

UNITED STATES HOUSE OF REPRESENTATIVES

2024 FINANCIAL DISCLOSURE REPORT

Form A

For Use by Members, Officers, and Employees

HAND DELIVERED Page 1 of 16

Name: Angela Dawn Craig

Daytime Telephone:

(Office Use Only)
2025 MAY 14, PM 5:05

ML

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: MN District: 02	<input type="checkbox"/> Officer or Employee	Employing Office:	Staff Filer Type: (If Applicable) <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant
REPORT TYPE	<input checked="" type="checkbox"/> 2024 Annual (Due: May 15, 2025)	<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(s) totaling more than \$480 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 \$480 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 checked="" type="checkbox"/> No <input type="checkbox"/>	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 <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"/>

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Use additional sheets if more space is required

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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		
SF, DC JT	ASSET NAME	EIP	A None	B \$1-\$1,000	C \$1,001-\$15,000	D \$15,001-\$50,000	E \$50,001-\$100,000	F \$100,001-\$250,000	G \$250,001-\$500,000	H \$500,001-\$1,000,000	I \$1,000,001-\$5,000,000	J \$5,000,001-\$25,000,000	K \$25,000,001-\$50,000,000	L Over \$50,000,000	M Spouse/DC Asset over \$1,000,000*	NONE	DIV DENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I None	II \$1-\$200	III \$201-\$1,000	IV \$1,001-\$2,500	V \$2,501-\$5,000	VI \$5,001-\$15,000	VII \$15,001-\$50,000	VIII \$50,001-\$100,000	IX \$100,001-\$1,000,000	X \$1,000,001-\$5,000,000	XI Over \$5,000,000	XII Spouse/DC Asset with income over \$1,000,000	
	(Basic Wealth IKA JNFSL (Int Securities America))																																			
	Franklin Convertible Sec (FISCX)	X					X														X			X										P		
	Franklin Growth Opps (FGRAV)	X						X													X			X										P		
	Franklin US Gov't Sec (FKFSX)	X						X													X			X												
	Inter. Bond of Amer. (AIBAX)	X							X												X			X										P		
	Bank Deposit Sweep (QACCCQ)	X			X																X			X												
	Franklin Templeton																																			
	Franklin Biotech Discovery (FBBDIX)	X					X										X			X								X						S (part)		
	Franklin Equity Income (FISEX)	X						X									X			X									X					S (part)		
	Franklin Growth Fund (FKGRX)	X						X									X			X									X					S (part)		
	Franklin Growth Opps (FGRAV)	X						X									X			X									X					S (part)		
	Franklin MN Tax Free Income (FMNIX)	X							X								X											X						S (part)		
	Franklin Rising Dividends (FRDIPX)	X							X								X			X									X					S (part)		
	Franklin Small Cap Growth (FSGRPX)	X						X																												
	Franklin US Gov't Money Fund (FMFXX)	X						X									X											X								

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SCHEDULE B - TRANSACTIONS

Name: Angela D. Craig

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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 children 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 rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.

Capital Gains: If a sales 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.

* Column K is for assets solely held by your spouse or dependent children.

SP, DC, JT	Asset	Type of Transaction				Check Box if Capital Gain Exceeded \$200	Date (MM/DD/YYYY) or Quarter by Month, or Bi-weekly, if applicable	Amount of Transaction										
		Purchase	Sale	Partial Sale	Exchange			A \$1,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000	K Over \$1,000,000* (Spouse/DC)
SP	Example Mega Corp. Stock			X		X	3/8/2		X									
	American Funds IRA																	
SP	Fundamental Investors (SEI) (ANCFX)	X				X	12/18/24	X										
SP	Fundamental Investors (Roth) (ANCFX)	X				X	12/18/24	X										
SP	Fundamental Investors (IRA) (ANCFX)	X				X	6/12/24	X										
SP	Fundamental Investors (IRA) (ANCFX)	X				X	12/18/24	X										
	Osage Wealth (NEFI) IRA																	
	Inter. Bond of Amer. (AIBAX)	X					1/2/2024	X										
	Inter. Bond of Amer. (AIBAX)	X					2/1/2024	X										
	Inter. Bond of Amer. (AIBAX)	X					3/1/2024	X										
	Inter. Bond of Amer. (AIBAX)	X					4/1/2024	X										
	Inter. Bond of Amer. (AIBAX)	X					5/1/2024	X										
	Inter. Bond of Amer. (AIBAX)	X					6/3/2024	X										
	Inter. Bond of Amer. (AIBAX)	X					7/1/2024	X										
	Inter. Bond of Amer. (AIBAX)	X					8/1/2024	X										
	Inter. Bond of Amer. (AIBAX)	X					9/3/2024	X										
	Inter. Bond of Amer. (AIBAX)	X					10/1/2024	X										
	Inter. Bond of Amer. (AIBAX)	X					11/1/2024	X										
	Inter. Bond of Amer. (AIBAX)	X					12/2/2024	X										

