UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT		FORM B s, Candidates, and New Employees	2016 MAY - 6 PH 4: 51 U.S. HOUSE OF REPRESENTATIVES
Name: Angela D. Craig	Daytime Teleph	one:	APR 29 2010
New Member of or Candidate for State: Minne U.S. House of Representatives District: 2 Candidates – Date of Election: November 8, 201		Check if Amendment	(Office Use Only)
New Officer or Employee Employing Office:		Period Covered: January 1, <u>2015</u> to <u>March 31, 2016</u>	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH (OF THESE QUES	TIONS	
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? b. Make more than \$200 in unearned income from any reportable asset during the reporting period?	X No	E. Did you hold any reportable positions dur or in the current calendar year up through th	
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?	X No	F. Do you have any reportable agreement or outside entity during the reporting period or year up through the date of filing?	
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	No X	J. Did you receive compensation of more the source in the current year and two prior year	
		HEDULE IF YOU ANSWER "YE THAT YOU ARE REQUIRED TO	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUS			
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee this report details of such a trust that benefits you, your spouse, or dependent of		er "excepted trusts" need not be disclosed. H	fave you excluded from Yes No X
EXEMPTION - Have you excluded from this report any other assets, "uneamed exemption? Do not answer "yes" unless you have first consulted with the Comm		spouse or dependent child because they mee	at all three tests for Yes No X

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Assets and/or Income Sources	١				Va	lue	of A	636	t						Ту	pe of	flre	соп	•									,	\mo	unt	of I	nce	me									
Identify (a) each asset held for investment production of income and with a fair market val exceeding \$1,000 at the end of the reporting and (b) any Other reportable asset or source income which generated morn than \$200 "unesared" from during the year. Provide complete names of stocks and mutual fun	d ph of in	eache an a clucie could	speci sset d on be "N	y the was ly be one."	sold sold	hody dunin a it	sed. g the gene	rep rated	orting inco	Perio	od aa	adis value	trac 401(i ched Divic even inco	geno k k lenda ifca	the interest of the contract o	r 529 "Tai terest, sted, c	acc x-Def , and must	count ferred of Ga t be o	one (or s), you pital fiscion in t	ou may column. gains, aed as boxable	other and acco	Capit Cunts.	ts indi of gai Chec	icate ins, ix "No	the c even one' i	if n	ry of ninver	inco Med, e wa	me b mek seam	y che st be ned c	rgen	the close erate	appro ed a:	opńa s unc	te bo come	ox be e for	elow. rama	sets	idend held	ds, in I in 1		
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For all IRAs and other retirement plans (such 401(k) plans) provide the value for each asset held the account that exceeds the reporting thresholds.		7	Ţ	ī		<u></u>	-		-	Τ-	1		Jear KJ	u.		_	_	_	_			·		Cu	rrer	ıt Ye	ar				Т			P		adi		Yea	- -			_
For bank and other cash accounts, total the amount all interest-bearing accounts. If the total is or \$5,000, list every financial institution where there more than \$1,000 in interest-bearing accounts.	rer	В	С	D	E	F	G	H	ı	K	L	M			į						ı	•	ı W	_	_	VB	_	DX	x 7	q x	Ť	3			_		_	_	EX.	×	ĸ	X
For rental and other real property held for investme provide a complete address or description, e. "rental property," and a city and state.	g.,																	İ		(auuc														'								
For an ownership interest in a privately-held busine that is not publidy traded, state the name of 1 business, the nature of its activities, and geographic location in Block A.	he				 													,		me or Farm Income														 								
Exclude: Your personal residence, including seconomous and vacation homes (unless there was rent income during the reporting period), and any financinterest in, or income derived from, a federetim, or income derived from, a federetiment program, including the Thrift Savings Planetimens programs.	ial rai																			, Parthership (noo																						
if you have a privately-traded fund that is an Except Investment Fund, please check the "EiF" box.	4											61,000,000.						<u></u>		(Specify, e.g.,										over\$1,000,000												01,000,00
If you so choose, you may indicate that an asset income source is that of your spouse (SP) dependent child (DC), or jointly held with anyone (J in the optional column on the far left.	or		15,000	000-099	000,001\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-61,000,000	SECOND OF LEPS DON DON	000,000,001-\$50,000,000	Over \$50,000,000	Spouse/DC Asset over 6		2		Jan 1	CAPITAL GAINS	EXCEPTED/BUND TRUST	AX-DISTERNED	Dither Type of Income (3)	-		2,500	900'9	15,000	000'058	\$50.001+\$100,000	\$100,001-\$1,000,000	\$1,000,001-\$5,000,000	1 2			000	2,500	9,000	15,000	000'09	950,0014-100,000	\$100,000,41,000,000	\$1,000,001-\$5,000,000	000,000	Spouts/DC Income over \$1,000,000
For a detailed discussion of Schedule requirements, please refer to the instruction booklet	1	\$141,000	\$1,001-\$15,000	\$15,001-\$50-000	100'098	\$100,00	00'052'	00'0055	0,000.14	\$25,000,	Over \$50	Spouse	3NON	DIVIDENDS	RENT	MTEREST	3		PO-XV	Other Ty	None	\$1-6200	\$1,001-12,500	82,501-85,000	\$5,001-\$15,000	000'058-100'91\$	100'06	\$100,00	2000.13	Spourse Difference	Nove	\$1.520	000,13H 023	\$1,001-\$2,500	\$2,501-\$5,000	\$5,001-\$15,000	\$15,001-\$50,000	100'05\$	\$100,00	\$1,000.0	Over \$5,000,000	Spoused
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Name: Angela D. Craig Page 7 of 12

