

UNITED STATES HOUSE OF REPRESENTATIVES

2021 FINANCIAL DISCLOSURE STATEMENT

Form A

For Use by Members, Officers, and Employees

**HAND
DELIVERED**

LEGISLATIVE RESOURCE CENTER

(Office Use Only)

MC 02 MAY 16 PH 3:10

Name: Steven Brett Gundlach

Daytime Telephone: 202-225-3501

FILER STATUS	Member of the U.S. House of Representatives		
REPORT TYPE	State: <u>KY</u> District: <u>2</u> <input type="checkbox"/> Amendment <input type="checkbox"/> Termination Date of Termination: _____		
	Officer or Employee	Employing Office:	Staff Filer Type: (If Applicable) <input type="checkbox"/> Shared <input 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"/>
b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
C. 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 gift(s) totaling more than \$415 in value from a single source during the reporting period? <input 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"/>	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 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"/>	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 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 "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?

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

Yes No

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: **Steven Brett Guthrie**

Page **2** of **14**

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 method other than fair market value, please specify the method used.</p> <p>(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 stock 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, list the amount in all interest-bearing accounts. If the total 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>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 Retirement Savings program, including the Thrift Savings Plan.</p> <p>If you report a privately-held fund that is an Exempted 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 (SPY) or dependent child (DC), or jointly held with anyone (JH).</p> <p>In the optional column on the far left, For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.</p>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
A	B	C	D	E	F	G	H	I	J	K	L	M	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: Steven Brett Gauthier

Page 2 of 14

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: Steven Brett Guthrie

Page 2 of 14

BLOCK A Assets and/or Income Sources		Value of Asset	Type of Income	Amount of Income	BLOCK D Transaction
ASSET NAME	EE RE IT				
ST Mutual Fund	X	None			
Alliance / Bernstein	X	\$1-\$100			
National Municipal Income Fund	X	\$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-\$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	P	P, S, SI[part], or E			

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: Steven Brett Gonthier

Page 5 of 14

SCHEDULE A - ASSETS & "UNEARNED INCOME"

ASSET NAME #	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										
Brett Guthrie Gift Trust 100% invested in Trace Die Cast Stock	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*	X	X	X	X	X	X	X	X	X	X	X	X	I	II	III	IV	V	VI	VII	VIII	X	X	X	X	X	
Equity in Trace Die Cast inc, 140 N Graham Ave Bowling Green, Kentucky	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	X	X	X	X	X	X	X	X	X	X	I	II	III	IV	V	VI	VII	VIII	X	X	X	X	X	
KY Employment Reimbursement System	P, S, S[part], or E																										

Name: *Skylar Brett Guthrie* Page *6* of *14*

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: Steven Brett Conthine

Page 7 of 14

SCHEDULE C – EARNED INCOME

Name: Steven Brett Guthrie

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 2021 limit on outside earned income for Members and employees compensated at or above the 'senior staff' rate was \$29,585. The 2022 limit is \$29,895.

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
Child War Roundtable (Oct. 2)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
U.S. Congress	Salary	\$174,000 <u>ee</u>

Use additional sheets if more space is required.

SCHEDULE D – LIABILITIES

Name: Shawn Barth Gwin Jr.

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.

Creditor SP, JT DC, JR	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 Residential Property, Dover, DE	\$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
STT Semugen Chase of Columbus	11/11	Mortgage on Primary Residence	Paid in Full 2021									
STW HS Bank, 4810 Frederick St	6/16	Co-sign on										
DC Owners Bureau, KY		Bankrupt Client's 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 Die Cast Inc - Family Business

SCHEDULE F – AGREEMENTS

Name: Sherin Brett Catherine

Page 1 of 14

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
11/3/09	Brett Cuthrie & Trace De Cart (TDC)	Leave of absence for Government Service
11/3/09	Brett Cuthrie & TDC	Yolk, Non contributing by self or TDC
11/3/09	Brett Cuthrie & TDC	Defined Comp - Non contributing while on leave
11/3/09	KY Employment Retirement System	Between Self and KERS - Defined Benefit, No (KERS)
		Cash Value of 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 \$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 \$168 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.

Use additional sheets if more space is required.

SCHEDULE H – TRAVEL PAYMENTS and REIMBURSEMENTS

Name: Steven Barth Conklin | Page 12 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.

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.

Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Accompanying (Y/N)
Government of China (MECEA)	Aug 6-11	DC-Beijing, China-DC	Y	Y	N
Habitat for Humanity (Charity Foundation)	Mar. 3-4	DC-Boston-DC	Y	Y	Y

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: Steven Brett Cuthrie Page 13 of 14

**FILER NOTES
(Optional)**

Name: Steven Britt Griffith 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.