

UNITED STATES HOUSE OF REPRESENTATIVES

2022 FINANCIAL DISCLOSURE STATEMENT

101

HAND DELIVERED

סידור מילויים

מגדיר מילון (Office Use Only)

Name: Angela Dawn Craig

Daytime Telephone

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

Name: <u>Angela Dawn Craig</u>		Daytime Telephone: _____	
FILER STATUS	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>MN</u>	Officer or Employee _____
REPORT TYPE	<input checked="" type="checkbox"/> 2022 Annual (Due: May 15, 2023)	District: <u>02</u>	Staff Filer Type: (If Applicable) <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant
	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Date of termination: _____

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

PRELIMINARY INFORMATION - ANSWER EACH OF 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? <u>22</u> | Yes |
| b. Receive more than \$200 in unearned income from any reportable
asset during the reporting period? | |
| B. Did you, your spouse, or your dependent child purchase, sell, or
exchange any securities or reportable real estate in a transaction
exceeding \$1,000 during the reporting period? | |
| C. Did you or your spouse have "earned" income (e.g., salaries,
honoraria, or pension/IRAs distributions) of \$200 or more during the
reporting period? | Yes |
| D. Did you, your spouse, or your dependent child have any reportable
liability (more than \$10,000) at any point during the reporting period? | |
| E. Did you hold any reportable positions during the reporting period or
in the current calendar year up through the date of filing? | Yes |

IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS

If you purchased any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered yes to this question, please contact the Committee on Ethics for further guidance.

TRUSTS – Details regarding “Qualified Blind Trusts” approved by the Committee on Ethics from this report details of such a trust that benefits you, your spouse, or dependent child?

EXEMPTION – Have you excluded from this report any other assets, “unearned” income, transactions, or liabilities of a spouse or your 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
No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Angela Dawn Craig

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SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: Angela Dawn Craig

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Angela Dawn Craft

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SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: Angela Dawn Craig

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset												BLOCK C Type of Income												BLOCK D Amount of Income												BLOCK E Transaction																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
ASSET 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100164	100165	100166	100167	100168	100169	100170	100171	100172	100173	100174	100175	100176	100177	100178	100179	100180	100181	100182	100183	100184	100185	100186	100187	100188	100189	100190	100191	100192	100193	100194	100195	100196	100197	100198	100199	100200	100201	100202	100203	100204	100205	100206	100207	100208	100209	100210	100211	100212	100213	100214	100215	100216	100217	100218	100219	100220	100221	100222	100223	100224	100225	100226	100227	100228	100229	100230	100231	100232	100233	100234	100235	100236	100237	100238	100239	100240	100241	100242	100243	100244	100245	100246	100247	100248	100249	100250	100251	100252	100253	100254	100255	100256	100257	100258	100259	100260	100261	100262	100263	100264	100265	100266	100267	100268	100269	100270	100271	100272	100273	100274	100275	100276	100277	100278	100279	100280	100281	100282	100283	100284	100285	100286	100287	100288	100289	100290	100291	100292	100293	100294	100295</th

SCHEDULE B – TRANSACTIONS

Report any purchases, sales, or exchange transactions that amounted to \$1,000 or more in the reporting period of any property, real property held by your spouse, or personal property dependent child for the production or the production of income. Include transactions that resulted in a capital gain. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or transactions involving the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.

Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box. Unless it was an asset in a tax-deferred account, and disclosed the capital gain income on Schedule A.

Use additional sheets if more space is required.

Name: Angela Dawn Crahan

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SCHEDULE B – TRANSACTIONS

Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period or if security or real property held by you, your spouse, or your dependent child for investment or production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exchange transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.

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Name: Angela Dawn Craig

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SCHEDULE C - EARNED INCOME

Name: Angela Dawn Craig

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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 a spouse, list the source and amount of any **honoraria**, but 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: The 2022 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$29,895. The 2023 limit is \$31,815. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

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Use additional sheets if more space is required.

SCHEDULE D - LIABILITIES

Name: Angela Dawn Craig

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Report liabilities of over \$10,000 owned by any one creditor at any time during the reporting period. **Members:** Members are required to report all trackables secured by real property including mortgages on their 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."**

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

SP DC, JR	Creditor	Date Liability Incurred MoYR	Type of Liability	Amount of Liability									
				A	B	C	D	E	F	G	H	I	J
				\$10,001- \$15,000									
				\$15,001- \$50,000									
				\$50,001- \$100,000									
				X	\$100,001- \$250,000								
					\$250,001- \$500,000								
					X	\$500,001- \$1,000,000							
						\$1,000,001- \$5,000,000							
						X	\$5,000,001- \$25,000,000						
							\$25,000,001- \$50,000,000						
							X	\$Over \$50,000,000					
													\$Over \$1,000,000* (Spouse/DC Liability)

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year 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.

Use additional sheets if more space is required.

SCHEDULE F – AGREEMENTS

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.

SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$415 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual (which may not include a registered lobbyist or foreign agent), local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$165 or less need not be added towards the \$415 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

Source	Description	Value
Example:	Mr. Joseph Smith, Arlington, VA Silver Plate (prior determination of personal item listing received from the Committee on Ethics)	\$500
None		

Use additional sheets if more space is required.

SCHEDULE H – TRAVEL PAYMENTS and REIMBURSEMENTS

Name: Angela Dawn Craig

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$15 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 3742); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

Source		Destiny	City of Departure-Destination-City of Return	Length (hrs)	Point From (hrs)	Point To (hrs)	Priority Number (outbound) (7/16)
Organization	Address						
Government of China (MECCA)		Aug-6-11	DC-Belg. China-DC	Y	Y	N	
Holiday Innway (Family Franchise)		Mar-3-4	DC-Boston-DC	Y	Y	Y	
None							

Use additional sheets if more space is required.

SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (*i.e.*, speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.

Name: **Angela Dawn Craig**

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Use additional sheets if more space is required.

**FILER NOTES
(Optional)**

Name: Angela Dawn Craig

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NOTE NUMBER	NOTES
1	A Delaware corporation with its principal place of business in St. Paul MN. This investment has been divested and will not appear on next year's filings.
2	Personal Real Estate LLC is a Minnesota limited liability company with the sole purpose of holding the Member's residence as a personal security and privacy measure. The Member and her spouse jointly hold the LLC. The registered office for the company is an attorney office in Prior Lake, MN.
3	Income consists of deferred compensation, benefits and other contractual sources of compensation in connection with past employment for services rendered prior to becoming a Member.

Use additional sheets if more space is required.