

UNITED STATES HOUSE OF REPRESENTATIVES 2019 FINANCIAL DISCLOSURE STATEMENT

Form A
For Use by Members, Officers, and Employees

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER

MC
2023 AUG 11 PM 2:35

Name: **Hon. Michael Guest**

Daytime Telephone: **202-225-5031**

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

FILER STATUS ☒ Member of the U.S. House of Representatives **State:** MS **District:** 03

REPORT TYPE ☒ 2019 Annual (Due May 15, 2020) ☒ Amendment

Officer or Employee ☐ **Employing Office:**

Staff Filer Type: (If Applicable)
☐ Share ☐ Principal Assistant

Termination ☐ **Date of Termination:**

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

<p>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?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>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?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>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?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>G. Did you, your spouse, or your dependent child receive any reportable gifts totaling more than \$475 in value from a single source during the reporting period?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>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?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>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?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>I. Did any individual or organization make a donation to, clearly in lieu of paying you for a speech, appearance, or article during the reporting period?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"</p>

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 ☐ No ☒

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 the report details of such a trust that benefits you, your spouse, or dependent child?

Yes ☐ No ☒

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 ☒

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Transaction	Indicate if the asset had purchases (P), sales (S), or exchange (E) exceeding \$1,000 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 exceeded \$1,000.
1. Cash			
2. Accounts receivable			
3. Inventory			
4. Prepaid expenses			
5. Land			
6. Buildings			
7. Equipment			
8. Accumulated depreciation			
9. Intangible assets			
10. Other assets			
11. Accounts payable			
12. Notes payable			
13. Long-term debt			
14. Equity			
15. Other liabilities			

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
Examples:	Keene State	Approved Teaching Fee	\$8,000
	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	\$58,297
MISSISSIPPI COURT COLLECTIONS, INC.		SPOUSE SALARY	N/A

SCHEDULE F - AGREEMENTS

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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's 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

FILER NOTES
(Optional)

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.