

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

1 2 F E 4 M 5

ELECT JIM BAIRD FOR CONGRESS

ADDRESS (number and street)

P.O. BOX 203

Check if different
than previously
reported. (ACC)

GREENCASTLE

IN

46135

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00662940

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

IN

04

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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

Type or Print Name of Treasurer

BAIRD, JAMES R PHD, R, Dr.,

Signature of Treasurer

BAIRD, JAMES R PHD, R, Dr.,

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

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:

MM / DD / YYYY
04 / 01 / 2025

To:

MM / DD / YYYY
06 / 30 / 2025

	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))....	45532.38	76534.33
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	45532.38	76534.33
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	58383.96	160097.77
(b) Total Offsets to Operating Expenditures (from Line 14).....	100.77	716.43
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	58283.19	159381.34
8. Cash on Hand at Close of Reporting Period (from Line 27).....	139715.34	
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:

MM / DD / YYYY
04 / 01 / 2025

To:

MM / DD / YYYY
06 / 30 / 2025**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).....**

6533.18

15892.76

(ii) Unitemized

15799.20

26441.57

**(iii) TOTAL of contributions
from individuals**

22332.38

42334.33

(b) Political Party Committees.....

0.00

0.00

**(c) Other Political Committees
(such as PACs)**

23200.00

34200.00

(d) The Candidate

0.00

0.00

**(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..**

45532.38

76534.33

**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.)**

100.77

716.43

**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).....**

45633.15

77250.76

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.....	58383.96	160097.77
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	0.00
(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	0.00
21. OTHER DISBURSEMENTS	0.00	50.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	58383.96	160147.77

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	152466.15
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	45633.15
25. SUBTOTAL (add Line 23 and Line 24).....	198099.30
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	58383.96
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	139715.34

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 5 OF 88

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial)

AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

A.

Mailing Address 251 H ST NW

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.**C** C00797670

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

479.13

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
04		04		2025

Transaction ID : SA11AI.22108

Amount of Each Receipt this Period

9.43

☐ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED**B.**

Full Name (Last, First, Middle Initial)

AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.**C** C00797670

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

479.13

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		12		2025

Transaction ID : SA11AI.22190

Amount of Each Receipt this Period

100.00

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED**C.**

Full Name (Last, First, Middle Initial)

AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.**C** C00797670

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

479.13

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		30		2025

Transaction ID : SA11AI.22197

Amount of Each Receipt this Period

475.00

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

9.43

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 88

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial)

FAISON, JAY, , ,

A.Mailing Address 1355 GREENWOOD CLFS
STE 301City
CHARLOTTEState
NCZip Code
28204FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTEDOccupation
INFORMATION REQUESTED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	2	5

Transaction ID : SA11AI.20215

Amount of Each Receipt this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

FISHER, JEFFREY, , ,

B.Mailing Address 515 E 72ND STREET
APT. 30FCity
NEW YORKState
NYZip Code
10021FEC ID number of contributing
federal political committee.

C

Name of Employer
TOURO UNIVERSITYOccupation
SPECIAL PROGRAMS ADMINISTRATOR

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	2	5

Transaction ID : SA11AI.20244

Amount of Each Receipt this Period

500.00

☐ Memo Item

EARMARKED THROUGH AIPAC [SA11AI.18220]

Full Name (Last, First, Middle Initial)

KTELEH, TAREK, , ,

C.

Mailing Address 10727 CHASE CT

City
FISHERSState
INZip Code
46037FEC ID number of contributing
federal political committee.

C

Name of Employer
RHEUMATOLOGY INDIANAOccupation
DOCTOR

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	2	5

Transaction ID : SA11AI.20852

Amount of Each Receipt this Period

1500.00

☐ Memo Item

EARMARKED THROUGH WINRED [SA11A1.17989]

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

5500.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial)

MARZ, BRETT, , ,

A.

Mailing Address 16432 MOORPARK ST

City

ENCINO

State

CA

Zip Code

91436

FEC ID number of contributing
federal political committee.

C

Name of Employer

BAMKO

Occupation

MARKETING

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
03 08 2025

Transaction ID : SA11AI.22201

Amount of Each Receipt this Period

9.43



Memo Item

EARMARKED THROUGH AIPAC PAC [SA11AI.20751]

Full Name (Last, First, Middle Initial)

MOORE, WILLIAM, H, ,

B.

Mailing Address 117 HILLCREST ROAD

City

RALEIGH

State

NC

Zip Code

27605

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 ▼

Date of Receipt

M M / D D / Y Y Y Y Y
06 04 2025

Transaction ID : SA11AI.21156

Amount of Each Receipt this Period

1000.00



Memo Item

Full Name (Last, First, Middle Initial)

WILLIAMS, BETTY, , ,

C.

Mailing Address 311 HARPER LOOP

City

GRANTS PASS

State

OR

Zip Code

97527

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 ▼

Date of Receipt

M M / D D / Y Y Y Y Y
05 29 2025

Transaction ID : SA11AI.22013

Amount of Each Receipt this Period

23.75



Memo Item

EARMARKED THROUGH WINRED [SA11A1.17989]

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

1023.75

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial)

WINRED

A.

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

10496.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	2	5

Transaction ID : SA11AI.22152

Amount of Each Receipt this Period

1.63

☒

Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED**B.**

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

10496.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	2	5

Transaction ID : SA11AI.22153

Amount of Each Receipt this Period

24.53

☒

Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED**C.**

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

10496.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	2	5

Transaction ID : SA11AI.22154

Amount of Each Receipt this Period

36.99

☒

Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED**SUBTOTAL** of Receipts This Page (optional)..... ▶

0.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial)

WINRED

A.

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

10496.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	2	5

Transaction ID : SA11AI.22155

Amount of Each Receipt this Period

26.36

☒

Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED**B.**

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

10496.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	2	5

Transaction ID : SA11AI.22156

Amount of Each Receipt this Period

3.28

☒

Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED**C.**

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

10496.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	2	5

Transaction ID : SA11AI.22157

Amount of Each Receipt this Period

1.63

☒

Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED**SUBTOTAL** of Receipts This Page (optional)..... ▶

0.00

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 10 OF 88

☒ 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)
WINRED

A. Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10496.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 16 2025

Transaction ID : SA11AI.22158

Amount of Each Receipt this Period

15.84

☒ Memo Item

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

Full Name (Last, First, Middle Initial)
WINRED

B. Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10496.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 17 2025

Transaction ID : SA11AI.22159

Amount of Each Receipt this Period

24.93

☒ Memo Item

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

Full Name (Last, First, Middle Initial)
WINRED

C. Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10496.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 18 2025

Transaction ID : SA11AI.22160

Amount of Each Receipt this Period

5.95

☒ Memo Item

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

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

0.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial)

WINRED

A.

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10496.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	2	5

Transaction ID : SA11AI.22161

Amount of Each Receipt this Period

2.19

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

Full Name (Last, First, Middle Initial)

WINRED

B.

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10496.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	2		2	0	2	5

Transaction ID : SA11AI.22162

Amount of Each Receipt this Period

27.37

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

Full Name (Last, First, Middle Initial)

WINRED

C.

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FEC ID number of contributing
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Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10496.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	2	5

Transaction ID : SA11AI.22163

Amount of Each Receipt this Period

15.98

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED**SUBTOTAL** of Receipts This Page (optional)..... ▶

0.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial)

WINRED

A.

