



SEEC FORM 3

Political Committee (PAC) Registration
STATE ELECTIONS ENFORCEMENT COMMISSION
Revised 2024

Received by SEEC

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REGISTRATION TYPE

- Original
- Amendment/
Biennial with Changes

1. NAME OF COMMITTEE				2. ACRONYM	
M.D. Political Action Committee				M.D. PAC	
3. COMMITTEE ADDRESS			4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE		
Address PO Box 185806			Email		
City Hamden	State CT	Zip Code 06518-0	Website		
6. CHAIRPERSON NAME					
First Name Michael	MI F	Last Name Saffir		Suffix	
7. CHAIRPERSON RESIDENCE ADDRESS			8. CHAIRPERSON MAILING ADDRESS (If different)		
Street Address 14 Miller Rd			Address		
City Bethany	State CT	Zip Code 06524	City	State	Zip Code
9. CHAIRPERSON TELEPHONE		10. CHAIRPERSON E-MAIL ADDRESS			
(Include Area Code) 203 393 1118		msaffir@csms.org			
11. TREASURER NAME					
First Name David	MI K	Last Name Emmel		Suffix MD	
12. TREASURER RESIDENCE ADDRESS			13. TREASURER MAILING ADDRESS (If different)		
Street Address 28 Henderson Dr			Address		
City Avon	State CT	Zip Code 06001	City	State	Zip Code
14. TREASURER TELEPHONE		15. TREASURER E-MAIL ADDRESS			
(Include Area Code) 860 721 8960		emmeldk@comcast.net			
16. DEPUTY TREASURER NAME					
First Name	MI	Last Name		Suffix	
17. DEPUTY TREASURER RESIDENCE ADDRESS			18. DEPUTY TREASURER MAILING ADDRESS (If different)		
Street Address			Address		
City	State	Zip Code	City	State	Zip Code
19. DEPUTY TREASURER TELEPHONE		20. DEPUTY TREASURER E-MAIL ADDRESS			
(Include Area Code)					
21. DEPOSITORY INSTITUTION NAME					
Merrill Lynch					
22. DEPOSITORY INSTITUTION ADDRESS					
Address 185 Asylum Street, 14th Floor, Hartford, CT 061			City	State	Zip Code

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.

NAME OF COMMITTEE		REGISTRATION TYPE	
M.D. Political Action Committee		<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes	
23. OFFICER NAME		TITLE OR POSITION	
Michael	M Krinsky	Board Member	
OFFICER RESIDENCE ADDRESS			
Address	16 Watson Dr	City	West Simsbury
		State	CT
		Zip Code	06092
23A. OFFICER NAME		TITLE OR POSITION	
Donald	D Timmerman	Board Member	
OFFICER RESIDENCE ADDRESS			
Address	1817 Main St	City	Glastonbury
		State	CT
		Zip Code	06033
23B. OFFICER NAME		TITLE OR POSITION	
James	A Ouellette	Board Member	
OFFICER RESIDENCE ADDRESS			
Address	7 Hickory Ct	City	Colchester
		State	CT
		Zip Code	06415
23C. OFFICER NAME		TITLE OR POSITION	
Mahmoud	S Okasha	Board Member	
OFFICER RESIDENCE ADDRESS			
Address	39B River Rd	City	Essex
		State	CT
		Zip Code	06426
23D. OFFICER NAME		TITLE OR POSITION	
Jeffrey	A Gordon	Board Member	
OFFICER RESIDENCE ADDRESS			
Address	39 May Brook Rd	City	Woodstock
		State	CT
		Zip Code	06281
23E. OFFICER NAME		TITLE OR POSITION	
Robert	D Russo	Board Member	
OFFICER RESIDENCE ADDRESS			
Address	1475 Fairfield Beach Rd	City	Fairfield
		State	CT
		Zip Code	06824
23F. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address		City	
		State	
		Zip Code	
23G. OFFICER NAME		TITLE OR POSITION	
OFFICER RESIDENCE ADDRESS			
Address		City	
		State	
		Zip Code	

