48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of $1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL
FRIENDS OF MICHAEL GUEST

ADDRESS (number and street) POST OFFICE BOX 470

CITY	STATE	ZIP CODE
BRANDON	MS	39043

2. NAME OF CANDIDATE
GUEST, MICHAEL PATRICK, , ,

3. OFFICE SOUGHT (State and District)
House MS 03

4. FEC IDENTIFICATION NUMBER
C00665752

5. IS THIS AN AMENDMENT? [X] NO, THIS IS A NEW FILING [ ] YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____

	Name of Employer	Date (month, day, year)	Amount
A. FULL NAME CARLOUGH, KENNETH, , , **MAILING ADDRESS** 315 GOLF CLUB DR **CITY** NICHOLASVILLE **STATE** KY **ZIP CODE** 40356	CARLOUGH SOLUTIONS **Transaction ID : 6FCF7FB0AE4394FA** Occupation CONSULTANT	03/05/2026	1000.00
B. FULL NAME THOMAS, WORTH, , , **MAILING ADDRESS** 188 EAST CAPITOL ST SUITE 1360 **CITY** JACKSON **STATE** MS **ZIP CODE** 39201	Name of Employer WT CONSULTANTS LLC **Transaction ID : 67DE3C3C9B3F44B4** Occupation PUBLIC AFFAIRS	03/05/2026	1000.00
C. FULL NAME REPUBLICAN MAINSTREET PARTNERSHIP PAC **MAILING ADDRESS** 410 FIRST STREET SE STE 200 **CITY** WASHINGTON **STATE** DC **ZIP CODE** 20003	Name of Employer **Transaction ID : 6894B41BAC1CB404** Occupation	03/06/2026	1000.00
D. FULL NAME **MAILING ADDRESS** **CITY** **STATE** **ZIP CODE**	Name of Employer Occupation	Date (month, day, year)	Amount
E. FULL NAME **MAILING ADDRESS** **CITY** **STATE** **ZIP CODE**	Name of Employer Occupation	Date (month, day, year)	Amount

SIGNATURE (optional)
LISKER, LISA, , ,

DATE
03/07/2026

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov