

# UNITED STATES HOUSE OF REPRESENTATIVES 2015 FINANCIAL DISCLOSURE STATEMENT

For Use by Members, Officers, and Employees

Form A

Name: Stevan Beth Guthrie Daytime Telephone: 202 225 3501

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

2015 MAY 12 PM 5:11  
(Office Use Only)

HAND DELIVERED Page 1 of 27

FILER STATUS	<input checked="" type="checkbox"/> Member of or Candidate for U.S. House of Representatives	State: <u>KY</u> District: <u>2</u>	<input type="checkbox"/> Officer or Employee	Employing Office: _____
REPORT TYPE	<input checked="" type="checkbox"/> 2015 Annual (Due: May 16, 2016)	<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. Make 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"/>

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

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

Brett H. Williams

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BLOCK A Asset and/or Income Source		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																																		
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	\$5,000,001-\$25,000,000																																		
	\$25,000,001-\$50,000,000																																		
	Over \$50,000,000																																		
	Spouse/DC Asset over \$1,000,000*																																		
	401K Retirement Plan; Hartford Life; Simsbury CT																																		
	American Funds Growth Fund of America R3																																		
	401K Retirement Plan; Hartford Life; Franklin Growth Fund A																																		

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

*Robert H. Hino*

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BLOCK A Asset and/or Income Source		BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income												BLOCK E Transaction					
SP, DC, 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 US Bank Account																																						
	500 State St																																						
	Bowling Green, KY																																						
	Checking / Savings																																						
	Deferred Compensation Plan																																						
	MetLife																																						
	Lexington, KY																																						
	Trace Die Cast																																						
	ST Mutual Fund																																						
	Wells Fargo, B, KY																																						
	American Funds																																						
	Amcap A																																						
	Indianapolis, IN																																						

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[illegible]

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Steven Brett Guthrie

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BLOCK A Asset and/or Income Source		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	
	OT Rowe Price Balanced				X												X		X		X				X											P, S
	S29 Portfolio C																																			P, S
	RP BAX																																			
	Northern Funds																																			P, S
	Stock Index																																			
	S29 Portfolio C																																			
	NOSIX																																			
	Northern Midcap																																			
	Index S29																																			
	Portfolio C																																			
	NOMIX																																			

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Stern Roth Guthrie

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BLOCK A Asset and/or Income Source		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																																			
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	Over \$50,000,000																																			
	Spouse/DC Asset over \$1,000,000*																																			
DC	Northern Small																																			P, S
	Cap Index S&P																																			
	Roth 401k C																																			
	NIS 10X																																			
DC	Northern Funds																																			P, S
	INTERNATIONAL																																			
	Equity S&P C																																			
	NBIX																																			
DC	Northern Funds																																			P, S
	Bernard																																			
	INTERNATIONAL																																			
	Large Cap																																			
	S&P C																																			
	NBNCY																																			

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

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Steven Roth Genthric

Page 10 of 27

BLOCK A Asset and/or Income Source		BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income													BLOCK E Transaction	
SP, JT, JT, or S	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, S, or S	
	None																																			
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	\$1,001-\$15,000																																			
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	Over \$50,000,000																																			
	Spouse/DC Asset over \$1,000,000*																																			
	None																																			
	DIVIDENDS																																			
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	CAPITAL GAINS																																			
	EXCEPTED/BLIND TRUST																																			
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	Over \$5,000,000																																			
	Spouse/DC Asset with income over \$1,000,000*																																			
	P, S, S, S, or S																																			
	OC2 Northern Small Cap Index S&P Portfolio C NIS 10X		X												X								X													P, S, S
	OC2 Northern Small Cap Index S&P Portfolio C NIS 10X															X								X												P, S, S
	OC2 Northern Small Cap Index S&P Portfolio C NIS 10X																X								X											P, S, S
	OC2 Northern Small Cap Index S&P Portfolio C NIS 10X																	X								X										P, S, S
	OC2 Northern Small Cap Index S&P Portfolio C NIS 10X																		X								X									P, S, S
	OC2 Northern Small Cap Index S&P Portfolio C NIS 10X																			X								X								P, S, S
	OC2 Northern Small Cap Index S&P Portfolio C NIS 10X																				X								X							P, S, S
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	OC2 Northern Small Cap Index S&P Portfolio C NIS 10X																																		X	P, S, S
	OC2 Northern Small Cap Index S&P Portfolio C NIS 10X																																		X	P, S, S
	OC2 Northern Small Cap Index S&P Portfolio C NIS 10X																																		X	P, S, S
	OC2 Northern Small Cap Index S&P Portfolio C NIS 10X																																		X	P, S, S
	OC2 Northern Small Cap Index S&P Portfolio C NIS 10X																																		X	P, S, S
	OC2 Northern Small Cap Index S&P Portfolio C NIS 10X																																		X	P, S, S
	OC2 Northern Small Cap Index S&P Portfolio C NIS 10X																																		X	P, S, S
	OC2 Northern Small Cap Index S&P Portfolio C NIS 10X																																		X	P, S, S
	OC2 Northern Small Cap Index S&P Portfolio C NIS 10X																																		X	P, S, S
	OC2 Northern Small Cap Index S&P Portfolio C NIS 10X																																		X	P, S, S
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	OC2 Northern Small Cap Index S&P Portfolio C NIS 10X																																		X	P, S, S
	OC2 Northern Small Cap Index S&P Portfolio																																			