Mailing Address PO BOX 9891

City

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VA

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22219

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

C00694323

Name of Employer

Occupation

Receipt For: 2026

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

10496.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	2	5

Transaction ID : SA11AI.22164

Amount of Each Receipt this Period

147.56

☒

Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED**B.**

Full Name (Last, First, Middle Initial)

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FEC ID number of contributing
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C00694323

Name of Employer

Occupation

Receipt For: 2026

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

10496.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	2	5

Transaction ID : SA11AI.22165

Amount of Each Receipt this Period

104.45

☒

Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED**C.**

Full Name (Last, First, Middle Initial)

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federal political committee.**C**

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Name of Employer

Occupation

Receipt For: 2026

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

10496.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	2	5

Transaction ID : SA11AI.22166

Amount of Each Receipt this Period

59.48

☒

Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED**SUBTOTAL** of Receipts This Page (optional)..... ▶

0.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

ELECT JIM BAIRD FOR CONGRESSFull Name (Last, First, Middle Initial)
WINRED**A.** Mailing Address PO BOX 9891City
ARLINGTONState
VAZip Code
22219FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10496.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	2		2	0	5	

Transaction ID : SA11AI.22167

Amount of Each Receipt this Period

19.09

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIREDFull Name (Last, First, Middle Initial)
WINRED**B.** Mailing Address PO BOX 9891City
ARLINGTONState
VAZip Code
22219FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10496.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	5	

Transaction ID : SA11AI.22168

Amount of Each Receipt this Period

11.98

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIREDFull Name (Last, First, Middle Initial)
WINRED**C.** Mailing Address PO BOX 9891City
ARLINGTONState
VAZip Code
22219FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10496.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	5	

Transaction ID : SA11AI.22169

Amount of Each Receipt this Period

26.59

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED**SUBTOTAL** of Receipts This Page (optional)..... ▶

0.00

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

SCHEDULE A (FEC Form 3)
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Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10496.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	5	

Transaction ID : SA11AI.22170

Amount of Each Receipt this Period

35.82

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED**B.**

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federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10496.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	5	

Transaction ID : SA11AI.22171

Amount of Each Receipt this Period

83.21

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED**C.**

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Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10496.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	5	

Transaction ID : SA11AI.22172

Amount of Each Receipt this Period

216.80

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED**SUBTOTAL** of Receipts This Page (optional)..... ▶

0.00

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SCHEDULE A (FEC Form 3)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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Name of Employer

Occupation

Receipt For: 2026

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

10496.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	2	5

Transaction ID : SA11AI.22173

Amount of Each Receipt this Period

74.86

☒

Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED**B.**

Full Name (Last, First, Middle Initial)

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Name of Employer

Occupation

Receipt For: 2026

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

10496.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	2	5

Transaction ID : SA11AI.22174

Amount of Each Receipt this Period

271.78

☒

Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED**C.**

Full Name (Last, First, Middle Initial)

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Name of Employer

Occupation

Receipt For: 2026

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

10496.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	2	5

Transaction ID : SA11AI.22175

Amount of Each Receipt this Period

316.27

☒

Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED**SUBTOTAL** of Receipts This Page (optional)..... ▶

0.00

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SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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ELECT JIM BAIRD FOR CONGRESS

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WINRED

A.

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22219

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federal political committee.**C**

C00694323

Name of Employer

Occupation

Receipt For: 2026

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

10496.30

Date of Receipt

M M / D D / Y Y Y Y Y
05 30 2025

Transaction ID : SA11AI.22176

Amount of Each Receipt this Period

77.19

☒

Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED**B.**

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO BOX 9891

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22219

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

C00694323

Name of Employer

Occupation

Receipt For: 2026

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

10496.30

Date of Receipt

M M / D D / Y Y Y Y Y
06 02 2025

Transaction ID : SA11AI.22177

Amount of Each Receipt this Period

1622.48

☒

Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED**C.**

Full Name (Last, First, Middle Initial)

WINRED

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ARLINGTON

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

C00694323

Name of Employer

Occupation

Receipt For: 2026

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

10496.30

Date of Receipt

M M / D D / Y Y Y Y Y
06 03 2025

Transaction ID : SA11AI.22178

Amount of Each Receipt this Period

66.06

☒

Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED**SUBTOTAL** of Receipts This Page (optional)..... ▶

0.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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WINRED

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City
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VAZip Code
22219FEC ID number of contributing
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C C00694323

Name of Employer

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Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10496.30

Date of Receipt

M M / D D / Y Y Y Y Y
06 04 2025

Transaction ID : SA11AI.22179

Amount of Each Receipt this Period

616.28

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIREDFull Name (Last, First, Middle Initial)
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Name of Employer

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Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10496.30

Date of Receipt

M M / D D / Y Y Y Y Y
06 05 2025

Transaction ID : SA11AI.22180

Amount of Each Receipt this Period

43.97

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIREDFull Name (Last, First, Middle Initial)
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Name of Employer

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Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10496.30

Date of Receipt

M M / D D / Y Y Y Y Y
06 06 2025

Transaction ID : SA11AI.22181

Amount of Each Receipt this Period

44.29

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED**SUBTOTAL** of Receipts This Page (optional)..... ▶

0.00

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

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

Use separate schedule(s)
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12 13a 13b 14 15

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C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10496.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 09 2025

Transaction ID : SA11AI.22182

Amount of Each Receipt this Period

24.63

☒ Memo Item

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

Full Name (Last, First, Middle Initial)
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federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10496.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 10 2025

Transaction ID : SA11AI.22183

Amount of Each Receipt this Period

10.37

☒ Memo Item

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

Full Name (Last, First, Middle Initial)
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Name of Employer

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Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10496.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 11 2025

Transaction ID : SA11AI.22184

Amount of Each Receipt this Period

1.90

☒ Memo Item

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

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

0.00

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SCHEDULE A (FEC Form 3)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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Receipt For: 2026

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

10496.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	5	

Transaction ID : SA11AI.22185

Amount of Each Receipt this Period

107.84

☒

Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED**B.**

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Receipt For: 2026

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

10496.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	5	

Transaction ID : SA11AI.22186

Amount of Each Receipt this Period

39.54

☒

Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED**C.**

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Receipt For: 2026

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

10496.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	5	

Transaction ID : SA11AI.22187

Amount of Each Receipt this Period

0.11

☒

Memo Item

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED**SUBTOTAL** of Receipts This Page (optional)..... ▶

0.00

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SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10496.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	2	5

Transaction ID : SA11AI.22188

Amount of Each Receipt this Period

63.11

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED**B.**

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10496.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	2	5

Transaction ID : SA11AI.22189

Amount of Each Receipt this Period

22.81

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED**C.**

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10496.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	2	5

Transaction ID : SA11AI.22191

Amount of Each Receipt this Period

0.91

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED**SUBTOTAL** of Receipts This Page (optional)..... ▶

0.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

ELECT JIM BAIRD FOR CONGRESSFull Name (Last, First, Middle Initial)
WINRED**A.** Mailing Address PO BOX 9891City
ARLINGTONState
VAZip Code
22219FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10496.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	2	5

Transaction ID : SA11AI.22192

Amount of Each Receipt this Period

71.22

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED.Full Name (Last, First, Middle Initial)
WINRED**B.** Mailing Address PO BOX 9891City
ARLINGTONState
VAZip Code
22219FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10496.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	2	5

Transaction ID : SA11AI.22193

Amount of Each Receipt this Period

6.25

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED.Full Name (Last, First, Middle Initial)
WINRED**C.** Mailing Address PO BOX 9891City
ARLINGTONState
VAZip Code
22219FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10496.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	2	5

Transaction ID : SA11AI.22194

Amount of Each Receipt this Period

0.16

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED.**SUBTOTAL** of Receipts This Page (optional)..... ▶

0.00

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)

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☒ 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)
WINRED

A. Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10496.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 30 2025

Transaction ID : SA11AI.22195

Amount of Each Receipt this Period

55.47

☒ Memo Item

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

Full Name (Last, First, Middle Initial)
WINRED

B. Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10496.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 30 2025

Transaction ID : SA11AI.22196

Amount of Each Receipt this Period

123.63

☒ Memo Item

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

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

0.00

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

6533.18

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial)

ARCONIC CORPORATION EMPLOYEES' VOLUNTARY POLITICAL ACTION COMMITTEE

A.

