

SEEC FORM 2

STATE ELECTIONS ENFORCEMENT COMMISSION

Party Committee Registration

Revised January 2016



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REGISTRATION TYPE <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment		1. COMMITTEE NAME Independent Party New Haven Town Committee				2. ACRONYM IPNHTC	
3. SUBTYPE OF COMMITTEE <input checked="" type="checkbox"/> Town Committee <input type="checkbox"/> State Central Committee			4. PARTY AFFILIATION <input type="checkbox"/> Republican <input type="checkbox"/> Democrat <input checked="" type="checkbox"/> Other (<i>Specify</i>) 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 (<i>If different</i>)			
Street Address 44 Orange St # 203				Address			
City New Haven		State CT	Zip Code 06510		City	State Zip Code	
10. CHAIRPERSON TELEPHONE <i>(Include Area Code)</i> 203 676 0753			11. CHAIRPERSON EMAIL ADDRESS nickellecooper1970@gmail.com				
12. TREASURER NAME							
First Name Maverick		MI	Last Name Jacobs		Suffix		
13. TREASURER RESIDENCE ADDRESS				14. TREASURER MAILING ADDRESS (<i>If different</i>)			
Street Address 14 Fountain St				Address 364 Dixwell Ave			
City New Haven		State CT	Zip Code 06515		City New Haven	State CT Zip Code 06511	
15. TREASURER TELEPHONE <i>(Include Area Code)</i> 203 868 6482			16. TREASURER EMAIL ADDRESS 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 (<i>If different</i>)			
Street Address 38 Howard Ave				Address			
City New Haven		State CT	Zip Code 06519		City	State Zip Code	
20. DEPUTY TREASURER TELEPHONE <i>(Include Area Code)</i> 475 201 4295			21. DEPUTY TREASURER EMAIL ADDRESS 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.

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REGISTRATION TYPE		COMMITTEE NAME			
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> 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 <i>(Include Area Code)</i>		26. ALTERNATE DEPUTY TREASURER EMAIL ADDRESS			
27. DEPOSITORY INSTITUTION NAME					
TD Bank					
28. DEPOSITORY INSTITUTION ADDRESS					
Address 994 Chapel St. New Haven, CT 06510					
29. CERTIFICATION					
Chairperson					
<p>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.</p>					
Nickelle Cooper			09/18/2025		
CHAIRPERSON SIGNATURE			DATE (mm/dd/yyyy)		
Treasurer					
<p>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.</p> <p>I certify that I have paid any civil penalties or forfeitures assessed pursuant to Chapters 155 to 157, inclusive.</p> <p>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.</p> <p>I certify that I am not otherwise barred from serving as a treasurer by order of the State Elections Enforcement Commission.</p>					
Maverick Jacobs			09/18/2025		
TREASURER SIGNATURE			DATE (mm/dd/yyyy)		

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REGISTRATION TYPE	COMMITTEE NAME
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> 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)