

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

ELECT JIM BAIRD FOR CONGRESS

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2026 To: M M / D D / Y Y Y Y 03 / 31 / 2026

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	77826.20	280075.75
(b) Total Contribution Refunds (from Line 20(d))	0.00	300.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	77826.20	279775.75
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	39271.23	322683.80
(b) Total Offsets to Operating Expenditures (from Line 14)	119.90	1331.12
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	39151.33	321352.68
8. Cash on Hand at Close of Reporting Period (from Line 27)		
	179352.42	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		
	210000.00	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

ELECT JIM BAIRD FOR CONGRESS

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	11850.25	60744.98
(ii) Unitemized.....	12475.95	52630.77
(iii) TOTAL of contributions from individuals ▶	24326.20	113375.75
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	53500.00	166700.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	77826.20	280075.75
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	119.90	1331.12
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	77946.10	281406.87

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	39271.23	322683.80
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	300.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	300.00
21. OTHER DISBURSEMENTS	0.00	1683.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	39271.23	324666.80

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	140677.55
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	77946.10
25. SUBTOTAL (add Line 23 and Line 24).....	218623.65
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	39271.23
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	179352.42

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 OF 69
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ANDERSON, PAUL, C, ,

Mailing Address 369 E GREENCASTLE RD

City MOORESVILLE State IN Zip Code 46158

FEC ID number of contributing federal political committee. C

Name of Employer SELF-EMPLOYED Occupation FARMER

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
240.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 11 / 2026

Transaction ID : SA11AI.25278

Amount of Each Receipt this Period
50.00

Memo Item

B. Full Name (Last, First, Middle Initial)
BIBLE, BRENT, , ,

Mailing Address 7829 LYDIA LANE

City LAFAYETTE State IN Zip Code 47909

FEC ID number of contributing federal political committee. C

Name of Employer SELF-EMPLOYED Occupation FARMER

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 26 / 2026

Transaction ID : SA11AI.25339

Amount of Each Receipt this Period
500.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.22706]

C. Full Name (Last, First, Middle Initial)
CHISM, CHAD, , ,

Mailing Address 500 STERLING DR

City LAFAYETTE State IN Zip Code 47905

FEC ID number of contributing federal political committee. C

Name of Employer SELF-EMPLOYED Occupation REAL ESTATE

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 12 / 2026

Transaction ID : SA11AI.25421

Amount of Each Receipt this Period
500.00

Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

SUBTOTAL of Receipts This Page (optional)..... ▶ 1050.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE 6 OF 69	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
EHRlich, ANDY, , ,

Mailing Address 1304 ELLISON STREET

City FALLS CHURCH	State VA	Zip Code 22046
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer EHRlich ASSOCIATES LLC	Occupation LOBBYIST
--	------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.25527

Amount of Each Receipt this Period

Memo Item
 EARMARKED THROUGH WINRED [SA11AI.22692]

B. Full Name (Last, First, Middle Initial)
FURrer, BRIAN, , ,

Mailing Address 332 W 100 N

City REYNOLDS	State IN	Zip Code 47980
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FEC ID number of contributing federal political committee.

Name of Employer SELF	Occupation FARMER
--------------------------	----------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.25574

Amount of Each Receipt this Period

Memo Item
 SEE REATTRIBUTION

C. Full Name (Last, First, Middle Initial)
FURrer, BRIAN, , ,

Mailing Address 332 W 100 N

City REYNOLDS	State IN	Zip Code 47980
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FEC ID number of contributing federal political committee.

Name of Employer SELF	Occupation FARMER
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.25575

Amount of Each Receipt this Period

Memo Item
 REATTRIBUTION TO SPOUSE

SUBTOTAL of Receipts This Page (optional)..... ▶	<input type="text" value="7500.00"/>
TOTAL This Period (last page this line number only)..... ▶	<input type="text" value="7500.00"/>

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 69
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FURRER, LORENE, , ,

Mailing Address 332 W 100 N

City REYNOLDS	State IN	Zip Code 47980
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FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.25576

Amount of Each Receipt this Period

Memo Item
 REATTRIBUTION FROM SPOUSE

B. Full Name (Last, First, Middle Initial)
HAEHN, ERIC, , ,

Mailing Address 14274 265TH AVE NW

City ZIMMERMAN	State MN	Zip Code 55398
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer GRADIENT TECHNOLOGY	Occupation PRESIDENT CEO
---	-----------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.25639

Amount of Each Receipt this Period

Memo Item
 EARMARKED THROUGH WINRED [SA11A1.22705]

C. Full Name (Last, First, Middle Initial)
HERDRICH, WILLIAM, J, ,

Mailing Address 296 E RIVERCREST DR

City RUSHVILLE	State IN	Zip Code 46173
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FEC ID number of contributing federal political committee.

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.25710

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only)..... ▶	<input type="text" value=""/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE 8 OF 69	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KAUFFMAN, DARLENE, , ,

Mailing Address 1086 SHORELINE DR

City PLACERVILLE	State CA	Zip Code 95667
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
213.75

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 11 / 2026

Transaction ID : SA11AI.25765

Amount of Each Receipt this Period
23.75

Memo Item
EARMARKED THROUGH WINRED [SA11AI.22685]

B. Full Name (Last, First, Middle Initial)
KAUFFMAN, DARLENE, , ,

Mailing Address 1086 SHORELINE DR

City PLACERVILLE	State CA	Zip Code 95667
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
237.50

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 11 / 2026

Transaction ID : SA11AI.25766

Amount of Each Receipt this Period
23.75

Memo Item
EARMARKED THROUGH WINRED [SA11AI.22700]

C. Full Name (Last, First, Middle Initial)
LEGAN, MARK, , ,

Mailing Address 1498 S CO RD 775 E

City COATESVILLE	State IN	Zip Code 46121
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF	Occupation FARMER
--------------------------	----------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 30 / 2026

Transaction ID : SA11AI.26575

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	1047.50
TOTAL This Period (last page this line number only)..... ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 69
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MADISON, CHRIS, , ,

Mailing Address 10554 E STATE ROAD 28

City FRANKFORT State IN Zip Code 46041

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
260.25

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 28 / 2026

Transaction ID : SA11AI.25850

Amount of Each Receipt this Period
260.25

Memo Item
EARMARKED THROUGH WINRED [SA11A1.22708]

B. Full Name (Last, First, Middle Initial)
MANN, FRED, , ,

Mailing Address 5008 E. ST. RD 42

City CLOVERDALE State IN Zip Code 46120

FEC ID number of contributing federal political committee. C

Name of Employer SELF-EMPLOYED Occupation FARMING

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 20 / 2026

Transaction ID : SA11AI.25855

Amount of Each Receipt this Period
300.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MORALES, JORGE, , ,

Mailing Address 3450 SUNNYSIDE DR

City JACKSONVILLE State FL Zip Code 32207

FEC ID number of contributing federal political committee. C

Name of Employer ICS Occupation EXEC

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
285.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 06 / 2026

Transaction ID : SA11AI.25960

Amount of Each Receipt this Period
95.00

Memo Item
EARMARKED THROUGH WINRED [SA11A1.22698]

