

HAND DELIVERED
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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT

FORM B
For New Members, Candidates, and New Employees

LEGISLATIVE RESOURCE CENTER

2023 AUG 11 PM 2:34

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Name: Hon. Michael Guest

Daytime Telephone: 202-225-5031

(Office Use Only)

FILER STATUS

☒ New Member of or Candidate for U.S. House of Representatives

State: MS
District: 03

☒ Check if Amendment

Candidates - Date of Election:

☐ New Officer or Employee
Employing Office:

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

Period Covered: January 1, _____ to _____

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 \$200 in unearned income from any reportable asset during the reporting period?

Yes ☒ No ☐

E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?

Yes ☐ No ☒

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 ☐ 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?

Yes ☒ 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?

Yes ☐ No ☒

J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?

Yes ☐ 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?

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

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 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)

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