Name: Strucky Brett Guthere Daytime Telephone: 202 225 3501 E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period? 2014 FINANCIAL DISCLOSURE STATEMENT 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. TRUSTS – Details regarding "Qualified Bilnd 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 your dependent child? 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. reporting period? B. Did you, your spouse, or your dependent child purchase, sell, or A. Did you, your spouse, or your dependent child: PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS UNITED STATES HOUSE OF REPRESENTATIVES IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS FILER STATUS REPORT Make more than \$200 in unearned income from any reportable Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or asset during the reporting period? X X 2014 Annual (Due: May 15, 2015) U.S. House of Representatives Member of or Candidate for District: State: X No Yes No X_S Yes **∑ X** ₹ XY Amendment For Use by Members, Officers, and Employees H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period? 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? ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" 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? G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single source during the reporting period? Form A Employee Officer or Employing Office: Termination Date of Termination: Office Use Only DELIVERED of 21 STAILY SET 192 OF BOUCH STAIL OF BOLLY STAIL OF BEING STAIL OF BEI I SHIPLY THE RESOURCE CENTER 2015 MAY 15 PM 3: 22 HAND X N N Yes ¥**9**\$ Yes ğ Yes \$6 Z 중 <u>Z</u> Š 중 중

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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Name: Steven Brett Gustanië
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SCHEDULE A - ASSETS & "UNEARNED INCOME" Name: Steven Bret Conthric Page 5

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SCHEDULE B - TRANSACTIONS

Name: Stev(N	
Booth Guthri	
12 Page 14 of 21	

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reporting period of any accurity or real property held by you, your spouse, or your	Type of Transaction	ansaction		Date				_ ≩	Amount o	OT ITEM	ransaction	š 			
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 apouse, or dependent children, or the		· · · · · · · · · · · · · · · · · · ·	in		>	æ	6	0	m	TI	ø	=	-	_	7
purchase or sale of your personal residence, unless it generated nertial income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.			pital Ge	(MODAYR) or Quarterly.	(3) .)		. ,				, ,)O*
Capital Gains: If a seles 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.		al State	k Box if Ca eded \$200	weekly, if applicable)))(0		1001- 1,000	1,001- 1,000	100.0 000.0	0,001- 60,000	00,001 00,000	00,001- ,000,000	000,001- 000,000	r \$50,000,l	\$1,000,00 A 30hetus
* Column K is for asserts solely held by your apouse or dependent child.	Purc	·	Cher		\$1.0 \$16	\$15, \$60,			220	\$60 \$1,0	\$1,4 \$5,0		\$25 \$50	Ow	ÇN (Sp
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SCHEDULE C - EARNED INCOME

Name: Struck Broth Chythre Page 16 of 21

types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.	s totally prohibited.	was \$20,500. III addition, calcain
Source (include date of receipt for honoraria)	Туре	Amount
_	Approved Teaching Fee Legislative Pension	\$8,000 \$18,000
Ontario County Board of Education	Spouse Selary	\$1,000 N/A
NS Congross	Salory	\$ 174,000,00
Candlemakers on the Square	Somuse Salory	\$ 19.50
Trace Die Cost inc	Spouse Salory	\$ 13,157.78
		4

SCHEDULE D - LIABILITIES

Name: Stron Brott Guthric Page 17 of 21

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.

		7		DC. 74 SB.	
	2	MGK	Example		
	of Sumbus	oven chase	First Bank of Wilmington, DE	Creditor	
	•	11/20)	5/98	Date Liability incurred MO/YR	
	Personal Acsidence	mortiage on	Mortgage on Rental Property, Dover, DE	Type of Liability	
				\$10,001- \$15,000 >	
				\$15,001- \$50,000]
	<u>.</u>			\$50,001- \$100,000	
		×	×	\$100,001- \$250,000	$\Big]_{lackbr{a}}\Big $
				\$250,001- \$500,000	moun
				\$500,001- \$1,000,000	Amount of Liability
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- ::				\$5,000,001- \$25,000,000	
				\$25,000,001- \$50,000,000	1
				Over \$50,000,000]
			-	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 held in any religious, social, firsternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

C	
Trace the cost, inc 140 N Graham Ave 156 M	Atmost Cato the Board
WKU BGKY	Advisory Good Demos
d sthaires	Advisory Goord Member
Patter Children's Home BGRY	Advisory Board Member
Name of Organization	Position

SCHEDULE F - AGREEMENTS

Name: Steven Broth G-with rie Page 18 of 21

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
1/3/09 Breft Guthrie + Trace Die Cost	leave of absince for sourinment sorvice
11319 Trace Die Cost	Reported HOIK non contributions be self-of Trace
11319 Trace O.e Cost	Deferred Comp. Reported non confributions by Trace
	while on leave
1/09 Kyemploneers Retirement System	ascrement between Sclf and KERS Coefined Benefit pl
CKERBS	no cash value or asseds individually owned by mo
	`

SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all giffs totaling more than \$375 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 \$150 or less need not be added towards the \$375 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:	Nr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400
- 			
	N/A		
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SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

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Page 19 of 3	
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identify the source and list travel fitnerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$375 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.

Detecto) City of Departure - Destination - Lodging? Food? Food? Pantly Member (Y/N) Aug 611 DC-Belling, Chira - DC V Y Y N Aug 3-1 DC-Belling Chira - DC V Y Y Y Y V N V N V N V N V N V	* *	City of Departure - Destination Lodging?
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SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name: Struty Broth Couty in Page 20 of 21

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.	or of an event to a charitable organ	a charitable organization in lieu of paying an honorarium to you. A	honorarium to you. A
Source	Activity	Date	Amount
Examples: Association of American Associations, Washington, DC XYZ Magazine	Speech Article	Feb, 2, 2014 Aug. 13, 2014	\$2,000 \$500
N/A			

(Z)			(3)				(G)		0	NOTE NUMBER
Partial Sales for Sag(c) 3 funds for DCI and DC2 were	of non-voting shock in Trace Oie Cost, inc BKY	Periodic Transaction Report"	A 2015 Investment thas was reported in 2015 on the	Trust (10f4))	I am a beneficion of the Lowell M. Guthrie Irrevocable	shoves of non-voting stack in Trace De Cast, inc 86-ky	"The Lowell M. Guthrie Irrevocable Trust" holds sall assall	1	Guthrie Family Irrevocable Trust of 1994 is blind trust. I have	NOTES