SUBTOTAL of Receipts This Page (optional)..... ▶ 655.25

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 69
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NICOSON, JON, , ,

Mailing Address 2075 W COUNTY RD 100 S

City CORY State IN Zip Code 47846

FEC ID number of contributing federal political committee. C

Name of Employer NICOSON FARMING INC Occupation FARMER

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 11 / 2026

Transaction ID : SA11AI.25980

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
STEPHENS, GREGORY, A, ,

Mailing Address 411 PEBBLE CT

City RUSSIAVILLE State IN Zip Code 46979

FEC ID number of contributing federal political committee. C

Name of Employer STEPHENS MACHINE INC Occupation BUSINESS OWNER

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 11 / 2026

Transaction ID : SA11AI.26214

Amount of Each Receipt this Period
300.00

Memo Item

C. Full Name (Last, First, Middle Initial)
WEBRE, SYLVIA, , ,

Mailing Address 324 PATRICK DR

City SCHRIEVER State LA Zip Code 70395

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
213.75

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 28 / 2026

Transaction ID : SA11AI.26312

Amount of Each Receipt this Period
23.75

Memo Item

EARMARKED THROUGH WINRED [SA11A1.22680]

SUBTOTAL of Receipts This Page (optional)..... ▶ 823.75

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE 11 OF 69	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WEBRE, SYLVIA, , ,

Mailing Address 324 PATRICK DR

City SCHRIEVER	State LA	Zip Code 70395
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FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.26313

Amount of Each Receipt this Period

Memo Item
EARMARKED THROUGH WINRED [SA11A1.22695]

B. Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee.

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

<input type="text" value="23.75"/>
<input type="text" value="11850.25"/>

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 69	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AMERICAN SOYBEAN ASSOCIATION PAC (SOYPAC)

Mailing Address 12647 OLIVE BLVD
SUITE 410

City ST LOUIS	State MO	Zip Code 63141
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 18 / 2026

Transaction ID : SA11C.26345

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
BUILDING RENEWAL IN AMERICA NOW PAC

Mailing Address 1600 WEST LOOP S STE 2640

City HOUSTON	State TX	Zip Code 77027
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 30 / 2026

Transaction ID : SA11C.26347

Amount of Each Receipt this Period
2000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
CONAGRA BRANDS, INC. GOOD GOVERNMENT ASSOCIATION

Mailing Address 222 W. MERCHANDISE MART PLAZA
SUITE 1300

City CHICAGO	State IL	Zip Code 60654
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 30 / 2026

Transaction ID : SA11C.26348

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	5500.00
TOTAL This Period (last page this line number only)..... ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 69	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ICE MILLER PAC

Mailing Address ONE AMERICAN SQUARE
SUITE 2900

City INDIANAPOLIS State IN Zip Code 46282

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 20 / 2026

Transaction ID : SA11C.26349

Amount of Each Receipt this Period

Memo Item

B. Full Name (Last, First, Middle Initial)
INDIANA FARM BUREAU INC ELECT PAC

Mailing Address P.O. BOX 1290

City INDIANAPOLIS State IN Zip Code 46206

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2026

Transaction ID : SA11C.26579

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)
JOHN DEERE POLITICAL ACTION COMMITTEE

Mailing Address ONE DEERE PLACE

City MOLINE State IL Zip Code 61265

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2026

Transaction ID : SA11C.26569

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="7000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 69
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NADAPAC

Mailing Address 412 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 24 / 2026

Transaction ID : SA11C.26571

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
NATIONAL APARTMENT ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 4300 WILSON BLVD
SUITE 800

City ARLINGTON State VA Zip Code 22203

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 12 / 2026

Transaction ID : SA11C.26350

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
NATIONAL APARTMENT ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 4300 WILSON BLVD
SUITE 800

City ARLINGTON State VA Zip Code 22203

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 13 / 2026

Transaction ID : SA11C.26351

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 8500.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 69
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF FARM SERVICE AGENCY COUNTY OFFICE EMPLOYEES INC PPC AKA NASCOE PAC

A. Mailing Address 1156 15TH STREET, NW
SUITE 329

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 20 / 2026

Transaction ID : SA11C.26353

Amount of Each Receipt this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE

B. Mailing Address 430 NORTH MICHIGAN AVENUE

City State Zip Code
CHICAGO IL 60611

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 25 / 2026

Transaction ID : SA11C.26354

Amount of Each Receipt this Period
2000.00

Memo Item

Full Name (Last, First, Middle Initial)
NATIONAL AUTOMOBILE DEALERS ASSOCIATION POLITICAL ACTION COMMITTEE

C. Mailing Address 8484 WESTPARK DRIVE; SUITE 500

City State Zip Code
TYSONS VA 22102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 30 / 2026

Transaction ID : SA11C.26355

Amount of Each Receipt this Period
5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 8000.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 69
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1101 KING STREET
SUITE 600

City ALEXANDRIA	State VA	Zip Code 22308
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11C.26356

Amount of Each Receipt this Period

Memo Item

B. Full Name (Last, First, Middle Initial)
NATIONAL CORN GROWERS ASSOCIATION PAC (CORNPAC)

Mailing Address 20 F STREET NW
SUITE 900

City WASHINGTON	State DC	Zip Code 20001
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11C.26357

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)
NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

Mailing Address 50 F ST NW
STE 900

City WASHINGTON	State DC	Zip Code 20001
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11C.26359

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="6500.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 69
(check only one)

11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NUTRIEN AG SOLUTIONS EMPLOYEE CITIZENSHIP FUND POLITICAL ACTION COMMITTEE

Mailing Address 3005 ROCKY MOUNTAIN AVE

City LOVELAND	State CO	Zip Code 80538
------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11C.26360

Amount of Each Receipt this Period

Memo Item

B. Full Name (Last, First, Middle Initial)
RAIN AND HAIL INSURANCE SOCIETY PAC

Mailing Address 9200 NORTH PARK DR
STE 300

City JOHNSTON	State IA	Zip Code 50131
------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11C.26361

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)
REPUBLICAN MAINSTREET PARTNERSHIP PAC

Mailing Address 411 NEW JERSEY AVE SE

City WASHINGTON	State DC	Zip Code 20003
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11C.26369

Amount of Each Receipt this Period

Memo Item

EARMARKED THROUGH WINRED [SA11A1.22686]

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 69	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
REPUBLICANS UNITED TO DEFEND YOU PAC

Mailing Address PO BOX 26141

City ALEXANDRIA	State VA	Zip Code 22313-6141
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11C.26362

Amount of Each Receipt this Period

Memo Item

B. Full Name (Last, First, Middle Initial)
RUDY FOR INDIANA

Mailing Address PO BOX 26141

City ALEXANDRIA	State VA	Zip Code 22313
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11C.26364

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)
RUDY FOR INDIANA

Mailing Address PO BOX 26141

City ALEXANDRIA	State VA	Zip Code 22313
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11C.26365

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 69
(check only one)

