

HAND DELIVERED

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U.S. HOUSE OF REPRESENTATIVES
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UNITED STATES HOUSE OF REPRESENTATIVES
2020 FINANCIAL DISCLOSURE STATEMENT

Form A
For Use by Members, Officers, and Employees

Name: Angela Dawn Craig Daytime Telephone: _____

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

FILER STATUS	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>Minnesota</u> District: <u>02</u>	<input type="checkbox"/> Officer or Employee	Employing Office: _____	Staff Filer Type: (If Applicable) Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/>
	REPORT TYPE	<input checked="" type="checkbox"/> 2020 Annual (Due: May 17, 2021)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Date of Termination: _____

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	G. Did you, your spouse, or your dependent child receive any reportable gift totaling more than \$475 in value from a single source during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$475 in value from a single source during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	

IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS

IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 that benefits you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: **Angela D. Craig**

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BLOCK A Assets and/or Income Sources	BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income												BLOCK E Transaction
	A	B	C	D	E	F	G	H	I	J	K	L	M	1	2	3	4	5	6	7	8	9	10	11	12								
	Name	01-01-00	01-01-01	01-01-02	01-01-03	01-01-04	01-01-05	01-01-06	01-01-07	01-01-08	01-01-09	01-01-10	01-01-11	01-01-12	Dividends	Interest	Capital Gains	Other Income	Other Income	Other Income	Other Income	Other Income	Other Income	Other Income	Other Income	Other Income							
Investments - American Funds																																	
JT New Perspective Fund of Amer. - Class A	X					X								X		X									P								
JT Wash. Mixed Fund of Amer. - Class A	X				X									X		X									P								
JT Corporate Bond Fund - Class A	X				X									X		X									P, S (part)								
JT Bond Fund of Amer. - Class A	X				X									X		X									S (part)								
JT US Gov't Money Market - Class A	X				X									X		X																	
JT AMCAP Class A	X	X												X											P, S								
JT Capital Income Builder - Class A	X	X												X		X									S								
JT Capital World Gr & Inc - Class A	X	X												X		X									S								
Investments																																	
JT Structured, Inc. convertible note						X								X																			
Smith & Nephew Exec. Ret.																																	
Vanguard US Growth ADM	X			X										X																			
Hartford MM Cap Y	X			X										X																			

Use additional sheets if more space is required.

SCHEDULE B - TRANSACTIONS

Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent child, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please check "partial sale" on the type of transaction. Capital gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gain" box, unless it was an asset in a tax-deferred account, and indicate the capital gain income on Schedule A. * Column K is for assets held by your spouse or dependent child.			Type of Transaction				Date	Amount of Transaction										
			Purchase	Sale	Partial Sale	Exchange		Check box if Capital Gain Excesses \$200	proceeds or Capital Gain, or other, if applicable	A	B	C	D	E	F	G	H	I
SP, DC, JT	Asset																	
SP	Example	Stage Cap. Stock			X		SP		X									
	American Funds IRA																	
SP	Short Term Bond (SEP)		X				4/28/20		X									
SP	Short Term Bond (Roth)		X				4/28/20			X								
SP	Short Term Bond (IRA)		X				4/28/20				X							
SP	Short Term Bond (IRA)		X				12/31/20	X										
SP	Investment Co. of Amer. (SEP)			X			4/28/20		X									
SP	Investment Co. of Amer. (Roth)			X			4/28/20			X								
SP	Fundamental Investors (IRA)			X			4/28/20				X							
	Securities America IRA																	
JT	Franklin Convertible Securities - A		X				12/15/20	X										
JT	Franklin Convertible Securities - A		X				12/15/20		X									
JT	Franklin US Gov't Securities - A		X				4/28/20				X							
JT	Franklin US Gov't Securities - A		X				4/28/20				X							
JT	Franklin US Gov't Securities - A		X				4/28/20				X							
JT	Franklin Intern. Bond Fund of Amer. - A		X				4/28/20				X							
JT	Franklin Intern. Bond Fund of Amer. - A		X				4/28/20				X							
JT	Franklin Intern. Bond Fund of Amer. - A		X				4/28/20				X							
JT	American Mutual - A			X			4/28/20				X							
JT	American International Gr & Inc - A			X			4/28/20				X							

Use additional sheets if more space is required.

