

HAND DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES  
2024 FINANCIAL DISCLOSURE STATEMENT

Form A  
For Use by Members, Officers, and Employees

Name: Hon. Michael Guest

Daytime Telephone: 202-225-5031

(Office Use Only)

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

FILER STATUS	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: MS District: 03	<input type="checkbox"/> Officer or Employee	Employing Office:	Staff Filer Type: (If Applicable) Share <input type="checkbox"/> Principal Assistant <input type="checkbox"/>
REPORT TYPE	<input checked="" type="checkbox"/> 2024 Annual (Due: August 13, 2025)	<input type="checkbox"/> Amendment	<input type="checkbox"/> 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? or 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 gift(s) totaling more than \$415 in value from a single source during the reporting period?	Yes <input checked="" type="checkbox"/> No <input 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 \$415 in value from a single source during the reporting period?	Yes <input checked="" type="checkbox"/> No <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"/>	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 type="checkbox"/> No <input checked="" 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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Hon. Michael Guest

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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	
<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 thresholds.</p> <p>For bank and other cash accounts, list 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 of the 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><b>Exclude:</b> 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).</p> <p>If you report a privately-traded fund that is an Excepted 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 (J), in the optional column on the far right.</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 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>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" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.</p>						<p>For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category 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>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: (\$ part)</p> <p>Leave this column blank if there are no transactions that exceeded \$1,000.</p>	
A	B	C	D	E	F	G	H	I	J	K	L	M	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	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	
	\$1-\$1,000	\$1,001-\$5,000	\$5,001-\$25,000	\$25,001-\$50,000	\$50,001-\$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																						
SP, DC, JT		EIF																																
<p>Examples:</p> <p>Windsor Fund Stock</p> <p>Simon &amp; Schuster</p> <p>ABC Hedge Fund</p>																																		
<p>( ) - COMMUNITY BANK OF MISSISSIPPI</p>		X													X						X													
<p>( ) - TRUSTMARK NATIONAL BANK</p>		X													X						X													
<p>(GADE) - Cadence Bank - Common DRP</p>		X													X						X													
<p>(GADE) - Cadence Bank - Common DRP</p>		X													X						X													

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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Assets and/or Income Sources		Value of Asset													Type of Income							Amount of Income													Transaction																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
SP, DC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED R. NO. TRUST	TAX DEFERRED	Other Type of Income (Specify, e.g., Partnership Income or Farm Income)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	525	526	527	528	529	530	531	532	533	534	535	536	537	538	539	540	541	542	543	544	545	546	547	548	549	550	551	552	553	554	555	556	557	558	559	560	561	562	563	564	565	566	567	568	569	570	571	572	573	574	575	576	577	578	579	580	581	582	583	584	585	586	587	588	589	590	591	592	593	594	595	596	597	598	599	600	601	602	603	604	605	606	607	608	609	610	611	612	613	614	615	616	617	618	619	620	621	622	623	624	625	626	627	628	629	630	631	632	633	634	635	636	637	638	639	640	641	642	643	644	645	646	647	648	649	650	651	652	653	654	655	656	657	658	659	660	661	662	663	664	665	666	667	668	669	670	671	672	673	674	675	676	677	678	679	680	681	682	683	684	685	686	687	688	689	690	691	692	693	694	695	696	697	698	699	700	701	702	703	704	705	706	707	708	709	710	711	712	713	714	715	716	717	718	719	720	721	722	723	724	725	726	727	728	729	730	731	732	733	734	735	736	737	738	739	740	741	742	743	744	745	746	747	748	749	750	751	752	753	754	755	756	757	758	759	760	761	762	763	764	765	766	767	768	769	770	771	772	773	774	775	776	777	778	779	780	781	782	783	784	785	786	787	788	789	790	791	792	793	794	795	796	797	798	799	800	801	802	803	804	805	806	807	808	809	810	811	812	813	814	815	816	817	818	819	820	821	822	823	824	825	826	827	828	829	830	831	832	833	834	835	836	837	838	839	840	841	842	843	844	845	846	847	848	849	850	851	852	853	854	855	856	857	858	859	860	861	862	863	864	865	866	867	868	869	870	871	872	873	874	875	876	877	878	879	880	881	882	883	884	885	886	887	888	889	890	891	892	893	894	895	896	897	898	899	900	901	902	903	904	905	906	907	908	909	910	911	912	913	914	915	916	917	918	919	920	921	922	923	924	925	926	927	928	929	930	931	932	933	934	935	936	937	938	939	940	941	942	943	944	945	946	947	948	949	950	951	952	953	954	955	956	957	958	959	960	961	962	963	964	965	966	967	968	969	970	971	972	973	974	975	976	977	978	979	980	981	982	983	984	985	986	987	988	989	990	991	992	993	994	995	996	997	998	999	1000	1001	1002	1003	1004	1005	1006	1007	1008	1009	1010	1011	1012	1013	1014	1015	1016	1017	1018	1019	1020	1021	1022	1023	1024	1025	1026	1027	1028	1029	1030	1031	1032	1033	1034	1035	1036	1037	1038	1039	1040	1041	1042	1043	1044	1045	1046	1047	1048	1049	1050	1051	1052	1053	1054	1055	1056	1057	1058	1059	1060	1061	1062	1063	1064	1065	1066	1067	1068	1069	1070	1071	1072	1073	1074	1075	1076	1077	1078	1079	1080	1081	1082	1083	1084	1085	1086	1087	1088	1089	1090	1091	1092	1093	1094	1095	1096	1097	1098	1099	1100	1101	1102	1103	1104	1105	1106	1107	1108	1109	1110	1111	1112	1113	1114	1115	1116	1117	1118	1119	1120	1121	1122	1123	1124	1125	1126	1127	1128	1129	1130	1131	1132	1133	1134	1135	1136	1137	1138	1139	1140	1141	1142	1143	1144	1145	1146	1147	1148	1149	1150	1151	1152	1153	1154	1155	1156	1157	1158	1159	1160	1161	1162	1163	1164	1165	1166	1167	1168	1169	1170	1171	1172	1173	1174	1175	1176	1177	1178	1179	1180	1181	1182	1183	1184	1185	1186	1187	1188	1189	1190	1191	1192	1193	1194	1195	1196	1197	1198	1199	1200	1201	1202	1203	1204	1205	1206	1207	1208	1209	1210	12111