11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
THE CATERPILLAR INC. EMPLOYEE POLITICAL ACTION COMMITTEE

Mailing Address 100 NE ADAMS ST

City PEORIA State IL Zip Code 61629

FEC ID number of contributing federal political committee. **C** C00148031

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 30 / 2026

Transaction ID : SA11C.26366

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
THE FARM CREDIT COUNCIL POLITICAL ACTION COMMITTEE

Mailing Address 50 F STREET NWSUITE 900

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 02 / 2026

Transaction ID : SA11C.26367

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
WINE AND SPIRITS SHOLESALERS OF AMERICA PAC

Mailing Address 805 FIFTEENTH ST NW

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 02 / 2026

Transaction ID : SA11C.26577

Amount of Each Receipt this Period
5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	10000.00
TOTAL This Period (last page this line number only).....▶	53500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 69
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BETTER MOUSETRAP DIGITAL

Mailing Address 17 FRYDENDAHL EE

City ST THOMAS State VI Zip Code 00802

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 279.95

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 20 / 2026

Transaction ID : SA14.26370

Amount of Each Receipt this Period
22.56

Memo Item
VENDOR REFUND: OVERPAYMENT

B. Full Name (Last, First, Middle Initial)
BETTER MOUSETRAP DIGITAL

Mailing Address 17 FRYDENDAHL EE

City ST THOMAS State VI Zip Code 00802

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 281.75

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 26 / 2026

Transaction ID : SA14.26371

Amount of Each Receipt this Period
1.80

Memo Item
VENDOR REFUND: OVERPAYMENT

C. Full Name (Last, First, Middle Initial)
BETTER MOUSETRAP DIGITAL

Mailing Address 17 FRYDENDAHL EE

City ST THOMAS State VI Zip Code 00802

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 285.35

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 18 / 2026

Transaction ID : SA14.26372

Amount of Each Receipt this Period
3.60

Memo Item
VENDOR REFUND: OVERPAYMENT

SUBTOTAL of Receipts This Page (optional) ▶ 27.96

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE 21 OF 69	
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BETTER MOUSETRAP DIGITAL

Mailing Address 17 FRYDENDAHL EE

City ST THOMAS	State VI	Zip Code 00802
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA14.26373

Amount of Each Receipt this Period

Memo Item
 VENDOR REFUND: OVERPAYMENT

B. Full Name (Last, First, Middle Initial)
BETTER MOUSETRAP DIGITAL

Mailing Address 17 FRYDENDAHL EE

City ST THOMAS	State VI	Zip Code 00802
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA14.26374

Amount of Each Receipt this Period

Memo Item
 VENDOR REFUND: OVERPAYMENT

C. Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 69	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AMERICAN AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2026
Mailing Address 4255 AMON CARTER BLVD		FEC Identification Number C
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement TRAVEL: AIR	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 406.50	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.26378
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. AMERICAN AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2026
Mailing Address 4255 AMON CARTER BLVD		FEC Identification Number C
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement TRAVEL: AIR	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 406.50	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.26379
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. AMERICAN AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2026
Mailing Address 4255 AMON CARTER BLVD		FEC Identification Number C
City FORT WORTH	State TX	Zip Code 76155
Purpose of Disbursement TRAVEL: AIR	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 827.99	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.26380
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	1640.99
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 69			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. AT&T STORE		M M / D D / Y Y Y Y 01 / 16 / 2026	
Mailing Address 1748 INDIANAPOLIS ROAD		FEC Identification Number	
City GREENCASTLE	State IN	Zip Code 46135	C
Purpose of Disbursement MOBILE PHONE EXPENSE		Category/Type	Amount of Each Disbursement this Period
Candidate Name			1160.56
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID : SB17.26381
State: District:			<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. AT&T STORE		M M / D D / Y Y Y Y 03 / 03 / 2026	
Mailing Address 1748 INDIANAPOLIS ROAD		FEC Identification Number	
City GREENCASTLE	State IN	Zip Code 46135	C
Purpose of Disbursement MOBILE PHONE EXPENSE		Category/Type	Amount of Each Disbursement this Period
Candidate Name			1155.50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID : SB17.26382
State: District:			<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. AVON EDUCATION FOUNDATION		M M / D D / Y Y Y Y 02 / 03 / 2026	
Mailing Address 7203 EAST U.S. HIGHWAY 36		FEC Identification Number	
City AVON	State IN	Zip Code 46123	C
Purpose of Disbursement SPONSORSHIP		Category/Type	Amount of Each Disbursement this Period
Candidate Name			1500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID : SB17.26384
State: District:			<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	3816.06
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. BETTER MOUSETRAP DIGITAL

