	STATES HOUSE OF REPRESENTATIVES NCIAL DISCLOSURE STATEMENT	For Use by	Form A Members, Officers,	and Employees	LEGISTATIVE RECOURCE OF CONTINUE RECOURCE OF CONTIN	FILED
Name:_	Steven Brett Guthric Day	rtime Teleph	one: <u>202-2</u> 2	7-3201	A \$200 penalty shall be assess individual who files more than	sed against any
FILER STATUS	Member of the U.S.  House of Representatives  State:   District:   2	,	Office			(if Applicable) cipal Assistant
REPORT TYPE	2022 Annual (Due: May 15, 2023)	Amendment		Termination  Date of Ter		
PRELIMINA	ARY INFORMATION - ANSWER <u>EACH</u> OF THESE O	QUESTIONS "	_			
a. Own any end of the b. Receive	our spouse, or your dependent child: y reportable asset that was worth more than \$1,000 at the ne reporting period? or more than \$200 in unearned income from any reportable uring the reporting period?	No.	F. Did you have any repoutside entity during the year up through the dat	e reporting period or in	arrangement withan Yes the current calendar	No
exchange any	our spouse, or your dependent child purchase, sell, or y securities or reportable real estate in a transaction Yes 0.000 during the reporting period?	No No	G. Did you, your spouse reportable gift(s) totaling source during the repor	more than \$415 in val	tild receive any ue from a single	No No
C. Did you or honoraria, or reporting peri		No No	H. Did you, your spouse reportable travel or reim \$415 in value from a sin	bursements for travel to	otaling more than res	No X
D. Did you, you liability (more	our spouse, or your dependent child have any reportable than \$10,000) at any point during the reporting period?	No	Did any individual or a lieu of paying you for a reporting period?			No X
	old any reportable positions during the reporting period or calendar year up through the date of filing?	No	ATTACH THE CO	RRESPONDING	SCHEDULE IF YOU ANS	WER "YES"
IPO AND	EXCLUSION OF SPOUSE, DEPENDENT, OR	TRUST INFO	RMATION - AN	SWER <u>EACH</u> (	OF THESE QUESTION	S
IPO - Did you contact the Co	purchase any shares that were allocated as a part of an Initial Public Committee on Ethics for further guidance.	Offering during the re	eporting period? If you an	swered "yes" to this qu	uestion, please Yes	No 🔀
TRUSTS - De	etails regarding "Qualified Blind Trusts" approved by the Committee on rt details of such a trust that benefits you, your spouse, or dependent o	Ethics and certain o	ther "excepted trusts" ned	ed not be disclosed. He	ave you excluded Yes	No X
EXEMPTION all three tests	<ul> <li>Have you excluded from this report any other assets, "unearned" income for exemption? Do not answer "yes" unless you have first consulted with the constitution of the consti</li></ul>	ome, transactions, o th the Committee on	r llabilities of a spouse or Ethics.	your dependent child	because they meet Yes	No X