Mailing Address 201 ISABELLA STREET

City

PITTSBURGH

State

PA

Zip Code

15212

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
04 04 2025

Transaction ID : SA11C.22114

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

BASF CORPORATION EMPLOYEES POLITICAL ACTION COMMITTEE

B.

Mailing Address 100 PARK AVENUE

City

FLORHAM PARK

State

NJ

Zip Code

07932

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
04 04 2025

Transaction ID : SA11C.22115

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

BUNGE NORTH AMERICA INC POLITICAL ACTION COMMITTEE

C.Mailing Address 25 MASSACHUSETTS AVENUE, NW
SUITE 340

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 04 2025

Transaction ID : SA11C.22117

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

3000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial)

DEMOCRACY ENGINE, INC., PAC

A.

Mailing Address 237 FLORIDA AVENUE NW

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 28 2025

Transaction ID : SA11C.22110

Amount of Each Receipt this Period

1000.00

☐ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED**B.**

Full Name (Last, First, Middle Initial)

DEMOCRACY ENGINE, INC., PAC

Mailing Address 237 FLORIDA AVENUE NW

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 ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 14 2025

Transaction ID : SA11C.22111

Amount of Each Receipt this Period

2500.00

☐ Memo ItemTOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED**C.**

Full Name (Last, First, Middle Initial)

ELANCO US INC. POLITICAL ACTION COMMITTEE ('ELANCO PAC')

Mailing Address 800 17TH STREET, NW
SUITE 640

City

WASHINGTON

State

DC

Zip Code

20006

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
04 04 2025

Transaction ID : SA11C.22118

Amount of Each Receipt this Period

1000.00

☐ Memo Item

4500.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial)

HARDWOOD FEDERATION PAC, INC**A.**Mailing Address 601 THIRTEENTH STREET, NW
SUITE 1000City
WASHINGTONState
DCZip Code
20005FEC 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
06 25 2025

Transaction ID : SA11C.22124

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

L3HARRIS TECHNOLOGIES, INC. PAC**B.**Mailing Address 1300 WILSON BOULEVARD
SUITE 1000City
ARLINGTONState
VAZip Code
22209FEC 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
03 28 2025

Transaction ID : SA11C.22199

Amount of Each Receipt this Period

1000.00

☒ Memo ItemEARMARKED THROUGH DEMOCRACY ENGINE,
INC PAC ISA11C 207521

Full Name (Last, First, Middle Initial)

NATIONAL CORN GROWERS ASSOCIATION PAC (CORNPAC)**C.**Mailing Address 20 F STREET NW
SUITE 900City
WASHINGTONState
DCZip Code
20001FEC ID number of contributing
federal political committee.

C C00376343

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
04 28 2025

Transaction ID : SA11C.22119

Amount of Each Receipt this Period

1000.00

☐ Memo Item

2000.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 88

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial)

NUCOR CORPORATION POLITICAL ACTION COMMITTEE**A.**

Mailing Address 1915 REXFORD ROAD

City

CHARLOTTE

State

NC

Zip Code

28211

FEC ID number of contributing
federal political committee.

C

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
06 27 2025

Transaction ID : SA11C.22125

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

SAAB, INC. EMPLOYEES POLITICAL ACTION COMMITTEE (SAAB PAC)**B.**

Mailing Address 85 COLLAMER CROSSINGS

City

EAST SYRACUSE

State

NY

Zip Code

13057

FEC ID number of contributing
federal political committee.

C

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
02 28 2025

Transaction ID : SA11C.22198

Amount of Each Receipt this Period

2500.00

☒ Memo ItemEARMARKED THROUGH DEMOCRACY ENGINE,
INC PAC ISA11C 207541

Full Name (Last, First, Middle Initial)

SEAL PAC SUPPORTING ELECTING AMERICAN LEADERS PAC**C.**

Mailing Address 1155 15TH STREET 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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 28 2025

Transaction ID : SA11C.22120

Amount of Each Receipt this Period

1000.00

☐ Memo Item

3500.00

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 27 OF 88

☐ 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)

SPACE EXPLORATION TECHNOLOGIES CORP. PAC

A.

Mailing Address 1155 F STREET, NW
SUITE 475

City

WASHINGTON

State

DC

Zip Code

20004

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
04 28 2025

Transaction ID : SA11C.22121

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

SPACE EXPLORATION TECHNOLOGIES CORP. PAC

B.

Mailing Address 1155 F STREET, NW
SUITE 475

City

WASHINGTON

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 28 2025

Transaction ID : SA11C.22122

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

10000.00

23000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 88

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

ELECT JIM BAIRD FOR CONGRESSFull Name (Last, First, Middle Initial)
BETTER MOUSETRAP DIGITAL**A.** Mailing Address 17 FRYDENDAHL EECity
ST THOMASState
VIZip Code
00802FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

202.73

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 10 / 2025

Transaction ID : SA14.22126

Amount of Each Receipt this Period

0.80

☐ Memo Item

VENDOR REFUND: OVERPAYMENT

Full Name (Last, First, Middle Initial)
BETTER MOUSETRAP DIGITAL**B.** Mailing Address 17 FRYDENDAHL EECity
ST THOMASState
VIZip Code
00802FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

203.53

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 14 / 2025

Transaction ID : SA14.22127

Amount of Each Receipt this Period

0.80

☐ Memo Item

VENDOR REFUND: OVERPAYMENT

Full Name (Last, First, Middle Initial)
BETTER MOUSETRAP DIGITAL**C.** Mailing Address 17 FRYDENDAHL EECity
ST THOMASState
VIZip Code
00802FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

214.01

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 12 / 2025

Transaction ID : SA14.22129

Amount of Each Receipt this Period

10.48

☐ Memo Item

VENDOR REFUND: OVERPAYMENT

12.08

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

ELECT JIM BAIRD FOR CONGRESSFull Name (Last, First, Middle Initial)
BETTER MOUSETRAP DIGITAL

Mailing Address 17 FRYDENDAHL EE

City
ST THOMASState
VIZip Code
00802FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

214.86

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	2	5

Transaction ID : SA14.22131

Amount of Each Receipt this Period

0.85

☐ Memo Item

VENDOR REFUND: OVERPAYMENT

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

Mailing Address 17 FRYDENDAHL EE

City
ST THOMASState
VIZip Code
00802FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

223.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	2	5

Transaction ID : SA14.22130

Amount of Each Receipt this Period

8.50

☐ Memo Item

VENDOR REFUND: OVERPAYMENT

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

Mailing Address 17 FRYDENDAHL EE

City
ST THOMASState
VIZip Code
00802FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

