ree tests for Yes No X	a spouse or dependent child because they meet all the	med" income, or liabilities of ommittee on Ethics.	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.
ou excluded Yes No X	other "excepted trusts" need not be disclosed. Have you excluded	nittee on Ethics and certain or endent child?	TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not from this report details of such a trust that benefits you, your spouse, or dependent child?
IESTIONS	N - ANSWER <u>BOTH</u> OF THESE QUESTIONS	IST INFORMATIO	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH
MPLETE	S THAT YOU ARE REQUIRED TO COMPLETE	Y THE SCHEDULES	THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE
	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	RRESPONDING SC	ATTACH THE CO
00 from a Yes No X	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	Yes No X	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?
ement with an Yes X 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 X 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?
eporting eporting? Yes X No	Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes X No	A Did you, your spouse, or your dependent child: a. Own arry reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in uneamed income from any reportable asset during the reporting period?
	TIONS	OF THESE QUES	PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS
A \$200 penalty shall be assessed against any individual who files more than 30 days late.	Period Covered: January 1, 2016 to September 30, 2017	Staff Filer Type (If Applicable): Shared Principal Assistant	STATUS New Officer or Employee Statement Stat
(Office Use Only)	Check if Amendment	Minnesota 2 2018	New Member of or Candidate for State: X U.S. House of Representatives District: Candidates – Date of Election: November 6.
U.S. HOUSE OF REPRESENTATIVES	hone:	Daytime Telephone:	Name: Angela D. Craig
LEGISLATIVE RESOURCE CENTER 17 NOV -7 PM 1: 17	FORM B For New Members, Candidates, and New Employees		UNITED STATES HOUSE OF REPRESENTATIVES

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Angela D. Craig

Page 2 of 12

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US Governm	Fundamenta	[Roth] ("2)	hwestment (ISEP] ("1)	AMERI	<u>_</u> _	Examples: S	Je.	ailed discuss	choose, you source is t ant child (DC), Sonal column	ve a privately ent Fund, plea	: Your person nd vacation to luring the rep in, or know at program, in	or an ownership interest in a pract is not publicly traded, at usiness, the nature of its regraphic location in Block A.	and other re a, complete openty," and	and other car at-bearing a fist every fina n \$1,000 in ir	ant that exce	RAs and others) provide	Provide complete names of stocion not use only ticker symbols).	ncome during the year.	dentify (a) each asset would clion of income an succeeding \$1,000 at the o and (b) any other reportab which generated more	ets and/	
US Government Money Market (SEP)	Fundamental Investors [RA] (*3)	(Roth) ('2)	Investment Company of America (SEP) (*1)	AMERICAN FUNDS IRA	ABC Hedge Fund	Simon & Schuster	Mega Corp Stock	or a detailed discussion of Schedule A requirements lesse refer to the instruction booklet.	If you so choose, you may holicate 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.	you have a privately-traded fund that is an Excepte nvestment Fund, please check the "EIF" box.	Exclude: Your personal resistence, including second homes and vacation homes (unless there was reints income during the reporting period); and any financial interest in, or income derived from a federa retrement program, including the Thrift Savings Plan	or an owhership interest in a privately-held business that is neit publicly traded, state the name of the susiness. The nature of its activities, and its peographic location in Block A.	For rental and other real properly held for investment provide a complete address or description, e.g. rental properly," and a city and state.	ry demical during excepting, page the process and interest-bening accounts, if the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	the account that exceeds the reporting thresholds.	For all IRAs and other retirement plans (such as 401(t) plans) provide the value for each asset held in	havide complete names of stacks 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 production of income and with a fair market value accepting \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income and (b) any other reportable asset or source of income which generated more than \$200 in "unearned"	Assets and/or Income Sources	BLOCKA
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(*1) See Note 1
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Franklin Equity Income - Class A	Franklin Mutual Global Discovery - Class A	Franklin Utilities - Class A	Franklin Biotech Discovery - Class A	Franklin Small Cap Growth - Class A	Franklin Growth - Class A	Franklin Dynatech - Class A	Franklin Rising Dividends - Class A	Franklin Mutual Quest - Clase A	Franklin Balance Sheet Investment - Class A	FRANKLIN TEMPLETON INVESTMENT	Bank Deposit Sweep (*4)	INVESTACORP IRA	US Government Money Market (IRA)	US Government Money Market (Roth)	ASSET NAME (#					Assets and/or income Sources	BLOCK A
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(*4) See Note 2

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SETS & "UNEARNED INCOME" Name: Angela D. Craig Page 4of 12
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Angela D. Craig

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Name: Angela D. Craig

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SCHEDULE C - EARNED INCOME

Name: Angela D. Craig Page 8 of 12

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.

Wembers and employments and employments and service	INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroli. The 2016 limit on outside earned income for Wembers and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. 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.	come may apply to you after yo imit is \$27,765. In addition, certastaff.	u are on House payroll. The 2016 in types of income (notably honorari	limit on outside earned income for a, director's fees, and payments for
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u	Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
	ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples:	Ower of remarkent Chill War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 NA	\$1,000 N/A
Hamline University	niversity	Spouse Salary	N/A	N/A
Self-emplo	Self-employed (consultant)	Spouse Salary	A/N	N/A
Human Rig	Human Rights Campaign Foundation	Spouse Salary	N/A	N/A
St. Jude Medical	edical	Salary (*7)	\$3,019,144.30	\$1,606,949.07

SCHEDULE D - LIABILITIES

Name: Angela D. Craig

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 exceeded \$10,000. 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 *Column K is for liabilities held solely by your spouse or dependent child

			Example	sp. Dc. Л		
		N/A	First Bank of Withington, DE	Creditor		
			5/98	Date Liability Incurred MO/YR		
			Mortgage on Rental Property, Dover, DE	Type of Liability		
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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	Name of Organization
Board Member	Inver Hills Community College Foundation
Senior Advisor	St. Jude Medical, Inc.
Member	Rotary Club of Eagan
Chair	Advancing Science Events, Minnesota Heart Association
Board Member	Open Arms of Minnesota

SCHEDULE D - LIABILITIES

Name: Angela D. Craig Page_ 5 <u>_</u> 12

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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			N/A	First Bank of Wilmington, DE	Creditor		
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				Mortgage on Rental Property, Dover, DE	Type of Liability		
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SCHEDULE E - POSITIONS

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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 organizations, 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	Name of Organization
Member	Craig Greene LLC

SCHEDULE F - AGREEMENTS

Name: Angela D. Craig Page 11 of 12

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

Date	Parties to Agreement	Terms of Agreement
Dec. 2008	Angela Craig and St. Jude Medical, Inc.	Company Change of Control Severance 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
7		

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.

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Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
N/A	