260502

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: JULY 22 2026 through Ending Date: JULY 28 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.

Thomas J. Tyler
SIGNATURE OF CANDIDATE

THOMAS J TYLER
PRINTED NAME OF CANDIDATE

07/29/2026
DATE (mm/dd/yyyy)

SUMMARY

	COLUMN A This Period	COLUMN B Aggregate
9. Expenditures Paid by Candidate (Section A - Page 2)	NONE	22,677.43
10. Expenditures Incurred by Candidate This Period but Not Paid (Section B - Page 3)	1.00	
11. Total Outstanding Expenditures Incurred by Candidate still Unpaid (Section B - Page 3)	1.00	

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
THOMAS J TYLER	WEEKLY PRIMARY

A. Expenses Paid by Candidate

Name of Payee: NONE					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 A. Addendum*
Name of Candidate *(if applicable)*			Office Sought		
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 *If yes, complete Section A. Addendum*
Name of Candidate *(if applicable)*			Office Sought		
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 *If yes, complete Section A. Addendum*
Name of Candidate *(if applicable)*			Office Sought		
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 *If yes, complete Section A. Addendum*
Name of Candidate *(if applicable)*			Office Sought		

SUBTOTAL Section A - This Page	NONE
TOTAL of additional Section A Pages	NONE
TOTAL OF ALL EXPENSES PAID BY CANDIDATE *(Enter total on Line 9 of Cover Page)*	NONE

EXPENDITURES

NAME OF CANDIDATE	TYPE OF REPORT
THOMAS J TYLER	WEEKLY PRIMARY

B. Expenses Incurred by Candidate this Period but Not Paid

Name of Creditor			Amount Incurred
THE CAMPAIGN IS INVOLVED IN LITIGATION CURRENTLY UNDER APPEAL (SANTANELLA, JOHN V. JEREZ, BETH AT AL) CERTAIN LEGAL EXPENSES HAVE BEEN INCURRED THE TOTAL OF WHICH AND FINAL OBLIGATION IS UNKNOWN.			1.00
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	1.00
TOTAL of additional Section B Pages	NONE
TOTAL OF ALL EXPENSES INCURRED BY CANDIDATE DURING THIS PERIOD BUT NOT PAID *(Enter total on Line 10 of Cover Page)*	1.00
Previous Reported Expenses Unpaid and Still Outstanding	1.00
TOTAL OF ALL EXPENSES INCURRED BY CANDIDATE BUT NOT PAID *(Enter total on Line 11 of Cover Page)*	1.00