224.16

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	2	5

Transaction ID : SA14.22128

Amount of Each Receipt this Period

0.80

☐ Memo Item

VENDOR REFUND: OVERPAYMENT

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

10.15

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

22.23

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 88

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. 814 CONSULTING LLC

Mailing Address 5827 COLFAX AVE

City
ALEXANDRIAState
VAZip Code
22311Purpose of Disbursement
EVENT CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1700.00

Transaction ID : SB17.19375

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
TRAVEL: AIR

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

116.49

Transaction ID : SB17.19376

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City
FORT WORTHState
TXZip Code
76155Purpose of Disbursement
TRAVEL: AIR

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

274.48

Transaction ID : SB17.19377

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2090.97

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ASCENT STRATEGIC INC

Mailing Address 5382 N HIGHWAY 36

City
ERDAState
UTZip Code
84074Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.19383

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AT&T

Mailing Address 1748 INDIANAPOLIS ROAD

City
GREENCASTLEState
INZip Code
46135Purpose of Disbursement
MOBILE PHONE EXPENSE

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

696.57

Transaction ID : SB17.19385

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AT&T

Mailing Address 1748 INDIANAPOLIS ROAD

City
GREENCASTLEState
INZip Code
46135Purpose of Disbursement
MOBILE PHONE EXPENSE

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

453.66

Transaction ID : SB17.19386

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6150.23

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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 THOMASState
VIZip Code
00802Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

15.32

Transaction ID : SB17.19387

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BETTER MOUSETRAP DIGITAL

Mailing Address 17 FRYDENDAHL EE

City
ST THOMASState
VIZip Code
00802Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

0.80

Transaction ID : SB17.19388

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BETTER MOUSETRAP DIGITAL

Mailing Address 17 FRYDENDAHL EE

City
ST THOMASState
VIZip Code
00802Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

69.55

Transaction ID : SB17.19389

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

85.67

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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 THOMASState
VIZip Code
00802Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

133.27

Transaction ID : SB17.19390

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BETTER MOUSETRAP DIGITAL

Mailing Address 17 FRYDENDAHL EE

City
ST THOMASState
VIZip Code
00802Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

11.27

Transaction ID : SB17.19391

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BETTER MOUSETRAP DIGITAL

Mailing Address 17 FRYDENDAHL EE

City
ST THOMASState
VIZip Code
00802Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

20.98

Transaction ID : SB17.19392

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

165.52

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 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 THOMASState
VIZip Code
00802Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

65.38

Transaction ID : SB17.19393

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BETTER MOUSETRAP DIGITAL

Mailing Address 17 FRYDENDAHL EE

City
ST THOMASState
VIZip Code
00802Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

190.69

Transaction ID : SB17.19394

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BETTER MOUSETRAP DIGITAL

Mailing Address 17 FRYDENDAHL EE

City
ST THOMASState
VIZip Code
00802Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

30.09

Transaction ID : SB17.19395

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

286.16

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 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 THOMASState
VIZip Code
00802Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

256.27

Transaction ID : SB17.19396

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BETTER MOUSETRAP DIGITAL

Mailing Address 17 FRYDENDAHL EE

City
ST THOMASState
VIZip Code
00802Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

44.40

Transaction ID : SB17.19397

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BETTER MOUSETRAP DIGITAL

Mailing Address 17 FRYDENDAHL EE

City
ST THOMASState
VIZip Code
00802Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

12.10

Transaction ID : SB17.19398

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

312.77

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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 THOMASState
VIZip Code
00802Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

762.89

Transaction ID : SB17.19399

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BETTER MOUSETRAP DIGITAL

Mailing Address 17 FRYDENDAHL EE

City
ST THOMASState
VIZip Code
00802Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

71.09

Transaction ID : SB17.19400

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BETTER MOUSETRAP DIGITAL

Mailing Address 17 FRYDENDAHL EE

City
ST THOMASState
VIZip Code
00802Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

4.03

Transaction ID : SB17.19401

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

838.01

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 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 THOMASState
VIZip Code
00802Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

360.42

Transaction ID : SB17.19402

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CAMPAIGN ENGINEMailing Address 161 CENTER GROVE RD
BOX 217City
RANDOLPHState
NJZip Code
07869Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

4500.00

Transaction ID : SB17.19412

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CAMPAIGN ENGINEMailing Address 161 CENTER GROVE RD
BOX 217City
RANDOLPHState
NJZip Code
07869Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

0.21

Transaction ID : SB17.19413

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4860.63

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 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. CAMPAIGN ENGINEMailing Address 161 CENTER GROVE RD
BOX 217City
RANDOLPHState
NJZip Code
07869Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

0.09

Transaction ID : SB17.19414

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CAMPAIGN ENGINEMailing Address 161 CENTER GROVE RD
BOX 217City
RANDOLPHState
NJZip Code
07869Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

0.09

Transaction ID : SB17.19415

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CAMPAIGN ENGINEMailing Address 161 CENTER GROVE RD
BOX 217City
RANDOLPHState
NJZip Code
07869Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

3.51

Transaction ID : SB17.19416

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3.69

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CAMPAIGN ENGINEMailing Address 161 CENTER GROVE RD
BOX 217City
RANDOLPHState
NJZip Code
07869Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

3.40

Transaction ID : SB17.19417

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CAMPAIGN ENGINEMailing Address 161 CENTER GROVE RD
BOX 217City
RANDOLPHState
NJZip Code
07869Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

3.40

Transaction ID : SB17.19418

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CAMPAIGN ENGINEMailing Address 161 CENTER GROVE RD
BOX 217City
RANDOLPHState
NJZip Code
07869Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

8.62

Transaction ID : SB17.19419

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

15.42

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CAPITOL HILL CLUB

Mailing Address 300 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
TRAVEL: FOOD

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

81.68

Transaction ID : SB17.19420

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CAPITOL HILL CLUB

Mailing Address 300 FIRST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
TRAVEL: FOOD

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

49.03

Transaction ID : SB17.19421

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CASEY'S GENERAL

Mailing Address 712 S WASHINGTON STREET

City
CRAWFORSVILLEState
INZip Code
47933Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

100.00

Transaction ID : SB17.19422

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

230.71

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CASEY'S GENERAL

Mailing Address 712 S WASHINGTON STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2025

City
CRAWFORSVILLEState
INZip Code
47933

FEC Identification Number

CPurpose of Disbursement
TRAVEL: FUEL

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

78.88

Transaction ID : SB17.19423

☐ 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. COSTCO

Mailing Address 8816 DR. CHARLES NELSON DRIVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2025

City
AVONState
INZip Code
46123

FEC Identification Number

CPurpose of Disbursement
TRAVEL: FUEL

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

96.34

Transaction ID : SB17.19426

☐ 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. CREW CARWASH

Mailing Address 10251 HAGUE ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		30		2025

City
INDIANAPOLISState
INZip Code
46256

FEC Identification Number

CPurpose of Disbursement
TRAVEL: CAR WASH

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

39.99

Transaction ID : SB17.19427

☐ 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).....▶

215.21

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. DUKE ENERGY

Mailing Address 2727 CENTRAL AVE

City
COLUMBUSState
INZip Code
47201Purpose of Disbursement
UTILITIES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

