



Filing ID #10061845

# FINANCIAL DISCLOSURE REPORT

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## FILER INFORMATION

**Name:** Katrina Shankland  
**Status:** Congressional Candidate  
**State/District:** WI03

## FILING INFORMATION

**Filing Type:** Amendment Report  
**Filing Year:** 2023  
**Filing Date:** 05/15/2024  
**Period Covered:** 01/01/2022– 10/2/2023

## SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
Savings Account [BA]		\$1,001 - \$15,000	Interest	\$1 - \$200	\$1 - \$200
Savings Account [BA]		\$1,001 - \$15,000	Interest	\$1 - \$200	\$1 - \$200
Wisconsin Deferred Compensation Program ⇒ SP Wisconsin Deferred Compensation Program [PE]		\$15,001 - \$50,000	Tax-Deferred		
Wisconsin Retirement System ⇒ Wisconsin Retirement System [PE]		\$100,001 - \$250,000	Tax-Deferred		

\* 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 C: EARNED INCOME

Source	Type	Amount Current Year to Filing	Amount Preceding Year
Wisconsin Legislature	Salary	\$57,408.00	\$51,629.28
Clifton Larson Allen LLP	Spouse Salary	\$65,000.00	\$31,108.16

Source	Type	Amount Current Year to Filing	Amount Preceding Year
State of Wisconsin	Spouse Salary	N/A	\$26,960.84

**SCHEDULE D: LIABILITIES**

None disclosed.

**SCHEDULE E: POSITIONS**

None disclosed.

**SCHEDULE F: AGREEMENTS**

None disclosed.

**SCHEDULE J: COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE**

None disclosed.

**SCHEDULE A INVESTMENT VEHICLE DETAILS**

- Wisconsin Deferred Compensation Program (Owner: SP)
- Wisconsin Retirement System

**EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION**

**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:** Katrina Shankland , 05/15/2024