Mailing Address 17 FRYDENDAHL EE

City ST THOMAS State VI Zip Code 00802

Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

Office Sought: House Senate President
 Primary General
 Other (specify) ▼

Disbursement For: 2026

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
01 / 08 / 2026

FEC Identification Number
C

Amount of Each Disbursement this Period
116.40

Transaction ID : SB17.26385

Memo Item

Full Name (Last, First, Middle Initial)
B. BETTER MOUSETRAP DIGITAL

Mailing Address 17 FRYDENDAHL EE

City ST THOMAS State VI Zip Code 00802

Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

Office Sought: House Senate President
 Primary General
 Other (specify) ▼

Disbursement For: 2026

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
01 / 09 / 2026

FEC Identification Number
C

Amount of Each Disbursement this Period
13.53

Transaction ID : SB17.26386

Memo Item

Full Name (Last, First, Middle Initial)
C. BETTER MOUSETRAP DIGITAL

Mailing Address 17 FRYDENDAHL EE

City ST THOMAS State VI Zip Code 00802

Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

Office Sought: House Senate President
 Primary General
 Other (specify) ▼

Disbursement For: 2026

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
01 / 12 / 2026

FEC Identification Number
C

Amount of Each Disbursement this Period
9.02

Transaction ID : SB17.26387

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	138.95
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 69	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BETTER MOUSETRAP DIGITAL		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2026
Mailing Address 17 FRYDENDAHL EE		FEC Identification Number C
City ST THOMAS	State VI	Zip Code 00802
Purpose of Disbursement FUNDRAISING FEES	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 4.51	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.26388
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. BETTER MOUSETRAP DIGITAL		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2026
Mailing Address 17 FRYDENDAHL EE		FEC Identification Number C
City ST THOMAS	State VI	Zip Code 00802
Purpose of Disbursement FUNDRAISING FEES	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 93.82	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.26389
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. BETTER MOUSETRAP DIGITAL		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2026
Mailing Address 17 FRYDENDAHL EE		FEC Identification Number C
City ST THOMAS	State VI	Zip Code 00802
Purpose of Disbursement FUNDRAISING FEES	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 22.58	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.26390
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	120.91
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 69	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BETTER MOUSETRAP DIGITAL		Date of Disbursement MM / DD / YYYY 02 / 19 / 2026
Mailing Address 17 FRYDENDAHL EE		FEC Identification Number C
City ST THOMAS	State VI	Zip Code 00802
Purpose of Disbursement FUNDRAISING FEES		Amount of Each Disbursement this Period 708.21
Candidate Name		Transaction ID : SB17.26391
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. BETTER MOUSETRAP DIGITAL		Date of Disbursement MM / DD / YYYY 02 / 23 / 2026
Mailing Address 17 FRYDENDAHL EE		FEC Identification Number C
City ST THOMAS	State VI	Zip Code 00802
Purpose of Disbursement FUNDRAISING FEES		Amount of Each Disbursement this Period 0.90
Candidate Name		Transaction ID : SB17.26392
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. BETTER MOUSETRAP DIGITAL		Date of Disbursement MM / DD / YYYY 02 / 24 / 2026
Mailing Address 17 FRYDENDAHL EE		FEC Identification Number C
City ST THOMAS	State VI	Zip Code 00802
Purpose of Disbursement FUNDRAISING FEES		Amount of Each Disbursement this Period 9.02
Candidate Name		Transaction ID : SB17.26393
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	718.13
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 69	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BETTER MOUSETRAP DIGITAL			Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2026	
Mailing Address 17 FRYDENDAHL EE			FEC Identification Number C	
City ST THOMAS	State VI	Zip Code 00802	Amount of Each Disbursement this Period 67.65	
Purpose of Disbursement FUNDRAISING FEES		Category/ Type	Transaction ID : SB17.26394	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. BETTER MOUSETRAP DIGITAL			Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2026	
Mailing Address 17 FRYDENDAHL EE			FEC Identification Number C	
City ST THOMAS	State VI	Zip Code 00802	Amount of Each Disbursement this Period 343.92	
Purpose of Disbursement FUNDRAISING FEES		Category/ Type	Transaction ID : SB17.26395	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. BETTER MOUSETRAP DIGITAL			Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2026	
Mailing Address 17 FRYDENDAHL EE			FEC Identification Number C	
City ST THOMAS	State VI	Zip Code 00802	Amount of Each Disbursement this Period 323.05	
Purpose of Disbursement FUNDRAISING FEES		Category/ Type	Transaction ID : SB17.26396	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	734.62
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. BETTER MOUSETRAP DIGITAL

Mailing Address 17 FRYDENDAHL EE

City ST THOMAS State VI Zip Code 00802

Purpose of Disbursement FUNDRAISING FEES

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2026 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 03 / 18 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 168.73

Transaction ID : SB17.26397

Memo Item

Full Name (Last, First, Middle Initial)
B. BMV VEHICLE SERVICE

Mailing Address 10101 E WASHINGTON ST

City INDIANAPOLIS State IN Zip Code 46229

Purpose of Disbursement TAXES

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2026 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 02 / 11 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 363.35

Transaction ID : SB17.26398

Memo Item

Full Name (Last, First, Middle Initial)
C. CASEY'S

Mailing Address 355 N MAIN ST

City CLOVERDALE State IN Zip Code 46120

Purpose of Disbursement TRAVEL: FOOD

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2026 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 01 / 26 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 89.98