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: STAN BRIT COUTURE

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BLOCK A Asset and/or Income Source		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, S(part), or E	
	None																																			
	\$1-\$1,000																																			
	\$1,001-\$15,000																																			
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	Spouse/DC Asset over \$1,000,000*																																			
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	\$201-\$1,000																																			
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	\$1,000,001-\$5,000,000																																			
	Over \$5,000,000																																			
	Spouse/DC Asset with Income over \$1,000,000*																																			
	DC JOHN + STEVEN DIVIDEND VALUE SAG PORTFOLIO C DVEIX																																			P.S.

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Steven Roth Guthrie

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BLOCK A Asset and/or Income Source		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																																			
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	Over \$50,000,000																																			
	Spouse/DC Asset over \$1,000,000*																																			
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	RP BAX																																			
	DC Northern Funds																																			P
	Stock Index																																			
	S29 Portfolio C																																			P
	MOSIX																																			
	DC Northern Midcap																																			P
	Index S29																																			
	Portfolio C																																			
	MOMIX																																			

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Stern Roth Centric

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BLOCK A Asset and/or Income Source		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, S(part), or E	
	None																																			
	\$1-\$1,000																																			
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	Over \$50,000,000																																			
	Spouse/DC Asset over \$1,000,000*																																			
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	Cap Inter SAG																																			
	Patt 1010 C																																			
	NS 10X																																			
	OC3 Northern Funds																																			P
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	MBINX																																			
	OC3 Newberger																																			P
	Bernard																																			
	International																																			
	Large Cap																																			
	SAG C																																			
	NRNCY																																			

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Stacy M. Britt-Cuthrie

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BLOCK A Asset and/or Income Source		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)	1	2	3	4	5	6	7	8	9	10	11	12	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*		
	DCB Cohn + Steens																																			
	Dividend Value																																			
	SA9 Portfolio																																			
	OVFIK																																			

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Stem Beth Guthrie Page 15 of 27

BLOCK A Asset and/or Income Source		BLOCK B Value of Asset													BLOCK C Type of Income								BLOCK D Amount of Income												BLOCK E Transaction				
SP, DC, 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, M, Part, or E			
	Lowell Guthrie Irrevocable Trust															X																							
	Beth Guthrie, Gift Trust, 100%															X																						P	
	Shares in Trace Die Cost																																						
	B&K																																						
	Equity in Trace Die Cost, Inc															X																						GIFT	
	B&K																																						

Name: Steven Butth Page 16 of 27

[illegible]



# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Thomas R. Smith Page 17 of 27

BLOCK A Asset and/or Income Source		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, S(part), or E	
	None																																			
	\$1-\$1,000																																			
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	Over \$50,000,000																																			
	Spouse/DC Asset over \$1,000,000*																																			
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	\$1-\$200																																			
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	Over \$5,000,000																																			
	Spouse/DC Asset with income over \$1,000,000*																																			
	None																																			
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	\$1,000,001-\$5,000,000																																			
	Over \$5,000,000																																			
	Spouse/DC Asset with income over \$1,000,000*																																			

