260398

SEEC FORM 23

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

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COVER PAGE

1. CANDIDATE NAME

First	MI	Last	Suffix
THOMAS	J	TYLER	

2. CANDIDATE ADDRESS

Street Address	City	State	Zip Code
18 BRIDGE LANE	ENFIELD	CT	06082

3. ELECTION DATE (mm/dd/yyyy)	4. OFFICE SOUGHT	5. DISTRICT NUMBER (if applicable)
11/03/2026	CONNECTICUT HOUSE OF REPRESENTATIVES	DISTRICT 58

6. TYPE OF REPORT *(Check One Box)*

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

7. PERIOD COVERED

Beginning Date		Ending Date
04/01/2026	through	06/30/2026

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	PRINTED NAME OF CANDIDATE	DATE (mm/dd/yyyy)
Thomas J Tyler	THOMAS J TYLER	07/06/2026

SUMMARY

	COLUMN A This Period	COLUMN B Aggregate
9. Expenditures Paid by Candidate (Section A - Page 2)	20,182.16	20,534.16
10. Expenditures Incurred by Candidate This Period but Not Paid (Section B - Page 3)	NONE	
11. Total Outstanding Expenditures Incurred by Candidate still Unpaid (Section B - Page 3)	NONE	

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.

SEEC FORM 23

EXPENDITURES

NAME OF CANDIDATE	TYPE OF REPORT
THOMAS J TYLER	JULY 10

A. Expenses Paid by Candidate

Name of Payee	Amount
DSCC	500.00

Street Address	City	State	Zip Code
750 MAIN STREET	HARTFORD	CT	06103

Date of Payment	Purpose of Expenditure (by code)	Description	Is this expenditure coordinated with more than one candidate?
06/05/26	*MISC	CTVAN DATABASE	☐ Yes ☒ No

Name of Candidate *(if applicable)*	Office Sought

If yes, complete Section A. Addendum

Name of Payee	Amount
Hitchcock Printing	882.71

Street Address	City	State	Zip Code
19 JOHN DOWNEY DRIVE	NEW BRITAIN	CT	06051

Date of Payment	Purpose of Expenditure (by code)	Description	Is this expenditure coordinated with more than one candidate?
6/9/26	A-DM	DIRECT MAIL	☐ Yes ☒ No

Name of Candidate *(if applicable)*	Office Sought

If yes, complete Section A. Addendum

Name of Payee	Amount
Hitchcock Printing	833.78

Street Address	City	State	Zip Code
19 JOHN DOWNEY DRIVE	NEW BRITAIN	CT	06051

Date of Payment	Purpose of Expenditure (by code)	Description	Is this expenditure coordinated with more than one candidate?
6/9/26	A-DM	DIRECT MAIL	☐ Yes ☒ No

Name of Candidate *(if applicable)*	Office Sought

If yes, complete Section A. Addendum

Name of Payee	Amount
Hitchcock Printing	824.21

Street Address	City	State	Zip Code
19 JOHN DOWNEY DRIVE	NEW BRITAIN	CT	06051

Date of Payment	Purpose of Expenditure (by code)	Description	Is this expenditure coordinated with more than one candidate?
5/18/26	A-DM	DIRECT MAIL	☐ Yes ☒ No

Name of Candidate *(if applicable)*	Office Sought

If yes, complete Section A. Addendum

SUBTOTAL Section A - This Page	3,040.70
TOTAL of additional Section A Pages	17,141.46
TOTAL OF ALL EXPENSES PAID BY CANDIDATE *(Enter total on Line 9 of Cover Page)*	20,182.16

SFEC FORM 23

EXPENDITURES

NAME OF CANDIDATE	TYPE OF REPORT
THOMAS J TYLER	JULY 10

B. Expenses Incurred by Candidate this Period but Not Paid

Name of Creditor			Amount Incurred
NONE			
Street Address	City	State	Zip Code
Date Incurred	Purpose of Expenditure (by code)	Description	Is this expenditure coordinated with more than one candidate? ☐ Yes ☐ No *If yes, complete Section B. Addendum*
Name of Candidate *(if applicable)*	Office Sought		

Name of Creditor			Amount Incurred
Street Address	City	State	Zip Code
Date Incurred	Purpose of Expenditure (by code)	Description	Is this expenditure coordinated with more than one candidate? ☐ Yes ☐ No *If yes, complete Section B. Addendum*
Name of Candidate *(if applicable)*	Office Sought		

Name of Creditor			Amount Incurred
Street Address	City	State	Zip Code
Date Incurred	Purpose of Expenditure (by code)	Description	Is this expenditure coordinated with more than one candidate? ☐ Yes ☐ No *If yes, complete Section B. Addendum*
Name of Candidate *(if applicable)*	Office Sought		

