

UNITED STATES HOUSE OF REPRESENTATIVES
2020 FINANCIAL DISCLOSURE STATEMENT

Form A
 For Use by Members, Officers, and Employees

HAND DELIVERED Page 1 of 18
 LEGISLATIVE RESOURCE CENTER
 2021 OFFICE USE ONLY
 APR 14 11

Name: Stevn Brett Guthrie Daytime Telephone: 202 225 3501

PRINT OR THE CLEAR
 A \$200 penalty shall be assessed for applying any individual who files more than 30 days late.

FILER STATUS	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>KY</u>	<input type="checkbox"/> Officer or Employee	Employing Office: _____	Staff Filer Types (If Applicable) <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant
		District: <u>2</u>			
REPORT TYPE	<input checked="" type="checkbox"/> 2020 Annual (Due: May 17, 2021)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Date of Termination: _____	

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <u>or</u> b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	F. 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?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	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?	Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$415 in value from a single spouse during the reporting period?
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursement for travel totaling more than \$415 in value from a single source during the reporting period?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	I. 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?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"		

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

IPO - 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.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
TRUSTS - Details regarding "Controlled 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?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
EXEMPTION - 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 exemptions? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

SCHEDULE B - TRANSACTIONS

Name: Steven Beth Cuthbert

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Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period or 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.

Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gain" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A.

* Column K is for assets solely held by your spouse or dependent child.

SP, DC, JT	Asset	Type of Transaction				Check Box if Capital Gain Exceeded \$200	Date (MO/DY/YR or Quarterly, Monthly, or Bi-monthly, if applicable)	Amount of Transaction													
		Purchase	Sale	Partial Sale	Exchange			A	B	C	D	E	F	G	H	I	J	K			
SP	Example: Mega Corp. Stock						3/20/20		X												
DC	SPARKS Funds		X				5/18/20	X													
	T Rowe Price Balanced		X				"	X													
	Northern Stock Index		X				"	X													
	Northern Mid Cap		X				"	X													
	Northern Small Cap		X				"	X													
	Northern Equity		X				"	X													
	Northern Biotech		X				"	X													
	Northern Large Cap		X				"	X													

SCHEDULE B - TRANSACTIONS

Name: Stevyn Beth Guthrie Page 12 of 18

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. Exclude 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.

Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gain" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A.

* Column K is for assets held by your spouse or dependent child.

SP, DC, JT	Asset	Type of Transaction				Check Box if Capital Gain Exceeded \$200	Date (MM/YY) or Quarterly, Monthly, or Bi-monthly, if applicable	Amount of Transaction													
		Purchase	Sale	Partial Sale	Exchange			A	B	C	D	E	F	G	H	I	J	K			
SP, DC, JT	Example Mega Corp. Stock			X			3/20		X												
ST	First Eagle Solgen Global A, Income A		X			X	7/29/20	X													
ST	Amc cap A	X					Monthly	X													
ST	INVFSCO DVC MCR A	X					5/8/20	X													
ST	ALLIANCE DEARSTEIN NATL	X					5/8/20	X													
ST	FEQ HRM KANTMAN S MCR A	X					7/20/20	X													
ST	FEQ HRM KANTMAN S MCR A	X					5/8/20	X													

Use additional sheets if more space is required.

SCHEDULE D - LIABILITIES

Name: Steven Buff Guthrie

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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 your dependent child. Mark the highest amount owed during the reporting period. 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	
Example	First Bank of Wilmington, DE	5/20	Mortgage on Rental Property, Dover, DE				X								
ST	JP Morgan Chase of Columbus	11/11	Mortgage on Primary Residence, BGRKY	X											
ST	US Bank, 4810 Frederica St	6/16	Co-sign on Daughter's Primary Residence				X								
DC	BVA, KY														

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 Dine Cost, Inc Family Business
	Uncompensated

SCHEDULE F - AGREEMENTS

Name: Steven Raff Guthrie

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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
1/31/9	Raff Guthrie Trace One Cist (TDC)	Leave of absence for government service
1/3/9	Raff Guthrie & TDC	401k, non contributing by myself & TDC
1/3/9	Raff Guthrie & TDC	Defend Compensation, non contributing while on leave
1/9	XY Employment Retirement System	Agreement between self & XERS - Defend Benefit
		No Cash Value or 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

