

UNITED STATES HOUSE OF REPRESENTATIVES 2019 FINANCIAL DISCLOSURE STATEMENT

Form A
For Use by Members, Officers, and Employees

HAND DELIVERED

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2020 AUG 13 PM 2:10
(Office Use Only)

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

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

Name: Angela Dawn Craig

Daytime Telephone: _____

FILER STATUS	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>Minnesota</u> District: <u>02</u>	<input type="checkbox"/> Officer or Employee	Employing Office: _____	Staff Filer Type: (If Applicable) <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant
REPORT TYPE	<input checked="" type="checkbox"/> 2019 Annual (Due: May 15, 2020)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Date of Termination: _____	

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>or</u> b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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 <input checked="" type="checkbox"/> No <input type="checkbox"/>
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?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$300 in value from a single source during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$300 in value from a single source during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	

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

IPO - Did you purchase 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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>

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Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: **Angela D. Craig**

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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			
SP, DC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	P, S, S(part), or E	
	Investacorp IRA																																			
	American Mutual - A																																			P
	American Int'l Gr. & Inc - A																																			P
	American Income Fund of America - A																																			P
	Franklin Managed Income (Balance) - A																																			P
	Franklin Convertible Securities - A																																			P
	Franklin Growth Opportunities - A																																			P
	Franklin Small-Mid Growth - A																																			P
	Bank Deposit Sweep																																			
	Franklin Templeton																																			
JT	Franklin Rising Dividends - Class A																																			
JT	Franklin Growth - Class A																																			
JT	Franklin Small Cap Growth - Class A																																			
JT	Franklin Biotech Div. - Class A																																			
JT	Franklin Utilities - Class A																																			

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: **Angela D. Craig**

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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				
SP, DC, JT	ASSET NAME	EF	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	P, S, S(part), or E		
	Franklin Templeton (cont)																																					
JT	Franklin Equity Income - Class A	X						X									X			X																	P	
JT	Franklin Income - Class A	X						X									X			X																	P	
JT	Franklin Strategic Income - Class A	X															X			X																		
JT	Franklin M&T Tax Free Income - A	X															X			X																		
JT	Franklin US Gov't Money Market	X															X			X																		
	Investments - American Funds																																					
JT	AMCAP - CLASS A	X						X									X			X																		
JT	American Balanced - Class A	X						X									X			X																		
JT	Capital Income Builder - Class A	X						X									X			X																		
JT	Capital World Growth & Income - Class A	X						X									X			X																		
JT	The Growth Fund of America - Class A	X						X									X			X																		
JT	The Income Fund of America - Class A	X															X			X																	S	
JT	New Perspective Fund - Class A	X						X									X			X																		
JT	Wash. Mutual Investors - Class A	X						X									X			X																		

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: **Angela D. Craig**

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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	
SP, DC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	P, S, S(part), or E
	Investments - American Funds (cont)																																		
JT	Corporate Bond Fund - Class A							X							X	X			X																P
JT	Bond Fund of America - Class A							X							X	X			X																P
JT	U.S. Govt Money Market - Class A							X							X				X																
	Investment																																		
	Structural, Inc. - Convertible Note #1							X							X																				
	Smith & Nephew Exec. Retirement																																		
	Vang Morgan Gm ADM				X																X														
	Harbord Med Cap Y				X																X														
	Vang EXT MKT Int Inst				X																X														
	Vang Target Ret 2035				X																X														

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: **Angela D. Craig**

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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			
SP, DC, JT	ASSET NAME	EIF	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI		XII		
	Deferred Compensation																																					
	AMG GW & K SimMAd Cap Z	X								X												X				X												
	AMG Funds Europacific Growth R6	X								X												X				X												
	QMO Global Asset Alloc R6	X								X												X				X												
	Am. Funds Gwth Fund of American R6	X				X																X				X												
	Am. Water, Mutual Investors R6	X					X															X				X												
	Bank Accounts																																					
	US Bank										X																											
	Home Federal		X																X	X																		
	Drake Bank									X									X																			
	Real Estate																																					
	Playa Del Carmen Condo									X																												
														</																								

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Use additional sheets if more space is required.

SCHEDULE B - TRANSACTIONS

Name: **Angela D. Craig**

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Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent child, 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.		Type of Transaction				Date	Amount of Transaction											
SP, DC, JT	Asset	Purchase	Sale	Partial Sale	Exchange	Check Box if Capital Gain Exceeded \$200	(MCDMTR) or Quantity, or B, weekly, if applicable	A \$1,001-\$15,000	B \$15,001-\$50,000	C \$50,001-\$100,000	D \$100,001-\$250,000	E \$250,001-\$500,000	F \$500,001-\$1,000,000	G \$1,000,001-\$5,000,000	H \$5,000,001-\$25,000,000	I \$25,000,001-\$50,000,000	J Over \$50,000,000	K Over \$1,000,000* (Spouse/DC Asset)
SP	Example Mega Corp. Stock			X		X	3/20/19		X									
	Franklin Templeton																	
JT	Franklin Balance Sheet Investment - Class A		X				03/20/19			X								
JT	Franklin Mutual Quest - Class A		X				03/20/19			X								
JT	Franklin Dynabach - Class A		X				03/20/19				X							
JT	Franklin Mutual Global Discovery - Class A		X				03/20/19			X								
JT	Franklin Income - Class A	X					03/20/19				X							
JT	Franklin Strategic Income - Class A	X					03/20/19				X							
	American Funds Investments																	
	Europacific Growth Fund - Class A		X				03/20/19			X								
	The Income Fund of America - Class A		X				03/20/19				X							
	The New Economy Fund - Class A		X				03/20/19				X							
	New World Fund - Class A		X				03/20/19				X							
	SMALLCAP World Fund - Class A		X				08/20/19				X							
	Corporate Bond Fund - Class A	X					03/20/19				X							
	Bond Fund of America - Class A	X					03/20/19					X						

