



FINANCIAL DISCLOSURE REPORT

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FILER INFORMATION

Name: Hon. Tom Tiffany
Status: Member
State/District: WI07

FILING INFORMATION

Filing Type: Annual Report
Filing Year: 2023
Filing Date: 05/2/2024

SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income	Tx. > \$1,000?
Billboard [RP] LOCATION: Oneida, WI, US		\$1,001 - \$15,000	Rent	\$5,001 - \$15,000	<input type="checkbox"/>
CoVantage savings [BA]		\$1,001 - \$15,000	Interest	\$201 - \$1,000	<input type="checkbox"/>
Incredible Bank checking [BA]		\$1 - \$1,000	Interest	\$1 - \$200	<input checked="" type="checkbox"/>
Incredible Bank savings [BA]		\$1,001 - \$15,000	Interest	\$1 - \$200	<input checked="" type="checkbox"/>
Oakmark Fund Investor Class (OAKMX) [MF]		\$15,001 - \$50,000	Tax-Deferred		<input checked="" type="checkbox"/>
Park City savings [BA]		\$50,001 - \$100,000	Interest	\$1 - \$200	<input type="checkbox"/>
Schwab IRA [OT] DESCRIPTION: this asset is a Schwab IRA		\$1,001 - \$15,000	Tax-Deferred		<input type="checkbox"/>
State of Wisconsin [PE]		\$50,001 - \$100,000	pension income	\$5,001 - \$15,000	<input type="checkbox"/>

* For the complete list of asset type abbreviations, please visit <https://fd.house.gov/reference/asset-type-codes.aspx>.

SCHEDULE B: TRANSACTIONS

Asset	Owner	Date	Tx. Type	Amount	Cap. Gains > \$200?
CoVantage savings [BA]		Quarterly	S	\$50,001 - \$100,000	<input type="checkbox"/>
DESCRIPTION: Took money out of savings					
Incredible Bank checking [BA]		09/1/2023	S	\$1,001 - \$15,000	<input type="checkbox"/>
DESCRIPTION: Took money out of checking account					
Incredible Bank savings [BA]		08/10/2023	S	\$1,001 - \$15,000	<input type="checkbox"/>
DESCRIPTION: took money out of savings account					
Oakmark Fund Investor Class (OAKMX) [MF]		12/31/2023	P	\$1,001 - \$15,000	

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SCHEDULE C: EARNED INCOME

Source	Type	Amount
Dan's Inc	spouse salary	\$8,704.00
Town of Little Rice	spouse salary	\$18,668.00

SCHEDULE D: LIABILITIES

None disclosed.

SCHEDULE E: POSITIONS

None disclosed.

SCHEDULE F: AGREEMENTS

Date	Parties To	Terms of Agreement
May 2020	Myself and State of Wisconsin	State pension plan

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.

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. Tom Tiffany , 05/2/2024