

# 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>Celeste for Congress                                                                                                             |  |                    |                                                             |                                           |                                                  |
| <b>ADDRESS</b> (number and street) P. O. Box 2410                                                                                                                       |  |                    |                                                             |                                           |                                                  |
| <b>CITY</b><br>Cedar City                                                                                                                                               |  | <b>STATE</b><br>UT |                                                             | <b>ZIP CODE</b><br>84721                  |                                                  |
| <b>2. NAME OF CANDIDATE</b><br>Maloy, Celeste, , ,                                                                                                                      |  |                    | <b>3. OFFICE SOUGHT</b> (State and District)<br>House UT 02 |                                           | <b>4. FEC IDENTIFICATION NUMBER</b><br>C00842765 |
| <b>5. IS THIS AN AMENDMENT?</b> <input type="checkbox"/> NO, THIS IS A NEW FILING <input checked="" type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON 11 / 16 / 2023 |  |                    |                                                             |                                           |                                                  |
| <b>A. FULL NAME</b><br>The Council of Insurance Agents & Brokers Political Action Committee                                                                             |  |                    |                                                             | Name of Employer                          |                                                  |
| <b>MAILING ADDRESS</b><br>701 Pennsylvania Avenue, N.W., #75                                                                                                            |  |                    |                                                             | Date (month, day, year)<br>11/13/2023     |                                                  |
| <b>CITY</b><br>Washington                                                                                                                                               |  |                    |                                                             | Amount<br>5000.00                         |                                                  |
| <b>STATE</b><br>DC                                                                                                                                                      |  |                    |                                                             | <b>Transaction ID : 660FEB848000E4A9C</b> |                                                  |
| <b>ZIP CODE</b><br>20004                                                                                                                                                |  |                    |                                                             | Occupation                                |                                                  |
| <b>B. FULL NAME</b><br>Keller, Troy, , ,                                                                                                                                |  |                    |                                                             | Name of Employer                          |                                                  |
| <b>MAILING ADDRESS</b><br>93 W. Grove Creek Circle                                                                                                                      |  |                    |                                                             | Date (month, day, year)<br>11/14/2023     |                                                  |
| <b>CITY</b><br>Farmington                                                                                                                                               |  |                    |                                                             | Amount<br>3000.00                         |                                                  |
| <b>STATE</b><br>UT                                                                                                                                                      |  |                    |                                                             | <b>Transaction ID : 6A2783C1BD51F40E8</b> |                                                  |
| <b>ZIP CODE</b><br>84025-0000                                                                                                                                           |  |                    |                                                             | Occupation<br>ATTORNEY                    |                                                  |
| <b>C. FULL NAME</b><br>Simpson, Scott, , ,                                                                                                                              |  |                    |                                                             | Name of Employer                          |                                                  |
| <b>MAILING ADDRESS</b><br>42 W. Center Street                                                                                                                           |  |                    |                                                             | Date (month, day, year)<br>11/15/2023     |                                                  |
| <b>CITY</b><br>Kaysville                                                                                                                                                |  |                    |                                                             | Amount<br>1000.00                         |                                                  |
| <b>STATE</b><br>UT                                                                                                                                                      |  |                    |                                                             | <b>Transaction ID : 6D2BB42531185430B</b> |                                                  |
| <b>ZIP CODE</b><br>84037                                                                                                                                                |  |                    |                                                             | Occupation<br>c.e.o.                      |                                                  |
| <b>D. FULL NAME</b><br>Stokes, Mary, , ,                                                                                                                                |  |                    |                                                             | Name of Employer                          |                                                  |
| <b>MAILING ADDRESS</b><br>4259 Skyline Drive                                                                                                                            |  |                    |                                                             | Date (month, day, year)<br>11/15/2023     |                                                  |
| <b>CITY</b><br>Ogden                                                                                                                                                    |  |                    |                                                             | Amount<br>1000.00                         |                                                  |
| <b>STATE</b><br>UT                                                                                                                                                      |  |                    |                                                             | <b>Transaction ID : 62DB2B54F2CC1402:</b> |                                                  |
| <b>ZIP CODE</b><br>84403                                                                                                                                                |  |                    |                                                             | Occupation                                |                                                  |
| <b>E. FULL NAME</b><br>Figgins, Eric, , ,                                                                                                                               |  |                    |                                                             | Name of Employer                          |                                                  |
| <b>MAILING ADDRESS</b><br>3876 W. Center View Way                                                                                                                       |  |                    |                                                             | Date (month, day, year)<br>11/15/2023     |                                                  |
| <b>CITY</b><br>West Jordan                                                                                                                                              |  |                    |                                                             | Amount<br>1000.00                         |                                                  |
| <b>STATE</b><br>UT                                                                                                                                                      |  |                    |                                                             | <b>Transaction ID : 69DF42DDF501B475I</b> |                                                  |
| <b>ZIP CODE</b><br>84084                                                                                                                                                |  |                    |                                                             | Occupation<br>executive vice-president    |                                                  |
| <b>SIGNATURE (optional)</b><br>Watkins, Nancy, , ,                                                                                                                      |  |                    |                                                             | <b>DATE</b><br>11/17/2023                 |                                                  |
| 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)

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**continuation page**

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. NAME OF COMMITTEE IN FULL<br>Celeste for Congress                                                                                                             |  |                                                                                                                                       |  |
| ADDRESS (number and street) P. O. Box 2410                                                                                                                       |  |                                                                                                                                       |  |
| CITY, STATE, and ZIP CODE<br>Cedar City UT 84721                                                                                                                 |  |                                                                                                                                       |  |
| 2. NAME OF CANDIDATE<br>Maloy, Celeste, , ,                                                                                                                      |  | 3. OFFICE SOUGHT (State and District)<br>House UT 02                                                                                  |  |
|                                                                                                                                                                  |  | 4. FEC IDENTIFICATION NUMBER<br>C00842765                                                                                             |  |
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| continuation page                                                                                                                                                |  |                                                                                                                                       |  |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Delta Air Lines PAC<br>601 Pennsylvania Avenue, N.W., #70<br>Washington DC 20004                                   |  | Name of Employer<br>Date (month, day, year)<br>11/17/2023<br>Amount<br>5000.00<br>Transaction ID : 6B1649FEB351241258B9<br>Occupation |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                       |  | Name of Employer<br>Date (month, day, year)<br>Amount                                                                                 |  |
|                                                                                                                                                                  |  | Occupation                                                                                                                            |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                       |  | Name of Employer<br>Date (month, day, year)<br>Amount                                                                                 |  |
|                                                                                                                                                                  |  | Occupation                                                                                                                            |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                       |  | Name of Employer<br>Date (month, day, year)<br>Amount                                                                                 |  |
|                                                                                                                                                                  |  | Occupation                                                                                                                            |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                       |  | Name of Employer<br>Date (month, day, year)<br>Amount                                                                                 |  |
|                                                                                                                                                                  |  | Occupation                                                                                                                            |  |