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UNITED STATES HOUSE OF REPRESENTATIVES	Form A	Entition to
2013 FINANCIAL DISCLOSURE STATEMENT	For Use by Members, Officers, and Employees	LEGISLATIVE RESOURCE CENTER
Staring Roth Linux		PM 1: 00
Name: Steven Diet Duthvil Day	Daytime Telephone: 202 225 3501  US. HOUSE OF AND ACCEPTABLE CONTINUE OF THE ONLY CONTINUE OF	Office Use Only)
FILER Member of or Candidate for State: X  U.S. House of Representatives District OL	Officer or Employing Office:	
REPORT (2013 Annual (Due: May 15, 2014)	Amendment Termination Date:	
PRELIMINARY INFORMATION - ANSWER EACH OF THESE Q	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? or  b. Make more than \$200 in unearned income from any reportable asset during the reporting period?	No 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 No
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?	No G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$350 in value from a single source during the reporting period?	Yes No
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?	No H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$350 in value from a single source during the reporting period?	Yes
D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	No lieu of paying you for a speech, appearance, or article during the reporting period?	Yes No
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	No ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	OU ANSWER "YES"
IPO, EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST	ST INFORMATION - ANSWER EACH OF THESE QUESTIONS	SNC
IPO - Did you purchase any shares that were allocated as a part of an Initial Public Off the Committee on Ethics for further guidance.	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 No X
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Et this report details of such a trust that benefits you, your spouse, or dependent child?	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 No
<b>EXEMPTION</b> – Have you excluded from this report any other assets, "unearned" income, transactions, ottests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Ves No

# SCHEDULE A -- ASSETS & "UNEARNED INCOME"

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# SCHEDULE A - ASSETS & "UNEARNED INCOME"

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	SCHEDULE A – ASSETS & "UNEARNED INCOME"  BLOCK B  Asset and/or Income Source  A B C D E F G H 1	<b>2</b> 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		ν KNED	E F G H	Sset B			Name:	<u> </u>		Shevely BLOCK Type of Inc				orctt Guthruc	orett Guthavie	orett Guthavie	Amount of Inco	Page Amount of Income
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## SCHEDULE B - TRANSACTIONS

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## **SCHEDULE B - TRANSACTIONS**

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## SCHEDULE B - TRANSACTIONS

Name: Steven Brett Guthrie Page 15 of 20

		Manhous France Intil	DC3  529(3) Colley Plan		Northern Emily	DC3 529(3)CG(log Plan)		Divolend Value, NewYork, NY	DC3 Comu + Sturs		T Rowe Rice Balanced C	DC3 529 (3) C College Plan		Newhoon Friman	722 525(3) Clollece Plan	Northern Equation Index	1x2 529(3) (Glear Plan	SP Example Mega Corp. Stock	SP, DC, JT Asset	Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" 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.	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.	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the Type of Transaction
			wwwhalu			MARCON			mandhlu			monthly			phalman		Mynow	X 35/13		Check Box if Ca Exceeded \$200 Weekly, if applicable		Date
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# SCHEDULE C - EARNED INCOME

Name: Steven Brett Guthrice Page 16 of 20

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 2013 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.	ment) totaling \$200 or more during the relow.  social Security Act.  sated at or above the "senior staff" rate totally prohibited.	reporting period. For a spouse, list was \$26,955. In addition, certain
Source (include date of receipt for honoraria)	Type	Amount
	Approved Teaching Fee Legislative Pension	\$6,000 \$18,000
C.XdIII PICS. Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$1,000 N/A
US Congress	Salany	\$174,000
Candlematers on the Square	Spows Salavy	\$2,468
	,	

### SCHEDULE D - LIABILITIES

Name: Steven Brett Guthrie Page 17 of 20

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 reporting period exceeded \$10,000. you by a spouse or the child, parent, or sibling of you or your spouse. \*Column K is for liabilities held solely by your spouse or dependent child.