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Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or unit properly 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 child(ren), 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.										Type of Transaction				Date	Amount 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 disclose the capital gain income on Schedule A.										Purchase	Sale	Partial Sale	Exchange	Check Box if Capital Gain Exceeded \$200	MO/DA/YR or Quarter, Month, or Bi-weekly if applicable	A \$1,001-\$15,000	B \$15,001-\$50,000	C \$50,001-\$100,000	D \$100,001-\$250,000	E \$250,001-\$500,000	F \$500,001-\$1,000,000	G \$1,000,001-\$5,000,000	H \$5,000,001-\$25,000,000	I \$25,000,001-\$50,000,000	J Over \$50,000,000	K Over \$1,000,000* (Spouse/DC Asset)
SP, DC, JT	Asset										3-3-1															
SP	Example	Mega Corp Stock			X			X					X													
	LPL-INV - (DLN) WisdomTree US LargeCap Dividend ETF				X			X			03/06/2024	X														
	LPL-INV - (FDFWX) AMERICAN INCOME INCONSERVATIVE CL F2	INRETIREMENT			X						06/11/2024	X														
	LPL-INV - (FWD) AB ACTIVE	INDISRUPTORS ETF	X								06/11/2024	X														
	LPL-INV - (QQQ) PowerShares QQQ Trust, Series 1				X			X			08/20/2024	X														
	LPL-INV - (QQQ) PowerShares QQQ Trust, Series 1				X			X			03/06/2024	X														
	LPL-INV - (QOWLD) SPDR INDEX INVESTIGFACTORS ETF	INMSCI WORLD			X						06/11/2024	X														
	LPL-INV - (SPYGI) SPDR PORTFOLIO GROWTH ETF	INUS&P 500			X			X			03/06/2024	X														
	LPL-RIRA - (AMBFX) American Funds American Balanced F2				X						03/26/2024	X														
	LPL-RIRA - (AMCFX) American Funds AMCAP F2				X						03/26/2024	X														
	LPL-RIRA - (DGRW) WisdomTree Trust - WisdomTree U.S. Quality Dividend Growth Fund		X								06/11/2024	X														
	LPL-RIRA - (DGRW) WisdomTree Trust - WisdomTree U.S. Quality Dividend Growth Fund				X						03/26/2024	X														
	LPL-RIRA - (DGT) SPDR Global Dow ETF		X								03/26/2024	X														
	LPL-RIRA - (DIVB) ISHARES CORE DIVID ETF		X								03/26/2024		X													
	LPL-RIRA - (FDFWX) AMERICAN RETIREMENT INCOME CONSERVATIVE CL F2				X						06/11/2024	X														
	LPL-RIRA - (FDFWX) AMERICAN RETIREMENT INCOME CONSERVATIVE CL F2		X								03/26/2024	X														
	LPL-RIRA - (FWD) AB ACTIVE DISRUPTORS ETF		X								06/11/2024	X														
	LPL-RIRA - (GBLFX) AMERICAN GLOBAL BALANCED CL F2				X						03/26/2024	X														
	LPL-RIRA - (GFFFX) American Funds Growth Fund of Amer F2				X						03/26/2024	X														
	LPL-RIRA - (INPEX) AMERICAN CONSERVATIVE GROWTH & INCOME CL F2		X								03/26/2024	X														
	LPL-RIRA - (PONPX) PIMCO Income P		X								03/26/2024	X														
	LPL-RIRA - (QQQ) PowerShares QQQ Trust, Series 1		X								03/26/2024		X													

