 15, 2023)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Date of Termination: _____

**PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS**

<p><b>A.</b> Did you, your spouse, or your dependent child:</p> <p>a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <u>or</u></p> <p>b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p><b>F.</b> Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p><b>B.</b> Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p><b>G.</b> Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$415 in value from a single source during the reporting period?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p><b>C.</b> Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p><b>H.</b> Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$415 in value from a single source during the reporting period?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p><b>D.</b> Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p><b>I.</b> Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p><b>E.</b> Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p><b>ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"</b></p>

**IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS**

<p><b>IPO</b> – Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p><b>TRUSTS</b> – 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 that benefits you, your spouse, or dependent child?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p><b>EXEMPTION</b> – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

## SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: \_\_\_\_\_

Steven B Guthrie

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[illegible]

## SCHEDULE A – ASSETS & “UNEARNED INCOME”

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## SCHEDULE A – ASSETS & “UNEARNED INCOME”

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**SCHEDULE A – ASSETS & “UNEARNED INCOME”**

Name: Steven B Guthrie

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## SCHEDULE A – ASSETS & “UNEARNED INCOME”

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BLOCK A		BLOCK B													BLOCK C							BLOCK D												BLOCK E		
Assets and/or Income Sources		Value of Asset													Type of Income							Amount of Income												Transaction		
		A	B	C	D	E	F	G	H	I	J	K	L	M									I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII		
		None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	None	\$1-\$200	\$201-\$1,000	\$1,001-\$2,500	\$2,501-\$5,000	\$5,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$1,000,000	\$1,000,001-\$5,000,000	Over \$5,000,000	Spouse/DC Asset with income over \$1,000,000*	P, S, S(part), or R	
SP, DC, JT	ASSET NAME	EF																																		
	Brett Gothic Gift Trust 100% inherited in Trace Aie Cost stock									X						X								X												
	Equity in Trace Aie Cost, Inc 140 N. Graham Ave Bk Ky								X							X													X							
	KY Employment Retirement System		UNDETERMINED																																	

## SCHEDULE A – ASSETS & “UNEARNED INCOME”

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# SCHEDULE B – TRANSACTIONS

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<p>Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.</p> <p><b>Capital Gains:</b> If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A.</p> <p>* Column K is for assets solely held by your spouse or dependent child.</p>			Type of Transaction				Check Box if Capital Gain Exceeded \$200	Date  (MO/DA/YR) or Quarterly Monthly, or Bi-weekly, if applicable	Amount of Transaction										
			Purchase	Sale	Partial Sale	Exchange			A \$1,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000	K Over \$1,000,000* (Spouse/DC Asset)
SP, DC, JT	Asset																		
SP	Example	Mega Corp. Stock			X		X	3/9/22		X									
None to Report																			

## SCHEDULE C – EARNED INCOME

Name: \_\_\_\_\_

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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 reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

**EXCLUDE:** Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

**INCOME LIMITS and PROHIBITED INCOME:** The 2022 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$29,895. The 2023 limit is \$31,815. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

[illegible]

**Use additional sheets if more space is required.**

# SCHEDULE D – LIABILITIES

Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. **Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a **revolving charge account** (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. \*Column K is for liabilities held solely by your spouse or dependent child.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
				\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
Example	First Bank of Wilmington, DE	5/20	Mortgage on Rental Property, Dover, DE				X							
	STW HS Bank 4810 Fredica child SL, Owensboro, KY	6/16	Co-Sign on Daughter's Primary Residence				X							

# SCHEDULE E – POSITIONS

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

Position	Name of Organization
Board member	Trace Pie Cast, inc. - Family Business Uncompensated

# SCHEDULE F – AGREEMENTS

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Identify the date, parties to, and general terms of any agreement or arrangement that you have 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 Agreement	Terms of Agreement
1/3/09	Brett Guthrie & Trace Oie Cost (TDC)	Leave of Absence for government service
1/3/09	Brett Guthrie & TDC	401k, Noncontributing by Self or TDC
1/3/09	Brett Guthrie & TDC	Deferred Compensation; Noncontributing while on leave
1/3/09	KY Employment Retirement System KERS	Self + KERS - Defined Benefit plan; no cash Value of assets owned or controlled by me

# SCHEDULE G – GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$415 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual (which may not include a registered lobbyist or foreign agent), local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$166 or less need not be added towards the \$415 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

Source	Description	Value
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	\$500

**Name:**

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**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 (FGDA, 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 the filer.

[illegible]

**Use additional sheets if more space is required.**

**SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA**

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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 paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.

Source		Activity	Date	Amount
Examples:	Association of American Associations, Washington, DC	Speech	Feb. 2, 2022	\$2,000
	XYZ Magazine	Article	Aug. 13, 2022	\$500
N/A				

**Use additional sheets if more space is required.**