Transaction ID : SB17.26429

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 622.06

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 69	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CASEY'S		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2026
Mailing Address 355 N MAIN ST		FEC Identification Number C
City CLOVERDALE	State IN	Zip Code 46120
Purpose of Disbursement TRAVEL: FOOD		Amount of Each Disbursement this Period 84.50
Candidate Name		Transaction ID : SB17.26430
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. CASEY'S		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 355 N MAIN ST		FEC Identification Number C
City CLOVERDALE	State IN	Zip Code 46120
Purpose of Disbursement TRAVEL: FOOD		Amount of Each Disbursement this Period 82.16
Candidate Name		Transaction ID : SB17.26431
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. CASEY'S		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2026
Mailing Address 355 N MAIN ST		FEC Identification Number C
City CLOVERDALE	State IN	Zip Code 46120
Purpose of Disbursement TRAVEL: FOOD		Amount of Each Disbursement this Period 68.05
Candidate Name		Transaction ID : SB17.26432
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	234.71
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 69	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CENTERPOINT ENERGY		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2026
Mailing Address 1111 LOUISIANA ST		FEC Identification Number C
City HOUSTON	State TX	Zip Code 77210
Purpose of Disbursement UTILITIES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 1211.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.26434
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. CITY OF GREENCASTLE		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2026
Mailing Address 1 NORTH LOCUST STREET		FEC Identification Number C
City GREENCASTLE	State IN	Zip Code 46135
Purpose of Disbursement UTILITIES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 435.01	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.26436
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. COSTCO		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2026
Mailing Address 8816 DR. CHARLES NELSON DRIVE		FEC Identification Number C
City AVON	State IN	Zip Code 46123
Purpose of Disbursement TRAVEL: FUEL	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 76.85	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.26438
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	1722.86
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 69	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. COSTCO		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2026
Mailing Address 8816 DR. CHARLES NELSON DRIVE		FEC Identification Number C
City AVON	State IN	Zip Code 46123
Purpose of Disbursement TRAVEL: FUEL		Amount of Each Disbursement this Period 93.41
Candidate Name		Transaction ID : SB17.26439
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. CREW CARWASH		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2026
Mailing Address 10251 HAGUE ROAD		FEC Identification Number C
City INDIANAPOLIS	State IN	Zip Code 46256
Purpose of Disbursement SUBSCRIPTION		Amount of Each Disbursement this Period 39.99
Candidate Name		Transaction ID : SB17.26440
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. CREW CARWASH		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2026
Mailing Address 10251 HAGUE ROAD		FEC Identification Number C
City INDIANAPOLIS	State IN	Zip Code 46256
Purpose of Disbursement SUBSCRIPTION		Amount of Each Disbursement this Period 39.99
Candidate Name		Transaction ID : SB17.26441
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	173.39
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 69	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CREW CARWASH		Date of Disbursement MM / DD / YYYY 03 / 11 / 2026
Mailing Address 10251 HAGUE ROAD		FEC Identification Number C
City INDIANAPOLIS	State IN	Zip Code 46256
Purpose of Disbursement SUBSCRIPTION		Amount of Each Disbursement this Period 39.99
Candidate Name		Transaction ID : SB17.26442
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. DEMOCRACY ENGINE, LLC		Date of Disbursement MM / DD / YYYY 02 / 12 / 2026
Mailing Address 416 FLORIDA AVE NW #26416		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20001
Purpose of Disbursement MERCHANT FEES		Amount of Each Disbursement this Period 30.30
Candidate Name		Transaction ID : SB17.26443
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. DIRECT MAIL PROCESSORS INC		Date of Disbursement MM / DD / YYYY 01 / 08 / 2026
Mailing Address 1150 CONRAD COURT		FEC Identification Number C
City HAGERSTOWN	State MD	Zip Code 21740
Purpose of Disbursement DIRECT MAIL SERVICES		Amount of Each Disbursement this Period 293.12
Candidate Name		Transaction ID : SB17.26444
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	363.41
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 69			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DIRECT MAIL PROCESSORS INC		Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2026
Mailing Address 1150 CONRAD COURT		FEC Identification Number C
City HAGERSTOWN	State MD	Zip Code 21740
Purpose of Disbursement DIRECT MAIL SERVICES		Amount of Each Disbursement this Period 1733.87
Candidate Name		Transaction ID : SB17.26445
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. DIRECT MAIL PROCESSORS INC		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2026
Mailing Address 1150 CONRAD COURT		FEC Identification Number C
City HAGERSTOWN	State MD	Zip Code 21740
Purpose of Disbursement DIRECT MAIL SERVICES		Amount of Each Disbursement this Period 1170.00
Candidate Name		Transaction ID : SB17.26446
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. DIRECT MAIL PROCESSORS INC		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2026
Mailing Address 1150 CONRAD COURT		FEC Identification Number C
City HAGERSTOWN	State MD	Zip Code 21740
Purpose of Disbursement POSTAGE		Amount of Each Disbursement this Period 500.00
Candidate Name		Transaction ID : SB17.26447
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	3403.87
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 69			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DONORBUREAU			Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2026		
Mailing Address 1900 N CULPEPER ST			FEC Identification Number C		
City ARLINGTON	State VA	Zip Code 22207	Amount of Each Disbursement this Period 65.92		
Purpose of Disbursement STATISTICAL MODELING		Category/ Type	Transaction ID : SB17.26448		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. DUKE ENERGY			Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2026		
Mailing Address 2727 CENTRAL AVE			FEC Identification Number C		
City COLUMBUS	State IN	Zip Code 47201	Amount of Each Disbursement this Period 3036.78		
Purpose of Disbursement UTILITIES		Category/ Type	Transaction ID : SB17.26449		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. DUKE ENERGY			Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2026		
Mailing Address 2727 CENTRAL AVE			FEC Identification Number C		
City COLUMBUS	State IN	Zip Code 47201	Amount of Each Disbursement this Period 451.08		
Purpose of Disbursement UTILITIES		Category/ Type	Transaction ID : SB17.26450		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	3553.78
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 69	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DUKE ENERGY		Date of Disbursement MM / DD / YYYY 03 / 11 / 2026
Mailing Address 2727 CENTRAL AVE		FEC Identification Number C
City COLUMBUS	State IN	Zip Code 47201
Purpose of Disbursement UTILITIES	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 432.96	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.26451
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. ELITE CARD PROCESSING		Date of Disbursement MM / DD / YYYY 01 / 02 / 2026
Mailing Address 13701 MAUGANSVILLE ROAD SUITE 5		FEC Identification Number C
City HAGERSTOWN	State MD	Zip Code 21740
Purpose of Disbursement MERCHANT FEES	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 52.46	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.26452
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. ELITE CARD PROCESSING		Date of Disbursement MM / DD / YYYY 02 / 02 / 2026
Mailing Address 13701 MAUGANSVILLE ROAD SUITE 5		FEC Identification Number C
City HAGERSTOWN	State MD	Zip Code 21740
Purpose of Disbursement MERCHANT FEES	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 56.08	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.26453
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	541.50
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 OF 69	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. FRONTLINE STRATEGIES LLC			Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2026	
Mailing Address 4 HOLLY LN			FEC Identification Number C	
City MOHNTON	State PA	Zip Code 19540	Amount of Each Disbursement this Period 53.96	
Purpose of Disbursement FUNDRAISING FEES		Category/ Type	Transaction ID : SB17.26459	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. FRONTLINE STRATEGIES LLC			Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2026	
Mailing Address 4 HOLLY LN			FEC Identification Number C	
City MOHNTON	State PA	Zip Code 19540	Amount of Each Disbursement this Period 1.52	
Purpose of Disbursement FUNDRAISING FEES		Category/ Type	Transaction ID : SB17.26460	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. FRONTLINE STRATEGIES LLC			Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2026	
Mailing Address 4 HOLLY LN			FEC Identification Number C	
City MOHNTON	State PA	Zip Code 19540	Amount of Each Disbursement this Period 19.00	
Purpose of Disbursement FUNDRAISING FEES		Category/ Type	Transaction ID : SB17.26461	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	74.48
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 69			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. FULFILLMENT SOLUTIONS INC		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2026
Mailing Address 44970 FALCON PLACE SUITE 400		FEC Identification Number C
City STERLING	State VA	Zip Code 20166
Purpose of Disbursement POSTAGE & DELIVERY SERVICES		Amount of Each Disbursement this Period 892.65
Candidate Name		Transaction ID : SB17.26462
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. GOOGLE INC.		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2026
Mailing Address 1600 AMPHITHEATRE PARKWAY		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Disbursement SUBSCRIPTION		Amount of Each Disbursement this Period 57.60
Candidate Name		Transaction ID : SB17.26465
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. GOOGLE INC.		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2026
Mailing Address 1600 AMPHITHEATRE PARKWAY		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Disbursement SUBSCRIPTION		Amount of Each Disbursement this Period 13.02
Candidate Name		Transaction ID : SB17.26466
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	963.27
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 39 OF 69	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. GOOGLE INC.		Date of Disbursement MM / DD / YYYY 02 / 02 / 2026
Mailing Address 1600 AMPHITHEATRE PARKWAY		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Disbursement SUBSCRIPTION	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 57.60	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.26467
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. GOOGLE INC.		Date of Disbursement MM / DD / YYYY 02 / 02 / 2026
Mailing Address 1600 AMPHITHEATRE PARKWAY		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Disbursement SUBSCRIPTION	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 13.15	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.26468
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. GOOGLE INC.		Date of Disbursement MM / DD / YYYY 03 / 02 / 2026
Mailing Address 1600 AMPHITHEATRE PARKWAY		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Disbursement SUBSCRIPTION	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 13.15	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.26469
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	83.90
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 69	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. GOOGLE INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2026
Mailing Address 1600 AMPHITHEATRE PARKWAY		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Disbursement SUBSCRIPTION	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 57.60	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.26470
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. INDIANA FARM BUREAU INSURANCE		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2026
Mailing Address PO BOX 1250		FEC Identification Number C
City INDIANAPOLIS	State IN	Zip Code 46206
Purpose of Disbursement INSURANCE	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 875.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.26471
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. INDIANA RIGHT TO LIFE		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2026
Mailing Address 9465 COUNSELORS ROW STE 200		FEC Identification Number C
City INDIANAPOLIS	State IN	Zip Code 46240
Purpose of Disbursement SPONSORSHIP	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 2000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.26473
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	2932.60
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. LA-Z-BOY FURNITURE

