SEEC FORM 21

Short Form Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/07

Electronic Filing

Office Use Only

1.NAME OF COMMITTEE

Tiffani for West Hartford

2. TREASURER NAME

Title	First	MI	Last	Suffix
	Ian	**L**	**Polun**	

3. TREASURER ADDRESS

Street Address	City	State	Zip Code
8 Mohegan Dr	**West Hartford**	**CT**	**06117**

4. ELECTION DATE	5. OFFICE SOUGHT *(if applicable)*	6. DISTRICT CODE *(if applicable)*
11/03/2026	**State Representative**	**R018**

7. CANDIDATE NAME

Title	First	MI	Last	Suffix
	Tiffani		**McGinnis**	

8. TYPE OF REPORT

January 10 Filing - Original

9. PERIOD COVERED

Beginning Date		Ending Date
12/20/2025	thru	**12/31/2025**

10. CERTIFICATION

☑ I hereby certify and state, under penalties of false statement, that the committee named above, did not receive contributions or other funds, or make or incur expenditures in excess of $1000 for the period covered by this Short Form Campaign Finance Disclosure Statement.

Electronic Filing	**Ian Polun**	**01/03/2026 4:29:17PM**
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED

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