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BLOCK A						BLOC											BLOC		-							BLOC					-	BLOCK E
Assets and/or Income Sources						ne o												ncor										com				Transactio
no (b) any other reportable asset or source of income ist generated more than \$200 in "uneamed" income uring the year.  rovide complete names of stocks and mutual funds to not use only ticker symbols).  or all IRAs and other retirement plans (such as	meth if an beca *Coli	od oti asse use it umn iv	pener:	n fair m sold d sled inc sleesis	narket i luring come, i	value, p the rep the valu	sesok porting porting se six	ing perlo a specif g perlo build be se of tig	y the n d and "None	is Inc	lused. Huded	only	gene 529 colun if re aske	rate to accou nn. Di inves ts he	ax-defi ints), ividen ted, i id in t	erredi you i ds, in nust exabl	incom- may i teresi be d e acci	a (auch theck , and isclosi ounts.	nas 4 the 'capita ed as Chac	IC1(k), IRA, or "Tax-Deferred" al gains, even	may cate Divid mus acco	check yory o iends t be unts.	the 'of Inc Inte disck Chec	'None ome rest, osed ik "No or ass	r columby cl and as li ne" if	umn. I heckir capit ncom no in eld by	For ating the tal garage for tal garage for tal garage for tal garage for the tal garage	iothe e app ains, r asse was e	or aus proprie even ets h	ets ind ate bo if rel eid in d orge	icate ti x belo nveste texab nerated	e asset had L purchases (P), L sales (S), or e exchanges (E)
01(k) plane) provide the value for each seest held in se account that exceeds the reporting thresholds.	A	В	С	۵	E	F	G	H t	J	K	L	м									1	ı	III	N	٧	VI	VII	VIII	ΙX	X	XI X	follows: (S (per
or bank and other cash accounts, total the amount in I interest-bearing accounts. If the total is over \$5,000, at every financial institution where there is more than 1,000 in interest-bearing accounts.			!								;																					Leave this colubiant if there a no transactions that exceeded \$1,000.
or rental and other real property held for investment, rovide a complete address or description, e.g., "rental roperty," and a city and state.						ļ																										
or an ownership interest in a privately-held business lat is not publicly traded, state the name of the usiness, the nature of its activities, and its geographic cation in Block A.											 											:										
xclude: Your personal residence, including second ornes and vacation homes (unless there was rental come during the reporting period); and any financial iterest in, or income derived from, a federal retirement rogram, including the Yhrift Savings Pian.			,							,						i				r Farm Income)					:	ı					* ************************************	
you report a privately-traded fund that is an Excepted ivestment Fund, please check the "EIF" box. you so choose, you may indicate that an asset or												1,000 000						2		p Income o												
you so traces, you say minaces user as see (SP) or ependent child (DC), or jointly held with anyone (JT), if he optional column on the far left.		0	15,000	000,03	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$5,000,001-\$25,000,000	000,000,001,\$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000 000*		SO		Sĩ	CAPITAL GAINS	EXCEPTED/BLIND INUSE		Other Type of Income (Specify: e.g., Partnership Income or Farm Inco			000	2,500	5,000	15,000	\$15,001-\$50,000	E0,001-\$100,000	\$100,001-\$1,000,000	000'000'5\$-100'000'1\$	Over \$5,000,000 Source/DC Asset with Income	. •
or a betalest uncossion to object in requirements, lease refer to the instruction booklet.	None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50.005	\$100,00	250,00	\$1.000.00	0,000,0	\$25,000,	Over \$50	Spouser	NONE	DIVIDENDS	TÊN	INTEREST	CAPITA	TAXADE		Other Ty (Specify:	Nane	\$1-\$200	\$201-\$1,000	\$1,001-\$2,500	\$2,501-\$5,000	\$5,001-\$15,000	\$15,001	\$50,001	\$100,00	0'000'1\$	Santes	P, S, S(part); c
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Name: Steven B Guthrie Page 3 of 14

BLOCK A Assets and/or Income Sources					Va	BLC Ilue	of A		t				•			•	Ту		ock c	ome	*				А	moı	BLO unt	ck o of In		10				BLOCKE Transaction
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	None	81-\$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	Spoure-DC Asset over \$1,000,000*	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GANS	EXCEPTED/BLND TRUST	TAXOEFERRED	Other Type of Income (Specify: e.g., Perhestip Income or Far	Mone	0021-15	\$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 E
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BLOCK A Assets and/or income Sources					Va	erc	OCK E		t								Тур		ck c	ome				•	Ar		BLOC Int c		com	e				BLOCK E Transaction
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SP, ASSET NAME	None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	900'001\$-100'0S\$	\$100,001-\$250,000	0000058-100'0928	\$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	SpouseDC	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partner	None	\$1-200	\$201-1,100	\$1,001-\$2,500	\$2,501-\$5,000	\$5,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,000,12-100,001	\$1,000,001-85,000,000	Over \$5,000,000	SpourseDC	P, S, S(part), or E
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BLOCK A   Assets and/or income   BLOCK B   BLOCK C   Type of Income   BLOCK C   Type of Income   BLOCK B   Type of Income	BLOCK E Transaction  P, S, S(part), or E
None  \$1-\$1,000  \$1,001-\$15,000  \$1,001-\$15,000  \$15,001-\$20,000  \$15,001-\$20,000  \$100,001-\$20,000  \$25,001-\$20,000  \$25,001-\$20,000  \$25,001-\$20,000  \$25,001,001-\$20,000  \$25,001,001-\$20,000  \$25,001,001-\$20,000  \$25,001,001-\$20,000  \$25,001,001-\$20,000  \$25,001,001-\$20,000  \$25,001,001-\$20,000  \$25,001-\$200  \$25,001,001-\$200  \$25,001,001  \$25,001-\$200  \$25,001,001  \$25,001-\$200  \$25,001,001  \$25,001,00	
None  \$1-\$1,000  \$1,001-\$1,000  \$1,001-\$1,000  \$1,001-\$1,000  \$1,001-\$1,000  \$1,001-\$1,000  \$1,001-\$1,000  \$1,001-\$1,000  \$1,001,001-\$20,000  \$250,001-\$1,000,000  \$250,001-\$1,000,000  \$250,001-\$1,000,000  \$250,001-\$1,000,000  \$250,001-\$1,000,000  \$250,001-\$1,00	
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BLOCK A Assets and/or income Sources						Va	BLC elue	očki oř A		t	·				T		·	,			CK C	ome						Amo		ock i		me				BLOCK E Transaction
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		None	\$1,000	\$1,001-\$15.000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-1250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-45,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*	Listin	RUNE	CHAIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	11	1800g	271-51 000	25 m1.42 5m	52,501-55,000	\$5,001-\$15,000	\$15,001-850,000	ES0.001-\$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 E
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Name: Steven B Guthrie Page 7 of 14

