

HAND
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UNITED STATES HOUSE OF REPRESENTATIVES

2019 FINANCIAL DISCLOSURE STATEMENT

Form A
For Use by Members, Officers, and Employees

REGULATING ACTIVITIES
2020 AUG - 7 PM P: 45
(Office Use Only)

Name: Steven Brett Gantkofre Daytime Telephone: 202-225-3501

FILER STATUS	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>KY</u>	Officer or Employee	Staff Filer Type: (If Applicable) <input type="checkbox"/> Shared <input checked="" type="checkbox"/> Principal Assistant <input type="checkbox"/>
REPORT TYPE	<input checked="" type="checkbox"/> 2019 Annual (Due: May 15, 2020)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Date of Termination:

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

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? <input checked="" type="checkbox"/> 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 gifts totaling more than \$300 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 \$300 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.

TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "exempted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?

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.

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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.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Stern Brett Gutierrez

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BLOCK A												BLOCK B												BLOCK C												BLOCK D												BLOCK E											
Assets and/or Income Sources												Value of Asset												Type of Income												Amount of Income												Transaction											
<p>Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use only ticker symbols).</p> <p>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 reporting threshold.</p> <p>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.</p> <p>For rental and other real property held for investment, provide a complete address or description; e.g., "Rental property," and a city and state.</p> <p>For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Executive: 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 federal retirement program, including the Thrift Savings Plan. If your report a privately-held fund that is an Endowment Investment Fund, please check the "EIF" box.</p> <p>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).</p> <p>For a detailed discussion of Schedule A Requirements, please refer to the instruction booklet.</p>												<p>Indicate value of asset at close of the reporting period. If you use a value different than fair market value, please specify the method used.</p> <p>If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."</p> <p>*Column M is for assets held by your spouse or dependent child in which you have no interest.</p>												<p>Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or any other tax-exempt accounts), you may check the "None" column. For all other assets indicate the type of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated.</p> <p>*Column N is for assets held by your spouse or dependent child in which you have no interest.</p>												<p>Check all columns that apply. For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the type of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated.</p> <p>*Column XII is for assets held by your spouse or dependent child in which you have no interest.</p>												<p>Indicates if the asset had gains (P), losses (S), or exchanges (E) in the reporting period.</p> <p>If only a portion of an asset was sold, please indicate as follows: (S) part.</p> <p>Leave this column blank if there are no transactions that exceeded \$1,000.</p>											
SQ. D/C JT	SP Simon & Schuster	EIF										I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	P S (part) or E																																			
Examples:	ABC Hedge Fund	X		Industrie	X			Royalties	X																																																		
<p>401K Retirement Fund</p> <p>Fidelity Freedom Fund</p> <p>The Fund Index 2030 Fund</p> <p>Same Fund</p>												<p>Sign</p>												<p>P, S, (part), or E</p>																																			

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Starry Brett Gauthier

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Steven Bartholomew | Page 4 of 18

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Steven Brett Gauthier

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Use additional sheets if more space is required.

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: Steven Brett Landry

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SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: Steven Brett Guthrie

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SP. # ASSET NAME SF	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
			A	B	C	D	E	F	G	H	I	J	K	L	M	
1 Steven Guthrie Irrevocable Trust B/C K/Y	X	None														
2 1 of 4 Beneficiaries Shares w/ 3 Brothers		\$1-\$1,000														
3 100% Invested In Trade Tie Cost Stock B/C K/Y	X	\$1,001-\$15,000														
4 Brett Guthrie Gift Trust 100% Share Die Cost Stock	X	\$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 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, SIGHTLY, OR E														

Use additional sheets if more space is required.

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: Shirley Ruth Gutierrez

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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. ID.	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	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-\$2,000																												
	\$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																												

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Steven Brett Cuthrie Page 9 of 18

SCHEDULE B – TRANSACTIONS

Name: Steven Brett Gauthier

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														Type of Transaction	Date	Amount of Transaction										
														Purchase		A	B	C	D	E	F	G	H	I	J	K
														Sale												
														Partial Sale												
														Exchange												
Check Box if Capital Gain Exceeded \$200																										
(Dollars) Quantity, Monthly, or Bi- Weekly, if applicable																										
A		B		C		D		E		F		G		H		I		J		K						
\$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																										
Over \$1,000,000/ (Spouse/DC Assd)																										

Use additional sheets if more space is required.