SCHEDULE B - TRANSACTIONS

SP, DC, J			Type of Transaction				Date	Amount of Transaction															
			Purchase	Sale	Transfer	Exchange		Check Box if Capital Gain Exclusion 2001	A	B	C	D	E	F	G	H	I	J	K				
Asset							RECEIVE or Contribute, Withdraw, or Pay	FLAT-FEED	TRADITIONAL	SELF-DIRECTED	ROTH-IRA	ROTH-401K	ROTH-IRA	ROTH-401K	ROTH-IRA	ROTH-401K	ROTH-IRA	ROTH-401K	ROTH-IRA	ROTH-401K	ROTH-IRA	ROTH-401K	
					X		X																
Securities America IRA (cont.)																							
JT		American Income Fund of Amer. - A		X				4/28/20					X										
JT		Franklin Managed Income - A		X				4/28/20					X										
JT		Franklin Growth Opportunities - A		X				4/28/20					X										
JT		Franklin Small-Mid Growth - A		X				4/28/20					X										
Franklin Templeton																							
JT		Franklin Utilities - A	X					3/8/20					X										
JT		Franklin Utilities - A			X			4/28/20					X										
JT		Franklin Equity Income Fund - A	X					3/8/20					X										
JT		Franklin Equity Income Fund - A			X			4/28/20					X										
JT		Franklin Total Return - A	X					4/28/20					X										
JT		Franklin Total Return - A	X					4/28/20					X										
JT		Franklin Total Return - A			X			9/27/20					X										
JT		Franklin Total Return - A			X			7/7/20					X										
JT		Franklin Strategic Income - A			X			5/27/20					X										
JT		Franklin Growth - A		X				4/28/20					X										
JT		Franklin Small Cap Growth - A		X				4/28/20					X										

Use additional sheets if more space is required.

SCHEDULE B – TRANSACTIONS

Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any asset or real property held by you, your spouse, or your dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated capital income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.			Type of Transaction				Date	Amount of Transaction											
			Purchase	Sale	Partial Sale	Exchange		Check for Capital Gain/Loss	WEEKEND or Quarterly, Monthly, or Weekly, or Other	A	B	C	D	E	F	G	H	I	J
<p>Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gain" box, unless it was an asset in a tax-deferred account, and describe the capital gain income on Schedule A.</p> <p>*Column K is for assets solely held by your spouse or dependent child.</p>																			
SP, CO, JT	Asset																		
sp	Example	High Cap. Stock			X		X	SPR		X									
	Deferred Compensation																		
		AMG GWSK Sm/Mid Cap Z			X			Quarterly		X									
		Amer. Funds European Growth RG			X			Quarterly	X										
		GMO Global Asset Allocation R6			X			Quarterly	X										
		Amer. Funds Growth Fund of Amer. R6			X			Quarterly	X										
		Amer. Wash. Mut. Investors R6			X			Quarterly	X										

Use additional sheets if more space is required.

SCHEDULE C – EARNED INCOME

Name: **Angela D. Craig** Page 12 of 17

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.
EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.
INCOME LIMITS and PROHIBITED INCOME: The 2020 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,046. The 2021 limit is \$29,506. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

Source (include date of receipt for honoraria)		Type	Amount
Examples:	State Bar	Received Teaching Fee	\$5,000
	State of Missouri	Legislative Pension	\$65,000
	Chil. Miss. Board of Education, Oct. 20	Spouse Salary	\$0.000
	Illinois County Board of Education	Spouse Salary	N/A
Abbott Laboratories (f/i/a St. Jude Medical)⁴		Deferred Compensation	\$128,537.74
Human Rights Campaign		Spouse Salary	N/A

Use additional sheets if more space is required.

SCHEDULE D - LIABILITIES

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. **Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residences. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability											
				A	B	C	D	E	F	G	H	I	J	K	
	Example First Bank of Wilmington, DE	8/20	Mortgage on Rental Property, Dover, DE				X								
	None														

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
Member	Rotary Club of Eagan

Use additional sheets if more space is required.

SCHEDULE F -- AGREEMENTS

Name: Angela D. Craig	Page <u>14</u> of <u>17</u>
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Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
12/2007	Angela Craig and St. Jude Medical, Inc.	Agreement to participate in Management's deferred compensation savings program.
5/2002	Angela Craig and Smith & Nephew	Agreement to participate in Company retirement plan.

SCHEDULE G -- GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$415 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual (which may not include a registered lobbyist or foreign agent), local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$100 or less need not be added towards the \$415 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

Source	Description	Value
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (prior determination of personal ownership received from the Committee on Ethics)	\$200
None		

Use additional sheets if more space is required.

**FILER NOTES
(Optional)**

NOTE NUMBER	NOTES
1	Securities America, Inc. is a brokerage firm that acquired Investacorp during 2020. Prior to the acquisition, Investacorp was the broker of this account. The Member's account did not change with this acquisition
2	A Delaware corporation with a principle place of business in St. Paul, MN.
3	The property is a cabin that was rented for a period in 2020 and was sold in early 2021.
4	Income consists of deferred compensation, benefits and other contractual sources of compensation in connection with past employment for services rendered prior to becoming a Member.

Use additional sheets if more space is required.