Image# 202412039720170580 PAGE 1 / 2

FEC FORM 2

STATEMENT OF CANDIDACY

_										
1.	(a) Name of Candidate (in full) BAIRD, JAMES, R, Dr.,									
	(b) Address (number and street) PO BOX 203	ПС	Check if addres	Candidate's FEC Identification Number H8IN04199						
	(c) City, State, and ZIP Code GREENCASTLE	IN 46235			5	3. Is This				X (A)
4.	Party Affiliation	5. Office Soug			6. State & Dis	trict of Candid	, ,			
	Rep	House			IN	04				
	DE	SIGNATIO	N OF PR	INCIPAL	CAMPAIG	N COMMI	TTEE			
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 (year of election)									
	NOTE: This designation should be filed with the appropriate office listed in the instructions.									
	(a) Name of Committee (in full)									
	ELECT JIM BAIRD	FOR CON	IGRESS							
	(b) Address (number and street)									
	P.O. BOX 203									
	(c) City, State, and ZIP Code									
	GREENCASTLE				IN	46135	i			
8.	I hereby authorize the following nar candidacy. NOTE: This designation should be	med committee	Including Join	t Fundraisin	g Representatival campaign co	ves)	-	end fund	ls on	behalf of my
	(a) Name of Committee (in full)		V DEDU			DO TOU			, . .	DUOT
	FRESHMAN AGRI	CULTURA	AL REPU	BLICAN	IMEMBE	RS IRU	STAKA	FAKIV	111	KUS1
	(b) Address (number and street) PO BOX 30844									
	(c) City, State, and ZIP Code									
	BETHESDA				MD	20824				
	I certify that I have exa	amined this Sta	tement and to	the best of i	my knowledge i	and belief it is	true, correct a	and comp	olete.	
Signature of Candidate					Date	Date				
B	AIRD, JAMES, R, DR.,					12/03/202	24			
NC	NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.									

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

Page	² of	2
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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

8.	Thereby 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						
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)						
	(b) Address (number and street)						
	(c) City, State, and ZIP Code						
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)						
	(b) Address (number and street)						
	(c) City, State, and ZIP Code						
	(e) e.i.j, e.i.i.e, a.i.a <u></u> eeae						
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)						
	(b) Address (number and street)						
	(c) City, State, and ZIP Code						