SCHEDULE C – EARNED INCOME

Name: Steven Britt Catherine Page 12 of 18

List the sources, types, 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.

INCOME LIMITS and PROBATIONARY INCOME: The 2019 limit on outside earned income for Members and dependents received under the Social Security Act.

In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

Use additional sheets if more space is required.

SCHEDULE D – LIABILITIES

Name: Stern Brett Guthrie | Page 13 of 18

Report liabilities of over \$10,000 owed to any one creditor at any time 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, JR	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
	Fifth Bank of Wilmington, DE	5/19	Mortgage on Rental Property Dover, DE		\$10,001-\$15,000									
ST	SP Morgan Chase etf	11/11	Mortgage on primary Residence	X		\$15,001-\$50,000								
ST	Ms Bank 4810	6/16	Co-sign Daughter			X								
ST	David & Frederick ST, OHIO KY		Primary residence											

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
Board Member	Trace Rice Cost - Family Business, uncompensated
Advisory Board	Western Ky Univ, uncompensated - resigned 12/31/19
Advisory Board	Center for Gifted Studies at WKU Uncompensated - Resigned 12/31/19

SCHEDULE F – AGREEMENTS

Name: Steven Britt Gauthier

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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 employer.

Date	Parties to Agreement	Terms of Agreement
1/3/9	Brett & Christie Trace Inc Cast	Leave of absence for Government Service
1/3/9	Brett & Christie & Trace Inc Cast	401K, noncontributing by myself or Trace
1/3/9	Brett & Christie Trace Inc Cast	Defined Compensation, noncontributing by trace
1/9	KY Employee Retirement System [CKER 5]	Agreement between self & KERS - Defined 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 \$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 of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

Source	Description	Value
Example:	Mr. Joseph Smith, Arlington, VA	\$400
	Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	

Use additional sheets if more space is required.

SCHEDULE H – TRAVEL PAYMENTS and REIMBURSEMENTS

Name: Sylvia Beth Landrine Page 15 of 18

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. § 3342); 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?	Food?	Family Member Included? (Y/N)
Example:					
Government of China (MECEA)	Aug 6-11	DC-Baoding China-DC	Y	Y	N
Habitat for Humanity (charity luncheon)	Nov. 14	DC-Boston-DC	Y	Y	Y

Use additional sheets if more space is required.

SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name: Steven Barth Courtney
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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.

Source	Activity	Date	Amount
Association of American Associations, Washington, DC	Speech	Feb. 2, 2019	\$2,000
XYZ Magazine	Article	Aug. 13, 2019	\$500

Use additional sheets if more space is required.

FILER NOTES
(Optional)

Name: Steven Bratt Gustafson | Page 17 of 18

NOTE NUMBER	NOTES
1	Personal property of my late mother. My father has 100% control.
2	Surrender Value of 2 Universal Life Policies from Principal Life Insurance Des Moines, Iowa The trust owns the Policies
3	Total assets held in 2019 in 401K Funds are reported under Fidelity Freedom Fund in Schedule "A" American Growth Funds and Franklin Mutual Funds were zero'd out and transferred to the Fidelity Freedom Fund - This decision was made by Trace Dic Cast, Rot by me. It did not direct in any way.
4	Newberger Berman Fund NBNCX is the same fund listed as NBNCX on 2019

**FILER NOTES
(optional)**

Name: Steven Brett Ladhric | Page 18 of 18

NOTE NUMBER	NOTES
X	<p>Trace One East, Inc. of which Sumner is equally divided between me and my 3 brothers participated in the Payroll Protection Program. Trace received a \$4367.00 loan from Franklin Bank and Trust. Trace was completely funded March 16, 2020 & May 25, 2020 and is still partially shutdown at the time of this note (July 29, 2020). Trace has 400 employees and when the loan is canceled Trace expects <u>100%</u> of any forgiven PPP loan to have been paid to employees in terms of payroll, healthcare benefits, 401k contributions and other benefit benefits. These employees will have been at the curve laid-off and on unemployment insurance but for Trace's participation in the Payroll Protection Program.</p>

Use additional sheets if more space is required.