# SCHEDULE B - TRANSACTIONS

Name: STEVEN BOYD GUTHRIE Page 18 of 27

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 (MO/DAY/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	3/5/15		X									
DC I	T Rowe Price S&P (C)		X	X			4/28/15	X										
			X				7/22/15	X										
DC I	Northern Fund Stock S&P (C)		X	X			4/12/8	X										
			X				7/22	X										
DC I	Northern Mid-Cap S&P (C)		X	X			4/12/8	X										
			X				7/22	X										
DC I	Northern Small Cap S&P (C)		X	X			4/12/8	X										
			X				7/22	X										
DC I	Northern International Equities S&P (C)		X	X			4/12/8	X										
			X				7/22	X										
DC I	Member for Berman International Large Cap S&P (C)		X	X			4/12/8	X										
			X				7/22	X										
DC I	Cohn + Steiris S&P (C)		X	X			4/12/8	X										
			X				7/22	X										

Name: Steven Scott Anthony Page 19 of 27

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

# SCHEDULE B - TRANSACTIONS

Name: STEVEN BART CANTHRE Page 20 of 27

SP, DC, JT		Asset	Type of Transaction				Date	Amount of Transaction											
SP	DC	Example Mega Corp. Stock	Purchase	Sale	Partial Sale	Exchange	Check Box if Capital Gain Exceeded \$200	(MOD/ATR) or Quarterly, Monthly, or Bi-weekly, if applicable	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)
DC3		TRowe Price S29 (C)	X				X	monthly	X										
DC3		Northern Fund Stock S29 (C)	X					"	X										
DC3		Northern Mid-Cap S29 (C)	X					"	X										
DC3		Northern Small Cap S29 (C)	X					"	X										
DC3		Northern International Equities S29 (C)	X					"	X										
DC3		Newberger Berman International Large Cap S29 (C)	X					"	X										
DC3		Cohn + Steers S29 (C)	X					"	X										
		OVFI-X																	

# SCHEDULE B - TRANSACTIONS

Name:

Scott Buttrick

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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 (MONTH/RY) or Quarterly, Monthly, or Bi-weekly, if applicable	Amount of Transaction										
		Purchase	Sale	Partial Sale	Exchange			A	B	C	D	E	F	G	H	I	J	K
SP	Example Mega Corp. Stock			X		X	3/6/15		X									
JT	Mutual Fund - S&P 500	X					Monthly	X										
	First Eagle Global Income A																	
	Brett Guthrie Gift Trust - Shares in	X					2/6/15							X				
	Trace Die Cost, Inc																	
	Bawling Green, KY																	
	Trace Die Cost, Inc Gift From Father						2/6/15				X							



# SCHEDULE D - LIABILITIES

Name:

Steve Rust Huth

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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.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
				\$10,001- \$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	Over \$1,000,000* (Spouse/DC Liability)
Example	First Bank of Wilmington, DE	5/03	Mortgage on Rental Property, Dover, DE				X							
JT	JF Morgan Chase of Columbus	11/2011	Mortgage on Personal 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 BGKY
Advisory Board Member	WKU BGKY
Member of the Board	Trace D's Cast, Inc 1401 Graham Ave BGKY (Uncompensated)

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Date	Parties to Agreement	Terms of Agreement
11/3/09	Brett Gushurst Trace Dic Cast	leave of Absence for government service
11/3/09	Trace Dic Cast	Reported WOLK, noncontributing by myself or Trace
11/3/09	Trace Dic Cast	Reported Deferred Comp noncontributing by Trace while on leave
1/09	KY Employees Retirement System KERS	agreement between Self and KERS - Defined Benefit No cash value or assets owned or controlled by me

[illegible]



**Name:**

Steve Rothchild

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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 \$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.

[illegible]

Name: Steve Post Mills

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[illegible]

**FILER NOTES**  
(Optional)

Name:

*Sharon Ruth Hutto*

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of *22*

NOTE NUMBER	NOTES
①	1994 Guthrie Family Irrevocable Trust Dissolved on 9/16/15 2015 Guthrie Family Irrevocable Trust was established. I have no control over the assets
②	Lowell Guthrie Irrevocable Trust contains 60% of the Equity in Trace One Cast, Inc. I am 1 of 4 Beneficiaries - (Myself and 3 brothers)
③	The Carolyn Guthrie Irrevocable Trust contains personal property of my deceased mother. Lowell Guthrie, father, has use of all assets.