

HAND DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES 2019 FINANCIAL DISCLOSURE STATEMENT

Form A
For Use by Members, Officers, and Employees

MC
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LEGISLATIVE RESOURCE CENTER

Name: Hon. Michael Guest

Daytime Telephone: 202-225-5031

A \$200 penalty shall be imposed 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	Officer or Employee
REPORT TYPE	<input checked="" type="checkbox"/> 2019 Annual (Due May 15, 2020)	District: 06	Employing Office:
			Staff/Filer Type: (If Applicable) <input type="checkbox"/> Principal Assistant <input type="checkbox"/>
			Termination Date of Termination:

<input checked="" type="checkbox"/> Amendment	<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? 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 type="checkbox"/> No <input checked="" type="checkbox"/>	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$2,015 in value from a single source during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
C. Did you or your spouse have "reportable" income (e.g., salaries, honoraria, or pension/IRAs 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 \$475 in value from a single source during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$1,000) at any point during the reporting period?	Yes <input type="checkbox"/> No <input checked="" 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 position 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 "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?	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"

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BLOCK A											
Assets and/or Income Sources											
<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 \$250 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), plan) provide the value for each asset held in the account that exceeds the reporting thresholds. For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$25,000, 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, 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 pension or 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 (JT), in the optional column on the far left.</p> <p>For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.</p>											
BLOCK B											
Value of Asset											
<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 (e.g., tax-deductible IRA, or may check the "None" column).</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>											
BLOCK C											
Type of Income											
<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. Dividends, interest, and capital gains, even if reinvested, must be classified 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>											
BLOCK D											
Amount of Income											
<p>Check all columns that apply. For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the amount of income generated by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be classified 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>											
BLOCK E											
Transaction											
<p>Indicate if the asset had purchases (P), sales (S), or exchanges (E) in the reporting period.</p> <p>If only a portion of an asset was sold, please indicate as follows: (B) (part).</p> <p>Leave this column blank if there are no transactions that exceeded \$1,000.</p>											
SP	ABC Corp. Stock	EP	X	X	X	X	X	X	X	X	X
DC	Stock & Schuster		X	X	X	X	X	X	X	X	X
JT	ABC Hedge Fund		X	X	X	X	X	X	X	X	X
PERS (PERS) - PERS OF MISSISSIPPI (PI) (Unadjusted value of asset)											

SCHEDULE C - EARNED INCOME

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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
Kennebunk State State of Maryland Civil War Roundtable (Post 2) Ontario County Board of Education	Approved Teaching Fee Legislative Pension Spouse Speech Spouse Salary	\$6,000 \$18,000 \$1,000 N/A
PERS OF MISSISSIPPI	RETIREMENT	\$58,287
MISSISSIPPI COURT COLLECTIONS, INC.	SPOUSE SALARY	N/A

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

**FILER NOTES
(Optional)**

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