Mailing Address 5330 E SOUTHPORT RD

City INDIANAPOLIS State IN Zip Code 46237

Purpose of Disbursement OFFICE EXPENSE: FURNITURE

Candidate Name

Office Sought: House Senate President
 Primary General
 Other (specify) ▼

Disbursement For: 2026

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
01 / 16 / 2026

FEC Identification Number
C

Amount of Each Disbursement this Period
2943.55

Transaction ID : SB17.26475

Memo Item

Full Name (Last, First, Middle Initial)
B. MAILCHIMP

Mailing Address 675 PONCE DE LEON AVENUE, NORTHEAS

City ATLANTA State GA Zip Code 30308

Purpose of Disbursement SUBSCRIPTIONS

Candidate Name

Office Sought: House Senate President
 Primary General
 Other (specify) ▼

Disbursement For: 2026

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
01 / 05 / 2026

FEC Identification Number
C

Amount of Each Disbursement this Period
1012.00

Transaction ID : SB17.26476

Memo Item

Full Name (Last, First, Middle Initial)
C. MAILCHIMP

Mailing Address 675 PONCE DE LEON AVENUE, NORTHEAS

City ATLANTA State GA Zip Code 30308

Purpose of Disbursement SUBSCRIPTIONS

Candidate Name

Office Sought: House Senate President
 Primary General
 Other (specify) ▼

Disbursement For: 2026

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
02 / 04 / 2026

FEC Identification Number
C

Amount of Each Disbursement this Period
1012.00

Transaction ID : SB17.26477

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 4967.55

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 69	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. MAILCHIMP		M M / D D / Y Y Y Y 03 / 04 / 2026
Mailing Address 675 PONCE DE LEON AVENUE, NORTHEAS		FEC Identification Number
City ATLANTA	State GA	Zip Code 30308
Purpose of Disbursement SUBSCRIPTIONS		<input type="checkbox"/> Category/Type
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026	1012.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Transaction ID : SB17.26478
<input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. MIDDLETOWN VALLEY BANK		M M / D D / Y Y Y Y 01 / 05 / 2026
Mailing Address 1101 PROFESSIONAL COURT		FEC Identification Number
City HAGERSTOWN	State MD	Zip Code 21740
Purpose of Disbursement BANK FEES		<input type="checkbox"/> Category/Type
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026	45.89
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Transaction ID : SB17.26481
<input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. MIDDLETOWN VALLEY BANK		M M / D D / Y Y Y Y 02 / 02 / 2026
Mailing Address 1101 PROFESSIONAL COURT		FEC Identification Number
City HAGERSTOWN	State MD	Zip Code 21740
Purpose of Disbursement BANK FEES		<input type="checkbox"/> Category/Type
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026	40.50
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Transaction ID : SB17.26482
<input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1098.39
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 43 OF 69	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MIDDLETOWN VALLEY BANK		Date of Disbursement MM / DD / YYYY 03 / 02 / 2026
Mailing Address 1101 PROFESSIONAL COURT		FEC Identification Number C
City HAGERSTOWN	State MD	Zip Code 21740
Purpose of Disbursement BANK FEES		Amount of Each Disbursement this Period 47.55
Candidate Name		Transaction ID : SB17.26483
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. PHILLIPS 66		Date of Disbursement MM / DD / YYYY 01 / 02 / 2026
Mailing Address 701 N JACKSON ST		FEC Identification Number C
City GREENCASTLE	State IN	Zip Code 46135
Purpose of Disbursement TRAVEL: FUEL		Amount of Each Disbursement this Period 75.00
Candidate Name		Transaction ID : SB17.26487
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. PHILLIPS 66		Date of Disbursement MM / DD / YYYY 01 / 20 / 2026
Mailing Address 701 N JACKSON ST		FEC Identification Number C
City GREENCASTLE	State IN	Zip Code 46135
Purpose of Disbursement TRAVEL: FUEL		Amount of Each Disbursement this Period 89.22
Candidate Name		Transaction ID : SB17.26488
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	211.77
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PHILLIPS 66		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 701 N JACKSON ST		FEC Identification Number C
City GREENCASTLE	State IN	Zip Code 46135
Purpose of Disbursement TRAVEL: FUEL		Amount of Each Disbursement this Period 90.72
Candidate Name		Transaction ID : SB17.26489
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. PHILLIPS 66		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2026
Mailing Address 701 N JACKSON ST		FEC Identification Number C
City GREENCASTLE	State IN	Zip Code 46135
Purpose of Disbursement TRAVEL: FUEL		Amount of Each Disbursement this Period 55.34
Candidate Name		Transaction ID : SB17.26490
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. POSTAGE FOR DIRECT MAIL FUNDRAISING, LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2026
Mailing Address 20130 LAKEVIEW CENTER PLAZA, SUITE		FEC Identification Number C
City ASHBURN	State VA	Zip Code 20147
Purpose of Disbursement DIRECT MAIL		Amount of Each Disbursement this Period 1512.45
Candidate Name		Transaction ID : SB17.26495
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1658.51
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 69	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SLING TV, LLC			Date of Disbursement MM / DD / YYYY 02 / 24 / 2026	
Mailing Address 9601 MERIDIAN BLVD			FEC Identification Number C	
City ENGLEWOOD	State CO	Zip Code 80112	Amount of Each Disbursement this Period 60.99	
Purpose of Disbursement UTILITIES		Candidate Name	Transaction ID : SB17.26500	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>
State:	District:			

Full Name (Last, First, Middle Initial) B. SLING TV, LLC			Date of Disbursement MM / DD / YYYY 03 / 24 / 2026	
Mailing Address 9601 MERIDIAN BLVD			FEC Identification Number C	
City ENGLEWOOD	State CO	Zip Code 80112	Amount of Each Disbursement this Period 60.99	
Purpose of Disbursement UTILITIES		Candidate Name	Transaction ID : SB17.26501	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>
State:	District:			