SCHEDULE B - TRANSACTIONS

Name: **Angela D. Craig**

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SP, DC, JT		Asset	Type of Transaction				Check Box if Capital Gain Exceeded \$200	Date (MM/DD/YYYY) or Quantity, Maturity, or Ex- piry, if applicable	Amount of Transaction										
			Purchase	Sale	Partial Sale	Exchange			A \$1,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000	K Over \$1,000,000* (Spouse/DC Asset)
		Dependent Child Transactions *2																	
	Example	Large Corp. Stock			X		X	3/8/19		X									
		The Walt Disney Company	X					01/25/19	X										
		The Walt Disney Company		X				03/22/19	X										
		Chevron Corporation	X					03/11/19	X										
		Chevron Corporation		X				03/27/19	X										
		VISA, Inc.		X				03/27/18	X										
		AES Corporation		X				03/27/19	X										
		STORE Capital Corporation		X				03/27/19	X										
		Amazon.com, Inc.	X					04/17/19	X										
		Amazon.com, Inc.		X				04/24/19	X										
		Amazon.com, Inc.	X					04/25/19	X										
		Amazon.com, Inc.		X				04/25/19	X										
		Amazon.com, Inc.	X					05/07/19	X										
		Amazon.com, Inc.	X					05/09/19	X										
		Amazon.com, Inc.	X					05/09/19	X										
		Amazon.com, Inc.		X				05/09/19	X										
		Alphabet, Inc.	X					04/23/19	X										
		Alphabet, Inc.		X				04/24/19	X										
		Alphabet, Inc.	X					05/07/19	X										

SCHEDULE B - TRANSACTIONS

Name: **Angela D. Craig**

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SP, DC, JT		Asset	Type of Transaction				Check Box if Capital Gain Exceeded \$200	Date (MO/DA/YR) or Quantity, Locality, or B, weekly, if applicable	Amount of Transaction										
			Purchase	Sale	Partial Sale	Exchange			A 1,001-\$15,000	B 15,001-\$50,000	C 50,001-\$100,000	D 100,001-\$250,000	E 250,001-\$500,000	F 500,001-\$1,000,000	G 1,000,001-\$5,000,000	H 5,000,001-\$25,000,000	I 25,000,001-\$50,000,000	J Over \$50,000,000	K Over \$1,000,000* (Spouse/DC Asset)
GP	Example	Mega Corp. Stock			X		X	3/8/19		X									
	Dependent Child Transactions Cont.																		
		Alphabet, Inc.		X				05/09/19	X										
		Southern Company	X					05/06/19	X										
		Southern Company		X				05/07/19	X										
		Coca-Cola Company	X					05/06/19	X										
		Coca-Cola Company		X				05/07/19	X										
		Coca-Cola Company	X					05/09/19	X										
		Royal Caribbean Cruises, Ltd.	X					05/08/19	X										
		Royal Caribbean Cruises, Ltd.		X				05/07/19	X										
		Solaris Oilfield Infrastructure	X					05/08/19	X										
		Solaris Oilfield Infrastructure		X				05/07/19	X										
		International Business Machines	X					05/08/19	X										
		International Business Machines		X				05/07/19	X										
		Duke Energy Corporation	X					05/07/19	X										
		Duke Energy Corporation		X				05/09/19	X										
		Lyft, Inc.	X					05/10/19	X										
		Lyft, Inc.		X				05/10/19	X										
		AT&T, Inc.	X					06/19/19	X										

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Use additional sheets if more space is required.

Name: Angela D. Craig Page 12 of 17

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 2019 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,440. The 2020 limit is \$28,845. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

[illegible]

SCHEDULE D - LIABILITIES

Name: **Angela D. Craig**

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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. **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	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
				\$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	5/79	Mortgage on Rental Property, Dover, DE				X							
	None													

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.

Position	Name of Organization
Member	Rotary Club of Egan

SCHEDULE F – AGREEMENTS

Name: **Angela D. Craig**

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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
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 G – GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$360 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 \$156 or less need not be added towards the \$360 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 Platter (prior determination of personal friendship received from the Committee on Ethics)	\$400
None		

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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. § 7342); 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.

[illegible]

SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name: Angela D. Craig

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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.

[illegible]

Name: **Angela D. Craig** Page 17 of 17

[illegible]

Use additional sheets if more space is required.