



Filing ID #10081421

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: 2025
Filing Date: 07/31/2026

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	☐
Investment Property [RP] LOCATION: Columbia, TN, US DESCRIPTION: Real Estate Investment	JT	\$250,001 - \$500,000	Rent	\$15,001 - \$50,000	☐
Tennessee Consolidated Retirement System (TCRS) [PE] DESCRIPTION: State Retirement Account	JT	\$50,001 - \$100,000	None		☐
Mercer 401K ⇒ State Street Target Retirement 2035 Fund Class K (SSCKX) [MF]		\$15,001 - \$50,000	None		☐
National Health Care Corporation 401K ⇒ Diversified Stock Portfolio (NTDX.U) [OT] DESCRIPTION: Diversified Stock Portfolio	SP	\$50,001 - \$100,000	None		☐
National Health Care Corporation 401K ⇒ NHC Common Stock Portfolio (NTFX.U) [OT] DESCRIPTION: NHC Common Stock Portfolio	SP	\$50,001 - \$100,000	None		☐

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		☐
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 , 07/31/2026