185.57

Transaction ID : SB17.19433

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ELITE CARD PROCESSINGMailing Address 13701 MAUGANSVILLE ROAD
SUITE 5City
HAGERSTOWNState
MDZip Code
21740Purpose of Disbursement
MERCHANT FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

39.95

Transaction ID : SB17.19434

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FEDERAL ELECTION COMMISSION

Mailing Address 1050 FIRST STREET, NE

City
WASHINGTONState
DCZip Code
20463Purpose of Disbursement
FEC PAYMENT: ADR 1187

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

7475.00

Transaction ID : SB17.19438

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

7700.52

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. FORD MOTOR

Mailing Address ONE AMERICAN ROAD

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	2	5

City
DEARBORNState
MIZip Code
48126

FEC Identification Number

CPurpose of Disbursement
CAMPAIGN VEHICLE LEASE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1194.87

Transaction ID : SB17.19439

☐ 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. FORD MOTOR

Mailing Address ONE AMERICAN ROAD

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	2		2	0	2	5

City
DEARBORNState
MIZip Code
48126

FEC Identification Number

CPurpose of Disbursement
CAMPAIGN VEHICLE LEASE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1194.87

Transaction ID : SB17.19440

☐ 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. FORD MOTOR

Mailing Address ONE AMERICAN ROAD

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	2	5

City
DEARBORNState
MIZip Code
48126

FEC Identification Number

CPurpose of Disbursement
CAMPAIGN VEHICLE LEASE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1194.87

Transaction ID : SB17.19441

☐ 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).....▶

3584.61

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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

Mailing Address 4 HOLLY LN

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		30		2025

City
MOHNTONState
PAZip Code
19540Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

Category/
Type

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:

FEC Identification Number

C

Amount of Each Disbursement this Period

319.30

Transaction ID : SB17.19442

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FRONTLINE STRATEGIES LLC

Mailing Address 4 HOLLY LN

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2025

City
MOHNTONState
PAZip Code
19540Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

Category/
Type

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:

FEC Identification Number

C

Amount of Each Disbursement this Period

238.52

Transaction ID : SB17.19443

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FRONTLINE STRATEGIES LLC

Mailing Address 4 HOLLY LN

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2025

City
MOHNTONState
PAZip Code
19540Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

Category/
Type

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:

FEC Identification Number

C

Amount of Each Disbursement this Period

39.16

Transaction ID : SB17.19444

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

596.98

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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

Mailing Address 4 HOLLY LN

City
MOHNTONState
PAZip Code
19540Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

39.92

Transaction ID : SB17.19445

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FRONTLINE STRATEGIES LLC

Mailing Address 4 HOLLY LN

City
MOHNTONState
PAZip Code
19540Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

117.04

Transaction ID : SB17.19446

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FRONTLINE STRATEGIES LLC

Mailing Address 4 HOLLY LN

City
MOHNTONState
PAZip Code
19540Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

362.01

Transaction ID : SB17.19447

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

518.97

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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

Mailing Address 4 HOLLY LN

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	2	5

City
MOHNTONState
PAZip Code
19540

FEC Identification Number

CPurpose of Disbursement
FUNDRAISING FEES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

934.52

Transaction ID : SB17.19448

☐ 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. FRONTLINE STRATEGIES LLC

Mailing Address 4 HOLLY LN

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	2	5

City
MOHNTONState
PAZip Code
19540

FEC Identification Number

CPurpose of Disbursement
FUNDRAISING FEES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

95.00

Transaction ID : SB17.19449

☐ 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. FRONTLINE STRATEGIES LLC

Mailing Address 4 HOLLY LN

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	2	5

City
MOHNTONState
PAZip Code
19540

FEC Identification Number

CPurpose of Disbursement
FUNDRAISING FEES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

187.04

Transaction ID : SB17.19450

☐ 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).....▶

1216.56

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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

Mailing Address 4 HOLLY LN

City
MOHNTONState
PAZip Code
19540Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

97.28

Transaction ID : SB17.19451

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FRONTLINE STRATEGIES LLC

Mailing Address 4 HOLLY LN

City
MOHNTONState
PAZip Code
19540Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

381.52

Transaction ID : SB17.19452

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FRONTLINE STRATEGIES LLC

Mailing Address 4 HOLLY LN

City
MOHNTONState
PAZip Code
19540Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

203.87

Transaction ID : SB17.19453

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

682.67

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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

Mailing Address 4 HOLLY LN

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		06		2025

City
MOHNTONState
PAZip Code
19540

FEC Identification Number

CPurpose of Disbursement
FUNDRAISING FEES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

250.04

Transaction ID : SB17.19454

☐ 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. FRONTLINE STRATEGIES LLC

Mailing Address 4 HOLLY LN

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2025

City
MOHNTONState
PAZip Code
19540

FEC Identification Number

CPurpose of Disbursement
FUNDRAISING FEES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

79.80

Transaction ID : SB17.19455

☐ 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. FRONTLINE STRATEGIES LLC

Mailing Address 4 HOLLY LN

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2025

City
MOHNTONState
PAZip Code
19540

FEC Identification Number

CPurpose of Disbursement
FUNDRAISING FEES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

56.24

Transaction ID : SB17.19456

☐ 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).....▶

386.08

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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

Mailing Address 4 HOLLY LN

City
MOHNTONState
PAZip Code
19540Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

14.32

Transaction ID : SB17.19457

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FRONTLINE STRATEGIES LLC

Mailing Address 4 HOLLY LN

City
MOHNTONState
PAZip Code
19540Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

7.60

Transaction ID : SB17.19458

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FRONTLINE STRATEGIES LLC

Mailing Address 4 HOLLY LN

City
MOHNTONState
PAZip Code
19540Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

0.76

Transaction ID : SB17.19459

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

22.68

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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

Mailing Address 4 HOLLY LN

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		25		2025

City
MOHNTONState
PAZip Code
19540

FEC Identification Number

CPurpose of Disbursement
FUNDRAISING FEES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

151.36

Transaction ID : SB17.19460

☐ 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. FRONTLINE STRATEGIES LLC

Mailing Address 4 HOLLY LN

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		26		2025

City
MOHNTONState
PAZip Code
19540

FEC Identification Number

CPurpose of Disbursement
FUNDRAISING FEES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

22.80

Transaction ID : SB17.19461

☐ 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. FRONTLINE STRATEGIES LLC

Mailing Address 4 HOLLY LN

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2025

City
MOHNTONState
PAZip Code
19540

FEC Identification Number

CPurpose of Disbursement
FUNDRAISING FEES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

0.76

Transaction ID : SB17.19462

☐ 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).....▶

174.92

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. FUNDRAISING, INC.Mailing Address 800 W 47TH ST.
STE 200City
KANSAS CITYState
MOZip Code
64112Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

3450.00

Transaction ID : SB17.19463

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GOOGLE INC.

Mailing Address 1600 AMPHITHEATRE PARKWAY

City
MOUNTAIN VIEWState
CAZip Code
94043Purpose of Disbursement
SUBSCRIPTIONS

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

12.93

Transaction ID : SB17.19465

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GOOGLE INC.

Mailing Address 1600 AMPHITHEATRE PARKWAY

City
MOUNTAIN VIEWState
CAZip Code
94043Purpose of Disbursement
SUBSCRIPTIONS

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

57.60

Transaction ID : SB17.19466

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3520.53

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. GOOGLE INC.

