

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

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HAND DELIVERED

LEGISLATIVE RESOURCE CENTER

Steven Brett Guthrie

(Full Name)

202-225-3501

(Daytime Telephone)

2008 MAY 15 AM 10:02

(Office Use Only)

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|--------------------|---|------------------------------------|--|-------------------|--|
| File Status | <input checked="" type="checkbox"/> Member of the U.S. House of Representatives | State: KY District: 2 | <input type="checkbox"/> Officer Or Employee | Employing Office: | A \$200 penalty shall be assessed against anyone who files more than 30 days late. |
| Report Type | <input checked="" type="checkbox"/> Annual (May 15) | <input type="checkbox"/> Amendment | <input type="checkbox"/> Termination | Termination Date: | |

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

| | | | |
|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| II. If yes, complete and attach Schedule I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | VII. If yes, complete and attach Schedule VI. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| III. If yes, complete and attach Schedule II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | VIII. If yes, complete and attach Schedule VII. Did you hold any reportable positions on or before the date of filing in the current calendar year? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| IV. If yes, complete and attach Schedule III. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | IX. If yes, complete and attach Schedule VIII. Did you have any reportable agreement or arrangement with an outside entity? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| V. If yes, complete and attach Schedule IV. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

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

| | |
|--|---|
| Trusts-- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? <i>Not created by me, spouse, or child (by father); 2) no specific knowledge of assets</i> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Exemptions-- 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 Standards of Official Conduct. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

SCHEDULE I - EARNED INCOME

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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 preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

| Source | Type | Amount |
|--|----------------------|--------------|
| Trace Die Cast, Inc. (Bowling Green, KY) | Salary from Employer | \$116,069.94 |
| Kentucky Senate, General Assembly | Salary-Legislative | \$36,359.04 |

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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| BLOCK A Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other assets or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active 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 additional information, see the instruction booklet. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent or sibling; any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | BLOCK B Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | BLOCK C Type of Income Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA". For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during the calendar year. | BLOCK D Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated. | BLOCK E Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year. |
|---|---|---|--|---|
| JT Guthrie Family Irrevocable Trust; Carolyn and Greg Guthrie Trustees; Bowling Green, KY; 1 of 4 children who share | \$100,001-250,000 | NONE | NONE | |
| 401K Retirement Plan Hartford Life Simsbury, CT | \$50,001 - \$100,000 | DIVIDENDS | \$2,501 - \$5,000 | P |
| *AF Growth Fund Indianapolis, IN | | | | |
| 401K Retirement Plan Hartford Life Simsbury, CT | \$15,001 - \$50,000 | DIVIDENDS | \$1,001 - \$2,500 | P |
| *Franking Growth Fund St. Petersburg, Florida | | | | |

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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| | | | | | |
|----|---|-------------------------|-----------------------------|-----------------|---|
| JT | US Bank accounts Bowling Green, KY Checking/savings | \$1,001 - \$15,000 | INTEREST | \$1 - \$200 | |
| | Deferred Compensation Plan MetLife Lexington, KY (Trace Die Cast Inc) | \$50,001 - \$100,000 | NONE | NONE | |
| JT | Common Stock Citizens First Bank Bowling Green, KY | \$1,001 - \$15,000 | DIVIDENDS | \$1 - \$200 | |
| JT | Mutual Fund Wachovia Bowling Green, KY AF AMCAP Funds Class A, Indianapolis, IN | \$1,001 - \$15,000 | DIVIDENDS; CAPITAL GAINS | \$201 - \$1,000 | P |
| SP | New England Financial Johnstown, PA Variable Life Policy | \$1,001 - \$15,000 | NONE | NONE | |
| DC | Valley Forge Life Nashville, TN Variable Life Policy | \$1,001 - \$15,000 | NONE | NONE | |
| JT | 529 (3) (C) College Plan Van Kampen HEF a) Equity and Income, Portfolio C Braintree, MA | \$1,001 - \$15,000 | NONE | NONE | P |
| JT | 529 (3) (c) College Plan Van Kampen HEF b) Common Stock, Portfolio C Braintree, MA | \$1,001 - \$15,000 | NONE | NONE | P |
| JT | 529 (3) (C) College Plan Van Kampen HEF c) Global Franchis., Portfolio C Braintree, MA | \$1,001 - \$15,000 | NONE | NONE | P |

SCHEDULE IV - TRANSACTIONS

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

| SP, DC, JT | Asset | Type of Transaction | Date | Amount of Transaction |
|------------------|---|------------------------|---------|-----------------------|
| | 401K Retirement Plan Hartford Life Simsburg, CT *AF Growth Fund Indianapolis, IN (Dividend Reinvest) | P | MONTHLY | \$1,001 - \$15,000 |
| | 401k Retirement Plan Hartford Life Simsbury, CT *Franking Growth Fund St. Petersburg, Florida (Dividend Reinvest) | P | MONTHLY | \$1,001 - \$15,000 |
| JT | Mutual Fund Wachovia Bowling Green, KY AF AMCAP Funds Class A, Indianapolis, IN | P | MONTHLY | \$1,001 - \$15,000 |
| JT | 529 (3) (C) College Plan Van Kampen HEF a) Equity and Income, Portfolio C Braintree, MA | P | MONTHLY | \$1,001 - \$15,000 |
| JT | 529 (3) (c) College Plan Van Kampen HEF b) Common Stock, Portfolio C Braintree, MA | P | MONTHLY | \$1,001 - \$15,000 |
| JT | 529 (3) (C) College Plan Van Kampen HEF c) Global Franchis., Portfolio C Braintree, MA | P | MONTHLY | \$1,001 - \$15,000 |

SCHEDULE VIII - POSITIONS

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|-----------------------|---|
| Advisory Board Member | Potter Children's Home, Bowling Green, KY |
| Advisory Board Member | Center for Gifted Studies at Western Kentucky University, Bowling Green, KY |
| Advisory Board Member | Western Kentucky University, Bowling Green, KY |