Name: Steven Brett Guthoric Daytime Telephone: 202-225-3501 2017 FINANCIAL DISCLOSURE STATEMENT **UNITED STATES HOUSE OF REPRESENTATIVES** REPORT TYPE FILER STATUS 2017 Annual (Due: May 15, 2018) House of Representatives Member of the U.S. District: State: N Amendment For Use by Members, Officers, and Employees Form A Officer or Employee Employing Office: Termination Date of Termination: A \$200 penalty shall be assessed against any individual who files more than 30 days late. U.S. HOUSE OF REPRESENTATIVES LEGISLATIVE RESOURCE CENTER 18 MA Office By dins,1 HAND DELIVEREDge 1 of 19 Shared Staff Filer Type: (If Applicable) Principal Assistant

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

YOU ANSWER "YES"	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	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?
Yes No X	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 No	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 No	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$390 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?
Yes No X	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single source during the reporting period?	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?
Yes 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	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?

IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS

No No	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 Yes all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
□ No 🔯	TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded Yes
No X	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 Yes contact the Committee on Ethics for further guidance.

Name: Stevin	
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Page 2 of 19	

P3 J	Funds Scowaln	CT Amovicon	Life. Simsbury	plan Hartoid	HUIK LOTTOMENT		ABC Hedge Fund X	Examples:	SP, SP Mega Corp. Stock EIF	For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly had 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 vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from a federal resirement program, including the Thrift Savings Plan.	For an ownership interest in a privately-held business that is not publicly traded, state the name 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 55,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	401(k) plains) 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 retirement plans (such as	and up any orner reportance asset or source or income that generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds.	Identify (a) each asset held for investment or production of Income and with a fair market value exceeding \$1,000 at the end of the reporting period.	Assets and/or income Sources	BLOCK A
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SCHEDULE A - ASSETS & "UNEARNED INCOME"
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	SCHEDULE A - ASSETS & "UNEARNED INCOME"
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<u> 무명</u> Assets and/or income Sources N OAL Redirement system Interrocable 1m stoys KY Employment TOMST Corolya Gusthan 36 47 BLOCK A 500 hom Ave ASSET NAME 2 K Mace 쯖 None > \$1-\$1,000 œ 3 2 \$1,001-\$15,000 c 4 \$15,001-\$50,000 0 \$50,001-\$100,000 m Value of Asset BLOCK B \$100,001-\$250,000 П 3 \$250,001-\$500,000 G \$500,001-\$1,000,000 **x** \$1,000,001-\$5,000,000 _ Q \$5,000,001-\$25,000,000 **ب** \$25,000,001-\$50,000,000 * Over \$50,000,000 _ Spouse/DC Asset over \$1,000,000* ₹: None DIMDENDS RENT Type of Income INTEREST BLOCK C 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 ₹ Amount of Income < \$2,501-\$5,000 BLOCK D **≤** \$5,001-\$15,000 ≤ \$15,001-\$50,000 ≦ \$50,001-\$100,000 \$100,001-\$1,000,000 ᆽ \$1,000,001-\$5,000,000 Over \$5,000,000 ≥ SpouserDC Asset with Imcome over \$1,000,000* ≚ Transaction S, S(part), or E BLOCK E

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SCHEDULE B - TRANSACTIONS

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	į	ł		ļ	ļ	}	Į	- {	į	l			i	. (. (. (ı	. ((Over \$1,000,000* (Spouse/DC Asset		- {

SCHEDULE C - EARNED INCOME

Name: Stylla Both Cuthon Page it of 19

TVO 177. Alliantes (with the Nick and Dispute 1872) for the property of the pr	the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.	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	
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INCOME LIMITS and PROHIBITED INCOME: The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited. EXCLUDE: Military pay (such as National Guard or Reserve pay), tederal retirement programs, and benefits received under the Social Security Act.

III adamon, vertain types of invalife (hodary normalia, unexto s ices, and paymens to professional services involving a induced	y relationship) are totally prohibited.	
Source (include date of receipt for honoraria)	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: Civil War Roundtable (0d. 2)	Spouse Speech	\$1,000
Ontario County Board of Education		NIA
1) S (DD 3 ress		\$ 174,000° =
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\$10,000. 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 owned 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 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 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 *Column K is for liabilities held solely by your spouse or dependent child.

SCH	On.	57/11/			4		SP. DC, JT		
EDULE E	Shiter Fre			Columbus	20 W	Example			
SCHEDULE E - POSITIONS	Daughter Frederica. St. OWB. KY	MS Bank; 4810		1665	JP Morson Chase of	First Bank of Wilmington, DE	Creditor		
		6/16			111/11	6/15	Date Liability Incurred MO/YR)	
Aesydenie	dauchters Primors	Co-signed for	d	Primary Residence	mortrace on	Mortgage on Rental Property, Dover, DE	Type of Liability		
							\$10,001- \$15,000	>	
					X		\$15,001- \$50,000	82	
							\$50,001- \$100,000	c	
		\succ				×	\$100,001- \$250,000	Ð	
							\$250,001- \$500,000	m	Amount of Liability
			i				\$500,001- \$1,000,000	п	t of ∐
				i			\$1,000,001- \$5,000,000	G	ability
							\$5,000,001- \$25,000,000	Ι.	
							\$25,000,001- \$50,000,000	_	
							Over \$50,000,000	<u>د</u>	
							Over \$1,000,000* (Spouse/DC Liability)	~	

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.

	SOURCE IT LETITOR	1	es/	Advisory Board Member C	Position
		The Oth Carl Mark States	Western Kindricks University	Center for Gifted Studies at Western Ky University	Name of Organization

SCHEDULE F - AGREEMENTS

Name: Steven Brett Curting, e Page 16 of 19

employer. 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

	ling Ky Emomer	1/3/9 36 + Tr	1/3/9 B.L. + TI	1/3/9 Brith Guthir	Date Part	control co.
<i>d</i> ************************************	Ky Emplace Redicement Saction	36 + Trace O, & cost	B.b, & Trace Die Cost	Brith Guthrit & Trace Die Cost	Parties to Agreement	
No Cash Value or asser's owned or controlled by me	Assembly hotulion solf + KERS-Defined henefit	Reported Or fired Comp noncontributing by	Reported 401K NonContributing by mys/for Trace	leave of absence for SMUVAMENT Service	Terms of Agreement	

SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$390 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, 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 \$156 or less need not be added towards the \$390 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.

some gills require prior approval of the committee of		
Source	Description	Value
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	\$400
	X	

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Page 1 T of	(A)	クッキャク とう	ラミナ キ	Name: Strum
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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 \$390 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? (YIN)	Family Member Included? (Y/N)
	Government of China (MECEA)	Aug. 6-11	DC-Beijing, China-DC	Υ	*	Z
Exemples	Habitat for Humanity (charity fundraiser)	Nar. 3-4	DC-Buston-DC	۲	~	*
Govern	Government of Switzerland (MECEA)	81-HI PO	DC - Geneva Sustrevand DC	γ	~	Z

SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA 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 Name: Strvin BrH Cuthric Page 18 of 19 Activity Speech Article Feb, 2, 2017 Aug. 13, 2017 Date Amount \$2,000 \$500

						(J)	,	 0	NOTE NUMBER
			`	from Principal Life Insurance Des Moins, IA	Surrender Value of U2 UniVersal Cite Insurance policies	2015 C-whire Family Trust's (Irrevacable) assets are the	Q	 Corolin Guthare Trust; & Dersonal Drugenty of my late mother	NOTES