PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS **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. 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. Name: 2023 FINANCIAL DISCLOSURE REPORT UNITED STATES HOUSE OF REPRESENTATIVES 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? 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? 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? E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filling? D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? A. Did you, your spouse, or your dependent child: REPORT TYPE BLLVLB end of the reporting period? <u>er</u> b. Receive more then \$200 in unserned income from any reportable a. Own any reportable asset that was worth more than \$1,000 at the asset during the reporting period? Angela Dawn Craig × × 2023 Armual (Due: May 15, 2024) Member of the U.S. House of Representatives State: District: 22 Ξ ₹86 좋 708 ₹8 š Daytime Telephon*e* × × × × × Amendment ᇂ 7 ₹ 중 <u>z</u> For Use by Members, Officers, and Employees 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? H. Did you, your spouse, or your dependent child receive any reportable travel or relimbursements for travel totaling more than \$480 in value from a single source during the reporting period? G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$480 in value from a single source during the reporting period? ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the **Employee** Officer or Employing Office: Termination Date of Termination: A \$200 penalty shall be assessed against any LAND DELYERED individual who files more than 30 days late. 2024 MAY IL AMUL: 5Ay) THE HOUSE OF HER RESERVATIVES OFFICE OF THE CLERK Shared Staff Filer Type: (If Applicable) **ĕ ¥** Y08 쫗 좋 좋 **Y**08 × Principal Assistant Z 풓 중 <u>z</u> 중 풓 Page 1 of 15 × × × × × ×

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Angela Craig

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					D			Т	For a detailed discussion of Schedule A requisitients, please rafer to the instruction booklet.	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.	f you report a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.	Exclude: Your personal residence, including second fromes and vecation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state,	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, itst every financial institution where there is more than \$1,000 in interest-bearing accounts.	401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	exceeding \$1,000 at the erid of the reporting period; and (b) any other reportable asset or source of income that generated more than \$200 in "unearned" income during the year.	identify (a) each asset held for investment or production of income and with a fair market yaius	È	
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Angela Craig

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Name: Angela Craig

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SCHEDULE B -- TRANSACTIONS

Name: Angela Craig

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1 Bultodes	reporting period of any security or read property held by you, your spouse, or your favorable the interest of the property held by you, your spouse, or your described the interest of the property held by you, your spouse, or your described the interest of the property held by you, your spouse, or your described the interest of the property held by you, your spouse, or your described the property held by you, your spouse, or your described the property held by you, your spouse, or your	l yo	9 OT 173	Type of Transaction	Š	ied	Date				A	Amount of		Iransaction	د ا			
purchase operation	coperiorent citiu not investment or the production of income, include transactions triat resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your apouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rantal income. If					isin Excued	(EAMOON)	>		ი		m 	וד	-	x	<u>-</u>		~
transaction.	only a portion of an asset is sort, presso choose thems also as the type of transaction.					Capital I	or Quarterly										000	00*
Capital Grack the check the disclose the	Capitat Geline: If a sates transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A.	rchase	ite	rtial Sole	change		Monthly, or Bi- weekly, if applicable	,001- 5,000	5,001- 0,000	0,001- 00,000	00,001- 50,000	50,001- 06,000	00,001- ,000,000	,060,001- ,000,000	000,001- 5,000,000	5,000,001- 1,000,000	er \$50,000,	er \$1,000,0 xxuse/DC set)
· Column)	* Column K is for assets solely held by your spouse or dependent chief.	P.	Se	Pe	Ex	Ci \$2											Dv	(Sp
SP, DC, JT	Asset																	
SP	Exemple Mega Corp. Stock			×		×	3/8/23		×									
	Franklin Templeton															_		
JT.	Franklin Minnesota Tax Free Income - A	×	_				1/31/23	×								_		
JT	Franklin Minnesota Tax Free Income - A	×					3/31/23	×						_				
TL	Franklin Minnesota Tax Free Income - A	×					5/31/23	×										
ΤĽ	Franklin US Government Money Market - A	×					6/20/23	×				_				_		
JT	Franklin Equity Income - Class A		×				6/20/23	×					,	_				
ΤĽ	Franklin US Government Money Market - A	×					6/30/23	×	_									
ΤĽ	Franklin Minnesota Tax Free Income - A		×				6/30/23	×										
JT	Franklin US Government Money Market - A			×			7/10/23	×										
JŢ	Frankiin Minnesota Tax Free Income - A			×			7/31/23	×										
1r	Franklin Minnesota Tax Free Income - A			×			8/31/23	×							_			
'n	Franklin Small Cap Growth - Class A			×			9/12/23		×									
JT	Franklin Minnesote Tex Free Income - A			×			9/29/23	×										
ı	Franklin Minnesota Tax Free Income - A			×			10/31/23	×										
ĴΤ	Franklin Minnesota Tax Free Income - A			×			11/30/23	×										
Ţ	Franklin Growth - Class A			×			12/20/23	×										
Ţ	Franklin Equity Income - Class A			×			12/20/23	×										
ካ	Franklin Equity Income - Class A			×			12/20/23	×										
기	Franklin Rising Dividends - Class A			×			12/20/23	×						$oldsymbol{igstyle eta}$				

