

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

FRIENDS OF MICHAEL GUEST

ADDRESS (number and street)

POST OFFICE BOX 470

Check if different  
than previously  
reported. (ACC)

BRANDON

MS

39043

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C

C00665752

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

STATE ▼ DISTRICT

MS

03

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of

5. Covering Period

M M /

11

D D /

26

Y Y Y Y /

2024

through

M M /

12

D D /

31

Y Y Y Y /

2024

*I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.*

Type or Print Name of Treasurer

LISKER, LISA, , ,

Signature of Treasurer

LISKER, LISA, , ,

Date

M M /

01

D D /

30

Y Y Y Y /

2025

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office  
Use  
Only**FEC FORM 3**  
(Revised 05/2016)

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

**FRIENDS OF MICHAEL GUEST**

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
11 / 26 / 2024

To:

M M / D D / Y Y Y Y  
12 / 31 / 2024

|                                                                                                                  | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)                                                                          |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....                                              | 2050.00                 | 2800.00                            |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....                                                        | 0.00                    | 0.00                               |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)) .....                            | 2050.00                 | 2800.00                            |
| 7. Net Operating Expenditures                                                                                    |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....                                                         | 14567.59                | 35558.39                           |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....                                               | 0.00                    | 0.00                               |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)) .....                                      | 14567.59                | 35558.39                           |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27).....                                              | 511345.44               |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00                    |                                    |

For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov).

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

FRIENDS OF MICHAEL GUEST

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
11 / 26 / 2024

To:

M M / D D / Y Y Y Y  
12 / 31 / 2024**I. RECEIPTS****COLUMN A**  
Total This Period**COLUMN B**  
Election Cycle-to-Date

## 11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than  
Political Committees

(i) Itemized (use Schedule A).....

2000.00

2750.00

(ii) Unitemized .....

50.00

50.00

(iii) TOTAL of contributions  
from individuals ▶

2050.00

2800.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees  
(such as PACs) .....

0.00

0.00

(d) The Candidate .....

0.00

0.00

(e) TOTAL CONTRIBUTIONS  
(other than loans)  
(add Lines 11(a)(iii), (b), (c), and (d))..

2050.00

2800.00

12. TRANSFERS FROM OTHER  
AUTHORIZED COMMITTEES .....

0.00

0.00

## 13. LOANS:

(a) Made or Guaranteed by the  
Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS  
(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING  
EXPENDITURES  
(Refunds, Rebates, etc.) .....

0.00

0.00

15. OTHER RECEIPTS  
(Dividends, Interest, etc.) .....

0.00

0.00

16. TOTAL RECEIPTS (add Lines  
11(e), 12, 13(c), 14, and 15)  
(Carry Total to Line 24, page 4)..... ▶

2050.00

2800.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 05/2016)

| II. DISBURSEMENTS                                                            | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....                                              | 14567.59                      | 35558.39                           |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:                                                         |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 0.00                               |
| (b) Of All Other Loans .....                                                 | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 0.00                               |
| 20. REFUNDS OF CONTRIBUTIONS TO:                                             |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 0.00                          | 0.00                               |
| (b) Political Party Committees.....                                          | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs) .....                       | 0.00                          | 0.00                               |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                          | 0.00                               |
| 21. OTHER DISBURSEMENTS .....                                                | 0.00                          | 0.00                               |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 14567.59                      | 35558.39                           |

## **III. CASH SUMMARY**

|                                                                                       |           |
|---------------------------------------------------------------------------------------|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 523863.03 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 2050.00   |
| 25. SUBTOTAL (add Line 23 and Line 24).....                                           | 525913.03 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 14567.59  |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 511345.44 |

SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS

|                                                                               |                                         |                              |                              |                                                         |
|-------------------------------------------------------------------------------|-----------------------------------------|------------------------------|------------------------------|---------------------------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)    |                              | PAGE 5 OF 9                  |                                                         |
|                                                                               | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d                            |
|                                                                               | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 <input type="checkbox"/> 15 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
FRIENDS OF MICHAEL GUEST

|                                                                                                                                                 |             |                                   |                                                        |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------|--------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br>BARRY, RICK, , ,                                                                                     |             |                                   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>12 31 2024 |  |
| Mailing Address 5022 5TH PLACE                                                                                                                  |             |                                   | Transaction ID : AFEC425BC033B4B78863                  |  |
| City<br>MERIDIAN                                                                                                                                | State<br>MS | Zip Code<br>39305-1919            | Amount of Each Receipt this Period<br>1000.00          |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                         |                                                        |  |
| Name of Employer<br>BARRY THAGGARD & MAY                                                                                                        |             | Occupation<br>ATTORNEY            |                                                        |  |
| Receipt For: 2026<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>1000.00 |                                                        |  |

|                                                                                                                                                 |             |                                   |                                                        |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------|--------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br>CAMP, ROBERT W, , ,                                                                                  |             |                                   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>12 27 2024 |  |
| Mailing Address POST OFFICE BOX 529                                                                                                             |             |                                   | Transaction ID : AD6D5DD7AA25849A6B62                  |  |
| City<br>JACKSON                                                                                                                                 | State<br>MS | Zip Code<br>39205-0529            | Amount of Each Receipt this Period<br>1000.00          |  |
| FEC ID number of contributing federal political committee.<br>C                                                                                 |             | Memo Item                         |                                                        |  |
| Name of Employer<br>SELF EMPLOYED                                                                                                               |             | Occupation<br>ATTORNEY            |                                                        |  |
| Receipt For: 2026<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>1000.00 |                                                        |  |

|                                                                                                                                                 |             |                                   |                                                        |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------|--------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br>WINRED                                                                                               |             |                                   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>12 27 2024 |  |
| Mailing Address PO BOX 9891                                                                                                                     |             |                                   | Transaction ID : A9F36A10DD5C3449681C                  |  |
| City<br>ARLINGTON                                                                                                                               | State<br>VA | Zip Code<br>22219-1891            | Amount of Each Receipt this Period<br>1000.00          |  |
| FEC ID number of contributing federal political committee.<br>C C00694323                                                                       |             | Memo Item                         |                                                        |  |
| Name of Employer                                                                                                                                |             | Occupation                        |                                                        |  |
| Receipt For: 2026<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>1500.00 |                                                        |  |

|                                                           |         |
|-----------------------------------------------------------|---------|
| SUBTOTAL of Receipts This Page (optional).....▶           | 2000.00 |
| TOTAL This Period (last page this line number only).....▶ | 2000.00 |

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 9

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

FRIENDS OF MICHAEL GUEST

Full Name (Last, First, Middle Initial)

**A. CAPITOL HILL CLUB**

Mailing Address 300 FIRST STREET, SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                                  |
|-------------------------------------|-------------------|----------------------------------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/>            | Other (specify) ▼ |                                  |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 2 | 9 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

158.90

Transaction ID : B8FAF242D5F5C45E6BFC

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPITOL HILL CLUB**

Mailing Address 300 FIRST STREET, SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                                  |
|-------------------------------------|-------------------|----------------------------------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/>            | Other (specify) ▼ |                                  |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 3 | 0 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

82.00

Transaction ID : BF9216D4075A74A36B59

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FIREHOOK**

Mailing Address 1909 Q ST NW

City  
WASHINGTONState  
DCZip Code  
20009-1050Purpose of Disbursement  
CATERING

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                                  |
|-------------------------------------|-------------------|----------------------------------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/>            | Other (specify) ▼ |                                  |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 1 | 7 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

218.50

Transaction ID : B17DA1A85E49A4337A5B

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

459.40

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 9

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

FRIENDS OF MICHAEL GUEST

Full Name (Last, First, Middle Initial)

