

UNITED STATES HOUSE OF REPRESENTATIVES
2024 FINANCIAL DISCLOSURE REPORT

Form A
For Use by Members, Officers, and Employees

HAND DELIVERED Page 1 of 14

LEGISLATIVE RESOURCE CENTER

2025 MAY 15 PM 3:02 ML

Name: Steven Brett Guthrie Daytime Telephone: _____

OFFICE OF THE CLERK
A \$500 FINE may be assessed against 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> District: <u>2</u>	<input type="checkbox"/> Officer or Employee	Employing Office: _____	Staff Filer Type: (If Applicable) <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant
REPORT TYPE	<input checked="" type="checkbox"/> 2024 Annual (Due: May 15, 2025)	<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 children: 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 children purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	G. Did you, your spouse, or your dependent children receive any reportable gift(s) totaling more than \$480 in value from a single source during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 reimbursements for travel totaling more than \$480 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 donate 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 checked="" type="checkbox"/> No <input 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 "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?	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 exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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Use additional sheets if more space is required.

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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, DC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND 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			
	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																																				

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Steven Brett Guthrie

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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, DC JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND 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		
	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*																																			

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Steven Brett Guthrie

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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, DC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND 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			
	BRETT GUTHRIE GIFT TRUST									X																											
	100% INVESTED in TRACE DIE CAST STOCK																																				
	EQUITY in TRACE DIE CAST, 140 N. GERRARD AVE B6 KY								X								X																				
	KY EMPLOYMENT RETIREMENT SYSTEM																																				
	HEIRS XERS																																				

UNDETERMINED

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Name: STEVEN ROBERT AUTHORITY Page 6 of 14

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Use additional sheets if more space is required.

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

Source (include date of receipt for honoraria)

Examples:			
Keene State	Approved Teaching Fee	\$2,000	
State of Maryland	Legislative Pension	\$18,000	
Civil War Roundtable (Oct. 2)	Spouse Speech	\$1,000	
Ontario County Board of Education	Spouse Salary	N/A	

US CONGRESS

SALARY

SCHEDULE D - LIABILITIES

Name: STEVEN 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 children. 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 children, 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 children.

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							
JT	US BANK 4810	6/16	Co-sign on				X							
	FRENICA ST, OWENS-		DAUGHTER'S PRIMARY											
	BOZO KY		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 DIE CAST, INC
TRACE DIE CAST	FAMILY BUSINESS, I OWN 25% - MYSELF +
	3 BROTHERS OWN 100%
	I AM UNCOMPENSATED

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Date	Parties to Agreement	Terms of Agreement
11/3/09	MYSELF + TRACE D/E CAST (TDC)	RIGHT TO RETURN AFTER GOVERNMENT SERVICE-LOA
11/3/09	MYSELF + TRACE D/E CAST (TDC)	401K, NONCONTRIBUTING BY SELF OR TDC
11/3/09	MYSELF + TDC	DEFERRED COMPENSATION- NONCONTROLLING
11/3/09	KY EMPLOYEE RETIREMENT SYSTEM	WHILE ON LEAVE FOR GOVERNMENT SERVICE
	KERS	SELF + KERS - DEFINED BENEFIT PLAN,
		NO CASH VALUE OF ASSETS OWNED OR CONTROLLED

By me

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Use additional sheets if more space is required.