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.

1. NAME OF COMMITTEE IN FULL
AUGUST PFLUGER FOR CONGRESS

ADDRESS (number and street) PO BOX 3530

CITY	STATE	ZIP CODE
SAN ANGELO	TX	76902

2. NAME OF CANDIDATE
PFLUGER, AUGUST, LEE, , II

3. OFFICE SOUGHT (State and District)
House TX 11

4. FEC IDENTIFICATION NUMBER
C00719294

5. IS THIS AN AMENDMENT? [X] NO, THIS IS A NEW FILING [ ] YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____

A. FULL NAME Cummings, David, , Dr., **MAILING ADDRESS** 1515 Paseo de Vaca **CITY** / **STATE** / **ZIP CODE** San Angelo / TX / 76901-4654	Name of Employer SHANNON CLINIC **Transaction ID : 644357215B2CD4BE6** Occupation PHYSICIAN	Date (month, day, year) 02/11/2022	Amount 2900.00
B. FULL NAME SHELBURNE, HAROLD, , , **MAILING ADDRESS** 4709 N Bentwood Dr **CITY** / **STATE** / **ZIP CODE** San Angelo / TX / 76904-8799	Name of Employer Information Requested **Transaction ID : 6392ABD0611AD4D4** Occupation Information Requested	Date (month, day, year) 02/11/2022	Amount 1000.00
C. FULL NAME BEEF-PAC (BEEF POLITICAL ACTION COMMITTEE OF TEXAS CATTLE FEEDERS ASSOCIATION) **MAILING ADDRESS** 5501 W I-40 **CITY** / **STATE** / **ZIP CODE** AMARILLO / TX / 79106	Name of Employer **Transaction ID : 6F425512EF71949DB** Occupation	Date (month, day, year) 02/11/2022	Amount 1000.00
D. FULL NAME **MAILING ADDRESS** **CITY** / **STATE** / **ZIP CODE**	Name of Employer Occupation	Date (month, day, year)	Amount
E. FULL NAME **MAILING ADDRESS** **CITY** / **STATE** / **ZIP CODE**	Name of Employer Occupation	Date (month, day, year)	Amount

SIGNATURE (optional)
ANDERSON, PAUL, , ,
[Electronically Filed]

DATE
02/13/2022

For further information contact:
Federal Election Commission
999 E Street, NW, Washington, DC 20463
Toll Free 800-424-9530, Local 202-694-1100

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FEC FORM 6
(Revised 03/2016)