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			None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000.	\$250,001-\$500,000	\$500,001.\$100,000	\$1,000,001+\$5,000,000	\$5,000,000+\$25,000,000	\$25,000,001-450,000,000	Over \$50,000,000	Spousa/DC Asset over \$1,000,000*	NONE	DIMIDENDS	RENT	NTSREST	CAPITAL GARES	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of income (Specify: e.g., Partnership income or Farm Income)	None	\$1-\$200	0:00'1\$1.02\$	\$1,001-\$2,500	\$2,501-\$5,000	\$5,001-\$15,000	\$16,001-650,000	000 000 141 000 0013	\$1,000,001-46,000,000	Over \$5,030,000	Spouss/DC Income over \$1,000,000*	None	\$1-520	\$20,1\$1,000	\$1,001-\$2,500	\$2,501-\$5,000	\$5,001-\$15,000	\$15,00 H\$50,000	\$50,001-\$100,000	\$100,001+1,000,000	\$1,000,001-\$6,000,000	Spouse/DC Income over \$1,000,000*
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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.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2015 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,225. The 2016 limit is \$27,495. 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.

_		<u>_</u>	Am	ount
	Source (include date of receipt for honoraria)	Type	Current Year to Filing	Preceding Year
Examples:	ABC Trade Association, Baltimore, MID (July 15) State of Manyland Chill War Roundtable (Oct. 2) Ontano County Board of Education	Honoranium Salary Spouse Speech Spouse Salary	\$0 \$20,000 \$0 N/A	\$500 \$76,000 \$1,000 N/A
St. Jude N	Medical*	Salary	\$218, 99 8*	\$582,812*
Hamline U	Iniversity	Spouse Salary	N/A	N/A
Human Rig	ghts Campaign Foundation	Spouse Salary	N/A	N/A
-				

^{*}See Note 2

SCHEDULE D - LIABILITIES

{Name:} Angela D. Craig	Page	9	_of	<u> 12 </u>	

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 liabile); and liabilities owed to you by a spouse or the child, perent, 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.

								Α	moun	t of Li	ability				
SP. BC. JT		Creditor	Date Liability Incurred MO/YR	Type of Liablility	A	В	С	C	E	F	G + a	B	-10	¬ 000'000	Over \$1,000,000" (Spouse/DC Liability)
	I				\$15,001-	\$15,001- \$50,000	\$50,001- \$100,000	\$250,000	\$250,001-	\$500,001-	\$1,000,001- \$5,000,000	\$5,000,001-	\$25,000,001-	Over \$50,000,000	Over \$1,0 (Spouse/C
	Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE		<u> </u>		X					<u> </u>		
	N/	A													

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

Position	Name of Organization
Senior Advisor	St. Jude Medical, Inc.
Member	Rotary Club of Eagan
Member	Craig Greene LLC
Chair	Advancing Sciences Event, Minnesota Heart Association
Board Member	Open Arms of Minnesota

SCHEDULE D - LIABILITIES

	1
Name: Angela D. Craig	Page 10 of 12

Report liabilities of over \$10,000 Gwed to any one creditor at any time 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 liabile); and liabilities 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.

	·							p	mour	nt of Li	ability	'			
SP. DC, JT		Creditor	Date Liability Incurred MO/YR	Type of Liability	\$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	5/98	Mortgage on Rental Property, Dover, DE	+			x	-						-
	N/A														
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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

Position	Name of Organization
Board Member	Women Winning
Committee Member	Human Rights Campaign Corporate Steering Committee

SCHEDULE F - AGREEMENTS

_{Name:} Angela D. Craig	Page 11 of 12	

Date	Parties to Agreement	Terms of Agreement
12/31/08	Angela Craig and St. Jude Medical, Inc.	Company Change of Control Severance Agreement
12/27/07	Angela Craig and St. Jude Medical, Inc.	Agreement to Participate in Management's Deferred Compensation Savings Program
05/2002	Angela Craig and Smith & Nephew	Agreement to Participate in Company Retirement Plan
		MANUAL TO THE STATE OF THE STAT

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.

	Source (Name and City/State)	Brief Description of Duties	
- ха <i>трі</i> е.	Doe Jones & Smith, Hometown, Homestate	Accounting Services	
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FILER NOTES (Optional)

Name: Angela D. Craig Page 12 of 13

NOTE NUMBER	NOTES				
1	The rental value property is reported as none because Craig Greene LLC sold the property and dissolved in early 2015				
2	Salary amount includes all bonus and benefits, including deferred bonus compensation for work performed in 2014 of \$277,464 (paid in 2015) and for work performed in 2015 of \$167,789 (paid in 2016 prior to March 31, 2016).				