

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

ELECT JIM BAIRD FOR CONGRESS

ADDRESS (number and street)

P.O. BOX 203

☐ (Check if address is changed)

GREENCASTLE

CITY ▲

IN

STATE ▲

46135

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

BEAU@BEAUBAIRD.COM

Optional Second E-Mail Address

JIMBAIRD@REDCURVE.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

WWW.ELECTJIMBAIRD.COM

2. DATE

MM / DD / YYYY
11 / 06 / 2019

3. FEC IDENTIFICATION NUMBER ►

C C00662940

4. IS THIS STATEMENT ☐ NEW (N) OR ☒ AMENDED (A)

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

Type or Print Name of Treasurer BAIRD, JAMES, R, Dr.,

Signature of Treasurer

BAIRD, JAMES, R, Dr.,

[Electronically Filed]

Date

MM / DD / YYYY
11 / 06 / 2019

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) ☒ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

BAIRD, JAMES R PHD, R, Dr.,

Candidate
Party Affiliation

REP

Office
Sought:☒

House

☐

Senate

☐

President

State

IN

District

04

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate**Party Committee:**

- (d) ☐ This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

- | | | | |
|----|----------------------|---------------|------------------------|
| 1. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | C <input type="text"/> |

Write or Type Committee Name

ELECT JIM BAIRD FOR CONGRESS**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

FRESHMAN AGRICULTURAL REPUBLICAN MEMBERS TRUST AKA FARM TRUST

Mailing Address

PO BOX 30844

BETHESDA

CITY

MD

STATE

20824

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☒ Joint Fundraising Representative ☐ Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

BAIRD, JAMES, R, Dr.,

Mailing Address

PO BOX 203

GREENCASTLE

CITY

IN

STATE

46235

ZIP CODE

Title or Position

TREASURER

Telephone number

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).Full Name
of Treasurer

BAIRD, JAMES, R, Dr.,

Mailing Address

PO BOX 203

GREENCASTLE

CITY

IN

STATE

46235

ZIP CODE

Title or Position
TREASURER

Telephone number

Full Name of
Designated
Agent

BAIRD, JAMES R PHD, R, Dr.,

Mailing Address

PO BOX 203

GREENCASTLE

CITY

IN

STATE

46235

ZIP CODE

Title or Position

TREASURER

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

NORTH SALEM STATE BANK

Mailing Address

PO BOX 97

NORTH SALEM

CITY

IN

STATE

46165

ZIP CODE

Name of Bank, Depository, etc.

WELLS FARGO BANK

Mailing Address

8302 WOODMONT AVENUE

BETHESDA

CITY

MD

STATE

20814

ZIP CODE

5(g) or (h). **Joint Fundraising Participant:**

1.

2.

3.

4.

FEC ID number

FEC ID number

FEC ID number

FEC ID number

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

ALL-AMERICAN VICTORY COMMITTEE

Mailing Address

824 S MILLEDGE AVE STE 101

ATHENS

GA

30605

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐

Connected Organization

☐

Affiliated Committee

☒

Joint Fundraising Representative

☐

Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, CADENCE BANK

Depository, etc.

Mailing Address

2234 W BROAD ST

ATHENS

GA

30606

CITY ▲

STATE ▲

ZIP CODE ▲