Mailing Address 1600 AMPHITHEATRE PARKWAY

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	2	5

City
MOUNTAIN VIEWState
CAZip Code
94043

FEC Identification Number

CPurpose of Disbursement
SUBSCRIPTIONS

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1	2	3	4	5	6	7	8	9	0	.	0	0
---	---	---	---	---	---	---	---	---	---	---	---	---

Transaction ID : SB17.19467

☐ 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. GOOGLE INC.

Mailing Address 1600 AMPHITHEATRE PARKWAY

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	2	5

City
MOUNTAIN VIEWState
CAZip Code
94043

FEC Identification Number

CPurpose of Disbursement
SUBSCRIPTIONS

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

5	7	6	0
---	---	---	---

Transaction ID : SB17.19468

☐ 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. GREENCASTLE MUNICIPAL UTILITIES

Mailing Address 1 N LOCUST ST

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	2	5

City
GREENCASTLEState
INZip Code
46135

FEC Identification Number

CPurpose of Disbursement
UTILITIES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

7	5	0	0
---	---	---	---

Transaction ID : SB17.19469

☐ 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).....▶

1	4	5	5	3
---	---	---	---	---

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 53 OF 88

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 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. GREENCASTLE MUNICIPAL UTILITIES

Mailing Address 1 N LOCUST ST

City
GREENCASTLEState
INZip Code
46135Purpose of Disbursement
UTILITIES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

148.00**Transaction ID : SB17.19470**☐ Memo Item

Full Name (Last, First, Middle Initial)

B. KROGER

Mailing Address 821 INDIANAPOLIS RD

City
GREENCASTLEState
INZip Code
46135Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

86.96**Transaction ID : SB17.19471**☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KROGER

Mailing Address 821 INDIANAPOLIS RD

City
GREENCASTLEState
INZip Code
46135Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

82.02**Transaction ID : SB17.19472**☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**316.98****TOTAL** This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. MAILCHIMP

Mailing Address 675 PONCE DE LEON AVENUE, NORTHEAS

City
ATLANTAState
GAZip Code
30308Purpose of Disbursement
SUBSCRIPTIONS

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

974.00**Transaction ID : SB17.19473**☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MAILCHIMP

Mailing Address 675 PONCE DE LEON AVENUE, NORTHEAS

City
ATLANTAState
GAZip Code
30308Purpose of Disbursement
SUBSCRIPTIONS

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

974.00**Transaction ID : SB17.19474**☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MAILCHIMP

Mailing Address 675 PONCE DE LEON AVENUE, NORTHEAS

City
ATLANTAState
GAZip Code
30308Purpose of Disbursement
SUBSCRIPTIONS

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

993.00**Transaction ID : SB17.19475**☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**2941.00****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 PageFOR LINE NUMBER:
(check only one)

PAGE 55 OF 88

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. METRONET

Mailing Address 12415 OLD MERIDIAN STREET

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	2	5

City
CARMELState
INZip Code
47715

FEC Identification Number

CPurpose of Disbursement
UTILITIES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

102.20

Transaction ID : SB17.19476

☐ 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. METRONET

Mailing Address 12415 OLD MERIDIAN STREET

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	5		2	0	2	5

City
CARMELState
INZip Code
47715

FEC Identification Number

CPurpose of Disbursement
UTILITIES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

102.20

Transaction ID : SB17.19477

☐ 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. MIDDLETOWN VALLEY BANK

Mailing Address 1101 PROFESSIONAL COURT

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	2	5

City
HAGERSTOWNState
MDZip Code
21740

FEC Identification Number

CPurpose of Disbursement
BANK FEES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

39.95

Transaction ID : SB17.19479

☐ 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).....▶

244.35

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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

Mailing Address 1101 PROFESSIONAL COURT

City
HAGERSTOWNState
MDZip Code
21740Purpose of Disbursement
BANK FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

38.02

Transaction ID : SB17.19478

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MIDDLETOWN VALLEY BANK

Mailing Address 1101 PROFESSIONAL COURT

City
HAGERSTOWNState
MDZip Code
21740Purpose of Disbursement
BANK FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

38.04

Transaction ID : SB17.19480

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MIDDLETOWN VALLEY BANK

Mailing Address 1101 PROFESSIONAL COURT

City
HAGERSTOWNState
MDZip Code
21740Purpose of Disbursement
BANK FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

39.95

Transaction ID : SB17.19481

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

116.01

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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

Mailing Address 1101 PROFESSIONAL COURT

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2025

City
HAGERSTOWNState
MDZip Code
21740

FEC Identification Number

CPurpose of Disbursement
BANK FEES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

38.04

Transaction ID : SB17.19482

☐ 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. PHILLIPS 66

Mailing Address 701 N JACKSON ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2025

City
GREENCASTLEState
INZip Code
46135

FEC Identification Number

CPurpose of Disbursement
TRAVEL: FUEL

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

38.99

Transaction ID : SB17.19488

☐ 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. PHILLIPS 66

Mailing Address 701 N JACKSON ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		20		2025

City
GREENCASTLEState
INZip Code
46135

FEC Identification Number

CPurpose of Disbursement
TRAVEL: FUEL

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

75.00

Transaction ID : SB17.19489

☐ 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).....▶

152.03

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. PHILLIPS 66

Mailing Address 701 N JACKSON ST

City
GREENCASTLEState
INZip Code
46135Purpose of Disbursement
TRAVEL: FUEL

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

35.15

Transaction ID : SB17.19490

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. POLITICOIN LLC

Mailing Address PO BOX 532

City
MOUNT FREEDOMState
NJZip Code
07970Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

0.28

Transaction ID : SB17.19493

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. POLITICOIN LLC

Mailing Address PO BOX 532

City
MOUNT FREEDOMState
NJZip Code
07970Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

0.66

Transaction ID : SB17.19494

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

36.09

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 59 OF 88

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. POLITICOIN LLC

Mailing Address PO BOX 532

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	2	5

City
MOUNT FREEDOMState
NJZip Code
07970

FEC Identification Number

CPurpose of Disbursement
FUNDRAISING FEES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2.84Transaction ID : **SB17.19496**☐ 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. POLITICOIN LLC

Mailing Address PO BOX 532

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	2	5

City
MOUNT FREEDOMState
NJZip Code
07970

FEC Identification Number

CPurpose of Disbursement
FUNDRAISING FEES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

0.34Transaction ID : **SB17.19497**☐ 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. POLITICOIN LLC

Mailing Address PO BOX 532

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	2	5

City
MOUNT FREEDOMState
NJZip Code
07970

FEC Identification Number

CPurpose of Disbursement
FUNDRAISING FEES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

0.38Transaction ID : **SB17.19498**☐ 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).....▶**3.56****TOTAL** This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 60 OF 88

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. POLITICOIN LLC

Mailing Address PO BOX 532

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	2	5

City
MOUNT FREEDOMState
NJZip Code
07970

FEC Identification Number

CPurpose of Disbursement
FUNDRAISING FEES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

0.19**Transaction ID : SB17.19499**☐ 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. POLITICOIN LLC

Mailing Address PO BOX 532

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	2	5

City
MOUNT FREEDOMState
NJZip Code
07970

FEC Identification Number

CPurpose of Disbursement
FUNDRAISING FEES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1.17**Transaction ID : SB17.19501**☐ 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. POLITICOIN LLC

Mailing Address PO BOX 532

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	2	5

City
MOUNT FREEDOMState
NJZip Code
07970

FEC Identification Number

CPurpose of Disbursement
FUNDRAISING FEES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2.29**Transaction ID : SB17.19502**☐ 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).....▶**3.65****TOTAL** This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. POLITICOIN LLC

