

UNITED STATES HOUSE OF REPRESENTATIVES For Us	Form A Form A LEGISLATIVE RESOURCE CEREER LEGISLATIVE RESOURCE CEREER OF 10 15 PM 4: 38 U.S. HOUSE OF REPRESENTATIVES
Name: Steven Brett Guther C Daytime To	Daytime Telephone: 202325-350/ A \$200 penalty shall be assessed against any individual who files more than 30 days late.
FILER STATUS Member of the U.S. State: 1/2 State: 1/2	Officer or Employing Office: Staff Filer Type: (If Applicable) Employee Shared Principal Assistant
REPORT 2018 Annual (Due: May 15, 2019) Amendment	Termination Date of Termination:
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	S
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? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? No No	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?
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction Yes	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single Yes No Source 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 Yes No reporting period?	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period?
D. Did you, your spouse, or your dependent child have any reportable Yes No liability (more than \$10,000) at any point during the reporting period?	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?
E. Did you hold any reportable positions during the reporting period or Yes No No	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -	NFORMATION - 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.	g the reporting period? If you answered "yes" to this question, please Yes ☐ No 🛣
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" from this report details of such a trust that benefits you, your spouse, or dependent child?	rtain other "excepted trusts" need not be disclosed. Have you excluded Yes No X
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.	itiee on Ethics.

	IEDULE A - ASSETS & "UNEARNED INCOME"
Name: Steven Broth Chithric	1
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23 0	ナショウスのこともと	CT ASSISTED	plan: Hartford	401 K Detirmut	ABC Hedge Fund X	Fxamples: Simon & Schuster	SP, Mega Corp. Stock EIF	For bank and other cash accounts, fotal the amount in all interest-bearing accounts, if the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. For ental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its sclivities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vecation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you report a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box. If you so choose, you may indicate that an esset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the recording thresholds.	
						Indefinite		\$1,001-\$15,000	a	Indicate value of asset uselusion method other it used. If an asset was sold dubecause it generated inco *Column M is for assets hyou have no interest.
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				X	Partnership Income	Royalties	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		BLOCK C Type of income Check all columns that apply. For accounts that a generate tax-deferred income (such as 401(k), Flor, or 529 accounts), you may check the Tax-Deferred column. Dividents, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset held in taxable accounts. Check "None" if the asset held in taxable accounts. Check "None" if the asset held in taxable accounts.
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							S(part)	Leave this column blank if here are no transactions that exceeded \$1,000.	please indicate as follows: (S (part)).	Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting period. If only a portion of an asset was sold,

