

**UNITED STATES HOUSE OF REPRESENTATIVES**  
**2022 FINANCIAL DISCLOSURE STATEMENT**
**Form A**  
For Use by Members, Officers, and Employees

**LEGISLATIVE OFFICE OF REFEREE  
2023 FEB 12 PM 3:31  
(Office Use Only)**
**Name: Steven Bentz** Daytime Telephone: **202-225-3501**
**A \$20 penalty shall be assessed against any individual who files more than 30 days late.**

<b>FILER STATUS</b>	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	<b>State:</b> <u>DC</u>	<b>Officer or Employee:</b> _____	<b>Staff Filer Type: (If Applicable)</b>
<b>REPORT TYPE</b>	<input checked="" type="checkbox"/> 2022 Annual (Due: May 15, 2023)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	<input type="checkbox"/> Shared <input checked="" type="checkbox"/> Principal Assistant <input type="checkbox"/>

**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"/>	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? <input checked="" type="checkbox"/> Yes <input 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? <input checked="" type="checkbox"/>	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 \$415 in value from a single source during the reporting period? <input checked="" type="checkbox"/> 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? <input checked="" type="checkbox"/>	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 \$415 in value from a single source during the reporting period? <input checked="" type="checkbox"/> 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? <input checked="" type="checkbox"/>	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? <input checked="" type="checkbox"/> 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? <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<b>ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"</b>

**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 Committees 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.

Yes  No

Yes  No

# SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: *Steven B Gauthier*

Page 2 of 14

<b>BLOCK A</b>											
<b>Assets and/or Income Sources</b>											
<b>BLOCK B</b>											
<b>Value of Asset</b>											
<p>Indicate value of asset at close of the reporting period. If you use a valuation method other 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>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 thresholds.</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>											
<b>BLOCK C</b>											
<b>Type of Income</b>											
<p>Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" category of income by checking the appropriate box below. For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the assets had 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 asset generated no income during the reporting period.</p>											
A	B	C	D	E	F	G	H	I	J	K	L
<b>BLOCK D</b>											
<b>Amount of Income</b>											
<p>For assets for which you checked "Tax-Deferred" in Block C, you indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting period.</p> <p>If only a portion of an asset was sold, please indicate as follows: (S part).</p>											
I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII
<b>BLOCK E</b>											
<b>Transaction</b>											
<p>Leave this column blank if there are no transactions that exceeded \$1,000.</p>											
SP	SD	Mem. Com. Stock	EE								
DC	SD	Simon & Schuster									
JT		ABC Hedge Fund	X								
<b>Example:</b>											
<p><b>401 K Retirement Fund 2030 Flexible Freedom</b></p>											

Use additional sheets if more space is required.

**SCHEDULE A – ASSETS & “UNEARNED INCOME”**

Name: **Steve B. Guthrie**      Page **3** of **14**

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	
ST	ASSET NAME <i>US Bank Account 800 State St Belling Green kg Checking/savings</i>	EF	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*												I II III IV V VI VII VIII IX X XI XII			
X		X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED  Other Type of Income (Specify: e.g., Partnership Income or Farm Income)															
X		X	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*															
X		X													P, S, S(p), or E			
P																		

