EXEMPTION Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spour all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	TRUSTS – 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?	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.	PO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	E. Did you hold any reportable positions during the reporting period or Yes X No In the current calendar year up through the date of filing?	D. Did you, your spouse, or your dependent child have any reportable Yes No liability (more than \$10,000) at any point during the reporting period?	C. Did you or your spouse have "earned" income (e.g., selaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes No neporting period?	B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction  Yes No X	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? or  b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS	REPORT S 2023 Annual (Due: May 15, 2024) Amendment	FILER  Member of the U.S.  State:  House of Representatives  District	Name: Stum brit Guthric Daytime Telep	UNITED STATES HOUSE OF REPRESENTATIVES For Use
se or your dependent child because they meet			- ANSWER EACH OF THESE	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	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?	pendent child receive any fortravel totaling more than furing the reporting period?	G. Did you, your spouse, or your dependent child receive any reportable glit(s) totaling more than \$480 in value from a single source during the reporting period?	F. Did you have any reportable agreement or arrangement withan outside entity during the reporting period or in the current calendar year up through the date of filing?		Termination  Date of Termination:	Officer or Employing Office: Staff FI Employee Shared	Daytime Telephone: 202-225-350 / A \$2011 PAY 15 Individual who files	Form A  Form A  For Use by Members, Officers, and Employees  LEGISLATIVE RESOURCE CENTER
Yes No 🛱	¥ <sub>es</sub> ∐	Yes No A	QUESTIONS	OU ANSWER "YES"	Yes No X	Yes No No	Yes No	Yes No			Staff Filer Type: (If Applicable) Shared Principal Assistant	2024 MAY 13 AM II: 10 W.  A \$200 engly shall in helicities against any individual who files high wild head ays late.	D DELIVERED LEGISLATIVE RESOURCE COUNTER

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	Ţ,	h	tt	2		Examples:		For a debated discussion of Schedule A requirements please refer to the instruction booklet.	If you so choose, you may indicate that an easet or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.	If you report a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.	Exclude: Your personal residence, including second homes and vecation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Sevings Plan.	For an ownership interest in a privately-held business that is not publicly traded, state the reame of the business, the nature of its activities, and its geographic location in Block A.	For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in Interest-bearing accounts.	401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	(do not use only ticker symbols). For all IRAs and other retinement plans (such as	during the year. Provide complete names of stocks and mutual finds	identify (a) sect asset near for investment or production of income and with a fair market value succeeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in "unearmed" income	Ass
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SCHEDL	SCHEDULE A – ASSETS & "UNEARNED INCOME"	δo	ے	N N	AR.	Ē	=		9	<u>u</u>	~					1_	Nam	Name:	$\Sigma$	7	B	But Cuthere		\ <u>`</u>	*	<b>&gt;</b>	6			70	Page		0	<b>[3</b> ,	14
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						· · · · · ·			· · · · · · ·			- <del>-</del>		,000*					<u> </u>			ome or Farm Income)					<u> </u>			<del></del>				over \$1,000,000*	
		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 \$1,000,00	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Incom	None	\$1-\$200	\$201-\$1,500	\$1,001-\$2,500	\$2,501-\$5,000	\$5,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$190,001-\$1,000,000	\$1,000,001-\$5,000,000	Over \$5,000,000	Spouse/DC Asset with Income or	P, 9, S(part), or E
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Name: Strice Both Cuthere Page 7

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											•	Jone	-	Mega Corp. Stock	•	ts solely held by your so	eles transaction resulted na" box, unites it was an in income on Schedule /		our personal residence, esset is sold, piesse	estment or the productio cas. Provide e brief de	sale, or exchange trans
											i	70 K	,		Asset	* Column K is for assets solely held by your spouse or dependent child.	Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, urises it was an easel in a tax-deferred execurit, and disclose the capital gain forms on Schedule A.		uniess it generated rents choose "partisi sale" as i	dependent child for investment or the production of income, include transactions that techniques are the child for investment or the production of income, include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction, briefly the children with the capital loss. Provide a brief description of an exchange transaction. Briefly the children with the children of the chi	sections that exceeded \$1 for held by you, wair spou
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## SCHEDULE C - EARNED INCOME

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. Name: Stewen Batt Cothyie Page\_ ď

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

additio	n, certain type	addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.	elationship) are totally prohibited.	
		Source (include date of receipt for honoraria)	Type	Amount
		Keene State	Approved Teaching Fee	\$6,000
ָּ בַּ	Examples:	State of Maryland	Legislative Pension	\$18,000
		Civil War Roundtable (Oct. 2)	Spouse Speech	\$1,000
		Ontario County Board of Education	Spouse Satery	NN
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#### SCHEDULE D - LIABILITIES

Name: Strop Broth Couthfree Page 10 of 14

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. 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); leans 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

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		25.5	۸ ۲	Example			
		Fredicas+ owenshow Ky	h < Bonk 4870	First Bank of Wilmington, DE	Creditor		
	•	6/116		5/20	Date Llability incurred MO/YR		
	•	Danchti's Orinon	40 US;5.0)	Mortgage on Renfal Property, Dover, DE	Type of Liability		
		-			\$10,001- \$15,000	-	
					\$15,001- \$50,000	<b>,</b>	
					\$50,001- \$100,000	,	
			X	×	\$100,001- \$250,000	]	
					\$250,001- \$500,000	Amount of Liability	
				:	\$500,001- \$1,000,000		
					\$1,000,001- \$5,000,000		
	<u> </u>				\$5,000,001- \$25,000,000		
					\$25,000,001- \$50,000,000	_	
 					Over \$50,000,000		
					Over \$1,000,000* (Spouse/DC 2 Liability)		

#### 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 entitles (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 Business
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### 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
13/09	wing of this (not) to all and frightly full bolen	Built to atuin after sovermment service LoA
1/3/04	11s/04 Batt Guthrie & TDC	HOLK, Nanconte but in by Self or TOC
1/3/06		Defring Componention, Noncontribution, while on beave
13/02	141 Employen + Activement Sistem KBRS	
	10	Value of greats award or controlled by me
		<b>C</b>

#### SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$480 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 lobbylist 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 \$192 or less need not be added towards the \$480 disclosure threshald. 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.

D	Source		Value
Example:	Mr., Joseph Smith, Arthyston, VA	Silver Pistler (prior determination of personal friendship received from the Committee on Ethics)	\$600
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# SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: Struck
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Page 12 of /

identify the source and list travel itlinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$480 received by you, your spouse, or 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 relimburated 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

				l adelano?	2	Family Member
	Source	Data(a)	City of Departure-Destination-City of Return	(V/N)	(Y/N)	Included? (Y/N)
	Government of China (MECEA)	Aug. 6-11	DC-Belling, China-DC	4	<b>*</b>	Z
: sectual:	Habital for Humanity (Charity Fundralser)	Mar. 3-4	DC-Boston-DC	Ŷ	Y	γ
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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. Examples: XYZ Magazine Association of American Associations, Washington, DC Source Activity Speech Article Feb. 2, 2023 Aug. 13, 2023 Date Amount \$2,000 \$500

				2		NOTE NUMBER
		Trust has 100% control	principal Life Insurance	Surrender Value of Universal life Policies	Personal Property of my late mother: my tother has	NOTES