NAME OF COMMITTEE		REGISTRATION TYPE	
M.D. Political Action Committee		<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes	
24. COMMITTEE SUBTYPE (Select a single committee subtype under A or B. If you check B, you must also check one of four caucus subtypes)			
A. <input type="radio"/> Two or More Individuals <input type="radio"/> Labor Union <input type="radio"/> Two or More Committees (Event(s)) <input type="radio"/> Other Organization <input checked="" type="radio"/> Business Entity <input type="radio"/> Legislative Leadership		B. <input type="checkbox"/> Legislative Caucus (Select subtype) <input type="radio"/> Senate Democrats <input type="radio"/> House Democrats <input type="radio"/> Senate Republicans <input type="radio"/> House Republicans	
25. PURPOSE OF COMMITTEE (Select a single committee purpose under A or B and applicable subtype)			
A. <input checked="" type="radio"/> Ongoing (Select subtype) <input type="radio"/> State Elections Only <input type="radio"/> Municipal Elections Only <input checked="" type="radio"/> Both		B. <input type="radio"/> Durational (Select subtype) <input type="radio"/> Single Election Date _____ <input type="radio"/> Single Referendum Date _____ <input type="radio"/> Single Primary Date _____ <input type="radio"/> Constitutional Amendment Date _____ <input type="radio"/> Single Candidate <input type="radio"/> Event(s) (Names of Participating Committees) _____ <input type="radio"/> Political Slate Committee _____	
26. REFERENDUM QUESTION OR CONSTITUTIONAL AMENDMENT ONLY		27. GROUP'S POSITION ON THE REFERENDUM QUESTION OR CONSTITUTIONAL AMENDMENT	
Brief description of subject matter of Referendum Question or Constitutional Amendment		<input type="radio"/> Support <input type="radio"/> Oppose	
28. DURATIONAL COMMITTEE FORMED FOR SINGLE OR MULTIPLE CANDIDATES ONLY <input type="checkbox"/> See Addendum			
Position <input type="radio"/> Support <input type="radio"/> Oppose	Name of Candidate(s)	Office(s) Sought	Party Designation
29. COMMITTEES ESTABLISHED BY BUSINESS ENTITY, LABOR UNION OR OTHER MEMBERSHIP ASSOCIATION ONLY			
Entity Name	Address	City	State Zip Code
CT State Medical Society (CSMS)	127 Washington Ave	North Haven	CT 06470
29a. IF THE COMMITTEE IS ESTABLISHED BY A PERSON OTHER THAN A HUMAN BEING, IS THAT PERSON MAKING THE EXPENDITURE A FOREIGN NATIONAL?			
<input checked="" type="radio"/> No <input type="radio"/> Yes			
30. HOW WILL FUNDS BE RECEIVED?		31. COMMITTEE A COMPONENT MEMBER OF A STATEWIDE ENTITY	
Committees formed by a Labor Union or Other Organization ONLY <input type="radio"/> Treasury <input type="radio"/> Voluntary Member Contributions		(i.e. AFL-CIO, AFSCME, CBIA, etc.) <input checked="" type="radio"/> No <input type="radio"/> Yes (Name & Address) _____	
32. IS COMMITTEE ESTABLISHED OR CONTROLLED BY A REGISTERED LOBBYIST? <input type="checkbox"/> See Addendum			
<input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, Name of Registered Lobbyist _____		<input type="radio"/> Client Lobbyist <input type="radio"/> Communicator Lobbyist <input type="radio"/> Both	
33. IS COMMITTEE ESTABLISHED BY AN ELECTED STATEWIDE OFFICIAL, GENERAL ASSEMBLY MEMBER OR AGENT THEREOF?			
<input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, Name of Official Member _____		<input type="checkbox"/> See Addendum	
34. IS COMMITTEE ESTABLISHED FOR A SENATORIAL DISTRICT ?		35. IS COMMITTEE ESTABLISHED FOR AN ASSEMBLY DISTRICT?	
<input type="radio"/> No <input type="radio"/> Yes If Yes, District Number _____		<input type="radio"/> No <input type="radio"/> Yes If Yes, District Number _____	

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M.D. Political Action Committee	<input type="radio"/> Original <input checked="" type="radio"/> Amendment/ Biennial with Changes

41. CERTIFICATION *continued*

Deputy Treasurer

Initial Committee Registration: 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 political committee. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

Amended Committee Registration: 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 political committee. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

Biennial Committee Re-Registration: 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 political committee. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures. I further hereby certify and state, under penalties of false statement, that all of the designations set forth in this political committee registration statement are true, accurate and complete to the best of my knowledge and belief.

DEPUTY TREASURER SIGNATURE

DATE (mm/dd/yyyy)

42. CERTIFICATION FOR LEGISLATIVE LEADERSHIP COMMITTEES ONLY

Legislative Leader

I hereby certify and state, under penalties of false statement, that this political committee has been designated by me, a General Assembly Leader, as a Legislative Leadership Committee, in accordance with Section 9-605(e)(3) of the Connecticut General Statutes.

LEGISLATIVE LEADER SIGNATURE

DATE (mm/dd/yyyy)

ADDITIONAL PAGES FOR SEEC FORM 3

If additional pages are needed to complete all information required in Sections 23, 27, 31, 32, 37 and 39 of the form, please reproduce the "Additional Page" for the appropriate section, and attach the page(s) to the SEEC Form 3.