



Report Type:	New Entrant
Year (Annual Report only):	
Date of Appointment/Termination:	03/26/2023

Executive Branch Personnel Public Financial Disclosure Report (OGE Form 278e)

Filer's Information

Last Name	First Name	MI	Position	Agency
Brown	Tiffany	J	Special Advisor to Chief of	CDC/ATSDR

Other Federal Government Positions Held During the Preceding 12 Months:

Special Advisor to the Chief of Staff (03/26/2023 - Present)

Name of Congressional Committee Considering Nomination (Nominees only):

Not Applicable

Filer's Certification - I certify that the statements I have made in this report are true, complete and correct to the best of my knowledge: *(eSigned in EPATS)*

Signature: Tiffany J. Brown	Date: 4/26/2023
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Agency Ethics Official's Opinion – On the basis of information contained in this report, I conclude that the filer is in compliance with applicable laws and regulations (subject to any comments below) *(eSigned in EPATS)*

Signature: Sylana Tramble	Date: 12/14/2023
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Other Review Conducted By: *(eSigned in EPATS)*

Signature: Dorretha B. Turner	Date: 12/13/2023
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U.S. Office of Government Ethics Certification (if required):

Signature:	Date:
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Comments of Reviewing Officials:

Instructions for Part 1

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number
Brown, Tiffany J	

Part 1: Filer's Positions Held Outside United States Government

#	Organization Name	City/State	Organization Type	Position Held	From	To
1.	None					
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Instructions for Part 2

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number
Brown, Tiffany J	

Part 2: Filer's Employment Assets and Income

#	Description	EIF	Value	Income Type	Income Amount
1.	None				
2.					
3.					
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Instructions for Part 3

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number
Brown, Tiffany J	

Part 3: Filer's Employment Agreements and Arrangements

#	Employer or Party	City/State	Status and Terms	Date
1.	None			
2.				
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Instructions for Part 4

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number
Brown, Tiffany J	

Part 4: Filer's Sources of Compensation Exceeding \$5,000 in a Year

#	Source Name	City/State	Brief Description of Duties
1.	None		
2.			
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Instructions for Part 5

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number
Brown, Tiffany J	

Part 5: Spouse's Employment Assets and Income

#	Description	EIF	Value	Income Type	Income Amount
1.	None				
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Instructions for Part 6

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number
Brown, Tiffany J	

Part 6: Other Assets and Income

#	Description	EIF	Value	Income Type	Income Amount
1.	None				
2.					
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Instructions for Part 7

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number
Brown, Tiffany J	

Part 7: Transactions

#	Description	Type	Date	Amount
1.				
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Instructions for Part 8

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number
Brown, Tiffany J	

Part 8: Liabilities

#	Creditor Name	Type	Amount	Year Incurred	Rate	Term
1.	American Express	Credit Card	\$10,001 - \$15,000	2015	28.49	Revolving
2.	American Express	Credit Card	\$15,001 - \$50,000	2016	22.74	Non-revolving
3.	Fedfinancial Federal Credit Union	Credit Card	\$15,001 - \$50,000	2011	8.90	Revolving
4.	SoFi	Personal Loan	\$10,001 - \$15,000	2023	21.13	60 months
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Instructions for Part 9

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number
Brown, Tiffany J	

Part 9: Gifts and Travel Reimbursements

#	Source Name	City/State	Brief Description	Value
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