Name of Creditor			Amount Incurred
Street Address	City	State	Zip Code
Date Incurred	Purpose of Expenditure (by code)	Description	Is this expenditure coordinated with more than one candidate? ☐ Yes ☐ No *If yes, complete Section B. Addendum*
Name of Candidate *(if applicable)*	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 *(Enter total on Line 10 of Cover Page)*	
Previous Reported Expenses Unpaid and Still Outstanding	
TOTAL OF ALL EXPENSES INCURRED BY CANDIDATE BUT NOT PAID *(Enter total on Line 11 of Cover Page)*	NONE

EXPENDITURES

NAME OF CANDIDATE	TYPE OF REPORT
THOMAS J TYLER	JULY 10

C. Itemization of Reimbursements to Candidate Workers and Consultants

Last Name of Worker/Consultant	First	MI
The Townsend Group Inc		

Secondary Payee	Amount
L2 INC	81.59

Street Address	City	State	Zip Code
5 SCHALKS CROSSING RD	PLAINSBORO	NJ	08536

Date of Payment	Purpose of Expenditure (by code)	Description	Is this expenditure coordinated with more than one candidate?
6/18/26	RCW	MAIL LIST	☐ Yes ☒ No

Name of Candidate *(if applicable)*	Office Sought	*If yes, complete Section C. Addendum*

Last Name of Worker/Consultant	First	MI
The Townsend Group Inc		

Secondary Payee	Amount
Texting For Less	238.38

Street Address	City	State	Zip Code
354 STATE ST	HACKENSACK	NJ	07601

Date of Payment	Purpose of Expenditure (by code)	Description	Is this expenditure coordinated with more than one candidate?
6/18/26	RCW	TEXT	☐ Yes ☒ No

Name of Candidate *(if applicable)*	Office Sought	*If yes, complete Section C. Addendum*

Last Name of Worker/Consultant	First	MI
The Townsend Group Inc		

Secondary Payee	Amount
REBECCA DARLINGTON	500.00

Street Address	City	State	Zip Code
220 CABRINI BLVD	NEW YORK	NY	10033

Date of Payment	Purpose of Expenditure (by code)	Description	Is this expenditure coordinated with more than one candidate?
6/18/26	RCW	MAIL DESIGN	☐ Yes ☒ No

Name of Candidate *(if applicable)*	Office Sought	*If yes, complete Section C. Addendum*

SUBTOTAL Section C - This Page	819.97
TOTAL of additional Section C Pages	47.60
TOTAL OF ALL REMIBURSEMENTS TO CANDIDATE WORKERS AND CONSULTANTS	867.57

SEEC FORM 23

Section A. ADDITIONAL PAGE

NAME OF CANDIDATE	TYPE OF REPORT
THOMAS J TYLER	JULY 10

A. Expenses Paid by Candidate

Name of Payee	Amount
Hitchcock Printing	834.99

Street Address	City	State	Zip Code
19 JOHN DOWNEY DRIVE	NEW BRITAIN	CT	06051

Date of Payment	Purpose of Expenditure (by code)	Description	Is this expenditure coordinated with more than one candidate?
5/18/26	RCW	A-DM DIRECT MAIL	☐ Yes ☒ No

Name of Candidate (if applicable)	Office Sought	If yes, complete Section A. Addendum

Name of Payee	Amount
Erin Stavens	550.00

Street Address	City	State	Zip Code
11 CHARTER ROAD	TOLLAND	CT	06084

Date of Payment	Purpose of Expenditure (by code)	Description	Is this expenditure coordinated with more than one candidate?
4/14/26	WEB	WEBSITE	☐ Yes ☒ No

Name of Candidate (if applicable)	Office Sought	If yes, complete Section A. Addendum

Name of Payee	Amount
TOWN OF ENFIELD	11.00

Street Address	City	State	Zip Code
820 ENFIELD STREET	ENFIELD	CT	06082

Date of Payment	Purpose of Expenditure (by code)	Description	Is this expenditure coordinated with more than one candidate?
6/16/26	PRNT	COPIES	☐ Yes ☒ No

Name of Candidate (if applicable)	Office Sought	If yes, complete Section A. Addendum

Name of Payee	Amount
Meyer Consulting LLC	2,511.96

Street Address	City	State	Zip Code
1409 HIGHLAND AVE	LOUISVILLE	KY	40204

Date of Payment	Purpose of Expenditure (by code)	Description	Is this expenditure coordinated with more than one candidate?
6/15/26	A-WEB	DIGITAL AD BANNER	☐ Yes ☒ No

Name of Candidate (if applicable)	Office Sought	If yes, complete Section A. Addendum

