

SEEC FORM 30Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015



Electronic Filing

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Page 1 of 15

COVER PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
Moise Carelus for Us				☒ Candidate Committee ☐ Exploratory Committee	
3. TREASURER NAME					
First Michelle		MI	Last Riordan-Nold		Suffix
4. TREASURER ADDRESS					
Street Address 97 Brentwood Dr		City Glastonbury		State CT	Zip Code 06033
5. ELECTION DATE 11/03/2026		6. OFFICE SOUGHT (Complete only if Candidate Committee) State Representative			7. DISTRICT NUMBER (if applicable) R031
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Moise		MI	Last Carelus		Suffix
9. TYPE OF REPORT First Weekly Supplemental Filing Primary - Original					
10. PERIOD COVERED					
Beginning Date Ending Date 07/01/2026 thru 07/21/2026					
11. CERTIFICATION					
☒ I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.					
Electronic Filing SIGNATURE		Michelle Riordan-Nold PRINT NAME OF THE SIGNER		07/23/2026 9:27:57PM DATE CERTIFIED	
A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.					

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
Moise Carelus for Us	First Weekly Supplemental Filing Primary - Original	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$18,341.88	
14. Contributions received from Individuals (Section A and B)	\$0.00	\$8,178.70
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$0.00	\$15,430.03
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$0.00	\$23,608.73
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$18,341.88	\$23,608.73
20. Expenses Paid by Committee (Section N)	\$3,298.60	\$8,565.45
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	\$15,043.28	\$15,043.28
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$150.00
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	\$0.00	\$487.80
24. In-Kind Contributions Received (Section K)	\$85.00	\$85.00
25. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Moise Carelus for Us		First Weekly Supplemental Filing Primary - Original	
A. Total Contributions from Small Contributors-Received this Period ONLY		For Nonparticipating Candidates ONLY	
B. Itemized Contributions from Individuals			

Last Name		First		MI	Contribution ID #
Residential Street Address		City		State	Zip Code
Principal Occupation			Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor?			Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
Yes No If yes, indicate which branch or branches of government the contract is with: Executive Legislative			Yes No		
Is this contribution associated with an event reported in Section J1?	Yes	Method of contribution:		Date Received	Aggregate Contributions
	No	Cash Personal Check Money Order Credit/Debit Card			
If yes, list Event #					

Total of Section B		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS		(Sections A + B) (Total on Line 14, Column A of Summary Page)

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Moise Carelus for Us				First Weekly Supplemental Filing Primary - Original	
C1. Contributions from Other Committees					
Name of Committee			Name of Treasurer		
Address			Is this contribution associated with an event reported in Section J1?		Amount of Contribution
			Yes No If yes, list Event #		
City	State	Zip Code	Date Received	Aggregate Contributions	
Total of Section C1					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Moise Carelus for Us				First Weekly Supplemental Filing Primary - Original	
C2. Reimbursements or Surplus Distributions from other Committees					
Name of Committee			Name of Treasurer		
Address				Date Received	Amount of Receipt
City	State	Zip Code	Payment Type Reimbursement for shared expense Surplus distribution from exploratory committee		
Expenditure #	Description				
Total of Section C2					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Moise Carelus for Us				First Weekly Supplemental Filing Primary - Original	
D. Loans Received this Period					
Name of Lender		Source of Loan:			Date of Receipt
		Bank	Candidate	Individual	Other
Street Address		City	State	Zip Code	Is there a cosigner or Guarantor of this loan?
					Yes No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address		City	Stat	Zip Code	
Total of Section D					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE		TYPE OF REPORT	
Moise Carelus for Us		First Weekly Supplemental Filing Primary - Original	
E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)			
Date of Receipt	Method of Payment		Amount
	Cash	Personal Check	Credit/Debit Card
Total of Section E			

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE		TYPE OF REPORT	
Moise Carelus for Us		First Weekly Supplemental Filing Primary - Original	
G. Interest from Deposits in Authorized Accounts			
Name of Institution		Date Received	Amount
Street Address	City	State	
Total of Section G			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE		TYPE OF REPORT	
Moise Carelus for Us		First Weekly Supplemental Filing Primary - Original	
H. Public Grant Funds Received from the Citizens' Election Fund			
Purpose of Grant:	Grant Cycle:	Date Received	Amount
Initial Grant Adjustment	Primary General Election Special Election		
Supplemental/Post Election Deficit			
Total of Section H			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE

Moise Carelus for Us

TYPE OF REPORT

First Weekly Supplemental Filing Primary - Original

I. Miscellaneous Monetary Receipts not Considered Contributions

Name

Date of Transaction

Amount Received

Street Address

City

State

Zip Code

Description

Total of Section I

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

Moise Carelus for Us

First Weekly Supplemental Filing Primary - Original

J1. Event Information

Event # Date of Event 07/12/2026	Letter L	Description Meet and Greet Event	Was this a fundraising event? ☐ Yes ☒ No	
Location: Street Address 72 Old Musket Rd		City Glastonbury	State CT	Zip Code
Was this event hosted at a personal residence?		☒ Yes ☐ No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		☐ Yes ☒ No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		☐ Yes ☒ No	(If yes, enter Total Receipts here.) \$0.00	

Event # Date of Event 07/19/2026	Letter S	Description Meet and Greet Event	Was this a fundraising event? ☐ Yes ☒ No	
Location: Street Address 1001 Hebron Ave		City Glastonbury	State CT	Zip Code
Was this event hosted at a personal residence?		☐ Yes ☒ No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		☐ Yes ☒ No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		☐ Yes ☒ No	(If yes, enter Total Receipts here.) \$0.00	