SCHEDULE B - TRANSACTIONS

Name: Angela Craig Page 8 | |4 | 15

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The Gn	New Po	New Po	New E	AMCAI	America	Washin	US Gov	US Gov	Vashing	Vashing	JS Gov'	IS Gov	S Gov't	/ashing	merica		ranklin I	ranklin (Example		If a sales by gains" i htel gain ir	ctions bear ctions bear a of your of an ass	for invest	chasa, sai
The Growth Fund of America - Class A	New Perspective Fund - Class A	New Perspective Fund - Class A	New Economy - Class A	AMCAP - Class A	American Balanced -	Washington Mutual Investors - Class A	US Gov't Money Market - Class A	US Gov't Money Market - Class A	Washington Mutual Investors - Class A	Washington Mutual Investors - Class A	US Gov't Money Market - Class A	US Gov't Money Market - Class A	US Gov't Money Market - Class A	Washington Mutual Investors - Class	American Funds		Franklin Minnesota Tax Free Income -	Franklin Growth Opportunities - Class A	Megs Corp. Stock		Capital Gains: If a sales transaction resulted in a capital gain in ercess of \$200, check the "capital gains" box, unless it was an asset in a tax-determed account, and disclose the capital gain income on Schedule A. *Cohimn K is for assets solety held by your spouse or dependent child.	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 pennonal residence, unless it generated rents income, if only a portion of an asset is sold, piesse choose "partial sels" as the type of transaction.	reporting period draity server, or someting intersections that consequently or real property leads by you, your spouse, or your dependent child for investment or the production of income. Include transactions that	Report env burchase, sale, or exchange transactions that exceeded \$1,000 in the
of Amer	o-pun	und - C	lass A		d - Class A	Invest	arket - (arket - (opsexul	Investor	arket - C	urket - C	rket - Cl	Investor			ex Free	ortunitio	g,	Asset	sulted in a ras an asse dule A.	ef descript ur spouse, ence, unie sase choo	property he duction of I	tranaactk
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																					Over \$1,000,00 (Spouse/DC Asset))0° ×		

SCHEDULE B - TRANSACTIONS

Name: Angela Craig

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되느 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 source, 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 sele of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction. 片 Capital Galins: If a seles transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A. Ş 4 *Column K is for assets solely held by your spouse or dependent child SP, DC, JT Asset ş Structural III Personal Real Estate LLC [2] Business investment AMG GW&K Small Mid Cap Core AMG GW&K Small Mid Cap Core AMG GW&K Small Mid Cap Core AMG GW&K Small Mld Cap Core St. Jude Deferred Compensation Personal Residence The Growth Fund of America - Class A Washington Mutual Investors - Class A Washington Mutual Investors - Class A Wege Corp. Stock Purchase Type of Transaction × × Sale × × × × × × Partial Sale Exchange Check Box if Capital Gain Exceeded \$200 10/10/23 (MO/DAYR) or Quarterly Monthly, or Bi-weekly, if applicable 10/13/23 1/6/23 12/15/23 7/7/23 4/14/23 12/29/23 12/15/23 12/15/23 Date 3/9/23 × × \$1,001-× × × × × × > \$15,000 \$15,001œ \$50,000 \$50,001-\$100,000 c \$100,001-0 \$250,000 Amount of Transaction \$250,001-\$500,000 m \$500,001-\$1,000,000 T \$1,000,001-× 0 \$5,000,000 \$5,000,001-\$25,000,000 I \$25,000,001-\$50,000,000 Over \$50,000,000 ے Over \$1,000,000* (Spouse/DC Asset) *