Full Name (Last, First, Middle Initial) C. SPEEDWAY			Date of Disbursement MM / DD / YYYY 02 / 25 / 2026	
Mailing Address 1157 INDIANAPOLIS RD			FEC Identification Number C	
City GREENCASTLE	State IN	Zip Code 46135	Amount of Each Disbursement this Period 54.72	
Purpose of Disbursement TRAVEL: FUEL		Candidate Name	Transaction ID : SB17.26502	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....▶	176.70
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 47 OF 69	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SPEEDWAY		Date of Disbursement M M / D D / Y Y Y Y 03 / 24 / 2026
Mailing Address 1157 INDIANAPOLIS RD		FEC Identification Number C
City GREENCASTLE	State IN	Zip Code 46135
Purpose of Disbursement TRAVEL: FUEL		Amount of Each Disbursement this Period 125.00
Candidate Name		Transaction ID : SB17.26503
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. THE CONGRESSIONAL CLUB		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2026
Mailing Address 2001 NEW HAMPSHIRE AVE, NW		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20009
Purpose of Disbursement EVENT REGISTRATION FEE		Amount of Each Disbursement this Period 1200.00
Candidate Name		Transaction ID : SB17.26507
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. TMA DIRECT, INC.		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2026
Mailing Address 1900 RESTON METRO PLAZA SUITE 600		FEC Identification Number C
City RESTON	State VA	Zip Code 20190
Purpose of Disbursement FUNDRAISING FEES		Amount of Each Disbursement this Period 6.83
Candidate Name		Transaction ID : SB17.26508
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1331.83
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 OF 69	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. TMA DIRECT, INC.		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2026
Mailing Address 1900 RESTON METRO PLAZA SUITE 600		FEC Identification Number C
City RESTON	State VA	Zip Code 20190
Purpose of Disbursement FUNDRAISING FEES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 0.85	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.26509
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. TMA DIRECT, INC.		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2026
Mailing Address 1900 RESTON METRO PLAZA SUITE 600		FEC Identification Number C
City RESTON	State VA	Zip Code 20190
Purpose of Disbursement FUNDRAISING FEES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 38.47	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.26510
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. TMA DIRECT, INC.		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2026
Mailing Address 1900 RESTON METRO PLAZA SUITE 600		FEC Identification Number C
City RESTON	State VA	Zip Code 20190
Purpose of Disbursement FUNDRAISING FEES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 12.82	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.26511
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	52.14
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 49 OF 69	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. TMA DIRECT, INC.		Date of Disbursement MM / DD / YYYY 01 / 29 / 2026
Mailing Address 1900 RESTON METRO PLAZA SUITE 600		FEC Identification Number C
City RESTON	State VA	Zip Code 20190
Purpose of Disbursement FUNDRAISING FEES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 21.37	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.26512
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. TMA DIRECT, INC.		Date of Disbursement MM / DD / YYYY 03 / 03 / 2026
Mailing Address 1900 RESTON METRO PLAZA SUITE 600		FEC Identification Number C
City RESTON	State VA	Zip Code 20190
Purpose of Disbursement FUNDRAISING FEES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 29.92	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.26513
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. TMA DIRECT, INC.		Date of Disbursement MM / DD / YYYY 03 / 03 / 2026
Mailing Address 1900 RESTON METRO PLAZA SUITE 600		FEC Identification Number C
City RESTON	State VA	Zip Code 20190
Purpose of Disbursement FUNDRAISING FEES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 651.88	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.26514
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	703.17
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. TMA DIRECT, INC.		Date of Disbursement MM / DD / YYYY 03 / 04 / 2026
Mailing Address 1900 RESTON METRO PLAZA SUITE 600		FEC Identification Number C
City RESTON	State VA	Zip Code 20190
Purpose of Disbursement FUNDRAISING FEES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 514.80	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.26515
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. TMA DIRECT, INC.		Date of Disbursement MM / DD / YYYY 03 / 09 / 2026
Mailing Address 1900 RESTON METRO PLAZA SUITE 600		FEC Identification Number C
City RESTON	State VA	Zip Code 20190
Purpose of Disbursement FUNDRAISING FEES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 86.40	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.26516
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. TMA DIRECT, INC.		Date of Disbursement MM / DD / YYYY 03 / 09 / 2026
Mailing Address 1900 RESTON METRO PLAZA SUITE 600		FEC Identification Number C
City RESTON	State VA	Zip Code 20190
Purpose of Disbursement FUNDRAISING FEES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 8.55	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.26517
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	609.75
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 51 OF 69	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. TMA DIRECT, INC.		Date of Disbursement MM / DD / YYYY 03 / 18 / 2026
Mailing Address 1900 RESTON METRO PLAZA SUITE 600		FEC Identification Number C
City RESTON	State VA	Zip Code 20190
Purpose of Disbursement FUNDRAISING FEES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 2.56	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.26518
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. TMA DIRECT, INC.		Date of Disbursement MM / DD / YYYY 03 / 24 / 2026
Mailing Address 1900 RESTON METRO PLAZA SUITE 600		FEC Identification Number C
City RESTON	State VA	Zip Code 20190
Purpose of Disbursement FUNDRAISING FEES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 47.87	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.26519
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. TMA DIRECT, INC.		Date of Disbursement MM / DD / YYYY 03 / 27 / 2026
Mailing Address 1900 RESTON METRO PLAZA SUITE 600		FEC Identification Number C
City RESTON	State VA	Zip Code 20190
Purpose of Disbursement FUNDRAISING FEES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 273.21	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.26520
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	323.64
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 OF 69	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. TMA DIRECT, INC.			Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2026	
Mailing Address 1900 RESTON METRO PLAZA SUITE 600			FEC Identification Number C	
City RESTON	State VA	Zip Code 20190	Amount of Each Disbursement this Period 14.15	
Purpose of Disbursement FUNDRAISING FEES		Category/ Type	Transaction ID : SB17.26521	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. TMA DIRECT, INC.			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2026	
Mailing Address 1900 RESTON METRO PLAZA SUITE 600			FEC Identification Number C	
City RESTON	State VA	Zip Code 20190	Amount of Each Disbursement this Period 5.98	
Purpose of Disbursement FUNDRAISING FEES		Category/ Type	Transaction ID : SB17.26522	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2026	
Mailing Address 1776 WILSON BLVD SUITE 530			FEC Identification Number C	
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 0.56	
Purpose of Disbursement MERCHANT FEES		Category/ Type	Transaction ID : SB17.26523	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	20.69
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 53 OF 69	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD SUITE 530

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
01 / 05 / 2026

FEC Identification Number
C

Amount of Each Disbursement this Period
0.19

Transaction ID : SB17.26524

Memo Item

Full Name (Last, First, Middle Initial)
B. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD SUITE 530

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
01 / 07 / 2026

FEC Identification Number
C

Amount of Each Disbursement this Period
1.01

Transaction ID : SB17.26525

Memo Item

Full Name (Last, First, Middle Initial)
C. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD SUITE 530

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
01 / 08 / 2026

FEC Identification Number
C

Amount of Each Disbursement this Period
5.34

Transaction ID : SB17.26526

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 6.54

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 54 OF 69	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WINRED TECHNICAL SERVICES LLC		Date of Disbursement MM / DD / YYYY 01 / 09 / 2026
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement MERCHANT FEES		Amount of Each Disbursement this Period 1.15
Candidate Name	Category/Type	Transaction ID : SB17.26527
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. WINRED TECHNICAL SERVICES LLC		Date of Disbursement MM / DD / YYYY 01 / 12 / 2026
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement MERCHANT FEES		Amount of Each Disbursement this Period 0.37
Candidate Name	Category/Type	Transaction ID : SB17.26528
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. WINRED TECHNICAL SERVICES LLC		Date of Disbursement MM / DD / YYYY 01 / 14 / 2026
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement MERCHANT FEES		Amount of Each Disbursement this Period 1.21
Candidate Name	Category/Type	Transaction ID : SB17.26529
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	2.73
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 55 OF 69	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WINRED TECHNICAL SERVICES LLC		Date of Disbursement MM / DD / YYYY 01 / 15 / 2026
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement MERCHANT FEES		Amount of Each Disbursement this Period 0.41
Candidate Name	Category/Type	Transaction ID : SB17.26530
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. WINRED TECHNICAL SERVICES LLC		Date of Disbursement MM / DD / YYYY 01 / 16 / 2026
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement MERCHANT FEES		Amount of Each Disbursement this Period 0.37
Candidate Name	Category/Type	Transaction ID : SB17.26531
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. WINRED TECHNICAL SERVICES LLC		Date of Disbursement MM / DD / YYYY 01 / 20 / 2026
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement MERCHANT FEES		Amount of Each Disbursement this Period 17.26
Candidate Name	Category/Type	Transaction ID : SB17.26532
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	18.04
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 56 OF 69	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WINRED TECHNICAL SERVICES LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2026
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement MERCHANT FEES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 4.47	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.26533
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. WINRED TECHNICAL SERVICES LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2026
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement MERCHANT FEES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 3.04	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.26534
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. WINRED TECHNICAL SERVICES LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2026
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement MERCHANT FEES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 0.99	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.26535
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	8.50
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 57 OF 69	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WINRED TECHNICAL SERVICES LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2026
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement MERCHANT FEES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 16.12	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.26536
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. WINRED TECHNICAL SERVICES LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2026
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement MERCHANT FEES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 0.30	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.26537
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. WINRED TECHNICAL SERVICES LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2026
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement MERCHANT FEES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 1.71	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.26538
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	18.13
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 58 OF 69	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD SUITE 530

