

# 48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

|                                                                                                                                                                             |             |                    |                                                             |                           |                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------|-------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>1. NAME OF COMMITTEE IN FULL</b><br>COMMITTEE TO ELECT CLYDE JONES FOR CONGRESS                                                                                          |             |                    |                                                             |                           |                                                                                                             |
| <b>ADDRESS</b> (number and street) 808 Daphne Ave<br>Unit 1242                                                                                                              |             |                    |                                                             |                           |                                                                                                             |
| <b>CITY</b><br>Daphne                                                                                                                                                       |             | <b>STATE</b><br>AL |                                                             | <b>ZIP CODE</b><br>36526  |                                                                                                             |
| <b>2. NAME OF CANDIDATE</b><br>JONES, CLYDE W MR. JR, , ,                                                                                                                   |             |                    | <b>3. OFFICE SOUGHT</b> (State and District)<br>House AL 01 |                           | <b>4. FEC IDENTIFICATION NUMBER</b><br>C00920918                                                            |
| <b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____ |             |                    |                                                             |                           |                                                                                                             |
| <b>A. FULL NAME</b><br>Pfeffer, Ralph, B, , Jr.                                                                                                                             |             |                    | Name of Employer<br>Vascular Associates of S. AL            |                           | Date (month, day, year)<br>08/04/2026                                                                       |
| MAILING ADDRESS<br>3726 Dawes Rd.                                                                                                                                           |             |                    | Transaction ID : F6.10322                                   |                           | Amount<br>3500.00                                                                                           |
| CITY<br>Mobile                                                                                                                                                              | STATE<br>AL | ZIP CODE<br>36695  | Occupation<br>Vascular Surgeon                              |                           |                                                                                                             |
| <b>B. FULL NAME</b>                                                                                                                                                         |             |                    | Name of Employer                                            |                           | Date (month, day, year)                                                                                     |
| MAILING ADDRESS                                                                                                                                                             |             |                    |                                                             |                           | Amount                                                                                                      |
| CITY                                                                                                                                                                        | STATE       | ZIP CODE           | Occupation                                                  |                           |                                                                                                             |
| <b>C. FULL NAME</b>                                                                                                                                                         |             |                    | Name of Employer                                            |                           | Date (month, day, year)                                                                                     |
| MAILING ADDRESS                                                                                                                                                             |             |                    |                                                             |                           | Amount                                                                                                      |
| CITY                                                                                                                                                                        | STATE       | ZIP CODE           | Occupation                                                  |                           |                                                                                                             |
| <b>D. FULL NAME</b>                                                                                                                                                         |             |                    | Name of Employer                                            |                           | Date (month, day, year)                                                                                     |
| MAILING ADDRESS                                                                                                                                                             |             |                    |                                                             |                           | Amount                                                                                                      |
| CITY                                                                                                                                                                        | STATE       | ZIP CODE           | Occupation                                                  |                           |                                                                                                             |
| <b>E. FULL NAME</b>                                                                                                                                                         |             |                    | Name of Employer                                            |                           | Date (month, day, year)                                                                                     |
| MAILING ADDRESS                                                                                                                                                             |             |                    |                                                             |                           | Amount                                                                                                      |
| CITY                                                                                                                                                                        | STATE       | ZIP CODE           | Occupation                                                  |                           |                                                                                                             |
| <b>SIGNATURE (optional)</b><br>Pinkston, Samantha, , ,                                                                                                                      |             |                    |                                                             | <b>DATE</b><br>08/05/2026 | For further information,<br>contact the Federal Election Commission<br>at 800-424-9530 or visit www.fec.gov |

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Any information copied from reports and statements filed under the Federal Election Campaign Act 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.

**FEC FORM 6**  
(Revised 03/2016)