Total of Section J1**\$0.00**

II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

Moise Carelus for Us

First Weekly Supplemental Filing Primary - Original

J3. In-Kind Donations Not Considered Contributions

Name of the Donor

Street Address

City

State

Zip Code

Donation Given by:

Description of Donation

Fair Market Value of
Donation

Individual

Business Entity

Sole Proprietorship

Date Received

Event #

Aggregate value for this event

Total of Section J3**II.EVENT ACTIVITY (Sections J1 - J4)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

Moise Carelus for Us

First Weekly Supplemental Filing Primary -
Original**J4. In-Kind Donations Not Considered Contributions Associated with a House Party**

Name of Host

Is this event supporting more than one candidate?

Yes

No

If yes, complete Itemization in
Addendum J4

Street Address

City

State

Zip Code

Description of Donation

Fair Market Value of
Donation

Event #

Aggregate value of this Event - all hosts

Aggregate value of all Events - this host/candidate

Total of Section J4

III. NONMONETARY RECEIPTS (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

Moise Carelus for Us

First Weekly Supplemental Filing Primary - Original

K. In-Kind Contributions

Name

Lore McCurdy

Street Address

72 Old Musket Rd

City

Glastonbury

State

CT

Zip Code

Is this contribution associated with an event reported in Section J1?

☒

Yes

☐

No

Description of In-Kind Contribution

drinks and appetizers

If yes, list Event# 07122026L

Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?

☐

Yes

☒

No

Is contributor a principal of a state contractor or prospective state contractor?

☐

Yes

☒

No

If yes, indicate which branch or branches of government the contract is with:

☐

Executive

☐

Legislative

Fair Market Value of this Contribution

Type of Contributor:

☒

Individual

☐

Committee

☐

Sole Proprietorship

Date Received

07/12/2026

Aggregate contributions

\$85.00

\$85.00

Total of Section K

\$85.00

III. Non Monetary Receipts (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

Moise Carelus for Us

First Weekly Supplemental Filing Primary - Original

L. Refundable Deposit to Telephone Company

Last Name of Individual

First Name

MI

Date Deposit Made

Residential Street Address

City

State

Zip Code

Amount of Deposit

Name of Telephone company

Street Address

City

State

Zip Code

Total of Section L

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Moise Carelus for Us	First Weekly Supplemental Filing Primary - Original
N. Expenses Paid By Committee	

Name of Payee CCM & Co		Date of Payment 07/10/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1022 Boulevard # 329		City West Hartford	State CT	Zip Code 06119
Purpose of Expendit PRNT	Description Printed Mailing cards			Amount \$3,060.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Moise Carelus for Us		Date of Payment 07/19/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1001 Hebron Ave		City Glastonbury	State CT	Zip Code 06033
Purpose of Expendit FOOD	Description Pizzas			Amount \$238.60
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event # 07192026S	

Total of Section N**\$3,298.60**

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT	
Moise Carelus for Us					First Weekly Supplemental Filing Primary - Original	
O. Expenses Paid By Candidate						
Name of Payee (Name of vendor who candidate paid directly)				Date of Payment		Is Reimbursement Claimed? Yes No
Street Address		City		State	Zip Code	Amount
Purpose of Expenditure (by code)	Description			Event #		
Total of Section O						

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT	
Moise Carelus for Us					First Weekly Supplemental Filing Primary - Original	
P. Expenses Incurred on Committee Credit Card						
Name of Issuing Institution				Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☐ Other		
Name of Vendor					Date of Transaction	
Street Address			City		State	Zip Code
Purpose of Expenditure (by code)	Description				Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Yes No	Expenditure # (if applicable)	Event #		
If yes, assign an Expenditure # and complete Itemization in Addendum P						
Total of Section P						

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Moise Carelus for Us				First Weekly Supplemental Filing Primary - Original	
Q. Expenses Incurred By Committee but Not Paid During this Period					
Name of Creditor				Date Incurred	
Street Address			City	State	Zip Code
Purpose of Expenditure (by code)	Description				Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No If yes, assign an Expenditure # and completes Itemization in Addendum Q				Expenditure # (if applicable)	
Total of Section Q					

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Moise Carelus for Us	First Weekly Supplemental Filing Primary - Original
R. Itemization of Reimbursements and Secondary Payees	

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N: Check # Debit Card EFT
Name of Vendor Paid by Committee Worker/Consultant				
Street Address of Vendor		City	State	Zip Code
Purpose of Expenditure (by code)	Description			
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Yes No	Expenditure # (if applicable)	Event #	Amount
If yes, assign an Expenditure # and completes Itemization in Addendum R				
Total of Section R				

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Moise Carelus for Us	First Weekly Supplemental Filing Primary - Original
S. Surplus Distribution of Equipment and Furniture	
Name of Recipient	
Street Address	City
State	Zip Code
Description of Item	Original Purchase Amount of Item
Total of Section S	

Section J4. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT
J4. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum	
Event #	
Name of Candidate	

Section N. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT
N. Expenses Paid By Committee - Addendum	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

Section P. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT
P. Expenses Incurred on Committee Credit Card - Addendum	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

Section Q. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
Q. Expenses Incurred by Committee but Not Paid During this Period - Addendum	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

Section R. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
R. Itemization of Reimbursements and Secondary Payees - Addendum	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought