Image# 201710189075791271 PAGE 1 / 1

## FEC FORM 2

## STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)								
	Baird, James, R, , PhD		16I-I	h = ·		0.0	I 4161		
	(b) Address (number and street) P.O. Box 203	Address (number and street)				2. Candidate's FEC Identification Number H8IN04199			
	(c) City, State, and ZIP Code						New	Amended	
	Greencastle		IN	4613	5	Statement <b>X</b>	(N) OR	(A)	
4.	Party Affiliation	5. Office Sought				rict of Candidate			
	REPUBLICAN PARTY	House			IN	04			
	DE	SIGNATION O	F PRINC	CIPAL	CAMPAIGN	N COMMITTEE			
7.	I hereby designate the following nar	esignate the following named political committee as my Principal Campaign Committee for the 2018 (year of election) election(s).							
	NOTE: This designation should be f	iled with the appropr	iate office li	sted in th	e instructions.				
	(a) Name of Committee (in full)  ELECT JIM BAIRD	FOR CONGR	RESS						
	(b) Address (number and street) 2718 N COUNTY ROAD 550	W							
	(c) City, State, and ZIP Code								
	GREENCASTLE				IN	46135			
	DE		_	_	_	COMMITTEES			
		(Includ	ling Joint Fu	ındraisin	g Representative	es)			
8.	I hereby authorize the following nan candidacy.	ned committee, whic	h is NOT my	/ principa	al campaign com	nmittee, to receive and e	expend funds	on behalf of my	
	NOTE: This designation should be f	iled with the principa	l campaign	committe	ee.				
_	(a) Name of Committee (in full)								
	(h) Address (number and street)								
	(b) Address (number and street)								
	(c) City, State, and ZIP Code								
	I certify that I have exa	mined this Statemer	nt and to the	best of I	my knowledge al	nd belief it is true, corre	ct and comple	ete.	
Si	gnature of Candidate					Date			
B	AIRD, JAMES, R, , PhD			[Floor	ronically Filed]	10/18/2017			
				[Bieci	onically Pileaj				
N	OTE: Submission of false, erroneous	or incomplete inform	nation may	subject tl	ne person signin	ng this Statement to pen	alties of 2 U.S	S.C. §437g.	
						l l			

FEC FORM 2 (REV. 02/2009)