SEEC FORM 3

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

Received by SEEC

11/06/2024 04:56 PM

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	○ Original ◉ Amendment/ Biennial with Changes

23. OFFICER NAME			TITLE OR POSITION
Michael	M	Krinsky	Board Member

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
16 Watson Dr	West Simsbury	CT	06092

23A. OFFICER NAME			TITLE OR POSITION
Donald	D	Timmerman	Board Member

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
1817 Main St	Glastonbury	CT	06033

23B. OFFICER NAME			TITLE OR POSITION
James	A	Ouellette	Board Member

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
7 Hickory Ct	Colchester	CT	06415

23C. OFFICER NAME			TITLE OR POSITION
Mahmoud	S	Okasha	Board Member

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
39B River Rd	Essex	CT	06426

23D. OFFICER NAME			TITLE OR POSITION
Jeffrey	A	Gordon	Board Member

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
39 May Brook Rd	Woodstock	CT	06281

23E. OFFICER NAME			TITLE OR POSITION
Robert	D	Russo	Board Member

OFFICER RESIDENCE ADDRESS			
Address	City	State	Zip Code
1475 Fairfield Beach Rd	Fairfield	CT	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	○ Original ◉ 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. ○ Two or More Individuals ○ Two or More Committees (*Event(s)*) ◉ Business Entity ○ Labor Union ○ Other Organization ○ Legislative Leadership

B. ☐ Legislative Caucus *(Select subtype)* ○ Senate Democrats ○ House Democrats ○ Senate Republicans ○ House Republicans

25. PURPOSE OF COMMITTEE *(Select a single committee purpose under A or B and applicable subtype)*

A. ◉ **Ongoing** *(Select subtype)* ○ State Elections Only ○ Municipal Elections Only ◉ Both

B. ○ **Durational** *(Select subtype)* ○ Single Election Date _____ ○ Single Referendum Date _____ ○ Single Primary Date _____ ○ Constitutional Amendment Date _____ ○ Single Candidate ○ Event(s) *(Names of Participating Committees)* _____ ○ Political Slate Committee _____

26. REFERENDUM QUESTION OR CONSTITUTIONAL AMENDMENT ONLY

Brief description of subject matter of Referendum Question or Constitutional Amendment

27. GROUP'S POSITION ON THE REFERENDUM QUESTION or CONSTITUTIONAL AMENDMENT

○ Support ○ Oppose

28. DURATIONAL COMMITTEE FORMED FOR SINGLE OR MULTIPLE CANDIDATES ONLY ☐ *See Addendum*

Position	Name of Candidate(s)	Office(s) Sought	Party Designation
○ Support ○ Oppose			

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	0647

29a. IF THE COMMITTEE IS ESTABLISHED BY A PERSON OTHER THAN A HUMAN BEING, IS THAT PERSON MAKING THE EXPENDITURE A FOREIGN NATIONAL?

◉ No ○ Yes

30. HOW WILL FUNDS BE RECEIVED?

Committees formed by a Labor Union or Other Organization ONLY

○ Treasury ○ Voluntary Member Contributions

31. COMMITTEE A COMPONENT MEMBER OF A STATEWIDE ENTITY

(i.e. AFL-CIO, AFSCME, CBIA, etc.) ◉ No ○ Yes *(Name & Address)* _____

32. IS COMMITTEE ESTABLISHED OR CONTROLLED BY A REGISTERED LOBBYIST? ☐ *See Addendum*

◉ No ○ Yes If Yes, Name of Registered Lobbyist _____ ○ Client Lobbyist ○ Communicator Lobbyist ○ Both

33. IS COMMITTEE ESTABLISHED BY AN ELECTED STATEWIDE OFFICIAL, GENERAL ASSEMBLY MEMBER OR AGENT THEREOF?

◉ No ○ Yes If Yes, Name of Official Member _____ ☐ *See Addendum*

34. IS COMMITTEE ESTABLISHED FOR A SENATORIAL DISTRICT ?

○ No ○ Yes If Yes, District Number _____

35. IS COMMITTEE ESTABLISHED FOR AN ASSEMBLY DISTRICT?

○ No ○ Yes If Yes, District Number _____

NAME OF COMMITTEE	REGISTRATION TYPE
M.D. Political Action Committee	○ Original ◉ Amendment/ Biennial with Changes

36. DOES COMMITTEE FILE REPORTS WITH FEDERAL ELECTION COMMISSION OR ANY OUT-OF-STATE ELECTIONS AGENCY?

◉ No ○ Yes If Yes, Name of Agency

37. HAS A CONTRIBUTION OR DISBURSEMENT BEEN MADE PRIOR TO THIS REGISTRATION STATEMENT?

○ No ○ Yes If Yes, see instructions for additional filing requirements.

38. IS COMMITTEE ESTABLISHED BY OR ON BEHALF OF A STATE CONTRACTOR OR PRINCIPAL OF A STATE CONTRACTOR?

◉ No ○ Yes If Yes, Name of Contractor or Principal ☐ *See Addendum*

39. PURPOSE OF COMMITTEE AS TO STATEWIDE & GENERAL ASSEMBLY CANDIDATES

A. Is this Political Committee authorized to make contributions or expenditures to or for the benefit of candidates for Statewide Office?

○ No ◉ Yes

B. Is this Political Committee authorized to make contributions or expenditures to or for the benefit of candidates for General Assembly?

○ No ◉ Yes

40. IS COMMITTEE ESTABLISHED BY OR ON BEHALF OF A PRINCIPAL OF AN INVESTMENT SERVICES FIRM?

◉ No ○ Yes If Yes, Name of Principal ☐ *See Addendum*

41. CERTIFICATION

Chairperson

I 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, 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 of them to those positions.

Michael F Saffir — CHAIRPERSON SIGNATURE

01/04/2020 — DATE (mm/dd/yyyy)

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 Treasurer of this political committee, and that I am ***either*** submitting this registration statement ***together with*** a SEEC FORM 20 complete as to the committee's first day of receiving contributions or distributions benefiting the committee or that I understand that I shall become obligated to file the committee's first SEEC FORM 20 within 48 hours after receiving the committee's first contribution or distribution. Neither I, nor any person (including any human being, business, other legal entity or association) that established or controls this committee, is a foreign national.

○ **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 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. Neither I, nor any person (including any human being, business, other legal entity or association) that established or controls this committee, is a foreign national.

◉ **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 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. Neither I, nor any person (including any human being, business, other legal entity or association) that established or controls this committee, is a foreign national.

David K Emmel MD — TREASURER SIGNATURE

11/06/2024 — DATE (mm/dd/yyyy)

NAME OF COMMITTEE	REGISTRATION TYPE
M.D. Political Action Committee	○ Original ◉ 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 ○ccepted 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 in○nd 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.