

## PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

ATTACH THE CO	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	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?	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? OI  b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?
ORRESPONDING SO	Yes No X	Yes X No	Yes X No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	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?	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of fling?
	Yes No X	Yes X No	Yes X No

# EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded Yes from this report details of such a trust that benefits you, your spouse, or dependent child?		No X
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or 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 N	×

### SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Angela D. Craig

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E	(RO	Inve	>		ğ		П	than in the control of the control o	in the account that exceeds the reporting thresholds	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	Identify (a) each asset held for investment or production of income and with a fair market value successing \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in unearned income during the year.	Assets and/or income Sources	1
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### SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Angela D. Craig

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### SCHEDULE A - ASSETS & "UNEARNED INCOME"

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Name: Angela D. Craig	
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#### SCHEDULE C - EARNED INCOME

Name:	
Angela D. Craig	
Page7_ of _10	
	Angela D. Craig Page 7

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 both the filer and filer's 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 2018 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,050. The 2019 limit is \$28,440. 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 honorana)   Type   Current Year to Filing   Preceding Year		<b>1</b>	Am	Amount
ABC Table Associate, Bell (184 to 18)   Shorter (184 to 184 to	Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
Laboratories (Fl/ka St. Jude Medical, Inc.). The University Spouse Salary N/A Spouse		Honorarium	0\$\$	\$500 \$76 000
Income*4  Spouse Salary  N/A  Spouse Salary  N/A		Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
Spouse Salary N/A  Spouse Salary N/A	Abbott Laboratories (fk/a St. Jude Medical, Inc.)*3	Income*4	N/A	\$152,826.87
Spouse Salary N/A	Human Rights Campaign	Spouse Salary	N/A	N/A
	Hamline University	Spouse Salary	N/A	N/A
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#### Use additional sheets if more space is required.

<sup>\*3 -</sup> See Note 3 on Page 10

<sup>\*4 -</sup> See Note 4 on Page 10

#### SCHEDULE D - LIABILITIES

	Name:	
	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 child. Mark the highest amount owed during the reporting period. New 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.

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							SP. DC. JT		
						Example			
	N/A	N/A	N/A	N/A	N/A	First Bank of Wilmington, DE	Creditor		
						5/16	Date Liability Incurred MO/YR		
						Mortgage on Rental Property, Dover, DE	Type of Liability		
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							Over \$50,000,000	د	
							Over \$1,000,000* (Spouse/DC Liability)	*	

#### SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, 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. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Position	Position Name of Organization
Board Member*5	Inver Hills Community College Foundation
Member	Rotary Club of Eagan
Advisor*6	Structural, Inc.

<sup>\*5 -</sup> See Note 5 on Page 10

<sup>\*6 -</sup> See Note 6 on Page 10

#### SCHEDULE F - AGREEMENTS

Name:	
Angela D. Craig	
Page	
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of 10	

employer.	continuation or deferral of payments by a former or current emptoyer other than the U.S. government; or continuing participation in an em	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave
	than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former	ement that you have with respect to: future employment; a leave of absence during the period of government service;

Date     Parties to Agreement?     Terms of Agreement       Dec. 2007     Angela Craig and St. Jude Medical, Inc.     Agreement to participate in Management's Deferred Compensation Savings Program.       May 2002     Angela Craig and Smith & Nephew     Agreement to Participate in Company Retirement Plan       Agreement to Participate in Company Retirement Plan			
Angela Craig and St. Jude Medical, Inc.  Angela Craig and Smith & Nephew	Date	Parties to Agreement <sup>7</sup>	Terms of Agreement
Angela Craig and Smith & Nephew	Dec. 2007	Angela Craig and St. Jude Medical, Inc.	Agreement to participate in Management's Deferred Compensation Savings Program.
		Angela Craig and Smith & Nephew	Agreement to Participate in Company Retirement Plan

# SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Ansamment a	ind any information considered colliderated as a result of	доченниет апо апу ппоннавон сонновнава аз а технь от а римпеден теанопунир песодител ву ам. то постарав пнотнавоч путава от экстема с
	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
-	N/A	
	N/A	
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_	N/A	

<sup>\*7 -</sup> See Note 7 on Page 10

Name: Angela D. Craig Page 10 of 10