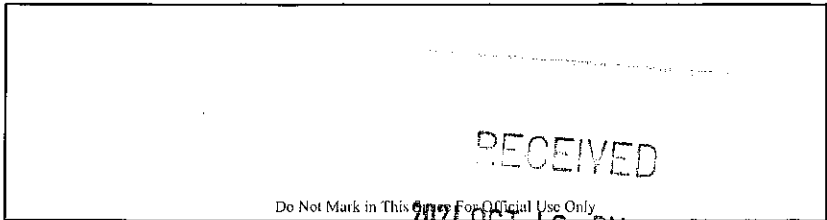


SEEC FORM 23

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



Do Not Mark in This Area For Official Use Only

COVER PAGE

Page 1 of 4

TOWN AND CITY CLERK
 BRISTOL, CT

1. CANDIDATE NAME			
First Susan	MI L	Last Tyler	Suffix
2. CANDIDATE ADDRESS			
Street Address 993 Hill Street	City Bristol	State CT	Zip Code 06010
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)

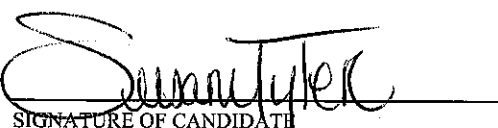
<input type="checkbox"/> January 10	<input type="checkbox"/> 7th day preceding primary	<input type="checkbox"/> 45 days following May election	<input type="checkbox"/> Supplemental Statement (Specify Type) ○ Primary ○ Election
<input type="checkbox"/> April 10	<input type="checkbox"/> 30 days following primary	<input type="checkbox"/> 45 days following special election	<input type="checkbox"/> Amendment to (Specify Type of Report)
<input type="checkbox"/> July 10	<input type="checkbox"/> 7th day preceding election		
<input checked="" type="checkbox"/> October 10			

7. PERIOD COVERED

Beginning Date	Ending Date
07/01/2021	09/30/2021

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.


Susan L. Tyler
10/12/2021
 SIGNATURE OF CANDIDATE
 PRINTED NAME OF CANDIDATE
DATE (mm/dd/yyyy)

SUMMARY		
	COLUMN A This Period	COLUMN B Aggregate
9. Expenditures Paid by Candidate (Section A - Page 2)	1,796.40	1,796.40
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.

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
 55 Farmington Ave · Hartford, Connecticut 06105

EXPENDITURES

NAME OF CANDIDATE						TYPE OF REPORT	
Susan L. Tyler							
A. Expenses Paid by Candidate							
Name of Payee						Amount	
Compu Mail						220.00	
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?	
07/06/2021	A-OTH	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	
June Schilling Graphic Designer						90.40	
Street Address				City		State	Zip Code
94 Emily Lane				Bristol		CT	06010
Date of Payment	Purpose of Expenditure <small>(by code)</small>	Description				Is this expenditure coordinated with more than one candidate?	
07/15/2021	A-OTH	Layout / Design Work				<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						230.00	
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?	
08/10/2021	A-OTH	1,000 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	
Compu Mail						1,256.00	
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?	
09/24/2021	A-OTH	180 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			
SUBTOTAL Section A - This Page						1,796.40	
TOTAL of additional Section A Pages						1,796.40	
TOTAL OF ALL EXPENSES PAID BY CANDIDATE <small>(Enter total on Line 9 of Cover Page)</small>						1,796.40	

NAME OF CANDIDATE				TYPE OF REPORT	
B. Expenses Incurred by Candidate this Period but Not Paid					
Name of Creditor				Amount Incurred	
Street Address			City	State	Zip Code
Date Incurred	Purpose of Expenditure <i>(by code)</i>	Description		Is this expenditure coordinated with more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section B. Addendum</i>	
Name of Candidate <i>(if applicable)</i>			Office Sought		
Name of Creditor				Amount Incurred	
Street Address			City	State	Zip Code
Date Incurred	Purpose of Expenditure <i>(by code)</i>	Description		Is this expenditure coordinated with more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section B. Addendum</i>	
Name of Candidate <i>(if applicable)</i>			Office Sought		
Name of Creditor				Amount Incurred	
Street Address			City	State	Zip Code
Date Incurred	Purpose of Expenditure <i>(by code)</i>	Description		Is this expenditure coordinated with more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section B. Addendum</i>	
Name of Candidate <i>(if applicable)</i>			Office Sought		
Name of Creditor				Amount Incurred	
Street Address			City	State	Zip Code
Date Incurred	Purpose of Expenditure <i>(by code)</i>	Description		Is this expenditure coordinated with more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section B. Addendum</i>	
Name of Candidate <i>(if applicable)</i>			Office Sought		
Name of Creditor				Amount Incurred	
Street Address			City	State	Zip Code
Date Incurred	Purpose of Expenditure <i>(by code)</i>	Description		Is this expenditure coordinated with more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section B. Addendum</i>	
Name of Candidate <i>(if applicable)</i>			Office Sought		
Name of Creditor				Amount Incurred	
Street Address			City	State	Zip Code
Date Incurred	Purpose of Expenditure <i>(by code)</i>	Description		Is this expenditure coordinated with more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section B. Addendum</i>	
Name of Candidate <i>(if applicable)</i>			Office Sought		
SUBTOTAL Section B - This Page					
TOTAL of additional Section B Pages					
TOTAL OF ALL EXPENSES INCURRED BY CANDIDATE DURING THIS PERIOD BUT NOT PAID				- 0 -	
Previous Reported Expenses Unpaid and Still Outstanding					
TOTAL OF ALL EXPENSES INCURRED BY CANDIDATE BUT NOT PAID				- 0 -	

EXPENDITURES

NAME OF CANDIDATE				TYPE OF REPORT	
C. Itemization of Reimbursements to Candidate Workers and Consultants					
Last Name of Worker/Consultant			First		MI
Secondary Payee				Amount	
Street Address		City		State	Zip Code
Date of Payment	Purpose of Expenditure <i>(by code)</i>	Description			Is this expenditure coordinated with more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Section C. Addendum
Name of Candidate <i>(if applicable)</i>			Office Sought		
Last Name of Worker/Consultant			First		MI
Secondary Payee				Amount	
Street Address		City		State	Zip Code
Date of Payment	Purpose of Expenditure <i>(by code)</i>	Description			Is this expenditure coordinated with more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Section C. Addendum
Name of Candidate <i>(if applicable)</i>			Office Sought		
Last Name of Worker/Consultant			First		MI
Secondary Payee				Amount	
Street Address		City		State	Zip Code
Date of Payment	Purpose of Expenditure <i>(by code)</i>	Description			Is this expenditure coordinated with more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Section C. Addendum
Name of Candidate <i>(if applicable)</i>			Office Sought		
Last Name of Worker/Consultant			First		MI
Secondary Payee				Amount	
Street Address		City		State	Zip Code
Date of Payment	Purpose of Expenditure <i>(by code)</i>	Description			Is this expenditure coordinated with more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Section C. Addendum
Name of Candidate <i>(if applicable)</i>			Office Sought		
SUBTOTAL Section C - This Page					
TOTAL of additional Section C Pages					
TOTAL OF ALL REMIBURSEMENTS TO CANDIDATE WORKERS AND CONSULTANTS				- 0 -	