

HAND DELIVERED
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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT

For New Members, Candidates, and New Employees

Name: Hon. Michael Guest

Daytime Telephone: 202-225-5031

LEGISLATIVE RESOURCE CENTER

2023 AUG 11 PM 2:34

OFFICE OF THE CHIEF
U.S. HOUSE OF REPRESENTATIVES

FILER STATUS	New Member or Candidate for U.S. House of Representatives	State: MS District: 03	<input checked="" type="checkbox"/> Check if <input checked="" type="checkbox"/> Amendment
	Candidates - Date of Election:		
	New Officer or Employee Employing Office:	Staff Filer Type: (If Applicable) Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/>	Period Covered: January 1, _____ (Office Use Only)

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? or b. Receive more than \$500 in unearned income from any reportable asset during the reporting period?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$250 or more during the reporting period?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

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

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

Yes No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Hon. Michael Guest

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BLOCK A											
Assets and/or Income Sources											
Identify: (a) such asset held for investment or hedging value of asset at close of the reporting period. If you use a production of income and with a fair market value valuation method other than fair market value, please specify the method.											
(b) any other reportable asset or source of income that generated more than \$200 in "unearned" income during the year.											
Provide complete names of stocks and mutual funds (do not use only dollar symbols).											
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.											
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 \$5,000 in interest-bearing accounts.											
For rental and other real property held for investment, provide a complete address or description, e.g., rental property, list a city and state.											
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.											
Excluded: 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 you report a privately-held fund that is an Exempt Investment Fund, please check the EIF box.											
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). In the optional column on the far left.											
For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.											
SP:	SP	Hedge Corp. Stock	\$100	X	Stock & Options	None	None	None	None	None	None
DC:	DC	None	\$100	X	Stock & Options	None	None	None	None	None	None
JT:	JT	ABC HedgeFund	X	X	Stock & Options	None	None	None	None	None	None
PERS (PERS) - PERS OF MISSISSIPPI (Undetermined value of assets)											
X											

BLOCK B												
Value of Asset												
Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or HSA accounts), you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below.												
Because it generated income, the value should be "None".												
"Column M is for assets held by your spouse or dependent child in which you have no interest."												
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	XIII
None												
\$1-\$1,000												
\$1,001-\$15,000												
\$15,001-\$20,000												
\$50,001-\$100,000												
\$100,001-\$250,000												
\$250,001-\$900,000												
\$900,001-\$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.S., S.Jewell, or E. Spengler												

Block E

Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) in the reporting period.

If only a portion of an asset was sold, please indicate as follows: (S) (Part).

Leave this column blank if there are no transactions that exceed \$1,000.

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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.

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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

**FILER NOTES
(Optional)**

Name: Hon. Michael Quest

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NOTE NUMBER	NOTES
001	- - PERS Retirement was inadvertently omitted from this report. We have provided amended Schedule A and F to accurately reflect PERS.