SCHEDULE B - TRANSACTIONS

Name: Angela D. Craig

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SP, DC, JT	Asset	Type of Transaction				Check Box if Capital Gain Exceeded \$200	Date (MM/DD/YYYY) or Quarterly, Monthly, or Bi-weekly, if applicable	Amount of Transaction										
		Purchase	Sale	Partial Sale	Exchange			A \$1,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000	K Over \$1,000,000* (Spouse/DC)
SP	Example Mega Corp. Stock			X		X	3/1/2		X									
	Franklin Convertible Securities (FISGX)	X					12/20/2024	X										
	Franklin Growth Opps (FGRAX)	X					12/20/2024		X									
	Franklin Convertible Securities (FISGX)	X					12/20/2024	X										
	Franklin Templeton																	
JT	Franklin MN Tax Free Income (FMINX)			X			1/31/2024	X										
J1	Franklin MN Tax Free Income (FMINX)			X			2/28/2024	X										
JT	Franklin MN Tax Free Income (FMINX)			X			3/28/2024	X										
JT	Franklin MN Tax Free Income (FMINX)			X			4/30/2024	X										
J1	Franklin MN Tax Free Income (FMINX)			X			5/31/2024	X										
JT	Franklin Equity Income (FISEX)			X			6/20/2024	X										
JT	Franklin MN Tax Free Income (FMINX)			X			6/28/2024	X										
J1	Franklin MN Tax Free Income (FMINX)			X			7/31/2024	X										
JT	Franklin MN Tax Free Income (FMINX)			X			8/30/2024	X										
JT	Franklin MN Tax Free Income (FMINX)			X			9/30/2024	X										
JT	Franklin MN Tax Free Income (FMINX)			X			10/31/2024	X										
J1	Franklin MN Tax Free Income (FMINX)			X			11/28/2024	X										
JT	Franklin Rising Dividends (FRDPX)			X			12/20/2024		X									
JT	Franklin Growth Opps (FGRAX)			X			12/20/2024	X										

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Capital Gains: If a sales 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.

SP	Example	Asset
		Mega Corp. Stock

Use additional sheets if more space is required.

SCHEDULE B - TRANSACTIONS

Name: Angela D. Craig

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Capital Gains: If a sales 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.

* Column K is for assets solely held by your spouse or dependent children.

SP, DC, JT	Asset	Type of Transaction				Check Box If Capital Gain Exceeded \$200	Date (MO/DA/YR) or Quarterly, Monthly, or Bi-weekly, if applicable	Amount of Transaction										
		Purchase	Sale	Partial Sale	Exchange			A \$1,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000	K Over \$1,000,000* (Spouse/DC)
SP	Example Mega Corp. Stock			X		X	3/8/2		X									
	American Funds																	
JT	Washington Mut. Investors (AWSHX)			X			3/13/2024	X										
JT	AMCAP (AMCPX)			X		X	6/12/2024	X										
JT	Washington Mut. Investors (AWSHX)			X		X	6/12/2024		X									
JT	Washington Mut. Investors (AWSHX)			X			6/12/2024	X										
JT	Washington Mut. Investors (AWSHX)			X			9/18/2024	X										
J1	American Balanced (ABALX)			X		X	12/18/2024	X										
JT	American Balanced (ABALX)			X			12/16/2024	X										
JT	AMCAP (AMCPX)			X		X	12/17/2024	X										
JT	New Economy Fund (ANEXF)			X		X	12/17/2024	X										
JT	Growth Fund of America (AGTHX)			X		X	12/18/2024		X									
JT	Growth Fund of America (AGTHX)			X			12/18/2024	X										
JT	New Perspective Fund (ANWPX)			X		X	12/19/2024		X									
JT	New Perspective Fund (ANWPX)			X			12/19/2024	X										
J1	Washington Mut. Investors (AWSHX)			X			12/19/2024	X										
J1	Washington Mut. Investors (AWSHX)			X		X	12/19/2024	X										

SCHEDULE B - TRANSACTIONS

Name: Angela D. Craig

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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 children 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 rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.

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SP, DC, JT	Asset	Type of Transaction				Check Box if Capital Gain Exceeded \$200	Date (MO/DA/YR) or Quarter ly, Monthly, or Bi-weekly, if applicable	Amount of Transaction										
		Purchase	Sale	Partial Sale	Exchange			A \$1,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000	K Over \$1,000,000* (Spouse/DC)
SP	Example Mega Corp. Stock			X		X	3/6/2		X									
	Smith & Nephew, Inc. (Exec Plus)																	
	Hartford Mid Cap (HMYUX)	X					12/11/2024	X										
	Vanguard US Growth (VWUAX)	X					12/18/2024	X										
	Abbott Laboratories (Ibr St. Jude) Deferred Comp																	
	AMG GW&K Sm/Mid Cap (GWGZX)			X			1/5/2024	X										
	AMG GW&K Sm/Mid Cap (GWGZX)			X			4/7/2/2024	X										
	Washington Mut. Investors (RWMGX)			X			4/12/2024	X										
	AMG GW&K Sm/Mid Cap (GWGZX)			X			7/12/2024	X										
	Washington Mut. Investors (RWMGX)			X			7/12/2024	X										
	AMG GW&K Sm/Mid Cap (GWGZX)			X			10/11/2024	X										
	Washington Mut. Investors (RWMGX)			X			10/11/2024	X										
	Real Estate																	
JT	Personal Real Estate LLC (1)	X					2/16/2024								X			

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INCOME LIMITS AND PROHIBITED INCOME: The 2024 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$31,815. The 2025 limit is \$38,285. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

[illegible]

SCHEDULE D - LIABILITIES

Name: Angela D. 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 children. 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 children, 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, UC, H	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)
Example	First Bank of Wilmington, DE	6/20	Mortgage on Rental Property, Dover, DE				X							
	Mr. Cooper Mortgage ⁽³⁾	3/21	Mortgage co-signer for non-dependent child personal residence					X						

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	Personal Real Estate LLC

SCHEDULE F - AGREEMENTS

Name **Angela D. Craig**

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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 children 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 children 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. Notes: 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 friendship received from the Committee on Ethics)	\$500
None.		

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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 children that is totally independent of his or her relationship to the filer.

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Source

Association of American Associations, Washington, DC

Speech

Feb. 2, 2024

Amount

XYZ Magazine

Artículo

AUG 13 2024

\$500

None.

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