

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS Name: C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? **UNITED STATES HOUSE OF REPRESENTATIVES** reporting period? A. Did you, your spouse, or your dependent child: FINANCIAL DISCLOSURE STATEMENT FILER b. Receive more than \$200 in unearned income from any reportable a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or asset during the reporting period? MICHAEL P. GUEST × U.S. House of Representatives Employing Office: Candidates – Date of Election: New Officer or Employee New Member of or Candidate for THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" JUNE 5, 2018 State: District: Shared Staff Filer Type (If Applicable): S × ğ ĕ × × Daytime Telephone For New Members, Candidates, and New Employees Principal Assistant Z **Z** 중 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? J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? FORM ಠ Period Covered: January 1, Check if Amendment GISLATIVE RESOURCE CENTER OFFICE OF THE CLERK HOUSE OF REPRESENTATIVES A \$200 penalty shall be assessed against any individual who files more than 30 days late. MAY 23 PH 1:58 (Office Use Only) ¥**8**\$ ¥**8**8 ¥95 × Page 1 of 8 Š Z Z ×

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics

EXEMPTION - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for

Yes

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Yes.

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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?

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LPL	ETRADE	CAPITA	BANCO	<u> </u>	Examples:			all interest-besing accounts. If it all interest-besing accounts. If it \$3,000, list every financial institution \$5,000 in interest-besing for rental and other in a private a complete address or a rental property. In a city and state for an ownership interest in a private first in and publicly threed, state it business, the nature of its are geographic location in Block. A. geographic location in Block. A. Exclude: Your personal residence, income during the reporting period); interest in, or income denived resimement program, including the Th fryou report a privately-traded it resimement program, including the Th fryou choose, you may indicate income source is that or your adependent child (DC), or jointly held in the optional column on the far left.		all IRAs and o (t) plans) provid account that exc	Provide complete names of stoc (do not use only fiction symbols).	Identify (a) each asset production of income are production of income are proceeding \$1,000 at the pand (b) any other reportate which generated more income during the year.	Assets and	
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				-	+	╀	4		** ~	1	*Column M is for assets held by your spouse or dependen child in which you have no interest.	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. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."	Value of Asset	-
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			<u></u>			L		CAPITAL GAINS			2.0	eren account	Type of Income	BLOCK C
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				2	8	-		TAX-DEFERRED	<u>.</u>	-	"None" If the asset generated no incom- clusing the reporting period.	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, the Tax-Deferred column. Dividends, even if interest, and capital gains, even if reinvested, must be disclosed as income for assets head in tax-able accounts. Check	ձ	
				Partnership	Royalines			Other Type of Income (Specify: e.g., Partnership Income or Farm Income)			9E			
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				-	+	+	\dashv	7,000,000 ×	1			For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other sessets indicate the category of income by checking the appropriate box below. Dividents, inverset, 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. "Column XII is for assets held by your spouse or dependent child in which you have no interest.	Amount of Income	
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					2			Spouse/DC income over \$1,000,000°	L			#14		

SCHEDULE A - ASSETS	ASSETS & "UNEARNED INCOME"	Name: MICHAEL P.	EL P. GUEST	Page 3 of 8
BLOCK A	BLOCK B	BLOCK C	вгоск в	
Assets and/or Income Sources	Value of Asset	Type of Income	Amount of Income	æ
			Current Year	Preceding Year
	* C O E F G X		x x	-
	\$1-\$1,000 \$1,001-\$15,000 \$15,001-\$25,000 \$50,001-\$100,000 \$100,001-\$250,000 \$250,001-\$500,000 \$500,001-\$1,000,000 \$1,000,001-\$5,000,000 \$25,000,001-\$50,000,000 \$25,000,001-\$50,000,000 \$25,000,001-\$50,000,000 \$25,000,001-\$50,000,000	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Name \$1,5200 \$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 \$pouse/DC Income over \$1,000,000* Name \$1,5200 \$201-\$1,000	\$1,001-\$2,500 \$2,501-\$15,000 \$5,001-\$15,000 \$18,001-\$10,000 \$50,001-\$100,000 \$100,001-\$1,000,000 \$1,000,001-\$5,000,000
SP, DC, ASSET NAME EF JT				
KENNEDY, LP	×	×	×	×
KENNEDY TRUST	×	×	×	
COMMUNITY BANK	×	×	×	
MS COURTS	×	×	×	×
LP IRA'S (ROTH)	×	×	×	×
MS DEF COMP	×	×	×	×
WALMART	×	×	×	

Use additional sheets if more space is required.

SCHEDULE C - EARNED INCOME

Name: MICHAEL P. GUEST Page 4 of 8

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 both the filer and filer's 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 PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. 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 for Members and senior staff. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

		Am	Amount
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Battimore, MD (July 15)	Honorarium	\$0	\$500
Examples: State of Mayland	Spouse Society	\$0	\$1,000
Ontario County Board of Education	Spouse Salary	N/A	NA
STATE OF MISSISSIPPI	SALARY	87,860	87,860
RANKIN COUNTY BOARD OF SUPERVISORS	SALARY	7,024	7,024
MS COURT COLLECTIONS	SALARY	2,400	2,400

SCHEDULE D

Page 5 of 8 ghest amount owed during the reporting

Report liabilities of o (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities or a distribust in which you own an interest (unless you are personally 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. period. New Memt

							,	Amount of Liability	of Li	ability				
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8. पर. भ	Creditor	Date Liability Incurred MO/YR	Type of Liability	\$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*
Ехатрів	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				×							ı
TRU	TRUSTMARK	2013	RESIDENCE				×							1
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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, 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. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Position	Name of Organization
	NONE

SCHEDULE F - AGREEMENTS Name: MICHAEL P. GUEST Page σ 2 ∞

Identify the da continuation c employer.	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a to continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employer.	ave with respect to: future employment; a leave of absence during the period of government service; vernment; or continuing participation in an employee welfare or benefit plan maintained by a former
Date	Parties to Agreement	Terms of Agreement
	NONE	
		The state of the s

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

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Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hornetown, Homestate	Accounting Services
	NONE

FILER NOTES (Optional)

Name: MICHAEL P. GUEST

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Name: MICHAEL P. GUEST

Page 8 of 8

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