

Image# 202401239600216172

PAGE 1 / 2

# FEC FORM 2

## STATEMENT OF CANDIDACY

|   |                           |   |  |  |  |
|---|---------------------------|---|--|--|--|
| 1. (a) Name of Candidate (in full)<br>BAIRD, JAMES, R, Dr., |                           |   | 2. Candidate's FEC Identification Number<br>H8IN04199  |  |  |
| (b) Address (number and street)<br>PO BOX 203               |                           |   | <input type="checkbox"/> Check if address changed  |  |  |
| (c) City, State, and ZIP Code<br>GREENCASTLE IN 46235       |                           |   | 3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A) |  |  |
| 4. Party Affiliation<br>Rep                                 | 5. Office Sought<br>House | 6. State & District of Candidate<br>IN 04 |  |  |  |

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 election(s).  
(year of election)

**NOTE:** This designation should be filed with the appropriate office listed in the instructions.

|   |  |  |
|---|--|--|
| (a) Name of Committee (in full)<br>ELECT JIM BAIRD FOR CONGRESS |  |  |
| (b) Address (number and street)<br>P.O. BOX 203                 |  |  |
| (c) City, State, and ZIP Code<br>GREENCASTLE IN 46135           |  |  |

### DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

**NOTE:** This designation should be filed with the principal campaign committee.

|  |  |  |
|--|--|--|
| (a) Name of Committee (in full)<br>FRESHMAN AGRICULTURAL REPUBLICAN MEMBERS TRUST AKA FARM TRUST |  |  |
| (b) Address (number and street)<br>PO BOX 30844  |  |  |
| (c) City, State, and ZIP Code<br>BETHESDA MD 20824   |  |  |

*I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.*

|   |                    |
|---|--------------------|
| Signature of Candidate<br>BAIRD, JAMES, R, DR., | Date<br>01/23/2024 |
|---|--------------------|

**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

|  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|

Optional Supplemental Page for Designation  
of Additional Authorized CommitteesPage 2 of 2

FEC Form 2S (Revised 02/2017)

DESIGNATION OF OTHER AUTHORIZED COMMITTEES  
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

ALL-AMERICAN VICTORY COMMITTEE

(b) Address (number and street)

824 S MILLEDGE AVE STE 101

(c) City, State, and ZIP Code

ATHENS

GA

30605

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

GT FARM TEAM 2022

(b) Address (number and street)

PO BOX 30844

(c) City, State, and ZIP Code

BETHESDA

MD

20824

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PO BOX 30844

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