SCHEDULE A – ASSET	ASSETS & "UNEARNED INCOME"	Name: Strum Brit	CW+Mic Page 3 of	10
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
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		ļ		┞┈╶┧╸╏╶┡╶╸ ┆╴ ┡╶╸╎╸┃╸╸╻	┞╌┞╌┡╌┡┈ ╁╌╂┈ ┆ ╌┫╌╼ ╏╴╶	┖ ╌╃┈┼┈┼┈┼┈╂┈╌╂┈┈┈	┞╶┪╌┆╸╡╸┆╶╽╸╡ ╸ ╂ ── ╏ ────	┞╸┡╼┞╼┞═╉═╂╼┢═┫╼╼╂	╎╸┥╸╡╸┧╸┪╸┧╶ჽ╶┪┈┈╏╶┈╸╸	┞╼╂╼╄╼╄╼╁╍╃╸╃╍╏╌ ╌ ╏╸╻ ╌╾╼	╿╌╏┈╏┈╏┈┪┈┩┈╏┈┢┈╏┈┈	Spouse/DC Asset over \$1	NONE	╘╌┪┈┾┈┾┈╎┈ ┼┈┼┈╫┈┈ ╏┈┈	┞╸ ┽╸┽╸┽╸ ┥╸┆╺┆┈ ╏╸ ╸╏	INTEREST	CAPITAL GAING	EXCEPTED/BLIND TRUST	TAX-DEFERRED		None	\$1-\$200	┞╼┝╼╎╾╅╼╄╸┩╼┝ ╼ ╂╌┈╂ ╌┈ ╻	┞╸┈┟┈╶╅┈╅╼╌╄┈┈╏╍┝╌┉╏ ╍ ┈╏┈┈	┢╶╻┞┈┥╸┡┈┟┈╽┈╽┈ ╋ ┈┈╏┈┈ ┸	┞┈┩╌╎┈┤┈╎┈╏┈┈╏┈┈┈	\$15,001-\$50,000	\$50,001-\$100,000	├╶╍┡┈┥═╶╇┈┩═╶┦┈╡┈╸ ╂╌┈╶╂╶ ╾┈ <u>┈╴</u> ┈	\$1,000,001-45,000,000	, , , , , , , , , , , , , , , , , , ,
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1 2 2 X		\vdash		┞╸┢╶┢╶╞┈┞┈┟╸╏┈┞┈┆╸ ╏┈╻	╊╾╄╾╂╾ ┞╸┡╸┡ ╌╄╌╁╌ ╏┈┇┈╻	┞╸ ┼╸┼╸╁╍╁┈┼┈┼┈┼┈╂┈╌╂┈┈┈	┞╒┋═┝╒┡ ╺ ┪ ═╅╾╅╾╁╼╁ ╸╽╸ ╂ ╸╸ ┠╸	┞╸┍┩╸╃╸╃╼╄╼╄╼╃╸╃ ╼ ╏╌ ┛╌╌╂	┞╌╅╸┩┈╅╸╉╸╃╸┧╸╏╸╏╸ ╏ ┈┈ <u>╂┈┈┈</u>	┞┈┞┈┞┈┞┈┟╼┡╼┡┈┟┈┩┈┩┈╏┈┈╏╸┈┈ ╾	┞╸╸┡╶╶┞┈╶┞┈╶┞┈┼┈┼┈╃┈╃┈╏┈ ┺ ┈┈	Spouse/DC Asset over \$1	NONE	╎╸╎╶┪┈┪┈╽┈┝┈╎┈╎╸╏┈╏┈┈╻	┞ ╾╃╼╃╾╃╾┽╾┽╾┽ ╸┩╸ ┦╼ ┆ ┈ ╂╴┈╂	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED		None	\$1-\$200	┞╍╃╸╃╸╄╶┟┈╁┈╁┈┧┈┧┈┫┈┈╂┈┈┈┈	╽╸┩╼┊╺┡┈┟┈┢┈╅┈╅┈┞┈╏╸┝┈ ╏	┞╸╼┼╸╴╃┈╶┢╌╍┟╍┈╃╼╌┡┈╌┟┈╶╃╼╌┿╸╌┫┍╌┈┈╏╸┈	├ 	\$15,001-\$50,000	\$50,001-\$100,000	┝╸┍╏╸┩╼╶┩╼┡┈╅═╶┩╼╏═╶╏╼╎═╏ ╌┈ ╏╶╸┈	\$1,000,001-85,000,000	▎▀▀▜▝▀▐▘▀▗▘▍▀▗▀▍▀▗▍▀▗▐▘▗▄ ▍ ▄▗▐▗▗▗▐▄▗ ▃▗▊ ▗▀▃▗▗▄▗▃▗▃▗▃ ▄▃
M Craping N		╌┼╌┼╌┼		┍╼╊═╊═╊═╄┈╂╸╂╼╄╼╁┈╁╼┼╸╂╶┈	┍┈┞┈┞┈┼┈┼┈┞┈┾┈┾┈╁┈╏┈╁┈┫┈╺ 	╌┼╌┼╌╁╌╁┈┼╌┼╌┼╌╂┈╂	┍═╋╒╂═┢╒╇╺┪═╅═╅═╁╒╽ ╾ ┇ ═ ╸ ┋	┍╼┞╸╃╸╃╸╃╸╄╼╄╼╃╸╃╶╬╶┛╌╌┠┈┈	┍╸ ╅╌┽╌┽╌┽╌┽╌┽┈╁╾╁╴╁╶╄╶╄┈┈ <u>╂┈┈┈</u>	^{┝╼} ╃╼╄╼╄╼╄╼╄╼╄╼ ┝ ╌╁ ╌┩┈┩┈ ╏╌╌╉ _{╾╸╸}	═ ╼╂╼╂╼╂╼╂╼╁╼╁╼╁╼╃╼╁╺╇┈╁ ╸	Spoure/TIC Asset over \$1	NONE	╼╀╾╀╾ ┇ ╼╅╼╅╼╁╼┼═┼┈╃┈┸┈┈	╼ ┍ ╌╃╾╃╾╃╾╅╾╅ ╸┩╸┩┈ ╂┈╫┈ ╂ ╌┈╂┈┈	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED		None	\$1.5200	┍╶┞ ╍╃╾ ┩╸╂╺┠╺╏╸╅╶╄╶┩╶╂╶╂ ╌ ┫╸╸ ┠╸	╵═╺┩╺╶┩╼╶╂╼╏╸┈╽┈╶┢┈╅╼╌╄╶┉╏╸┝ ╼ ╢╸╺╸╟╸ ╌	┍╼┡═┪═╃┈╁╼╬┈╃╸╄╼┟╾┨╼┿╌┫╌╌╏╸	╶╶┩╸┩╸┩┈┩╸┩ ╼ ╏┈┩┈╽╸ ╏┈╏┈╸ ╸┈┈	\$15,001-\$50,000	\$50,001-\$100,000		\$1,000,001.465,000,000	
Ave By Ky Ny Employment				╽┞ ┺╅╼╌╁╼┾╼┾┈┼╾┼╼┼ ┈╎╸╏╸ ┈╏	\$50,001-\$100,000	┍╸ ┪┈╅╌╅╌╅╌╁╌╁╌╂╌╂╌╂╌╏	╎┈┩┈┞┈┼┈┟┈┞┈┪┈┧┈┧┈╎┈╽┈╽┈╏┈┈╏┈┈┈	Ĭ Ŏ┼╌┼╌┼╌┼╌┼╌┼╌┼╌┼╌╁╌╁┈ <u>┛</u> ┈╌┺┈┈┈┈	╞ ═╅╾╅╌╅╌╃╌┽╌╃╌╃╌╃╌╃╸╃╸╁╼╄╌ ╟┈┈╏ ┈┈┈┈		₹	Spoule(F)C Asset over \$1	NONE	┟╸┈┞┈┈┞┈┈┟┈┪┈┪┈┢┈┡┈┞┈┞┈┞┈ ┦┈┈┦┈┈┦	┞┈┞┈┞┈┞┈╏┈┩┈┩┈┪┈┪┈┪┈┩┈╏┈╏	INTEREST	CAPITAL GAING	EXCEPTED/BLIND TRUST	TAX-DEFERRED		None	\$1-\$200	┝╌┡┈╃┉╃┈╫╸╫┈┟┈┟┈╁┈╂┈╂┈╂┈╂┈╏┈┈┠┈┈┈	┞╸┦╸┩╸┩╺┡┈┟┈┟┈┟┈┟┈╏╸┝┈ ┫┈┈ <u>┠┈┈</u>	┞┈ ╿┈┡┈┡┈┩┈ ┇┈╏┈┩╸┡┈┟┈┩╼┝┈┫┈┈┫╸┈		\$15,001.\$50,000	\$50,001-\$100,000		\$1,000,001-45,000,000	
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Name: Steven Brett Cydline Page 12 of 21

