

SEEC FORM 23

Self-Funded Candidate's Expenditure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised January 2021



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TOWN AND CITY CLERK
BRISTOL, CT

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1. CANDIDATE NAME

First Susan	MI L	Last Tyler	Suffix
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2. CANDIDATE ADDRESS

Street Address 993 Hill Street	City Bristol	State CT	Zip Code 06010
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3. ELECTION DATE

(mm/dd/yyyy)
11/02/2021

4. OFFICE SOUGHT

City Council

5. DISTRICT NUMBER

(if applicable)

2

6. TYPE OF REPORT (Check One Box)

- January 10 7th day preceding primary 45 days following May election Supplemental Statement (Specify Type)
 April 10 30 days following primary 45 days following special election Primary Election
 July 10 7th day preceding election Amendment to (Specify Type of Report)
 October 10

7. PERIOD COVERED

Beginning Date

Ending Date

10/25/2021 through 12/31/2021

8. CERTIFICATION

I hereby certify and state, under penalties of false statement, that all of the information set forth on this Self-Funded Candidate's Expenditure Statement for the period covered is true, accurate and complete.

SIGNATURE OF CANDIDATE

Susan L. Tyler
PRINTED NAME OF CANDIDATE

11/10/2022
DATE (mm/dd/yyyy)

SUMMARY

	COLUMN A This Period	COLUMN B Aggregate
9. Expenditures Paid by Candidate (Section A - Page 2)	831.80	2,628.20
10. Expenditures Incurred by Candidate This Period but Not Paid (Section B - Page 3)	- 0 -	
11. Total Outstanding Expenditures Incurred by Candidate still Unpaid (Section B - Page 3)	- 0 -	

PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.

Detailed instructions for the SEEC Form 23 are available on the Commission website at www.ct.gov/seec or at the Commission's offices.

EXPENDITURES

NAME OF CANDIDATE						TYPE OF REPORT	
Susan L. Tyler						Jan 10	
A. Expenses Paid by Candidate							
Name of Payee						Amount	
Bristol Republican Town Committee						211.30	
Street Address				City		State	Zip Code
P.O. Box 1893				Bristol		CT	06010
Date of Payment		Purpose of Expenditure <small>(by code)</small>	Description			Is this expenditure coordinated with more than one candidate?	
12/27/21		A-DM	Mailer Support for 5 Mailers			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Section A. Addendum	
Name of Candidate <small>(if applicable)</small>				Office Sought			
Name of Payee						Amount	
Compu Mail						295.50	
Street Address				City		State	Zip Code
298 Captain Lewis Dr				Southington		CT	06489
Date of Payment		Purpose of Expenditure <small>(by code)</small>	Description			Is this expenditure coordinated with more than one candidate?	
12/27/21		A-Sign	30 Yard Signs			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Section A. Addendum	
Name of Candidate <small>(if applicable)</small>				Office Sought			
Name of Payee						Amount	
Compu Mail						310.00	
Street Address				City		State	Zip Code
298 Captain Lewis Dr				Southington		CT	06489
Date of Payment		Purpose of Expenditure <small>(by code)</small>	Description			Is this expenditure coordinated with more than one candidate?	
12/27/21		A-OTH	1,500 Palm Cards			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Section A. Addendum	
Name of Candidate <small>(if applicable)</small>				Office Sought			
Name of Payee						Amount	
Thomaston Savings Bank						15.00	
Street Address				City		State	Zip Code
Middle St.				Bristol		CT	06010
Date of Payment		Purpose of Expenditure <small>(by code)</small>	Description			Is this expenditure coordinated with more than one candidate?	
		MISC	Monthly Bank Charges			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Section A. Addendum	
Name of Candidate <small>(if applicable)</small>				Office Sought			
SUBTOTAL Section A - This Page						831.80	
TOTAL of additional Section A Pages						831.80	
TOTAL OF ALL EXPENSES PAID BY CANDIDATE <small>(Enter total on Line 9 of Cover Page)</small>						831.80	

