

HAND DELIVERED

2017 MAY 10 PM 4:51

U.S. HOUSE OF REPRESENTATIVES

MC

UNITED STATES HOUSE OF REPRESENTATIVES  
2016 FINANCIAL DISCLOSURE STATEMENT

Form A

For Use by Members, Officers, and Employees

Name: Steven Brett Genthner Daytime Telephone: 202 225 3501

A \$200 penalty shall 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) Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/>
REPORT TYPE	<input checked="" type="checkbox"/> 2016 Annual (Due: May 15, 2017)	<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 child: 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 child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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?	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 \$375 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 make a donation 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"/>

Page 2 of 24

**Use additional sheets if more space is required.**

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Steven Ray Gunkle

Page 3 of 24

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, JT, JT	ASSET NAME	None	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	P, S, S(part), or E	
	401K Retirement Plan Hartford Life Springfield, CT Franklin D Growth Fund A						X									X																				
	DT HS Bank Account																	X																		
	500 State Street Bowling Green, KY 42101																																			
	checking/savings																																			
	Deferred Compensation Plan, MetLife																																			
	Trade Die Cast																																			
	metlife - Lexington KY																																			

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Steven Paul Gunkle

Page 4 of 24

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			
ASSET NAME	EIF	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	P, S, S(part), or E	
ST Mutual Fund																																				(SPAN)
Wells Fargo																																				
BCKY																																				
American Funds																																				
AMCAP A Indianapolis																																				
ST Mutual Fund																																				P
Wells Fargo BCKY																																				
First Eagle																																				
SO Gen Global																																				
in come A																																				
SO whole life Insurance																																				
New England Financial																																				
700 Chatter LN																																				
Warrick, RI																																				

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Steven Paul Gunkelme

Page 5 of 24

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	P, S, S(part), or E
	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*																																		
	P, S, S(part), or E																																		

Use additional sheets if more space is required.

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Steven But Gunkner

Page 6 of 24

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		
ASSET NAME	EIF	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	P, S, (Spent), or E	
1 AC 529 Portfolio C																																				
1 TRowe Price																																				
1 Balanced																																				
1 PPBAX																																				
1 Northern Funds																																				
1 Stock Index																																				
1 NOSIX																																				
1 Northern																																				
1 Midcap																																				
1 NOMIX																																				

Page 7 of 24

Use additional sheets if more space is required.

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Steven But Gunkle

Page 8 of 24

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, JT, 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	P, S, Sp (part), or E
	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*																																		
2	529 Portfolio C																																		
	T Rowe Price																																		
	Balanced																																		
	PPRAX																																		
	Northern Funds																																		
	Stock Index																																		
	NOSIX																																		
	Northern																																		
	midcap																																		
	NOMIX																																		

Use additional sheets if more space is required.



# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Steven But Gunkle's

Page 9 of 24

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, 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	P, S, S(part), or E
	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*																																		
	Northern Small Cap Index N510X																																		E
	Northern Funds International NOINX																																		E
	Newberger International LARGE CAP ABNEX																																		E
	Cohen+Stearns Dividend Value																																		E

Use additional sheets if more space is required.

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Steven Paul Gunkhne

Page 10 of 21

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, JT, JT, or E	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	P, S, Sp, JT, or E
	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																																		
	\$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*																																		
SP	529 Portfolio C																																		P, S
JT	T Rowe Price																																		P, S
JT	PP BAX																																		P, S
JT	Northern Funds																																		P, S
JT	Stock Index																																		P, S
JT	NOSIX																																		P, S
JT	Northern																																		P, S
JT	Midcap																																		P, S
JT	NOMIX																																		P, S

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Steven Paul Guthrie Page 11 of 29

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	
ASSET NAME	EIF	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	P, S, S(part), or E
		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	\$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*	
Northern Small Cap Index			X												X								X											P, S, S(part), or E	
NSINX																																		P, S, S(part), or E	
Northern Funds International			X												X								X												P, S, S(part), or E
NOINX																																		P, S, S(part), or E	
Newberger International			X												X								X												P, S, S(part), or E
Lane Cap ABNEX																																			P, S, S(part), or E
Cohen+Steers Dividend Value			X												X								X												P, S, S(part), or E

Use additional sheets if more space is required.