Mailing Address PO BOX 532

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	2	5

City
MOUNT FREEDOMState
NJZip Code
07970

FEC Identification Number

CPurpose of Disbursement
FUNDRAISING FEES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

0.56

Transaction ID : SB17.19503

☐ 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. POLITICOIN LLC

Mailing Address PO BOX 532

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	2	5

City
MOUNT FREEDOMState
NJZip Code
07970

FEC Identification Number

CPurpose of Disbursement
FUNDRAISING FEES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

0.41

Transaction ID : SB17.19504

☐ 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. POLITICOIN LLC

Mailing Address PO BOX 532

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	2	5

City
MOUNT FREEDOMState
NJZip Code
07970

FEC Identification Number

CPurpose of Disbursement
FUNDRAISING FEES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

0.84

Transaction ID : SB17.19505

☐ 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).....▶

1.81

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 62 OF 88

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. POLITICOIN LLC

Mailing Address PO BOX 532

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	2	5

City
MOUNT FREEDOMState
NJZip Code
07970

FEC Identification Number

CPurpose of Disbursement
FUNDRAISING FEES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1	3	.	5	6
---	---	---	---	---

Transaction ID : SB17.19506

☐ 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. POLITICOIN LLC

Mailing Address PO BOX 532

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	2	5

City
MOUNT FREEDOMState
NJZip Code
07970

FEC Identification Number

CPurpose of Disbursement
FUNDRAISING FEES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

6	.	3	9
---	---	---	---

Transaction ID : SB17.19507

☐ 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. POLITICOIN LLC

Mailing Address PO BOX 532

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	2	5

City
MOUNT FREEDOMState
NJZip Code
07970

FEC Identification Number

CPurpose of Disbursement
FUNDRAISING FEES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

7	2	.	0	5
---	---	---	---	---

Transaction ID : SB17.19491

☐ 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).....▶

9	2	.	0	0
---	---	---	---	---

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

9	2	.	0	0
---	---	---	---	---

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. POLITICOIN LLC

Mailing Address PO BOX 532

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	2	5

City
MOUNT FREEDOMState
NJZip Code
07970

FEC Identification Number

CPurpose of Disbursement
DIGITAL CONSULTING

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

4500.00

Transaction ID : SB17.19492

☐ 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. POLITICOIN LLC

Mailing Address PO BOX 532

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	2	5

City
MOUNT FREEDOMState
NJZip Code
07970

FEC Identification Number

CPurpose of Disbursement
DIGITAL CONSULTING

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

4500.00

Transaction ID : SB17.19495

☐ 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. POLITICOIN LLC

Mailing Address PO BOX 532

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	2	5

City
MOUNT FREEDOMState
NJZip Code
07970

FEC Identification Number

CPurpose of Disbursement
FUNDRAISING FEES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

34.68

Transaction ID : SB17.19500

☐ 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).....▶

9034.68

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 PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

ELECT JIM BAIRD FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. RED CURVE SOLUTIONSMailing Address 138 CONANT STREET
SECOND FLOORCity
BEVERLYState
MAZip Code
01915Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2800.00**Transaction ID : SB17.19508**☐ Memo Item

Full Name (Last, First, Middle Initial)

B. REPUBLIC SERVICES

Mailing Address 4935 ROBISON ROAD

City
INDIANAPOLISState
INZip Code
46268Purpose of Disbursement
UTILITIES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

141.39**Transaction ID : SB17.19509**☐ Memo Item

Full Name (Last, First, Middle Initial)

C. REPUBLIC SERVICES

Mailing Address 4935 ROBISON ROAD

City
INDIANAPOLISState
INZip Code
46268Purpose of Disbursement
UTILITIES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

179.98**Transaction ID : SB17.19510**☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**3121.37****TOTAL** This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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

Mailing Address 9601 MERIDIAN BLVD

City
ENGLEWOODState
COZip Code
80112Purpose of Disbursement
UTILITIES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

80.99

Transaction ID : SB17.19511

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SLING TV, LLC

Mailing Address 9601 MERIDIAN BLVD

City
ENGLEWOODState
COZip Code
80112Purpose of Disbursement
UTILITIES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

80.99

Transaction ID : SB17.19512

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SLING TV, LLC

Mailing Address 9601 MERIDIAN BLVD

City
ENGLEWOODState
COZip Code
80112Purpose of Disbursement
UTILITIES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

80.99

Transaction ID : SB17.19513

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

242.97

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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.Mailing Address 1900 RESTON METRO PLAZA
SUITE 600City
RESTONState
VAZip Code
20190Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

53.85

Transaction ID : SB17.19520

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TMA DIRECT, INC.Mailing Address 1900 RESTON METRO PLAZA
SUITE 600City
RESTONState
VAZip Code
20190Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

38.46

Transaction ID : SB17.19521

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TMA DIRECT, INC.Mailing Address 1900 RESTON METRO PLAZA
SUITE 600City
RESTONState
VAZip Code
20190Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

25.87

Transaction ID : SB17.19522

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

118.18

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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.Mailing Address 1900 RESTON METRO PLAZA
SUITE 600City
RESTONState
VAZip Code
20190Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

693.22

Transaction ID : SB17.19523

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TMA DIRECT, INC.Mailing Address 1900 RESTON METRO PLAZA
SUITE 600City
RESTONState
VAZip Code
20190Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1990.13

Transaction ID : SB17.19524

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TMA DIRECT, INC.Mailing Address 1900 RESTON METRO PLAZA
SUITE 600City
RESTONState
VAZip Code
20190Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

402.38

Transaction ID : SB17.19525

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3085.73

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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.Mailing Address 1900 RESTON METRO PLAZA
SUITE 600City
RESTONState
VAZip Code
20190Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1452.02

Transaction ID : SB17.19526

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TMA DIRECT, INC.Mailing Address 1900 RESTON METRO PLAZA
SUITE 600City
RESTONState
VAZip Code
20190Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

205.11

Transaction ID : SB17.19527

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TMA DIRECT, INC.Mailing Address 1900 RESTON METRO PLAZA
SUITE 600City
RESTONState
VAZip Code
20190Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

664.22

Transaction ID : SB17.19528

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2321.35

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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.Mailing Address 1900 RESTON METRO PLAZA
SUITE 600City
RESTONState
VAZip Code
20190Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

510.54

Transaction ID : SB17.19529

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TMA DIRECT, INC.Mailing Address 1900 RESTON METRO PLAZA
SUITE 600City
RESTONState
VAZip Code
20190Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

56.42

Transaction ID : SB17.19530

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TMA DIRECT, INC.Mailing Address 1900 RESTON METRO PLAZA
SUITE 600City
RESTONState
VAZip Code
20190Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

79.53

Transaction ID : SB17.19531

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

646.49

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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.Mailing Address 1900 RESTON METRO PLAZA
SUITE 600City
RESTONState
VAZip Code
20190Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

0.95

Transaction ID : SB17.19532

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TMA DIRECT, INC.Mailing Address 1900 RESTON METRO PLAZA
SUITE 600City
RESTONState
VAZip Code
20190Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

0.85

Transaction ID : SB17.19533

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. USPS

Mailing Address 8 E WALNUT ST

City
GREENCASTLEState
INZip Code
46135Purpose of Disbursement
POSTAGE

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

87.60

Transaction ID : SB17.19537

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**89.40****TOTAL** This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1.31

