

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

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RESOURCES CENTER

7 PM 2:18

Steven Brett Guthrie

(Full Name)

202.225.3501

(Daytime Telephone)

**HAND
DELIVERED**

Filer Status
☒ Member of the U.S. House of Representatives

State: KY
District: 02

☐ Officer Or Employee

Employing Office:

Report Type

☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date:

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

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? If yes, complete and attach Schedule I.	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)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. 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? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. 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)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. 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? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	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>Created by my father, I do not have knowledge of assets listed on Schedule III *</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	\$7,601.40
Kentucky Senate General Assembly	Salary--Legislative	\$449.28
US House of Representatives	Salary	\$173,033.52

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 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 *AF Growth Fund Indianapolis, IN	\$50,001 - \$100,000	Dividends	\$1,001 - \$2,500	P
401k Retirement Plan Hartford Life Simsbury, CT *Franking Growth Fund St. Petersburg, Florida	\$15,001 - \$50,000	Dividends	\$1,001 - \$2,500	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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	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 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	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	401K Retirement Plan Hartford Life Simsbury, CT *AF Growth Fund Indianapolis, IN	P	N/A	1-30-09	\$1,001 - \$15,000
	401K Retirement Plan Hartford Life Simsbury, CT *Franking Growth Fund St. Petersburg, Florida	P	N/A	1-30-09	\$1,001 - \$15,000
JT	Mutual Fund Wachovia Bowling Green, KY AF AMCAP Funds Class A, Indianapolis, IN	P	N/A	Monthly	\$1,001 - \$15,000
JT	529 (3) (C) College Plan Van Kampen HEF a) Equity and Income, Portfolio C Braintree, MA	P	N/A	Monthly	\$1,001 - \$15,000
JT	529 (3) (C) College Plan Van Kampen HEF b) Common Stock Portfolio Braintree, MA	P	N/A	Monthly	\$1,001 - \$15,000
JT	529 (3) (C) College Plan Van Kampen HEF c) Global Franchis. , Portfolio C Braintree, MA	P	N/A	Monthly	\$1,001 - \$15,000

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	Capital Gain In Excess of \$200?	Date	Amount of Transaction
	401k Retirement Plan Hartford Life Simsbury, CT *AF Growth Fund Indianapolis, IN DIVIDEND REINVESTMENT	P	N/A	12-09	\$1,001 - \$15,000
	401k Retirement Plan Hartford Life Simsbury, CT Franking Frowth Fund St. Petersburg Florida DIVIDEND REINVEST	P	N/A	12-09	\$1,001 - \$15,000
	Common Stock, Citizens First Bank Bowling Green, KY	S	Yes	3-31-09	\$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, Kentucky
Advisory Board Member	Center for Gifted Studies at Western Kentucky University, Bowling Green, Kentucky
Advisory Board Member	Western Kentucky University, Bowling Green, Kentucky

SCHEDULE IX - AGREEMENTS

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Identify the date, parties to, and general terms of any agreement or arrangement 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	Terms of Agreement
1/03/09	Brett Guthrie and Trace Die Cast, Inc.	Leave of absence during government service
1/03/09	Trace Die Cast, Inc.	401k plan reported on Schedule III; maintained at Trace; non-contributing by Brett Guthrie or Trace Die Cast
1/03/09	Trace Die Cast, Inc.	Deferred compensation reported on Schedule III; maintained by Trace Die Cast; non-contributing during leave of absence