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Report any purchase, sale or exchange transactions that exceeded \$1,000 in the reporting period or 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 child(ren), or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please check the "partial sale" as the type of transaction.		Type of Transaction				Date	Amount of Transaction																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
		Purchase	Sale	Partial Sale	Exchange		Check Box if Capital Gain Exceeded \$200	SP-1, or MCDA/IRA or Other 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 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1000	A	B	C	D	E	F	G	H	I	J	K																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
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 disclose the capital gain income on Schedule A.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													

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**SCHEDULE C - EARNED INCOME**

Name: **Hon. Michael Guest**

Page (C) 1 of 1

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 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. 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
Examples:	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
PERS OF MISSISSIPPI		Retirement	68191
MISSISSIPPI COURT COLLECTIONS, INC.		Spouse Salary	N/A



# SCHEDULE D - LIABILITIES

Name: Hon. Michael Guest

Page (D) 1 of 1

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 \$10,000. \*Column K is for liabilities held solely by your spouse or dependent child.

	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
SP DC, JT				\$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 F- ed Bank of Wilmington DE	5/15	Mortgage on Rental Property, Dover, DE				X							
	CITIZENS BANK	6/70	MORTGAGE ON PERSONAL RESIDENCE					X						

SCHEDULE E - POSITIONS

Name: Hon. Michael Guest

Page (E) 1 of 1

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
President	The Foundation for the Rankin County Public Schools

SCHEDULE F - AGREEMENTS

Name: Hon. Michael Guest

Page (F) 1 of 1

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
1/1/1994	The State of Mississippi and me	Participant in Public Employees' Retirement System of Mississippi (PERS) and Mississippi Deferred Compensation Plan

SCHEDULE G - GIFTS

Name: Hon. Michael Guest

Page (G) 1 of 1

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, 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	Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	\$400
University of Mississippi School of Law Scholarship		Dependent child received a scholarship/grant in 2024	22630
MS BOYS STATE SCHOLARSHIP		Dependent child received a scholarship/grant in 2024	1500
Mississippi State University		Dependent child received a scholarship/grant from Mississippi State University in 2024	3000
Colvard Scholarship		Dependent child received a scholarship/grant in 2024	2000

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: Hon. Michael Guest

Page (H) 1 of 1

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 (F.G.D.A., 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		Dates	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
Expenses	Government (Congressional)	Aug. 1-11	Polk, IA - Chicago	Y	Y	N
	Family (Spouse/Children)	Mar. 14	Wash., DC	Y	Y	Y
The Aspen Institute		4/1/24 to 4/6/24	Jackson, MS - Bellagio, Italy - Jackson, MS	Y	Y	Y
The Aspen Institute		8/10/2024 to 8/16/2024	Jackson, MS - Dublin, Ireland - Jackson, MS	Y	Y	Y

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

Name: Hon. Michael Guest

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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
Examples: Association of American Associations, Washington, DC	Speech	Feb. 2, 2017	\$2,000
XYZ Magazine	Article	Aug. 13, 2017	\$500
NONE			

**FILER NOTES**  
(Optional)

Name: Hon. Michael Guest

Page (N) 1 of 1

NOTE NUMBER	NOTES
001	Schedule A - - MPACT - Asset removed due to closure
002	Schedule A - Kennedy Investments LLC - This is part of the trust (TRUST-KF) and in 2024 there was value and income that just exceeded the threshold amounts after discounting for percentage ownership.