Transaction ID : SB17.19539

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD SUITE 530

City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

0.27

Transaction ID : SB17.19540

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD SUITE 530

City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1.13

Transaction ID : SB17.19541

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**2.71****TOTAL** This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2.18

Transaction ID : SB17.19542

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD SUITE 530

City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1.09

Transaction ID : SB17.19543

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD SUITE 530

City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

0.19

Transaction ID : SB17.19544

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**3.46****TOTAL** This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2025

City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

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:

FEC Identification Number

C

Amount of Each Disbursement this Period

0.08

Transaction ID : SB17.19545

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD SUITE 530

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		16		2025

City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

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:

FEC Identification Number

C

Amount of Each Disbursement this Period

3.59

Transaction ID : SB17.19546

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD SUITE 530

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		17		2025

City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

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:

FEC Identification Number

C

Amount of Each Disbursement this Period

6.59

Transaction ID : SB17.19547

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

10.26

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	2	5

City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

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:

FEC Identification Number

C

Amount of Each Disbursement this Period

2.49

Transaction ID : SB17.19548

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD SUITE 530

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	2	5

City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

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:

FEC Identification Number

C

Amount of Each Disbursement this Period

1.69

Transaction ID : SB17.19549

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD SUITE 530

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	2		2	0	2	5

City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

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:

FEC Identification Number

C

Amount of Each Disbursement this Period

1.13

Transaction ID : SB17.19550

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5.31

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		25		2025

City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

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:

FEC Identification Number

C

Amount of Each Disbursement this Period

1.76

Transaction ID : SB17.19551

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD SUITE 530

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		30		2025

City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

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:

FEC Identification Number

C

Amount of Each Disbursement this Period

19.82

Transaction ID : SB17.19552

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD SUITE 530

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2025

City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

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:

FEC Identification Number

C

Amount of Each Disbursement this Period

15.83

Transaction ID : SB17.19553

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

37.41

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	2	5

City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANDISE FEES

Candidate Name

Category/
Type

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:

FEC Identification Number

C

Amount of Each Disbursement this Period

23.00

Transaction ID : SB17.19554

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD SUITE 530

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	2	5

City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

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:

FEC Identification Number

C

Amount of Each Disbursement this Period

4.99

Transaction ID : SB17.19555

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD SUITE 530

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	2		2	0	2	5

City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

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:

FEC Identification Number

C

Amount of Each Disbursement this Period

17.50

Transaction ID : SB17.19556

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

45.49

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 77 OF 88

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2025

City
ARLINGTONState
VAZip Code
22219

FEC Identification Number

CPurpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3.23

Transaction ID : SB17.19557

☐ 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

Mailing Address 1776 WILSON BLVD SUITE 530

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		20		2025

City
ARLINGTONState
VAZip Code
22219

FEC Identification Number

CPurpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

9.06

Transaction ID : SB17.19558

☐ 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

Mailing Address 1776 WILSON BLVD SUITE 530

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		21		2025

City
ARLINGTONState
VAZip Code
22219

FEC Identification Number

CPurpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2.73

Transaction ID : SB17.19559

☐ 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).....▶

15.02

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 78 OF 88

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

32.13

Transaction ID : SB17.19560

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD SUITE 530

City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

101.55

Transaction ID : SB17.19561

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD SUITE 530

City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

26.33

Transaction ID : SB17.19562

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

160.01

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	2	5

City
ARLINGTONState
VAZip Code
22219

FEC Identification Number

CPurpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

85.96

Transaction ID : SB17.19563

☐ 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

Mailing Address 1776 WILSON BLVD SUITE 530

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	2	5

City
ARLINGTONState
VAZip Code
22219

FEC Identification Number

CPurpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

60.40

Transaction ID : SB17.19564

☐ 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

Mailing Address 1776 WILSON BLVD SUITE 530

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	2	5

City
ARLINGTONState
VAZip Code
22219

FEC Identification Number

CPurpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

34.45

Transaction ID : SB17.19565

☐ 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).....▶

180.81

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

96.20

Transaction ID : SB17.19538

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD SUITE 530

City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANDISE FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

23.00

Transaction ID : SB17.19566

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD SUITE 530

City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

9.19

Transaction ID : SB17.19567

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

128.39

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

44.63

Transaction ID : SB17.19568

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD SUITE 530

City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.22

Transaction ID : SB17.19569

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD SUITE 530

City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

12.57

Transaction ID : SB17.19570

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

67.42

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

4.37

Transaction ID : SB17.19571

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD SUITE 530

City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2.78

Transaction ID : SB17.19572

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD SUITE 530

City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

0.73

Transaction ID : SB17.19573

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**7.88****TOTAL** This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	2	5

City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

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:

FEC Identification Number

C

Amount of Each Disbursement this Period

51.05

Transaction ID : SB17.19574

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD SUITE 530

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	2	5

City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

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:

FEC Identification Number

C

Amount of Each Disbursement this Period

4.69

Transaction ID : SB17.19575

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD SUITE 530

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	2	5

City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

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:

FEC Identification Number

C

Amount of Each Disbursement this Period

0.23

Transaction ID : SB17.19576

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

55.97

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 84 OF 88

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	2	5

City
ARLINGTONState
VAZip Code
22219

FEC Identification Number

CPurpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1	7	.	7	5
---	---	---	---	---

Transaction ID : SB17.19577

☐ 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

Mailing Address 1776 WILSON BLVD SUITE 530

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	2	5

City
ARLINGTONState
VAZip Code
22219

FEC Identification Number

CPurpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

0	.	9	4
---	---	---	---

Transaction ID : SB17.19578

☐ 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

Mailing Address 1776 WILSON BLVD SUITE 530

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	2	5

City
ARLINGTONState
VAZip Code
22219

FEC Identification Number

CPurpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

0	.	0	4
---	---	---	---

Transaction ID : SB17.19579

☐ 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).....▶

1	8	.	7	5
---	---	---	---	---

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

1	8	.	7	5
---	---	---	---	---

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 85 OF 88

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

9.37

Transaction ID : SB17.19580

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD SUITE 530

City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1.20

Transaction ID : SB17.19581

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD SUITE 530

City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
MERCHANT FEES

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

0.04

Transaction ID : SB17.19582

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**10.61****TOTAL** This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 86 OF 88

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD SUITE 530

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2025

City
ARLINGTONState
VAZip Code
22219

FEC Identification Number

C

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2.28

Transaction ID : SB17.19583

☐ 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.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

☐ Memo Item

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) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

☐ Memo Item

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) ▼		

State:

District:

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

2.28

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

57124.47

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 87 OF 88

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4361

ELECT JIM BAIRD FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2018

☒ Primary☐ General☐ Other (specify) ▼

BAIRD, JAMES R PHD, R, Dr.,

Mailing Address

PO BOX 203

City

GREENCASTLE

State

IN

ZIP Code

46235

☒ 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

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
04 / 27 / 2018

M M / D D / Y Y Y Y

12/31/2020

3.00 % (apr)

☐ Yes ☒ 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)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 88 OF 88

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.11903

ELECT JIM BAIRD FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

BAIRD, JAMES R PHD, R, Dr.,

Mailing Address

PO BOX 203

City

GREENCASTLE

State

IN

ZIP Code

46235

☒ Personal Funds of the Candidate

Original Amount of Loan

200000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

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

M M / D D / Y Y Y Y

ON DEMAND

8.00 % (apr)

☐ Yes ☒ 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.