## **SCHEDULE A – ASSETS & “UNEARNED INCOME”**

Name: Steven B Guthrie

Page 4 of 14

## **SCHEDULE A – ASSETS & “UNEARNED INCOME”**

Name: Steven B. Franklin

Page 1 of 1

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	EX				
ASSET NAME	EF				
SP Whole Life		None		I	
New England Financial	X	\$1-\$1,000		II	
700 Quaker Ln		\$1,001-\$15,000		III	
Warrick, RI		\$15,001-\$50,000		IV	
DC Whole Life	X	\$50,001-\$100,000		V	
— Insurance		\$100,001-\$250,000		VI	
American Life		\$250,001-\$500,000		VII	
St. Lavelle Galactic Irrevocable Trust	X	\$500,001-\$1,000,000		VIII	
Bethany, NY 3		\$1,000,001-\$5,000,000		IX	
100% interest in Trace Die Cast Stock	X	\$5,000,001-\$25,000,000		X	
		Over \$50,000,000		XI	
		Spouse/DC Asset over \$1,000,000*		XII	
		NONE			
		DIVIDENDS			
		RENT			
		INTEREST			
		CAPITAL GAINS			
		EXCEPTED/BLIND TRUST			
		TAX-DEFERRED			
		Other Type of Income (Specify, e.g., Partnership Income or Farm Income)			
		None		I	
		\$1-\$200		II	
		\$201-\$1,000		III	
		\$1,001-\$2,500		IV	
		\$2,501-\$5,000		V	
		\$5,001-\$15,000		VI	
		\$15,001-\$50,000		VII	
		\$50,001-\$100,000		VIII	
		\$100,001-\$1,000,000		IX	
		\$1,000,001-\$5,000,000		X	
		Over \$5,000,000		XI	
		Spouse/DC Asset with Income over \$1,000,000*		XII	
		P, S, Sipar, or E			

## **SCHEDULE A – ASSETS & “UNEARNED INCOME”**

Name: Stern B. Guthrie

Page 6 of 14

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Stern B Guthrie

Page 7 of 14

## SCHEDULE B – TRANSACTIONS

Name: Steven B. Gauthier

Page 8 of 14

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 deduct 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		Date  Check Box if Capital Gain Exceeded \$200	(M)DAV(R) or Quarterly Monthly or Bi- weekly if applicable	Amount of Transaction														
			Purchase	Sale			Purchase	Sale	Partial Sale	Exchange	A	B	C	D	E	F	G	H	I	J	K
	SP	Example	Mega Corp. Stock																		
				X				X			3/2/22										
<i>None to Report</i>																					

Use additional sheets if more space is required.

**SCHEDULE C – EARNED INCOME**

Name: Steven B. Gauthier Page 9 of 14

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 2022 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$29,895. The 2023 limit is \$31,815. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

Source (include date of receipt for honoraria)	Type	Amount
Keene State	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$18,000
Civil War Roundtable (Oct. 2)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	N/A
<b>US Congress</b>	<b>Salary</b>	<b>\$174,000 <del>22</del></b>

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

## SCHEDULE D – LIABILITIES

Name: Steve Blackmer

Page 10 of 14

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
	First Bank of Wilmington, DE	5/20	Mortgage on Rental Property, Dover, DE	\$10,001-\$15,000									
	<u>Steve Blackmer</u>	<u>6/16</u>	<u>Co-signer on Daughter's permit Residence</u>	\$15,001-\$50,000									
				\$50,001-\$100,000									
				X	\$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)								

## 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

<u>Board Member</u>	<u>Trace Die Cast, Inc. – Family Business</u>

## SCHEDULE F – AGREEMENTS

**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
1/3/04	Brett Guthrie & Trace D.e. Cost (TDC)	Leave of Absence for Government Service
1/3/04	Brett Guthrie & TDC	401K, Non Contributing by Self or TDC
1/3/04	Brett Guthrie & TDC	Deferred Compensation, Non Contributing which on leave
1/3/04	KY Retirement System	Self & KRS - Defined Benefit Plan merged
	KRS	Value of assets owned or controlled by

**SCHEDULE G – GIFTS**

**Report the source (by name), a brief description, and the value of all gifts totaling more than \$415 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 \$165 or less need not be added towards the \$415 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.**

## **SCHEDULE H – TRAVEL PAYMENTS and REIMBURSEMENTS**

Name: Steven B. Bushire

Page 13 of 14

**Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$415 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.**

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

**SCHEDULE I – PAYMENTS MADE TO CHARITY IN  
LIEU OF HONORARIA**

**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.**

Name: Stewie Bintarie Page 13 of 14

Source	Activity	Date	Amount
Association of American Associations, Washington, DC	Speech	Feb. 2, 2022	\$2,000
XYZ Magazine	Article	Aug. 13, 2022	\$500

Examples:

FILER NOTES  
(Optional)

Name: Struthie | Page 14 of 14

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 has 100% control

Use additional sheets if more space is required.