

FINANCIAL DISCLOSURE REPORT

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FILER INFORMATION

Name: Hon. James R Dr Baird

Status: Member State/District: IN04

FILING INFORMATION

Filing Type: Annual Report

Filing Year: 2023

Filing Date: 08/13/2024

SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income	Tx. > \$1,000?
BAIRD FARM [FA] Location: GREENCASTLE, IN, US DESCRIPTION: FARM LAND RENT	JT	\$5,000,001 - \$25,000,000	Rent	\$100,001 - \$1,000,000	
BANK ACCOUNTS [BA]	JT	\$500,001 - \$1,000,000	None		
BFF [FA] Location: GREENCASTLE, IN, US DESCRIPTION: FARM RENT	JT	\$5,000,001 - \$25,000,000	Rent	\$100,001 - \$1,000,000	
IHCP ⇒ IHCP [OL] Location: GREENCASTLE, IN, US DESCRIPTION: SPOUSE OWNERSHIP	SP	\$5,000,001 - \$25,000,000	Dividends	\$100,001 - \$1,000,000	
INPRS [DB]	JT	\$100,001 - \$250,000	Interest	\$2,501 - \$5,000	

^{*} Investment vehicle details available at the bottom of this form. For the complete list of asset type abbreviations, please visit https://fd.house.gov/reference/asset-type-codes.aspx.

SCHEDULE B: TRANSACTIONS

None disclosed.

SCHEDULE C: EARNED INCOME

Source	Туре	Amount
IHCP, INC.	SPOUSE SALARY	\$150,000.00

SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Туре	Amount of Liability
JT	FCS	2013	BFF MORTGAGE	\$500,001 - \$1,000,000
JT	FCS	2018	BFF MORTGAGE	\$500,001 - \$1,000,000

SCHEDULE E: POSITIONS

Position	Name of Organization
PRESIDENT	BFF
PRESIDENT	TTE

SCHEDULE F: AGREEMENTS

None disclosed.

SCHEDULE G: GIFTS

None disclosed.

SCHEDULE H: TRAVEL PAYMENTS AND REIMBURSEMENTS

None disclosed.

SCHEDULE I: PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

None disclosed.

SCHEDULE A AND B INVESTMENT VEHICLE DETAILS

• IHCP (Owner: SP)

EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION IPO: Did you purchase any shares that were allocated as a part of an Initial Public Offering? Yes No 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 benefiting you, your spouse, or dependent child? Yes No Exemption: Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?

CERTIFICATION AND SIGNATURE

Yes No

I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

Digitally Signed: Hon. James R Dr Baird, 08/13/2024