

UNITED STATES HOUSE OF REPRESENTATIVES 2023 FINANCIAL DISCLOSURE REPORT

Form A
For Use by Members, Officers, and Employees

HAND DELIVERED

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Name: Sturm Ruth Guthrie

Daytime Telephone: 202-225-3501

LEGISLATIVE RESOURCE CENTER
(Office Use Only)
2024 MAY 13 AM 11:10 MC

A \$200.00 FINE assessed against any individual who files more than 15 days late.

FILER STATUS	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: _____ District: _____	<input type="checkbox"/> Officer or Employee	Employing Office: _____	Staff Filer Type: (If Applicable) <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant
	<input checked="" type="checkbox"/> 2023 Annual (Due: May 15, 2024)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Date of Termination: _____	

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

<p>A. 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>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?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>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 type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$480 in value from a single source during the reporting period?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>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?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$480 in value from a single source during the reporting period?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>D. 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>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?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>E. 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>ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"</p>	

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

<p>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.</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>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 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>
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BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset													BLOCK C Type of Income								BLOCK D Amount of Income												BLOCK E Transaction
SP, RF, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BUND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	P, S, S(part), or E
	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/BUND TRUST																																		
	TAX-DEFERRED																																		
	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)																																		
	None																																		
	\$1-\$200																																		

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Use additional sheets if more space is required.

SCHEDULE D - LIABILITIES

Name: Shawn Brett 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:** 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							
SI	US Bank 4870		co-sign on				X							
W	Fordcast, Owensboro KY	6/16	Daughter's primary											
DC	child		residence											

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 Pic Cast, inc - Family Business
	Uncompensated

SCHEDULE F - AGREEMENTS

Name: Steven Earl Guthrie Page 11 of 19

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
11/3/09	Bert Guthrie & Trace Dye cast (TDC)	Right to return after government service - LOA
11/3/09	Bert Guthrie & TDC	401K, Noncontributing by self or TDC
11/3/09	Bert Guthrie & TDC	Defined compensation, Noncontributing while on leave
11/3/09	141 Employment Retirement System KERS	Self + KERS - Defined Benefit plan, no cash
		Value of assets ^{owned} 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 \$450 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 this or her relationship to you. Gifts with a value of \$182 or less need not be added towards the \$450 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

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: Steven Brett Coltharp

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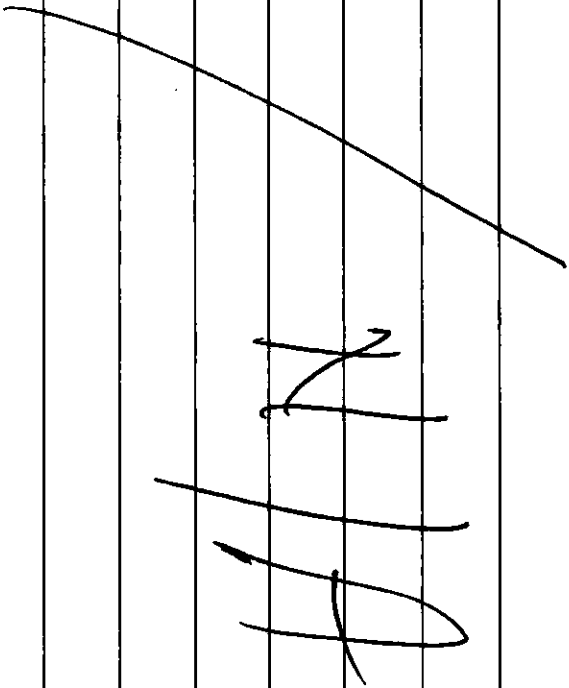
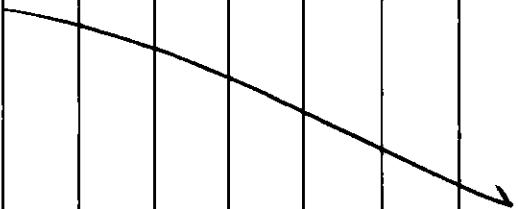
Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$480 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and 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.

Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
Example: Government of China (MECEA)	Aug. 6-11	DC-Beking, China-DC	Y	Y	N
Habitat for Humanity (Charity Foundation)	Mar. 3-4	DC-Boston-DC	Y	Y	Y

Name: Steven Butch Canty

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Source		Activity	Date	Amount
Examples: Association of American Associations, Washington, DC		Speech	Feb. 2, 2023	\$2,000
XYZ Magazine		Article	Aug. 13, 2023	\$500
				

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NOTE NUMBER	NOTES
1	Personal Property of my late mother, my father has 100% Control
2	Surrender Value of Universal Life Policies From Principal Life Insurance Das Moines, Iowa Trust has 100% Control