SUBTOTAL Section A - This Page	3,907.95

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Section A. ADDITIONAL PAGE

NAME OF CANDIDATE	TYPE OF REPORT
THOMAS J TYLER	JULY 10

A. Expenses Paid by Candidate

Name of Payee	Amount	Street Address	City	State	Zip Code	Date of Payment	Purpose of Expenditure (by code)	Description	Name of Candidate (if applicable)	Office Sought	Is this expenditure coordinated with more than one candidate?	If yes, complete Section A. Addendum
RUN!	576.45	651 N BROAD ST	MIDDLETOWN	DE	19709	6/11/26	WEB	WEBSITE			☐ Yes ☒ No	
Texting For Less	116.55	354 STATE ST	HACKENSACK	NJ	07601	6/26/26	A-WEB	TEXT			☐ Yes ☒ No	
The Blue Deal	1,319.01	2810 DORR AVE	FAIRFAX	VA	22003	6/22/26	A-SIGN	YARD SIGN			☐ Yes ☒ No	
The Lamar Companies	3,721.50	32 MIDLAND ST	WINDSOR	CT	06095	4/17/26	A-SIGN	BILLBOARD			☐ Yes ☒ No	

SUBTOTAL Section A - This Page	5,733.51

SEE FORM 23

Section A. ADDITIONAL PAGE

3 of 3

NAME OF CANDIDATE	TYPE OF REPORT
THOMAS J TYLER	JULY 10

A. Expenses Paid by Candidate

Name of Payee	Amount
The Townsend Group Inc	2,500.00

Street Address	City	State	Zip Code
220 CABRINI BLVD	NEW YORK	NY	10033

Date of Payment	Purpose of Expenditure (by code)	Description	Is this expenditure coordinated with more than one candidate?
4/12/26	CNSLT	CONSULTANT	☐ Yes ☒ No

Name of Candidate (if applicable)	Office Sought	If yes, complete Section A. Addendum

Name of Payee	Amount
The Townsend Group Inc	2,500.00

Street Address	City	State	Zip Code
220 CABRINI BLVD	NEW YORK	NY	10033

Date of Payment	Purpose of Expenditure (by code)	Description	Is this expenditure coordinated with more than one candidate?
4/30/26	CNSLT	CONSULTANT	☐ Yes ☒ No

Name of Candidate (if applicable)	Office Sought	If yes, complete Section A. Addendum

Name of Payee	Amount
The Townsend Group Inc	2,500.00

Street Address	City	State	Zip Code
220 CABRINI BLVD	NEW YORK	NY	10033

Date of Payment	Purpose of Expenditure (by code)	Description	Is this expenditure coordinated with more than one candidate?
5/29/26	CNSLT	CONSULTANT	☐ Yes ☒ No

Name of Candidate (if applicable)	Office Sought	If yes, complete Section A. Addendum

Name of Payee	Amount

Street Address	City	State	Zip Code

Date of Payment	Purpose of Expenditure (by code)	Description	Is this expenditure coordinated with more than one candidate?
			☐ Yes ☐ No

Name of Candidate (if applicable)	Office Sought	If yes, complete Section A. Addendum

SUBTOTAL Section A - This Page	7,500.00

SEEC FORM 23

Section C. ADDITIONAL PAGE

1 of 1

NAME OF CANDIDATE	TYPE OF REPORT
THOMAS J TYLER	JULY 10

C. Itemization of Reimbursements to Candidate Workers and Consultants

Last Name of Worker/Consultant	First	MI
LONGHI	LORI	

Secondary Payee	Amount
WALMART	47.60

Street Address	City	State	Zip Code
44 PROSPECT HILL RD	EAST WINDSOR	CT	06088

Date of Payment	Purpose of Expenditure (by code)	Description	Is this expenditure coordinated with more than one candidate?
5/15/26	OFFICE	SUPPLIES	☐ Yes ☐ No *If yes, complete Section C. Addendum*

Name of Candidate *(if applicable)*	Office Sought

Last Name of Worker/Consultant	First	MI

Secondary Payee	Amount

Street Address	City	State	Zip Code

Date of Payment	Purpose of Expenditure (by code)	Description	Is this expenditure coordinated with more than one candidate?
			☐ Yes ☐ No *If yes, complete Section C. Addendum*

Name of Candidate *(if applicable)*	Office Sought

Last Name of Worker/Consultant	First	MI

Secondary Payee	Amount

Street Address	City	State	Zip Code

Date of Payment	Purpose of Expenditure (by code)	Description	Is this expenditure coordinated with more than one candidate?
			☐ Yes ☐ No *If yes, complete Section C. Addendum*

Name of Candidate *(if applicable)*	Office Sought

SUBTOTAL Section C - This Page	47.60