

UNITED STATES HOUSE OF REPRESENTATIVES
2025 FINANCIAL DISCLOSURE REPORT

Form A
For Use by Members Officers and Employees

HAND DELIVERED Page 18

LEGISLATIVE RESOURCE CENTER
(Office Use Only) 4/15/04

Name Angela Dawn Craig

Daytime Telephone

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

FILER STATUS

☒

Member of the U S House of Representatives

State MN
District 02

☐

Officer or Employee

Staff Filer Type (If Applicable)

Shared

☐ Principal Assistant

REPORT TYPE

☒

2025 Annual (Due May 15 2026)

☐

Amendment

☐

Termination

Date of Termination

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 ☒ No ☐

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 ☒ No ☐

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 ☒ No ☐

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?

Yes ☐ No ☒

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 ☒ No ☐

H Did you your spouse or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$480 in value from a single source during the reporting period?

Yes ☐ No ☒

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 ☐ No ☒

I Did any individual or organization donate to charity in lieu of paying you for a speech appearance or article during the reporting period?

Yes ☐ No ☒

E Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?

Yes ☐ No ☒

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER YES

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

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 ☐ 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 that benefits 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 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 ☐ No ☒

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Use additional sheets if more space is required

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name Angela Dawn Craig

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SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name Angela Dawn Craig

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SCHEDULE B – TRANSACTIONS

Name Angela Dawn Craig

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Use additional sheets if more space is required

SCHEDULE B – TRANSACTIONS

Name **Angela Dawn Craig**

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Type of Transaction			Date (MO/DA/YR)	Amount of Transaction										
A	B	C		D	E	F	G	H	I	J	K			
\$1,001	\$15,001	\$50,001		\$100,001	\$250,001	\$500,001	\$1,000,001	\$5,000,001	\$25,000,001	\$50,000,001	Ove \$50,000,000	Ove \$1,000,000	Ove \$1,000,000	Ove \$1,000,000
SP	DC	JT	Asset											
SP	Ex mpt	M g C p St k												
			Osaic Wealth [NFS] IRA, cont d											
			American Inter Bond Fund of Amer (AIBAX)	X										
			American Inter Bond Fund of Amer (AIBAX)	X										
			American Inter Bond Fund of Amer (AIBAX)	X										
			American Inter Bond Fund of Amer (AIBAX)	X										
			American Inter Bond Fund of Amer (AIBAX)	X										
			Franklin Convertible Sec (FISCX)		X									
			Franklin Government Securities (FKFSX)		X									
			Franklin Growth Opps (FGRAX)		X									
			American Inter Bond Fund of Amer (AIBAX)	X										
			Franklin Templeton											
JT			Franklin MN Tax Free Income (FMINX)				X							
JT			Franklin Equity Income (FISEX)	X										
JT			Franklin MN Tax Free Income (FMINX)				X							
JT			Franklin Equity Income (FISEX)				X							
JT			Franklin MN Tax Free Income (FMINX)				X							
JT			Franklin MN Tax Free Income (FMINX)				X							
JT			Franklin MN Tax Free Income (FMINX)				X							

Use additional sheets if more space is required

SCHEDULE B – TRANSACTIONS

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Type of Transaction			Date	Amount of Transaction										
P	S	PH		A	B	C	D	E	F	G	H	I	J	K
				\$1 001	\$15 001	\$50 001	\$100 001	\$250 001	\$500 001	\$1 000 001	\$5 000 001	\$25 000 001	Over \$50 000 000	Over \$1 000 000 (\$500 000)
SP	DC	JT	Asset											
SP	Ex	mpl	M ga C p Stock		X									
			Franklin Templeton, cont d											
JT			Franklin Equity Income (FISEX)		X									
JT			Franklin MN Tax Free Income (FMINX)		X									
JT			Franklin MN Tax Free Income (FMINX)		X									
JT			Franklin MN Tax Free Income (FMINX)		X									
JT			Franklin Equity Income (FISEX)		X									
JT			Franklin MN Tax Free Income (FMINX)		X									
JT			Franklin MN Tax Free Income (FMINX)		X									
JT			Franklin Growth Fund (FKGRX)		X			X						
JT			Franklin Growth Opps (FGRAX)		X			X						
JT			Franklin MN Tax Free Income (FMINX)		X									
JT			Franklin Biotech Discovery (FBDIX)		X									
JT			Franklin Biotech Discovery (FBDIX)		X									
JT			Franklin Equity Income (FISEX)		X									
JT			Franklin Equity Income (FISEX)		X									
JT			Franklin Rising Dividends (FRDPX)		X									
JT			Franklin Small Cap Growth (FSGRX)		X									
JT			Franklin MN Tax Free Income (FMINX)		X									

Use additional sheets if more space is required

SCHEDULE B – TRANSACTIONS

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Use additional sheets if more space is required

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Use additional sheets if more space is required

SCHEDULE B – TRANSACTIONS

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Use additional sheets if more space is required

SCHEDULE C – EARNED INCOME

Name Angela Dawn Craig

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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: Be advised that the outside earned income limit and prohibitions on types of income may apply to you after you are on House payroll. The 2025 limit on outside earned income for Members and employees compensated at or above the senior staff rate was \$33,285. The 2026 limit is \$33,855. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

Source (include date of receipt for honoraria)		Type	Amount
Examples	K St t	App ov d T h g F	\$6 000
	S t f M n l d	L g l at iv P t	\$18 000
	C l v l W R d t b l (O t 2)	Sp Sp h	\$1 000
	O t C ty B d f Ed tl	Sp S l ry	N/A
Abbott Laboratories [fka St Jude Medical] [1]		Deferred Comp	\$27 606 84
Human Rights Campaign		Spouse Salary	N/A
Smith & Nephew Inc [Exec Plus]		Retirement Income	\$13 964 12

Use additional sheets if more space is required

SCHEDULE D – LIABILITIES

Name **Angela Dawn Craig**

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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 children.

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
				\$10 001 \$15 000	\$15 001 \$50 000	\$50 001 \$100 000	\$100 001 \$250 000	\$250 001 \$500 000	\$500 001 \$1 000 000	\$1 000 001 \$5 000 000	\$5 000 001 \$25 000 000	\$25 000 001 \$50 000 000	Over \$50 000 000	Over \$1 000 000 (Spouse/DC Liability)
	Ex mpt First B k f W l m g t DE	5/25	M r t g R t a l P r o p r t y D v e 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
None	

Use additional sheets if more space is required.

SCHEDULE F – AGREEMENTS

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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
12/07	Angela Craig and Abbott Laboratories (fka St Jude Medical)	Agreement to participate in Management's deferred compensation savings program
12/07	Angela Craig and Smith & Nephew Inc	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 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 \$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
Ex mpl M J phSmith Arlt gt VA	Sl Platt (p d t m tu f p rs lf d h p lv d from th C mmit Ethl)	\$500
None		

Use additional sheets if more space is required

SCHEDULE H – TRAVEL PAYMENTS and REIMBURSEMENTS

Name Angela Dawn Craig

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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.

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 5 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 the filer

[illegible]

Use additional sheets if more space is required

SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name Angela Dawn Craig

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List 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.

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Use additional sheets if more space is required

FILER NOTES
(Optional)

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NOTE NUMBER	NOTES
1	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