BLOCK A Assets and/or Income Sources					Va	BLC lue	of A		t								Тур		ck e Inc	ome					A		BLOC unt c			ė				BLOCK E Transaction
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	None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$25,000	\$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., Partneship Income or Farm Income)	None	0023-13	000'1\$-102\$	005,52-100,13	12,501-15,000	\$6,001-615,000	000'05\$-100'51\$	\$50,001-\$100,000	\$100,000,19-100,001	\$1,000,001-85,000,000	Over \$5,000,000	SpouseOC Asset with Income over \$1,000,000*	P, S, S(part), or E
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## **SCHEDULE B - TRANSACTIONS**

Name: Steven B Guthric

Report an	y purchase, o period of any	sale, or security	exchange transac	ctions that exceeded \$1,000 in the	T)	vpe of T	ransacti	lon		Date		_		Ar	nount	of Tra	nsacti	OPI			
resulted in Exclude to purchase only a potransaction Capital G check the disclose to	n a capital lor ransactions to or sale of your tion of an a n. ains: if a sain "capital gains ne capital gains	se. Providences or person asset is ies trans a" box, un income	ide a brief deach you, your spous mal residence, un sold, please cho saction resulted in missa it was an as a on Schedule A.	held by you, your spouse, or your firecome. Include transactions that iption of an exchange transaction. se, or dependent children, or the less it generated rental income. If your partial sale" as the type of a capital gain in excess of \$200, seet in a tax-deferred account, and see or dependent child.		Sale	Partial Sale	Exchange	Check Box if Capital Garn Expedded \$200	(MO/DAYR) or Quarterly Monthly, or Bi- weekly, if applicable	4 -100'13	\$15 001- \$50,000	C 000 001\$	\$100,001 -100,000	ш 000 0053 100 0923		\$1,000 000 ± \$5,000 000	\$5,000,0001- \$25,000,000	100 000 005 100 000 005	Over \$50 000,000	Over \$1,000,000* X (SpounefOC X Asset)
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#### **SCHEDULE C – EARNED INCOME**

Name: Steven B Conthair Page 9 of 14

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.

	Source (include date of receipt for honoraria)	Туре	Amount
	Keene State	Approved Teaching Fee	\$6,000
Examples:	State of Meryland	Legislative Pension	\$18,0G0
l	Civil War Roundtable (Oct. 2)	' Spouse Speech	\$1,000
	Ontario County Board of Education	Spouse Salary	N/A
NS Co.	ngrees	Solory	\$ 174,000 2
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#### **SCHEDULE D - LIABILITIES**

Name: Stewn & Cathric Page 10 of 14

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.

								j	Amoui	nt of L	iability	<i>f</i>			
SP, DC, JT		Creditor	Date Liability Incurred MO/YR	Type of Liability	\$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	44.45	**	***	•••	**		180
ZIM	hs	Bank 4810 Fredice	6/16	Co-Sisa on .				X							
Chi'l	SL,	Bank 4810 Fredice		Danshters Permera											
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## **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 Die Cast, inc Family Basiness Un compensated
	Uncompensated

#### **SCHEDULE F - AGREEMENTS**

Name: Steven B Guthrie Page 1) of 14

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
113/09	Brett Gothrio + Trace Die Cost CTOC)	leave of Absonce for sovernment service
113/04		401k Noncontibuting by Self of IDC
V 3/04	Bat Guther +TAC	Deferred compensation Nog Contribution white on le
13/04	KY Bridgment Retirement System	Salfakers - Defined Benefit plan: NO case
	KERSU	value of assets owned or controlled by
		ne

#### **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 filendship received from the Committee on Ethics)	\$500
		MA	

#### SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: Strin	B Godhere	Page 12 of 14
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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 \$415 received by you, your spouse, er your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed 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 (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.

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	Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (YIN)	Food? (Y/N)	Family Member Included? (Y/N)
_ ,	Government of China (MECEA)	Aug. 6-11	DC-Beijing, Chima-DC	Y	γ	. N
Examplea:	Habitat for Humanity (Charity Fundrateer)	Mar. 3-4	DC-Boston-DC	Y	Y	Ŷ
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Use additional sheets if more space is required.

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

Name: Steven B Conthre Page 13 of 14

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
	Association of American Associations, Washington, DC	Speech	Feb. 2, 2022	\$2,000
amples:	XYZ Magazine	Article	Aug. 13, 2022	\$500
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NOTE NUMBER	NOTES
4	Personal Property of my late mother. My father has
2	Surrender Value of 2 Universal life Policies from Principal Life Insurance
	from Principal Life Insurance
	Drs Maines, Jowa
	Drs Moines, Jowa The trust has 100% (ontrol