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Steven Brett Guthrie

Page 12 of 24

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, JT, JT	ASSET NAME	None	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	P, S, S(part), or E	
	ST Lowell Guthrie Irrevocable Trust									X						X								X													
	BGKY 1 of 4 Beneficiary Share with Siblings (3 brothers)																																				
	Brett Guthrie Gift Trust																																				
	100% Invested in TRACE ORE COST, BGKY																																				

Page 13 of 24

**Use additional sheets if more space is required.**

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Steven But Guthrie

Page 14 of 24

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	P, S, S(part), or E	
	2015 Guthrie Family SRRVOCAL TRUST																																			
	Greg Guthrie Trust																																			
	Waf4, Shane with 3 brothers																																			

# SCHEDULE B - TRANSACTIONS

Name: Steven Brett Guthrie

Page 15 of 24

Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your 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.

Capital Gain: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gain" 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.

SP, DC, JT	SP	Example	Asset	Type of Transaction				Check Box if Capital Gain Exceeded \$200	Date (MO/DA/YR) or Quarterly, Monthly, or Bi- weekly, if applicable	Amount of Transaction										
				Purchase	Sale	Partial Sale	Exchange			A \$1,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000	K Over \$1,000,000* (Spouse/DC Asset)
		DC 529 Portfolio C:					X		1/27/16	X										
		1 T Rowe Price																		
		Northern Funds stock					X			1/27/16	X									
		Northern mid-cap					X			1/27/16	X									
		Northern Small cap					X			1/27/16	X									
		Northern International Equity					X			1/27/16	X									
		Neuberger Berman International large cap					X			1/27/16	X									
		Cohen & Steers Dividend Value					X			1/27/16	X									

Use additional sheets if more space is required.

# SCHEDULE B - TRANSACTIONS

Name: Steven Brett Guthrie

Page 16 of 24

Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your 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 child, 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.

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.

SP, DC, JT	Asset	Type of Transaction				Check Box if Capital Gain Exceeded \$200	Date (MO/DA/YR) or Quarterly, Monthly, or Bi- weekly, if applicable	Amount of Transaction										
		Purchase	Sale	Partial Sale	Exchange			A \$1,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000	K Over \$1,000,000* (Spouse/DC/Asset)
SP	Example Mega Corp. Stock			X		X	3/8/16		X									
DC	529 Portfolio C:				X			X										
2	T Rowe Price		X				4/14/16	X										
	Northern Fund Stock				X			X										
	Northern Mid-Cap				X			X										
	Northern Small Cap				X			X										
	Northern International Equity				X			X										
	Newberger Berman International Large Cap				X			X										
	Cohen & Steers Dividend Value				X			X										

Use additional sheets if more space is required.



# SCHEDULE B - TRANSACTIONS

Name: Steven Brett Gutwric

Page 12 of 24

Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your 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.

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.

SP, DC, JT	Asset	Type of Transaction				Check Box if Capital Gain Exceeded \$200	Date (MM/DD/YYYY or Quarterly, Monthly, or Bi-weekly, if applicable)	Amount of Transaction												
		Purchase	Sale	Partial Sale	Exchange			A \$1,001-\$15,000	B \$15,001-\$50,000	C \$50,001-\$100,000	D \$100,001-\$250,000	E \$250,001-\$500,000	F \$500,001-\$1,000,000	G \$1,000,001-\$5,000,000	H \$5,000,001-\$25,000,000	I \$25,000,001-\$50,000,000	J Over \$50,000,000	K Over \$1,000,000* (\$100,000,000)		
SP	Example Mega Corp. Stock			X		X	3/27/16		X											
DC	529 Portfolio C:	X					Monthly	X												
3	T Rowe Price			X			9/21/16	X												
	Northern Funds Stock	X					Monthly	X												
	Northern Mid-Cap	X					Monthly	X												
	Northern Small Cap	X					Monthly	X												
	Northern International Equity	X					Monthly	X												
	Newberger Berman International Large Cap	X					Monthly	X												
	Cohen & Steers Dividend Value	X		X			Monthly 9/21/16	X												

