

New Officer or Employee Employing Office:	New Member of or Candidate for State: Minnesota  U.S. House of Representatives District: 2  Candidates - Date of Election: November 8, 2016	Name: Angela D. Craig Daytime Telephone:	FORM B FINANCIAL DISCLOSURE STATEMENT FOR New Members, Candidates, and New Employees	
Period Covered: January 1, 2013 A \$200 p to _July 31, 2015 individus	Check If Amendment	U.S.	1	
A \$200 penaity shall be assessed against any individual who files more than 30 days late.	(Office Use Only)	CINAUG 13 PM 1:32	Page 1 of 12	

## PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

	THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	NLY THE SCHEDULES	THIS FORM INCLUDES O
	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	CORRESPONDING SC	АТТАСН ТНЕ
Yes No	J. Did you receive compensation of more than \$5,000 from a single Yes source in the current year and two prior years?	Yes No X	Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?
× × × × × × × × × × × × × × × × × × ×	F. Did you have any reportable agreements or arrangements 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?
Yes X No	E. 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 any reportable asset that was worth more than \$1,000 at the end of the reporting period? or  b. Make more than \$200 in unearned income from any reportable asset during the reporting period?

# 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 from this report details of such a trust that benefits you, your spouse, or your dependent child?  EXEMPTION - Have you excluded from this report any other assets, "unearmed" income, transactions, 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.	ther "excepted trusts" need not be disclosed. Have you excluded from Yes
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## SCHEDULE A - ASSETS & "UNEARNED INCOME"

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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 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 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.

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 2014 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. The 2015 limit is \$27,225. 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. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

professional services involving a involving reality is a waity professional of members and serior stall.	× 5020		
			Amount
Source (include date of receipt for Horiotalia)	Type	Current Year to Filing	Preceding Year
ABC Trade Association, Beltimore, MD (July 15)	Honorarium	\$0	\$500
Examples: State of Manyland Civil War Roundsable (Oct. 2)	Selery Spouse Speech	\$20,000 \$0	\$76,000 \$1,000
Ortario County Board of Education	Spouse Selary	ΑN	N/A
St. Jude Medical, Inc.	Salary	\$482,674.62	\$ 730,220.57
Hamline University	Spouse Salary	NA	N/A
Human Rights Campaign Foundation	Spouse Salary	N/A	N/A

<sup>\*\*</sup> See Note 3 on page 12.

Use additional sheets if more space is required.

#### SCHEDULE D - LIABILITIES

Name: Angela D. Craig Page 9 of 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.

	ос. л ос. л						
		Example	N/A	N/A	N/A	N/A	N/A
	Creditor	First Bank of Wilmington, DE					
	Date Liability Incurred MO/YR	5/98					
:	Type of Liability	Mortgage on Rental Property, Dover, DE					
	\$10,001- \$15,000	a area constant					
	\$15,001- \$50,000 & \$50,001- \$400,000 \$7			i de la companion de la compan	Argen Januar	a walka	
<b>A</b>	\$100,001- \$250,000	×	i- fig _ t			1.71	1
mount o	\$250,001- \$500,000 m						10 mm
Amount of Liability	\$1,000,000 \$1,000,001 \$5,000,000	To see the see	- A 				##- 250
	\$5,000,001- \$25,000,000				<u> </u>	. 1,7	
	\$25,000,001- \$50,000,000 Over \$50,000,000	- 1 Sec.					ar i i i
	Over \$1,000,000*						

#### 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
Senior Advisor; Vice President, Global H.R.	St. Jude Medical, Inc.
Member	Craig Greene, LLC
Chair	Advancing Sciences Event, Minnesota American Heart Association
Board Member	Open Arms of Minnesota
Board Member	Women Winning

#### SCHEDULE D - LIABILITIES

Name: Angela D. Craig Page 10 of 12

Report liabilities of over \$10,000 owed 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 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.

						SP. DC, JT	
A/N	N/A	N/A	N/A	N/A	Example		
					First Sank of Wilmington, DE	Creditor	
					5/98	Date Liability Incurred MO/YR	
					Mortgage on Rental Property, Dover, DE	Type of Liability	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					\$10,001= \$15,000	
						\$15,001- \$50,000	
					Share and	\$50,001- \$100,000	
					×	\$100,001- \$250,000	,
						\$250,001 \$500,000	Amount of Liability
						\$500,001- \$1,000,000	t of LI
						\$1,000,001- \$5,000,000	ability
		. 2.		garle regul trav		\$5,000,001- \$25,000,000	
			ingarin Tipli	1		\$25,000,001- \$50,000,000	
iochigi	5. S. C.	- · · ·		7	147.5	Over \$50,000,000	
						Over \$1,000,000* (Spouse/DC Liab#ity)	

#### SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, pertner, 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
Committee Member	Human Rights Campaign Corporate Steering Committee
Member	Rotary Club of Eagan

#### 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 employer.

Date	Parties to Agreement	Terms of Agreement
12/31/2008	Angela Craig and St. Jude Medical, Inc.	Company Change of Control Severance Agreement
12/27/2007	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

# 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.

gramment and any interior or make or contract and a property of a property of the gramment of the contract of	principles to be supplied to the Control of the con
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
N/A	
NA	
N/A	
N/A	
NA	
NA	
NA	