

SEEC FORM 2

STATE ELECTIONS ENFORCEMENT COMMISSION

Party Committee Registration

Revised January 2016



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Page 1 of 3

REGISTRATION TYPE		1. COMMITTEE NAME			2. ACRONYM	
☒ Initial ☐ Amendment		Independent Party New Haven Town Committee			IPNHTC	
3. SUBTYPE OF COMMITTEE			4. PARTY AFFILIATION			
☒ Town Committee ☐ State Central Committee			☐ Republican ☐ Democrat ☒ Other (Specify) Independent Party			
5. COMMITTEE ADDRESS				6. COMMITTEE EMAIL & WEBSITE		
Address 38 Howard Ave				Email Address newhavenindependents@gmail.com		
City New Haven		State CT	Zip Code 06519	Website		
7. CHAIRPERSON NAME						
First Name Nickelle		MI	Last Name Cooper		Suffix	
8. CHAIRPERSON RESIDENCE ADDRESS			9. CHAIRPERSON MAILING ADDRESS (If different)			
Street Address 44 Orange St # 203			Address			
City New Haven		State CT	Zip Code 06510	City	State Zip Code	
10. CHAIRPERSON TELEPHONE			11. CHAIRPERSON EMAIL ADDRESS			
(Include Area Code) 203 676 0753			nickellecooper1970@gmail.com			
12. TREASURER NAME						
First Name Maverick		MI	Last Name Jacobs		Suffix	
13. TREASURER RESIDENCE ADDRESS			14. TREASURER MAILING ADDRESS (If different)			
Street Address 14 Fountain St			Address 364 Dixwell Ave			
City New Haven		State CT	Zip Code 06515	City New Haven	State Zip Code CT 06511	
15. TREASURER TELEPHONE			16. TREASURER EMAIL ADDRESS			
(Include Area Code) 203 868 6482			mbcmavijay@gmail.com			
17. DEPUTY TREASURER NAME						
First Name Jason		MI W	Last Name Bartlett		Suffix	
18. DEPUTY TREASURER RESIDENCE ADDRESS			19. DEPUTY TREASURER MAILING ADDRESS (If different)			
Street Address 38 Howard Ave			Address			
City New Haven		State CT	Zip Code 06519	City	State Zip Code	
20. DEPUTY TREASURER TELEPHONE			21. DEPUTY TREASURER EMAIL ADDRESS			
(Include Area Code) 475 201 4295			jasonwbartlett@gmail.com			

Making a false statement on this form may subject you to criminal penalties, including but not limited to, imprisonment for up to one year or a fine of up to two thousand dollars, or both.

SEEC FORM 2

Revised January 2016

Page 2 of 3

REGISTRATION TYPE	COMMITTEE NAME				
☒ Initial ☐ Amendment	Independent Party New Haven Town Committee				
22. ALTERNATE DEPUTY TREASURER NAME <i>(State Central Committees ONLY)</i>					
First Name	MI	Last Name			Suffix
23. ALTERNATE DEPUTY TREASURER RESIDENCE ADDRESS			24. ALTERNATE DEPUTY TREASURER MAILING ADDRESS <i>(If different)</i>		
Street Address			Address		
City	State	Zip Code	City	State	Zip Code
25. ALTERNATE DEPUTY TREASURER TELEPHONE		26. ALTERNATE DEPUTY TREASURER EMAIL ADDRESS			
<i>(Include Area Code)</i>					
27. DEPOSITORY INSTITUTION NAME					
TD Bank					
28. DEPOSITORY INSTITUTION ADDRESS					
Address 994 Chapel St. New Haven, CT 06510					
29. CERTIFICATION					
Chairperson					
I hereby certify and state, under penalties of false statement, that all of the designations set forth in this party committee registration statement are true and accurate to the best of my knowledge and belief, and further, that this statement includes my certification to the fact that any individual designated herein to serve as the treasurer or deputy treasurer have indicated to me their acceptance of my appointment to such position.					
Nickelle Cooper			09/18/2025		
CHAIRPERSON SIGNATURE			DATE (mm/dd/yyyy)		
Treasurer					
I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the designated Treasurer of this party committee. I certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance registration and disclosure requirements as contained in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.					
I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.					
I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statutes, or that at least eight years have elapsed from the date of the conviction or plea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to another such felony or offense.					
I certify that I am not otherwise barred from serving as a treasurer by order of the State Elections Enforcement Commission.					
Maverick Jacobs			09/18/2025		
TREASURER SIGNATURE			DATE (mm/dd/yyyy)		

SEEC FORM 2

Revised January 2016

Page 3 of 3

REGISTRATION TYPE	COMMITTEE NAME
☒ Initial ☐ Amendment	Independent Party New Haven Town Committee

29. CERTIFICATION *continued*

Deputy Treasurer

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the designated Deputy Treasurer of this party committee, and I understand and accept that, in the event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall automatically become responsible for discharging all of the duties required of the vacating treasurer. In the event I am the deputy treasurer of a state central committee which has appointed an alternate deputy treasurer and there is a vacancy in treasurer, I shall automatically become jointly and severally responsible with the state central committee's other deputy treasurer for discharging all of the duties required of the vacating treasurer. I certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance registration and disclosure requirements as contained in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.

I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statutes, or that at least eight years have elapsed from the date of the conviction or plea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to another such felony or offense.

I certify that I am not otherwise barred from serving as a deputy treasurer by order of the State Elections Enforcement Commission.

Jason W Bartlett

DEPUTY TREASURER SIGNATURE

09/18/2025

DATE (mm/dd/yyyy)

Alternate Deputy Treasurer—*State Central Committees ONLY*

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the designated Alternate Deputy Treasurer of this party committee, and I understand and accept that, in the event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall automatically become jointly and severally responsible with the state central committee's other deputy treasurer for discharging all of the duties required of the vacating treasurer. I certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance registration and disclosure requirements as contained in Chapter 155 through 157 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.

I certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent jurisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statutes, or that at least eight years have elapsed from the date of the conviction or plea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to another such felony or offense.

I certify that I am not otherwise barred from serving as a deputy treasurer by order of the State Elections Enforcement Commission.

ALTERNATE DEPUTY TREASURER SIGNATURE—*State Central Committees ONLY*

DATE (mm/dd/yyyy)