

SEEC FORM 2

STATE ELECTIONS ENFORCEMENT COMMISSION

Party Committee Registration

Revised January 2016



Page 1 of 3

Received by SEEC

04/04/2026 03:55 PM

REGISTRATION TYPE <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment		1. COMMITTEE NAME North Haven Democratic Town Committee			2. ACRONYM NHDTCT	
3. SUBTYPE OF COMMITTEE <input checked="" type="checkbox"/> Town Committee <input type="checkbox"/> State Central Committee			4. PARTY AFFILIATION <input type="checkbox"/> Republican <input checked="" type="checkbox"/> Democrat <input type="checkbox"/> Other (Specify) _____			
5. COMMITTEE ADDRESS			6. COMMITTEE EMAIL & WEBSITE			
Address 18 Renee Ln			Email Address info@northhavendemocrats.com			
City North Haven		State CT	Zip Code 06473	Website northhavendemocrats.com		
7. CHAIRPERSON NAME						
First Name Timothy		MI J	Last Name Gabriele		Suffix	
8. CHAIRPERSON RESIDENCE ADDRESS			9. CHAIRPERSON MAILING ADDRESS (If different)			
Street Address 18 Renee Ln			Address			
City North Haven		State CT	Zip Code 06473	City	State Zip Code	
10. CHAIRPERSON TELEPHONE (Include Area Code) 845 705 9788			11. CHAIRPERSON EMAIL ADDRESS timh.gabriele@gmail.com			
12. TREASURER NAME						
First Name Lisa		MI A	Last Name Leamon		Suffix	
13. TREASURER RESIDENCE ADDRESS			14. TREASURER MAILING ADDRESS (If different)			
Street Address 11 Justine Dr			Address			
City North Haven		State CT	Zip Code 06473	City	State Zip Code	
15. TREASURER TELEPHONE (Include Area Code) 203 671 4731			16. TREASURER EMAIL ADDRESS lisal47@yahoo.com			
17. DEPUTY TREASURER NAME						
First Name JENNIFER		MI	Last Name GRAVES		Suffix	
18. DEPUTY TREASURER RESIDENCE ADDRESS			19. DEPUTY TREASURER MAILING ADDRESS (If different)			
Street Address 22 George St			Address			
City North Haven		State CT	Zip Code 06473	City	State Zip Code	
20. DEPUTY TREASURER TELEPHONE (Include Area Code) 203 915 3201			21. DEPUTY TREASURER EMAIL ADDRESS jenn.m.graves@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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Page 2 of 3

REGISTRATION TYPE		COMMITTEE NAME			
<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment		North Haven Democratic 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					
Liberty Bank					
28. DEPOSITORY INSTITUTION ADDRESS					
Address 174 Washington Avenue, North Haven, CT 06473					
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>					
Timothy J Gabriele			04/04/2026		
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>					
Lisa A Leamon			03/31/2026		
TREASURER SIGNATURE			DATE (mm/dd/yyyy)		

