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UNITED STATES HOUSE OF REPRESENTATIVES FORM B FOR New Members, Candidates, and New Employees	Page 1 of LEGISLATIVE RESOURCE CENTER 18 FFR 23 AM II- 22	[∞]
Name: JAMES & BAIRO Daytime Telephone.	OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES	to
New Member of or Candidate for State: FNDIANA U.S. House of Representatives District: 4 Candidates - Date of Election: 10 2018 Check if Amendment	(Office Use Only)	
STATUS New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistant to to	A \$200 penalty shall be assessed against any Individual who files more than 30 days late.	. ∳
PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS		i
 A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? Or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? E. Did you hold any reportable positions during the current calendar year up through the date of filing? 	gh the reporting Yes No No	,
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes V No outside entity during the reporting period or in the current calendar year up through the date of filing?	the current calendar Yes No No	
D. Did you, your spouse, or your dependent child have any reportable Yes W No J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	years? Yes Wo No	
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	COMPLETE	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESE QUESTIONS	QUESTIONS	
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	lave you excluded Yes No	
EXEMPTION — Have you excluded from this report any other assets, "uneamed" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	et all three tests for Yes No	ט

SCHEDULE A - ASSETS & "UNEARNED INCOME"

For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is Provide complete names of stocks and mutual funds (do not use only ticker symbols). ¶ you have a privakely-traded fund that is an Excepted
nvestment Fund, please check the "EIF" box. For an ownership interest in a privately-held busine that is not publicly traded, state the name of its activities, and business, the nature of its activities, and or rental and other real property held for investment nore than \$1,000 in interest-bearing accounts. he account that exceeds the reporting thresholds. or all IRAs and other retirement plans (such as identify (a) each asset held for investment or production of income and with a fair market value acceeding \$1,000 at the end of the reporting period and (b) any other reportable asset or source of income which generated more then \$200 in "unearned" or a detailed discussion of Schedule A requirement Sease refer to the instruction booklet. omes and vacation homes (unless there was rent ncome source is that of your spouse (SP) or ependent child (DC), or jointly held with anyone (JT) the optional column on the far left. you so choose, you may indicate that an asset come source is that of your spouse (SP) come during the reporting period); and any financia terest in, or income derived from, a federa ixclude: Your personal residence, Including secon strement program, including the Thrift Savings Plan eographic location in Block A. Assets and/or Income Sources Junes P+ HANGES, BANKD N RETIPEMENT HAN BFF * Poceville IN COM SUBJECT hay Examples: property," and a city and state. plans) provide the value for each asset a complete address or description, corn sollbans, hey, Lest Simon & Schuster Mega Corp Stock ABC Hedge Fund activities, 원 8 ê 9 × Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should child in which you have no interest *Column M is for assets held by your spouse or depender \$1-\$1,000 B o \$1,001-\$15,000 0 \$15,001-\$50-000 \$50,001-\$100,000 m Value of Asset × TI \$100,001-\$250,000 BLOCKE a \$250,001-\$500,000 × Ξ \$500,001-\$1,000,000 × \$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000 у. \$25,000,001-\$50,000,000 * -Over \$50,000,000 Σ Spouse/DC Asset over \$1,000,000* Check all columns that apply. For accounts passed that generate bax-deferred income (such as a solid) (k), IRA, or 529 accounts), you may check of the "Tax-Deferred" column. Dividents, Club Interest, and capital galins, even if reinvested, must be disclosed as income to for assets held in taxable accounts. Check on "None" if the asset generated no income NONE DIVIDENDS RENT Type of Income INTEREST **PLOCK C** CAPITAL GAINS **EXCEPTED/BLIND TRUST** TAX-DEFERRED MAY. Partnershi Incom Other Type of Income (Specify: e.g., Partnership Income or Farm Income For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all othe assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital galne, even if reinvested, must be disclosed as income for assets held in taxable accounts Check "None" if no income was earned or generated. None "Column XII is for assets held by your spouse or dependent child in which you have no interest × \$1-\$200 \$201-\$1,000 \$1,001-\$2,500 ₹ < < Current Year \$2,501-\$5,000 \$5,001-\$15,000 ≨ ≨ \$15,001-\$50,000 × \$50,001-\$100,000 × \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 Amount of Income Over \$5,000,000 × BLOCKD ≅ Spouse/DC Income over \$1,000,000* None \$1-\$200 = \$201-\$1,000 Z \$1,001-\$2,500 Preceding Year < \$2,501-\$5,000 \$ \$5,001-\$15,000 ≦ × × \$15,001-\$50,000 ≦ \$50,001-\$100,000 × \$100,001-\$1,000,000 × \$1,000,001-\$5,000,000 Over \$5,000,000 × 쏠 Spouse/DC Income over \$1,000,000*

Use additional sheets if more space is required.

* BFF = BAIRS FAMILY FRAMS LLI

Page ____ of ___

BAIRD

Name:

	SCHEDULE A – ASSETS & "UNEARNED INCOME"	
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Assets and/or Income Sources	Value of Asset	Type of Income	Amount of income	f Income
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

JAMES R. BAIRD

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SCHEDULE C - EARNED INCOME

Name: JAMILS & BAILD Page

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below. INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "sersior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

	•	Am	Amount
Source (include date of receipt for nonorana)	Type	Current Year to Filing	Preceding Year
ABC Trade Association, Saltimore, WD (July 15)	Honorarium	\$0	\$500
Examples: Civil War Roundlable (Oct. 2)	Salary Spouse Speech	\$20,000 \$0	\$1,000
INDIAKA HOME CARE PLUS, IN DRAWFORDSVILLE, IN	SALNKY	125000	125000
INDIANA HOME CARE RUS, THE , ORMITOLOS UNLLE, IN	Spouse stury	125000	12500
STATE OF INDIANA	SALARY	38010	38010

Name: JAMES	
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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, perent, or sibiling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

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	12/17	12/17	2/15	2/13	5/98	Date Liability Incurred MO/YR		
	CL	100	BFF MURICHUSE	BFF MORTBAGE	Mortgage on Rental Property, Dover, DE	Type of Liability		
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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fratemal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Nembers and second-year candidates report positions held in the reporting parties and the current calendar year and two pravious years.

Position	Position Name of Organization
ASST ADMINISTRATED	INDIANA HOME CARE RUE INC
PASS, DENT	BAIRD FAIRILY FARES, LUD
PRESIDENT	TO, ALL TREE ENTERAISES THE

FOS = FARM CARNIT SERVICES FFF

FFB. FIRST FINANDIAL BANK

SCHEDULE F - AGREEMENTS

Name: TAMES R. BAIRD

|--|

Date	Parties to Agreement	Terms of Agreement
11/2010	11/2010 MUSELF + STATE of TUDIKNIK	LEGISLATIVE PENSION

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services