## Page 18 of 24

**Use additional sheets if more space is required.**



# SCHEDULE D - LIABILITIES

Name:

Steven Brett Guthrie

Page 20 of 24

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 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.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A \$10,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000	K Over \$1,000,000* (Spouse/DC Liability)
Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				X							
ST	JP Morgan Chase of Columbus	11/11	Mortgage on Primary residence			X								
ST	US Bank 4801 Frederica St DC, OH	6/16	co-signed for daughter Primary residence				X							

## 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
Advisory Board member	Center for Gifted Studies at WKU, BG KY
Advisory Board member	Western Kentucky University BG, KY
Board Member	Trace Aie Card Inc. 1409 N Graham Ave BG KY (uncompensated)

# SCHEDULE F - AGREEMENTS

Name: Steven Brett Guthrie Page 21 of 24

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
11/3/09	Brett Guthrie & Trace Dye Cast	Leave of Absence for Government Service
11/3/09	B.G. & Trace Dye Cast	Reported work, noncontributing himself on Trace
11/3/09	B.G. & Trace Dye Cast	Reported deferred comp, noncontributing by Trace while on leave.
11/09	KY Employees Retirement System KERS	agreement between self and KERS - Deferred benefit No cash value or assets owned or controlled by me

## SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts 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: Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400

# SCHEDULE H - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name: Sturm & Guthrie

Page 22 of 24

Identify the source and list travel itinerary, 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.

Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
Examples					
Government of China (MECE)	Aug 8-11	DC-Beijing, China-DC	Y	Y	N
Habitat for Humanity (charity fundraiser)	Mar 3-4	DC-Boston-DC	Y	Y	Y
N/A					

Name: Steven Brett Luthardt Page 23 of 24

[illegible]

Use additional sheets if more space is required.

FILER NOTES  
(Optional)

Name: Steven Brett Guthrie Page 34 of 34

NOTE NUMBER	NOTES
(1)	Dependent Child #1's college funds were closed and transferred to dependent child #2 on 1/27/16. All values are reported on Dependent Child #2 Dea exchanged to Dec(2); Dec(1) is now closed as 0 1/27/16
(2)	Lowell Guthrie trust is 100% invested in Trace De Cost I share with 3 brothers
(3)	Brett Guthrie Trust is 100% invested in Trace De Cost
(4)	Carolyn Guthrie trust is personal property of my late mother. my father has 100% control. I share with 3 brothers
(5)	2015 Guthrie Family Irrevocable trust; Trust assets are the Surrender Value of 2 universal life policies from Principal Life Insurance, Des Moines, IA The Trust owns the policies. I am 1 of 4 beneficiaries of the trust



FILER NOTES  
(Optional)

Name: Steven Brett Guthrie Page 24 of 24

NOTE NUMBER	NOTES
①	Dependent Child #1's college funds were closed and transferred to dependent child #2 on 1/27/16. All values are reported on Dependent Child #2 DEO exchanged to DEC2; DEU is now closed as of 1/27/16
②	Lowell Guthrie trust is 100% invested in Trace De Cost I share with 3 brothers
③	Brett Guthrie Trust is 100% invested in Trace De Cost
④	Carolyn Guthrie trust is personal property of my late mother. my father has 100% control. I share with 3 brothers
⑤	2015 Guthrie Family Irrevocable trust; Trust assets are the Surrender Value of 2 universal life policies from Principal Life Insurance. As Mom, I The Trust owns the policies. I am 1 of 4 beneficiaries of the trust