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UNITED STATES HOUSE OF REPRESENTATIVES	FORM B	Ark 30 Luve Page 1 of 11
TEN	For New Members, Candidates, and New Employees	LEGISLATIVE RESOURCE CETTE:
		18 MAY -8 PHI2: 57
Name: Angela D. Craig	Daytime Telephon	
New Member of or Candidate for State: Minnesota  V.S. House of Representatives District: 2  FILER  Candidates – Date of Election: November 6, 2018	Check if Amendment	(Office Use Only)
New Officer or Employee Staff File  Employing Office: Shared	Staff Filer Type (If Applicable): Period Covered: January 1, 2017 Shared Principal Assistant to March 31, 2018	A \$200 penaity shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE	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?	No E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	g the reporting gh 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?	No P. 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?	the current calendar Yes X No
D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	No X J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	\$5,000 from a Yes No X
ATTACH THE CORRI	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST	DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESE QUESTIONS	QUESTIONS
TRUSTS Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" from this report details of such a trust that benefits you, your spouse, or dependent child?	on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded	lave you excluded Yes No X
<b>EXEMPTION</b> – Have you excluded from this report any other assets, "unearned" income, or liat exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics	"unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for the Committee on Ethics.	t all three tests for Yes No X

SCHEDULE A - ASSETS & "UNEARNED INCOME" Name: Angela D. Craig Page 2 of 11

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Fundamental Investors [IRA]	Investment Company of America	Investment Company of America [SEP]	AMERICAN FUNDS IRA		Examples:			If you so choose, you may indicate that an asset of income source is that of your spouse (SP) or dependent child (CD), or jointly held with anyone (JT) in the optional column on the far left.  For a detailed discussion of Schedule A requirements please refer to the instruction booklet.	If you report a privately-traded fund that is an Excepted investment Fund, please check the "EIF how	Exclude: Your personal residence, including secont inomes and vacation homes (unless there was renta income during the reporting persiod); and any financial interest in, or income derived from, a federa retirement program, including the Thrift Sevings Plan	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	For rental and other real properly held for investment provide a complete address or description, e.g. rental property, and a city and state.	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	For all IRAs and other retrement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	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 exceeding \$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	
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Angela D. Craig

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## SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Angela D. Craig

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Name: Angela D. Craig

Page 5

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## SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Angela D. Craig

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## SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Angela D. Craig

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### SCHEDULE C - EARNED INCOME

Name: Angela D. Craig Page 8 of 11

List the source, type, and amount of eamed 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 an Members and emplo professional services	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 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. 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 \$28,050. In addition, cert staff.	u are on House payroll. The 2017 ain types of income (notably honoral	I limit on outside earned income for ria, director's fees, and payments for
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90	Source (Iliciade date of receipt for frontieraria)	туре	Current Year to Filing	Preceding Year
	ABC Trade Association, Bartimore, MD (July 15)	Honorarium	\$0	\$500
Examples:	State of Maryland Civil War Roundtable (Oct. 2)	Spouse Speech	\$20,000 \$0	\$76,000 \$1,000
	Ontario County Board of Education	Spouse Salary	AW	NA
St. Jude Medical *4	4.0	Income 5	\$65,609.89	\$4,797,790.70
Self - Employed (Consultant)	(Consultant)	Spouse Salary	N/A	N/A
Human Rights Ca	Human Rights Campaign Foundation	Spouse Salary	N/A	N/A
Hamline University	sity	Spouse Salary	N/A	N/A
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<sup>\*4 -</sup> See Note 4 on Page 11

<sup>\*5 -</sup> See Note 5 on Page 11

#### SCHEDULE D - LIABILITIES

Name: Angela D. Craig Page 9 of 11

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	N/A	N/A	N/A	N/A	First Bank of Wilmington, DE	Creditor		
					5/98	Date Liability Incurred MO/YR	!	
					Mortgage on Rental Property, Dover, DE	Type of Liability		
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						Over \$50,000,000		
						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 and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

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

#### SCHEDULE F - AGREEMENTS

Name: Angela D. Craig Page 10 of 11

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

# 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
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
N/A	

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				Income includes all salary, stock, stock options, deferred compensation, benefits and other contractual sources of compensation.	St. Jude Medical, Inc. was sold to Abbott Laboratories in 2017. Candidate ended her employment with St. Jude Medical/Abbott on February 3, 2017.	A Delaware corporation with the principle place of business in St. Paul, MN.	f/k/a CB Long Term Growth.	f/k/a Fidelity Investment. Assets formerly held under Fidelity Investment transferred to Abbott Investment during this reporting period due to a merger.	NOTES