SCHEDULE B - TRANSACTIONS

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SCHEDULE B - TRANSACTIONS

Name: Steven Brett Chthrie Page 14 of 21

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SCHEDULE B - TRANSACTIONS

Name: Steven But Cydlyje Page K of 1

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SCHEDULE C - EARNED INCOME

Name: S. HELPA BAH GUTHAN, Page 16 of 21

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 reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act

INCOME LIMITS and PROHIBITED INCOME: The 2018 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,050. The 2019 limit is \$28,440. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

ні амінов, ванан ўрез от протів (повоў половів, ягоког з тев, апа раўненю то рівпевення веттов накотіў а павов у те	y relationally) are totally promoted.	
Source (include date of receipt for honoraria)	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: Civil War Facundiable (Oct. 2)	Legislative Pension	\$1,000
Ontario County Board of Education	Spouse Salary	N/A
NS CONARIS	Salarh	\$174 000
)	•

SCHEDULE D - LIABILITIES

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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 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); leans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities *Column K is for liabilities held solely by your spouse or dependent child.

						į	>	noun	t of Li	Amount of Liability				
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SP. DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	\$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	5/16	Mortgage on Rental Property, Dover, DE				×							
77	JP Morkon Chase of	11//	Mortsace on		X									
	Calumbias	•	Primary Residence											
7 1 7	h < Bank 4810	6/16	(c-Sisped for				X	Ì						
Oans	Danshare Fredica St. Owis Ky	`	dauchter's Primon	ļ										
SCHE	SCHEDULE E - POSITIONS		residence											

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	Advisory Board Member Conterfor Gifted Studies at Wastern KY (10/11/ Curcomputate
DAVINE BOOKS Member Western	Western KY May (uncompensated)
Rings momber	e Cast inc (

SCHEDULE F - AGREEMENTS

Name: Strung But Canthic 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

Date	Parties to Agreement	Terms of Agreement
1)/3/9	Both Conthris & Tonce Die lest	Leave of Ahrence for Covernment Service
1/3/9	Broth Conthrict Trace De Cost Amorted 40116,	Charted 40116, noncontribution by maselfor Trace
1 /3/6	Broth Court price Flore Ore Cour	Reported Defined Comp. Auncontribution by
•		Trace while on leave
119	KI Emplance Detiment	Asserbent Reducen self+ RER) - Defined
`	Susting (KERS)	Genefit No cosh Value or assets owned or
SCHEDUL	SCHEDULE G - GIFTS	Constalled by me.

Report the source (by name), a brief description, and the value of all gifts totaling more than \$390 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 (which may not include a registered lobbyist or foreign agent), 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 \$156 or less need not be added towards the \$390 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits

acceptance o	of gifts except as specifically provided in the rule	acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.	
	Source	Description	Value
Exemple:	Mr. Joseph Smith, Arlington, VA	Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	\$400
i !			

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: Sie 1/11
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Page / 9

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$390 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.

the filer.						
	Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
	Government of China (MECEA)	Aug. 6-11	DC-Beijng, China-DC	٧	*	Z
Examples:	Habitet for Humanity (charity fundraiser)	Mar. 3-4	DC-Boston-DC	Y	Υ	Υ
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SCHEDULE I - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. Examples: Association of American Associations, Washington, DC XYZ Magazine Source Activity Speech Article Feb, 2, 2018 Aug. 13, 2018 Date Amount \$2,000 \$500

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	of Dopenbert Child 3.	me funde in t	Shedule "A" Droppident Child 2 was zorod out	7112	Total Asseds held in 2018 in 529c funds are	V	9	Principal Life Insurance Des Moines, Ia	Surrender Value of 2 Universal Life Policies	100% (ontrol)	Personal Property of my late mother. My Parher has	NOTES