

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 Celeste for Congress				
ADDRESS (number and street) P. O. Box 2410				
CITY Cedar City		STATE UT		ZIP CODE 84721
2. NAME OF CANDIDATE Maloy, Celeste, , ,		3. OFFICE SOUGHT (State and District) House UT 03		4. FEC IDENTIFICATION NUMBER C00842765
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____				
A. FULL NAME Morris-Singer, Andrew, , ,		Name of Employer Primary Care Progress		Date (month, day, year) 06/11/2026
MAILING ADDRESS 7805 S.W. 40th Avenue, #80248		Transaction ID : 63F39F0A3B1F64C9E		Amount 3500.00
CITY Portland	STATE OR	ZIP CODE 97219	Occupation president	
B. FULL NAME Morris-Singer, Corey, , ,		Name of Employer Primary Care Progress		Date (month, day, year) 06/11/2026
MAILING ADDRESS 7805 S.W. 40th Avenue, #80248		Transaction ID : 61B426A0C54F64FF1		Amount 3500.00
CITY Portland	STATE OR	ZIP CODE 97219-1643	Occupation founder	
C. FULL NAME Seal Team PT PAC		Name of Employer		Date (month, day, year) 06/12/2026
MAILING ADDRESS PO Box 242		Transaction ID : 6DC86E34C4E9243E7		Amount 1000.00
CITY Manakin Sabot	STATE VA	ZIP CODE 23103-0242	Occupation	
D. FULL NAME		Name of Employer		Date (month, day, year)
MAILING ADDRESS				Amount
CITY	STATE	ZIP CODE	Occupation	
E. FULL NAME		Name of Employer		Date (month, day, year)
MAILING ADDRESS				Amount
CITY	STATE	ZIP CODE	Occupation	
SIGNATURE (optional) Watkins, Nancy, , ,			DATE 06/12/2026	For further information, contact the Federal Election Commission 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)