SCHEDULE C - EARNED INCOME

Angela Craig Page 6 ₽, 귥

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. Name:

INCOME LIMITS an addition, certain type	INCOME LIMITS and PROHIBITED INCOME: The 2023 limit on outside earned income for Members and employees compensated at or above the "senior staff" rat addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.	d et or above the "senior staff" rate was\$31,815 . The 2024 limit is \$31,815. In stationship) are totally prohibited.	11,815 . The 2024 limit is \$31,815. In
	Source (include date of receipt for honoraria)	Туре	Amount
	Koone State	Approved Teaching Fee	\$8,000
Examples:	State of Maryland	Legislative Pension	\$18,000
	Civil War Roundtable (Oct. 2)	Spouse Speech	\$1,000
	Ontario County Soerd of Education	Spouler Salary	~
House of Representatives	esentatives .	Salary	\$165,510
Abbott Laborato	Abbott Laboratories (fika St. Jude Medical) [3]	Deferred Compensation	\$21,482
Human Rights Campaign	Campaign	Spouse Salary	N/A
Smith & Nephew	W	Retirement Income	\$10,098

SCHEDULE D - LIABILITIES

Name: Angela Craig Page. = '₽ ᇊ

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 residence. 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.

					Б. Л		
			Mr. Coo	Example			
			Mr. Cooper Mortgage	First Bank of Wilmington, DE	Creditor		
	·-		03/21	5/20	Date Liability Incurred MO/YR		
			Mortgage co-signer for non-dependent child personal residence	Motigage on Rental Property, Dover, DE	Type of Liability		
I					\$10,001- \$15,000	-	
ĺ					\$15,001- \$50,000	B	
ľ					\$50,001- \$100,000	,	
ľ	-			×	\$100,001- \$250,000	3	,
ľ			×		\$250,001- \$500,000	n	mou
		 		·	\$500,001- \$1,000,000	π	ıt of L
					\$1,000,001- \$5,000,000	•	Amount of Liability
					\$5,000,001- \$25,000,000	-	,
					\$25,000,001- \$50,000,000	-	
ĺ					Over \$50,000,000		
					Over \$1,000,000* (Spouse/DC Liability)	,	

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 organizational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entitles (such as political parties and campaign organizations); and positions solely of an honorary nature.

		Member	Member	Position
		Personal Real Estate LLC	Rotary Club of Eagan	Name of Organization

SCHEDULE F - AGREEMENTS

Name: Angela Craig Page 12 of 15

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

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Date	Parties to Agreement	Terms of Agreement
12/07	Angela Craig and St. Jude Medical	Agreement to participate in Management's deferred compensation savings program
05/02	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 \$480 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 lobbylet 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 \$192 or less need not be added towards the \$480 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
Exemple:	Mr. Joseph Smith, Arlington, VA	Silver Platter (grior determination of personal friendship received from the Committee on Ethics)	\$500
	None		

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: Angela Craig Page 13 2 귥

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 8 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$480 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

	Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Fettity Member Included? (YRI)
•	Government of China (NECEA)	11-9 ·Bny	DC-Bajing, Chins-DC	٧	۲	Z
	Habitet for Humanity (Charity Fundralser)	Mar. 3-4	DC-Boston-DC	*	≺	~
None	ne					
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SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name: Angela Craig Page 14 of 15

	Name: Angela Craig	Page	of 15
let the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.	onsor of an event to a charitable organization	n in lieu of paying an honoran	rlum to you. A separate
Source	Activity	Date	Amount
Association of American Associations, Washington, DC	Speech	Feb. 2, 2023	\$2,000
XYZ Magazine	Article	Aug, 13, 2023	\$500
None			
	-		