**A. FRONTIER STRATEGIES, LLC**

Mailing Address POST OFFICE BOX 13292

City  
JACKSONState  
MSZip Code  
39236Purpose of Disbursement  
DIGITAL CONSULTING

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                                  |
|-------------------------------------|-------------------|----------------------------------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/>            | Other (specify) ▼ |                                  |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 2 | 9 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : B8C8CFCCF046542D1833

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FRONTIER STRATEGIES, LLC**

Mailing Address POST OFFICE BOX 13292

City  
JACKSONState  
MSZip Code  
39236Purpose of Disbursement  
DIGITAL CONSULTING

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                                  |
|-------------------------------------|-------------------|----------------------------------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/>            | Other (specify) ▼ |                                  |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 3 | 1 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : BE3BA47933C7C4C67B1F

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. HUCKABY DAVIS LISKER**Mailing Address 228 S WASHINGTON ST  
STE 115City  
ALEXANDRIAState  
VAZip Code  
22314-5404Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                                  |
|-------------------------------------|-------------------|----------------------------------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/>            | Other (specify) ▼ |                                  |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 3 | 0 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

3928.59

Transaction ID : B4B6019C179DB44C7A61

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6928.59

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 9

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

FRIENDS OF MICHAEL GUEST

Full Name (Last, First, Middle Initial)

**A. MAGGIE BAILEY LLC**

Mailing Address 527 SPRING LAKE DR

City  
PEARLState  
MSZip Code  
39208-6612Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 3 | 1 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

2030.00

Transaction ID : BC9CB08B50DC54EA7A71

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RANKIN COUNTY REPUBLICAN WOMEN**

Mailing Address 1035 WOODBRIDGE DR

City  
BRANDONState  
MSZip Code  
39047-7058Purpose of Disbursement  
EVENT SPONSORSHIP

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 2 | 9 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

320.00

Transaction ID : B7B54E80E74A34CE980B

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STANLEY SHOWS**

Mailing Address 105 DEER RIDGE ROAD

City  
BRANDONState  
MSZip Code  
39042-9665Purpose of Disbursement  
STRATEGIC CONSULTING

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 2 | 9 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

2000.00

Transaction ID : BF854061E5772401D8CF

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4350.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 9

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

FRIENDS OF MICHAEL GUEST

Full Name (Last, First, Middle Initial)

**A. STANLEY SHOWS**

Mailing Address 105 DEER RIDGE ROAD

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 12  |   | 2024    |

City  
BRANDONState  
MSZip Code  
39042-9665

FEC Identification Number

C

Purpose of Disbursement  
EXPENSE REIMBURSEMENT: MILEAGE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

160.46

Transaction ID : BA94CCF5910F846CCAA5

☐ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For: 2026

|                                             |                                  |
|---------------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼  |                                  |

State:

District:

Full Name (Last, First, Middle Initial)

**B. STANLEY SHOWS**

Mailing Address 105 DEER RIDGE ROAD

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 31  |   | 2024    |

City  
BRANDONState  
MSZip Code  
39042-9665

FEC Identification Number

C

Purpose of Disbursement  
STRATEGIC CONSULTING

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

2000.00

Transaction ID : B41865B40074A4679A80

☐ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For: 2026

|                                             |                                  |
|---------------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼  |                                  |

State:

District:

Full Name (Last, First, Middle Initial)

**C. UBER**Mailing Address 1455 MARKET ST  
STE. 400

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 31  |   | 2024    |

City  
SAN FRANCISCOState  
CAZip Code  
94103-1355

FEC Identification Number

C

Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

337.24

Transaction ID : BC633274ACAF74FDFA55

☐ Memo Item

Office Sought:

|                                    |
|------------------------------------|
| <input type="checkbox"/> House     |
| <input type="checkbox"/> Senate    |
| <input type="checkbox"/> President |

Disbursement For: 2026

|                                             |                                  |
|---------------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼  |                                  |

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....▶

2497.70

**TOTAL** This Period (last page this line number only).....▶

14235.69