



Filing ID #10068701

# FINANCIAL DISCLOSURE REPORT

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## FILER INFORMATION

**Name:** Hon. Andy Ogles  
**Status:** Member  
**State/District:** TN05

## FILING INFORMATION

**Filing Type:** Annual Report  
**Filing Year:** 2024  
**Filing Date:** 08/13/2025

## SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income	Tx. > \$1,000?
First Horizon Bank Accounts [BA]	JT	\$15,001 - \$50,000	Interest	\$1 - \$200	<input type="checkbox"/>
Investment Property [RP]  LOCATION: Columbia, TN, US DESCRIPTION: Real Estate Investment	JT	\$250,001 - \$500,000	Rent	\$15,001 - \$50,000	<input type="checkbox"/>
Tennessee Consolidated Retirement System (TCRS) [PE]  DESCRIPTION: State Retirement Account	JT	\$50,001 - \$100,000	None		<input type="checkbox"/>
Mercer 401K ⇒ State Street Target Retirement 2035 Fund Class K (SSCKX) [MF]		\$15,001 - \$50,000	None		<input type="checkbox"/>
National Health Care Corporation 401K ⇒ Diversified Stock Portfolio (NTDX.U) [OT]  DESCRIPTION: Diversified Stock Portfolio	SP	\$50,001 - \$100,000	None		<input type="checkbox"/>
National Health Care Corporation 401K ⇒ NHC Common Stock Portfolio (NTFX.U) [OT]  DESCRIPTION: NHC Common Stock Portfolio	SP	\$50,001 - \$100,000	None		<input type="checkbox"/>

Asset	Owner	Value of Asset	Income Type(s)	Income	Tx. > \$1,000?
National Health Care Corporation 401K ⇒ Stable Return Portfolio (NTAX.U) [OT]	SP	\$1,001 - \$15,000	None		<input type="checkbox"/>
DESCRIPTION: Stable Return Portfolio					

\* Investment Vehicle details available at the bottom of this form. For the complete list of asset type abbreviations, please visit <https://fd.house.gov/reference/asset-type-codes.aspx>.

## SCHEDULE B: TRANSACTIONS

None disclosed.

## SCHEDULE C: EARNED INCOME

Source	Type	Amount
National Healthcare Corporation; Hickman County Board of Education	Spouse Salary	N/A

## SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
JT	Provident Funding	January 2022	Mortgage	\$250,001 - \$500,000
JT	First Bank	March 2024	Line of Credit	\$100,001 - \$250,000

## SCHEDULE E: POSITIONS

None disclosed.

## SCHEDULE F: AGREEMENTS

Date	Parties To	Terms of Agreement
September 2018	State of Tennessee and Filer	State Retirement Plan Participant

## SCHEDULE G: GIFTS

None disclosed.

## SCHEDULE H: TRAVEL PAYMENTS AND REIMBURSEMENTS

None disclosed.

## SCHEDULE I: PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

None disclosed.

SCHEDULE A AND B INVESTMENT VEHICLE DETAILS

- Mercer 401K  
DESCRIPTION: Americans for Prosperity 401K
- National Health Care Corporation 401K (Owner: SP)

EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

IPO: Did you purchase any shares that were allocated as a part of an Initial Public Offering?

☐ 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 this report details of such a trust benefiting 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 dependent child because they meet all three tests for exemption?

☐ Yes ☒ No

CERTIFICATION AND SIGNATURE

☒ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

Digitally Signed: Hon. Andy Ogles , 08/13/2025