•					4		SP. DC. JT	_
					JPMO	Example		
				,	ST JAMONGAN Chart of Columbus	First Bank of Wilmington, DE	Creditor	
					11/2011	5/98	Date Liability Incurred MO/YR	
				resolute, Doubration, KY	paresto as tobleson	Mortgage on Rental Property, Dover, DE	Type of Liability	
		. \$ p###		187 377			\$10,001- \$15,000	
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	€: '-	1,84,40		ļ		1**	Over \$50,000,000	
100						V.	Over \$1,000,000* (Spouse/DC 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 listed in Schedule C; 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
Odvison board Member	Potter Children's Home, Bowling Green, KY
Oduson Prood Mumber	Centur for Gitted Straties at Weighten Veriturely University, Benting Green, KY
Oddison Board Ministry	Wirstian Kentruly University, Janling Oden, KY O

### SCHEDULE F - AGREEMENTS

Name: Steven Butt 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.

no controlle a assets individually owned by me)		
Vietnment in KYEmployees lithiument System ( e defined hanget plan -		
acquirent between north 4 KY State legislatur, 10 years of	Kushily Employed Robernsons System	1/09
defend compensation, mandained by face non-contributive during leave	Trace Dy Cast, Inc.	1/03/09
HOLK plan reported, maistained at Jack; non-contributing to young the Trace	Track Du Cast Inc.	Mostal
have of abyzone due to specinional source	103/09 But Buthing & Wall Die Cast, Inc.	60/20/1
Terms of Agreement	Parties to Agreement	Date

#### SCHEDULE G - GIFTS

Report the source (including name, city, and state), a brief description, and the value of all gifts totaling more than \$350 received by you, your spouse, or a dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual, 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 \$140 or less need not be added towards the \$350 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

	Source	Description	Value
Example: M	Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400
ZIA			

# SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

G	
Name: Shown Brett Guthvill	
Page 19 of 20	

sponsor or were paid by you and reimbursed by the sponsor. Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 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

**EXCLUDE**: Privately-sponsored travel approved by the Ethics Committee, if post-travel disclosure was filed with the Clerk; 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.

						NIA	cxempess		
						A	Habitet for Humently (charity fundralser)	Government of China (MECEA)	Source
							Mar. 3-4	9.00 Pm	Date(s)
							DC-Boston-DC	DC-Bajing, China - DC	City of Departure – Destination — City of Return
			5				Υ	Y	Lodging? (Y/N)
							*	Υ	Food? (Y/N)
							Υ	N	Family Member Included? (Y/N)

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

Name: Steven Broth Guthrie	
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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: Association of American Associations, Washington, DC XYZ Magazine Source Activity Speech Article Feb, 2, 2013 Aug. 13, 2013 Date Amount \$2,000 \$500

#### Filer notes for Cong. Steven Brett Guthrie's 2013 Financial Disclosure Statement

- 1) The Guthrie Family Irrevocable Trust reported in previous reports is the "The Guthrie Family Irrevocable Trust of 1994." This designation is to distinguish it from the December 28, 2012 Trust. Also, this trust is blind. I have no control of its assets.
- 2) The "Lowell M. Guthrie Irrevocable Trust" purchased 5291.005291 shares of non-voting stock in Trace Die Cast, Inc. I am a beneficiary of the Lowell M. Guthrie Irrevocable Trust.
- 3) There are four assets on Schedule A that do not show up on Schedule B as the purchases were not over \$1,000. Those assets are:
- \*DC2 529 (3) C College Plan, Northern Mid Cap Index, 529 Portfolio C, Chicago, IL \*DC2 529 (3) C College Plan, Northern Small Company, Index 529 Portfolio C \*DC3 529 (3) C College Plan, Northern Mid Cap Index, 529 Portfolio C, Chicago, IL \*DC3 529 (3) C College Plan, Northern Mid Cap Index, 529 Portfolio C, Chicago, IL

\*DC3 529 (3) C College Plan, Northern Small Company, Index 529 Portfolio C