

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

FRIENDS OF MICHAEL GUEST

ADDRESS (number and street)

POST OFFICE BOX 470

(Check if address is changed)

BRANDON

CITY ▲

MS

STATE ▲

39043

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

llisker@hdafec.com

Optional Second E-Mail Address

cstamper@hdafec.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.MichaelGuest.ms

2. DATE

MM / DD / YYYY
03 / 18 / 2022

3. FEC IDENTIFICATION NUMBER ▶

C C00665752

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement 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, , ,

[Electronically Filed]

Date

MM / DD / YYYY
03 / 18 / 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate GUEST, MICHAEL, PATRICK, ,

Candidate Party Affiliation REP Office Sought: House Senate President State MS District 03

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

Write or Type Committee Name

FRIENDS OF MICHAEL GUEST

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

GUEST MAJORITY FUND

Mailing Address

120 N CONGRES ST STE 300

JACKSON

MS

39201

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Lisker, Lisa, , ,

Mailing Address 228 S. Washington ST.

Ste. 115

Alexandria

VA

22314

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 703 - 549 - 7705

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Lisker, Lisa, , ,

Mailing Address 228 S. Washington ST.

Ste. 115

Alexandria

VA

22314

Title or Position Treasurer

CITY

STATE

ZIP CODE

Telephone number 703 - 549 - 7705

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for Telephone number]

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

COMMUNITY BANK OF MISSISSIPPI

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

2441 OLD BRANDON ROAD

[Empty grid for Mailing Address line 2]

PEARL MS 39208

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Chain Bridge Bank

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

1445-A Laughlin Ave.

[Empty grid for Mailing Address line 2]

McLean VA 22101

CITY

STATE

ZIP CODE