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
01 / 29 / 2026

FEC Identification Number
C

Amount of Each Disbursement this Period
1.02

Transaction ID : SB17.26539

Memo Item

Full Name (Last, First, Middle Initial)
B. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD SUITE 530

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
01 / 30 / 2026

FEC Identification Number
C

Amount of Each Disbursement this Period
0.94

Transaction ID : SB17.26540

Memo Item

Full Name (Last, First, Middle Initial)
C. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD SUITE 530

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
02 / 04 / 2026

FEC Identification Number
C

Amount of Each Disbursement this Period
2.31

Transaction ID : SB17.26541

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 4.27

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 59 OF 69	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WINRED TECHNICAL SERVICES LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2026
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement MERCHANT FEES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 0.04	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.26542
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. WINRED TECHNICAL SERVICES LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2026
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement MERCHANT FEES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 3.74	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.26543
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. WINRED TECHNICAL SERVICES LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2026
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement MERCHANT FEES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 0.37	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.26544
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	4.15
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 60 OF 69	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WINRED TECHNICAL SERVICES LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2026
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement MERCHANT FEES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 2.47	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.26545
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. WINRED TECHNICAL SERVICES LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2026
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement MERCHANT FEES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 39.40	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.26546
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. WINRED TECHNICAL SERVICES LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2026
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement MERCHANT FEES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 39.03	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.26547
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	80.90
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 61 OF 69	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WINRED TECHNICAL SERVICES LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2026
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement MERCHANT FEES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 0.04	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.26548
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. WINRED TECHNICAL SERVICES LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2026
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement MERCHANT FEES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 0.75	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.26549
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. WINRED TECHNICAL SERVICES LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2026
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement MERCHANT FEES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 0.66	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.26550
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	1.45
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 69			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2026
Mailing Address 1776 WILSON BLVD SUITE 530			FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 0.33
Purpose of Disbursement MERCHANT FEES		Category/ Type	Transaction ID : SB17.26551
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2026
Mailing Address 1776 WILSON BLVD SUITE 530			FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 19.70
Purpose of Disbursement MERCHANT FEES		Category/ Type	Transaction ID : SB17.26552
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2026
Mailing Address 1776 WILSON BLVD SUITE 530			FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22219	Amount of Each Disbursement this Period 6.03
Purpose of Disbursement MERCHANT FEES		Category/ Type	Transaction ID : SB17.26553
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	26.06
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 63 OF 69	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD SUITE 530

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 03 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 47.62

Transaction ID : SB17.26554

Memo Item

Full Name (Last, First, Middle Initial)
B. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD SUITE 530

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 04 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 43.14

Transaction ID : SB17.26555

Memo Item

Full Name (Last, First, Middle Initial)
C. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD SUITE 530

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 09 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 3.82

Transaction ID : SB17.26556

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 94.58

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 64 OF 69	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD SUITE 530

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement MERCHANT FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 09 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 0.61

Transaction ID : SB17.26557

Memo Item

Full Name (Last, First, Middle Initial)
B. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD SUITE 530

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement MERCHANT FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 10 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 3.74

Transaction ID : SB17.26558

Memo Item

Full Name (Last, First, Middle Initial)
C. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD SUITE 530

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement MERCHANT FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 12 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 0.04

Transaction ID : SB17.26559

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 4.39

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD SUITE 530

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
03 / 16 / 2026

FEC Identification Number
C

Amount of Each Disbursement this Period
0.94

Transaction ID : SB17.26560

Memo Item

Full Name (Last, First, Middle Initial)
B. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD SUITE 530

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
03 / 18 / 2026

FEC Identification Number
C

Amount of Each Disbursement this Period
37.08

Transaction ID : SB17.26561

Memo Item

Full Name (Last, First, Middle Initial)
C. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD SUITE 530

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
03 / 24 / 2026

FEC Identification Number
C

Amount of Each Disbursement this Period
2.54

Transaction ID : SB17.26562

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	40.56
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 66 OF 69	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WINRED TECHNICAL SERVICES LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2026
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement MERCHANT FEES		Amount of Each Disbursement this Period 0.56
Candidate Name	Category/Type	Transaction ID : SB17.26563
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. WINRED TECHNICAL SERVICES LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2026
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement MERCHANT FEES		Amount of Each Disbursement this Period 0.37
Candidate Name	Category/Type	Transaction ID : SB17.26564
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. WINRED TECHNICAL SERVICES LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2026
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement MERCHANT FEES		Amount of Each Disbursement this Period 22.32
Candidate Name	Category/Type	Transaction ID : SB17.26565
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	23.25
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 67 OF 69	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WINRED TECHNICAL SERVICES LLC		Date of Disbursement MM / DD / YYYY 03 / 30 / 2026
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement MERCHANT FEES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 20.71	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.26566
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. WINRED TECHNICAL SERVICES LLC		Date of Disbursement MM / DD / YYYY 03 / 31 / 2026
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement MERCHANT FEES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 0.93	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.26567
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement	Category/Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	21.64
TOTAL This Period (last page this line number only).....▶	38409.93

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ELECT JIM BAIRD FOR CONGRESS** Transaction ID : **SC/10.4361**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2018
BAIRD, JAMES R PHD, R, Dr.,			<input checked="" type="checkbox"/> Primary
Mailing Address PO BOX 203			<input type="checkbox"/> General
			<input type="checkbox"/> Other (specify) ▼
City GREENCASTLE	State IN	ZIP Code 46235	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 50000.00	Cumulative Payment To Date 40000.00	Balance Outstanding at Close of This Period 10000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	04 / 27 / 2018	12/31/2020	3.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	10000.00
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **ELECT JIM BAIRD FOR CONGRESS** Transaction ID : **SC/10.11903**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2024
BAIRD, JAMES R PHD, R, Dr.,			<input checked="" type="checkbox"/> Primary
Mailing Address PO BOX 203			<input type="checkbox"/> General
City GREENCASTLE		State IN	ZIP Code 46235
			<input checked="" type="checkbox"/> Personal Funds of the Candidate
Original Amount of Loan		Cumulative Payment To Date	Balance Outstanding at Close of This Period
200000.00		0.00	200000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 03 / 15 / 2024	M M / D D / Y Y Y Y ON DEMAND	8.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	200000.00
TOTALS This Period (last page in this line only).....▶	210000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.