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UNITED STATES HOUSE OF REPRESENTATIVES Form A Form A For Use by Members, Officers, and Employees	2017 IVAY 10 PH 4: 51
Name: Strum Brit Guthric Daytime Telephone: 2022253501	U.S. R. J. C. U.S. R. L. P. L.
FILER STATUS Member of the U.S. State: K/ House of Representatives District: 7 Employee Employee	e: Staff Filer Type: (If Applicable) Shared Principal Assistant
REPORT 2016 Annual (Due: May 15, 2017) Amendment Termination Date of Term	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? b. Receive more than \$200 in uneamed income from any reportable asset during the reporting period? 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?	arrangement with an Yes X No
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction Yes No 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?	shild receive any Yes No X
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? 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?	child receive any totaling more than Yes No No No reporting period?
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? 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?	ganization make a donation to charity in Yes No X
E. Did you hold any reportable positions during the reporting period or Yes No ATTACH THE CORRESPONDING In the current calendar year up through the date of filing?	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH	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.	question, please Yes No 🔯
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?	Have you excluded Yes No X
EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spouse or your dependent of all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	your dependent child because they meet Yes No X

83	Hunds Growth	CT Amenican	Life; Simsburn	Γ	401K Retribut	ARC Hedge Fund X	Damples	SP Maga Corp. Stock BF	For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	If you so choose, you may indicate that an asset 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.	If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a tederal retirement program, including the Thiff Savings Plan.	For an ownership interest in a privately-hold 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 rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.	For bank and other cash accounts, total 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.	401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	(do not use only ticker symbols). For all IRAs and other retirement plans (such as	Provide complete names of stocks and mutual funds				BLOCK A
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE A – ASSETS & "UNEARNED INCOME"

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SCHEDULE A -- ASSETS & "UNEARNED INCOME"

Name: Steven But Cuthing

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE C - EARNED INCOME

Name: Steven Brett Guthric Page 19 of 24

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 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited. Examples: US CONANESS Keene State
State of Maryland
Civil War Roundtable (Oct. 2)
Ontario County Board of Education Source (include date of receipt for honoraria) 174 000 = Amount

Name: Steven
Brett,
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Page 20 of

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 *Column K is for liabilities held solely by your spouse or dependent child

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DC, JT	Creditor	Liability Incurred MO/YR	Type of Liability	\$10,001- \$15,000 \$15,001-	\$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	5/98	Mortgage on Rental Property, Dover, DE				×							
4	JP morgan chase of	11 / //	no seesting			X							_	
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Dc.	Owinshord, Ky	6/16	Primorn residence				_						\perp	
SCHE	SCHEDULE E - POSITIONS	•	Q											
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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. Acrosory Board 2000 OM-PMORY Position Men member 3 Center 1estern ANCON DENSATED 9.6 XONYM CICA Cast Sondic 04 Name of Organization 761514 つり ろメミ Tranom KG, Ave S G メ

Name: Trun	2
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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

empuyer.		
Date	Parties to Agreement	Terms of Agreement
113/09	tes are stute trulend that bolling	leave of Absence for southment service
113/09	13/09 B. C. + Trace O, & Cast	Reported 401K, Noncontribution by muse of ortrace
1/3/09		Broomerd Deferred component non- Sombusing by
		Trace while on leave.
1)09	KY Employees Retirement System	1109 KY Employees Retirement System agreement between Selfand KERS-Definal benefin
	KERS	NO Cosh 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 intendship received from the Ethics Committee)	\$400
	~		
		X/ //	

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: Strom & Guthine

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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 filler.

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				U	1) /		Fatilial for Humanity (chanity functialiser)	Gwennert of China (MECEA)	Source
									Ma: 3-4	Aug 6-11	Date(s)
		•							DC-Basian-DC	DO-Belling, China-DC	City of Departure-Destination-City of Return
			·						۲	Υ	Lodging? (Y/N)
									Y	Υ	Food? (Y/N)
	-					•			۲	Z	Family Member Included? (Y/N)

SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name: Steven Brit / Suthrid Page 23 of 24

ist 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.	f an event to a charitable organization	າ in lieu of paying an honora	ท่นm to you. A separate
	Activity	Date	Amount
Examples: An Associations, viashington, DC XYZ Magazine	Speech Article	Feb, 2, 2016 Aug. 13, 2016	\$2,000 \$500
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				(A)		Q'	9	D					(2)	NOTE NUMBER
the trust	The Trust owns the policies. I am 1 of 4 beneficioning of	Dolicies from Principal Life Insurance Des Moins IA	are the surringer value of 2 universal like	2815 Gudbric Family Irrevocable Arust : Trust assets	my father has 100% control. I shore with 3 brothers	Carolina Grahmie trust is presional property of my late mother	But Guthere Trust is 100% invested in Trace Die Coist	 Lowell (-whire drust is 100% invisted in Trace De Cost	0 1/27/16	DRID exchanged to OC(2) DCIVI'S now closed as	All Values are reported on Dependent Child # 2	transferred to dependent child # 2 on 1/27/16	Dependent Child # 1's College funds were closed and	NOTES

But Conthrie Trust is 100% invented in Truce Die Cost		LOYOLA CHANGE TYUST IS DY YOROL DODRYDA OF DA LATE B	my father has 100% control. I shore with 3 brother	ording change trust is presonal property of my late m. on Pather has 100% control. I Shore with 3 brother 2815 Guthric Family Irrevocable trust "Trust assets	around change trust is presonal prepared of my late m. An father has 100% control. I shore with 3 brother 2815 Guthric Family Irrevocable trust i Trust assets are the surrender value of 2 universal life	my father has 100% condrol. I shore with 3 brothers 2815 Gudhrie Family Irrevocable drust "Trust assets are the surrender value of 2 universal life Dolicies from Principal Life Insurance Des Moins, IA
15 100% invested in Trace Die Cost	ast is now howard now late more		0 % control. I Shore with 3 brother	mily Irrevocable drust "Trust asserts	mily Irrevocable trust "Trust asserts The Value of 2 universal life	with Irrevocable trust is Trust asserts. The Value of 2 universal life Lincipal Life Insurance Des Mons