

# UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT FOR ANNUAL AND TERMINATION REPORTS

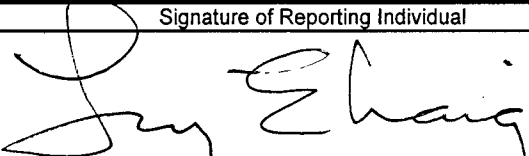
Last Name	First Name and Middle Initial	Annual Report Calendar Year Covered by Report:	Senate Office / Agency in Which Employed
Craig	Larry E.	2006	Craig
Senate Office Address (Number, Street, City, State, and ZIP Code)	Senate Office Telephone Number (Include Area Code)	Termination Report Termination Date (mm/dd/yy):	Prior Office / Agency in Which Employed
520 Hart, Washington, D.C. 20510	202/224-2752		

## AFTER READING THE INSTRUCTIONS - ANSWER EACH OF THESE QUESTIONS AND ATTACH THE RELEVANT PART

	YES	NO		YES	NO
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If Yes, Complete and Attach PART I.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you, your spouse, or dependent child receive any reportable travel or reimbursements for travel in the reporting period (i.e., worth more than \$285 from one source)? If Yes, Complete and Attach PART VI.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse have earned income (e.g., salaries or fees) or non-investment income of more than \$200 from any reportable source in the reporting period? If Yes, Complete and Attach PART II.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you, your spouse, or dependent child have any reportable liability (more than \$10,000) during the reporting period? If Yes, Complete and Attach PART VII.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did you, your spouse, or dependent child receive unearned or investment income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If Yes, Complete & Attach PART IIIA and/or IIIB.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you hold any reportable positions on or before the date of filing in the current calendar year? If Yes, Complete and Attach PART VIII.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than \$1,000 in the reporting period? If Yes, Complete and Attach PART IV.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Do you have any reportable agreement or arrangement with an outside entity? If Yes, Complete and Attach PART IX.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did you, your spouse, or dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$285 and not otherwise exempt)? If Yes, Complete and Attach PART V.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If this is your <b>FIRST</b> Report: Did you receive compensation of more than \$5,000 from a single source in the <b>two</b> prior years? If Yes, Complete and Attach PART X.	<input type="checkbox"/>	<input type="checkbox"/>

**File this report and any amendments with the Secretary of the Senate, Office of Public Records, Room 232, Hart Senate Office Building, U.S. Senate, Washington, DC 20510. \$200 Penalty for filing more than 30 days after due date.**

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The statement will be made available by the Office of the Secretary of the Senate to any requesting person upon written application and will be reviewed by the Select Committee on Ethics. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions. (See 5 U.S.C. app. 6, 104, and 18 U.S.C. 1001.)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		5/15/07

<b>For Official Use Only - Do Not Write Below This Line</b>		
It is the Opinion of the reviewer that the statements made in this form are in compliance with Title I of the Ethics in Government Act.	Signature of Reviewing Official	Date (Month, Day, Year)
A5		

**FOR OFFICIAL USE ONLY  
Do Not Write Below this Line**

RECEIVED  
SECRETARY OF THE SENATE  
07 MAY 15 PM 12:17

**PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES**

**BLOCK A**

**Identity of Publicly Traded Assets And Unearned Income Sources**

Report the complete name of each publicly traded asset held by you, your spouse, or your dependent child, (See p.3, CONTENTS OF REPORTS Part B of Instructions) for production of income or investment which:

- (1) had a value exceeding \$1,000 at the close of the reporting period; and/or
- (2) generated over \$200 in "unearned" income during the reporting period.

Include on this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.

**BLOCK B**

**Valuation of Assets**

At the close of reporting period. If None, or less than \$1,001, Check the first column.

**BLOCK C**

**Type and Amount of Income**

If "None (or less than \$201)" is Checked, no other entry is needed in Block C for that item. This includes income received or accrued to the benefit of the individual.

Example: S, DC, or J *IBM Corp. (stock)*  
(S) *Keystone Fund*

1	USSFCU			X																
2	USSFCU (Spouse)		X																	
3	FED Retirement Account					X														
4																				
5																				
6																				
7																				
8																				
9																				
0																				

None (or less than \$1,000)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$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
-----------------------------	--------------------	---------------------	----------------------	-----------------------	-----------------------	-------------------------	---------------------	---------------------------	----------------------------	-----------------------------	-------------------

Type of Income							Amount of Income											Actual Amount Required if "Other" Specified		
Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000		Over \$5,000,000	
X							Example	X												Example
		X		X			Example			X										Example
		X							X											
		X						X												

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.  
 \*\*\* This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.



**PART IIIB. NON-PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES**

**BLOCK A**

**Identity of Non-Publicly Traded Assets and Unearned Income Sources**

Report the name, address (city, state and description) of each interest held by you, your spouse, or your dependent child (See p.3, CONTENTS OF REPORTS Part B of Instructions) for the production of income or investment in a non-public trade or business which:

- (1) had a value exceeding \$1,000 at the close of the reporting period; and/or
- (2) generated over \$200 in "unearned" income during the reporting period.

Include the above report for each underlying asset, which is not incidental to the trade or business. Publicly traded assets held by non-public entity may be listed on Part IIIA.

Example: S, JP Computer, Wash DC  
 or J, Undeveloped land, Dubuque, Iowa

**BLOCK B**  
**Valuation of Assets**

At the close of reporting period.  
 If None, or less than \$1,001,  
 Check the first column.

None (or less than \$1,000)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$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
-----------------------------	--------------------	---------------------	----------------------	-----------------------	-----------------------	-------------------------	---------------------	---------------------------	----------------------------	-----------------------------	-------------------

**BLOCK C**

**Type and Amount of Income**

If "None (or less than \$201)" is Checked, no other entry is needed in Block C for that item. This includes income received or accrued to the benefit of the individual.

**Type of Income**

**Amount of Income**

Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	Over \$5,000,000	Actual Amount Required if "Other" Specified
X							Example	X											Example
							Example	X											Example
				X				X											

1 Retirement Account (Spouse), Managed by Nat'l Dairy Council, Merrill Lynch

2

3

4

5

3

7

3

3

0

**EXEMPTION TEST** (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.

\*\*\* This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

## PART VI. REIMBURSEMENTS

Report necessary travel related expenses from each source aggregating more than \$285 in value during the reporting period received by you, your spouse and/or dependent child in connection with your provision of services at a speaking engagement, fact-finding event, or other event (personal campaign, or otherwise). Disclosure is required regardless of whether those expenses were **reimbursed** to the individual or **paid directly** by the sponsoring organization. A description of the itinerary, including date(s) and the nature of expenses is required. If you are reimbursed for more than one trip from the same sponsor (and the trips added together are worth more than \$285), then you must report each trip individually, even if the reimbursement for each separate trip does not equal more than \$285. Report Gifts of travel in Part V.

**Exclude:** Travel related expenses provided by federal, state, D.C., and local governments; or by a foreign government; reimbursements from campaign funds which are reported to the FEC; reimbursements to a spouse or dependent child totally independent of his or her relationship to you; and reimbursements reported to the Office of Public Records pursuant to Senate Rule 35. For further information, see Instructions.

Name of Income Source		Address of Source	Dates and Brief Description
Example:	All States Company	Maintown, TX <b>EXAMPLE</b>	Roundtrip air travel from Washington, D.C. to Maintown, TX and lunch for self and spouse for speaking engagement: May 1-3, 200X <b>EXAMPLE</b>
1	The Center for the New West	Boise, ID	Lodging and meals for a speaking engagement and participation in a conference: January 11-13, 2006
2	Safari Club International	Tucson, AZ	Roundtrip air travel from Boise, ID to Reno, NV for a speaking engagement: January 20, 2006
3	NRA	Fairfax, VA	Roundtrip air travel from Washington DC to Milwaukee, WI, lodging and meals for annual and board meetings: May 19-22, 2006
4	Independent Petroleum Association of America	Washington, DC	One-Way air travel from Cincinnati, OH to Dallas, TX and One-Way air travel from Dallas, TX to Seattle, WA, lodging and meals for a speaking engagement: October 23-24, 2006
5	The Center for the New West	Boise, ID	Lodging and meals for a speaking engagement and participation in a conference: November 29-December 1, 2006
6	Western Business Roundtable	Phoenix, AZ	One-Way air travel from Boise, ID to Vail, CO and One-Way air travel from Denver, CO to Boise, ID for a speaking engagement: November 27, 2006
7			
8			
9			
0			
1			
2			
3			

**PART VIII. POSITIONS HELD OUTSIDE U.S. GOVERNMENT**

Report any positions held by you during the applicable reporting period whether compensated or not. Positions include, but are not limited to those of an officer, director, trustee, general partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise or any non-profit organization or educational institution. Both the year and month must be reported for the period of time that the position was held.

**Exclude:** Positions with federal government, religious, social, fraternal, or political entities, and those solely of an honorary nature.

Name of Organization		Address (City, State)	Type of Organization	Position Held	From (Mo/Yr)	To (Mo/Yr)
Example:	National Assn. of Rock Collectors	NY,NY <b>EXAMPLE</b>	Non-profit education	President	6 / 90	Present
	Jones & Smith	Hometown, USA <b>EXAMPLE</b>	Law Firm	Partner	7 / 85	11 / 00
1	National Rifle Association	Fairfax, VA	Association	Director	5/83	present
2						
3						
4						
5						
6						
7						
8						
9						
0						
1						
2						
3						

Compensation in excess of \$200 from any position must be reported in Part II.