<b>CPF</b>	ID	#.
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## Form CPF 101: STATEMENT OF ORGANIZATION CANDIDATE'S COMMITTEE

Office of Campaign and Political Finance

File with: Director
Office of Campaign and Political Finance
One Ashburton Place, Room 411, Boston, MA 02108

(617) 979-8300 / (800) 462-OCPF ocpf@cpf.state.ma.us www.mass.gov/ocpf

(For Office Use Only)

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, as amended, of the organization of a candidate's committee as follows:

COMMITTEE:  Name of Committee  Maily Address:  City Councilor  District:  City Councilor  City Stane / Zip:  Roxbury  Mailing Address:  Sold Abdikarim  City Stane / Zip:  District:  City Stane / Zip:  District:  City Stane / Zip:  Treasurer*  Abdilian' Toreasurer*  Abdilian' Toreasurer*  Abdilian' Toreasurer*  Abdilian' Toreasurer*  Abdilian' Toreasurer*  Treasurer*  Abdilian' Toreasurer*  Abdi										
COMMITTEE: Name of Committee Mailing Address: Abdikarim Committee Committee Mailing Address: Abdikarim Committee On his/her behalf. I am aware that candidates are required to keep detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant electron. Signature: Signature: Signature: Signature: Signature: Signature: Signature: Additionary of a campaign finance activity for a period of six years from the date of the relevant electron. Signature: Date: 10/14/2024 Additionary of all campaign finance activity for a period of six years from the date of the relevant electron. Signature: Si	CANDIDATE:	First Name: Said		Middle Name	/ Initial:		Last Name: Abdi	karim		
Email Address: Said.abdikarim@gmail.com Party Affiliation: (if applicable) Democratic Phone #: 617-454-4188  OFFICE SOUGHT/PURPOSE:    Title:		Residential Address:	650 Columbus Ave	-	-					
Party Affiliation: (if applicable)  Perty Affiliation: (if applicable)  Democratic  Phone #: 617-454-4188   Phone #: 617-454-4188   Phone #: 617-454-4188   CIty Councilor  Distric:  City Councilor, Boston  COMMITTEE:  Name of Committee  Committee Mailing Address:  1127 Harrison Ave Unit  Roxbury  MA  02119  City / State / Zip:  Roxbury  Residential Address:  650 Columbus Ave  Residential Address:  183 Blue Hill Ave  183 Blue Hill Ave  184 Blue Hill Ave  185 Blue Hill Ave  186 Bl		City / State / Zip:	Boston				MA	2118		
OFFICE SOUGHT/PURPOSE:  Title: City Councilor District: City Councilor, Boston  COMMITTE: Name of Committee  The name of the committee must include the candidate's last name)  127 Harrison Ave Unit  Councilor Maliary Address: 127 Harrison Ave Unit  Councilor Maliary Address: 127 Harrison Ave Unit  City State / Zip: Rosbury MA 02119  City State / Zip: Rosbury MA 02119  City State / Zip: Rosbury MA 02119  City State / Zip: Boston MA 02119  City State / Zip: Boston MA 02119  Email: Info@sa-id.org Phone #: 617-454-4188  Thereby consent to the filing of this committee. I understand that a candidate shall not give consent to the organization of more than one committee on his/her the relevant election.  SIGNED UNDER THE PENALTIES OF PERJURY:  Claid signature: Said Abdilkarim  Thereby accept the office of Treasurer of the above-named committee. I affirm that 1 am not a public employee as defined by M.G.L. c. 55, s. 13. 1 understand that: 1) am subject to certain duties and liabilities under M.G.L. c. 55, s. 10. Inderstand that: 1) am subject to certain duties and liabilities under M.G.L. c. 55, s. 13. 1 understand and records of all campaign finance reports and keeping detailed accounts and records of all campaign finance reports and keeping detailed accounts and records of all campaign finance reports and keeping detailed accounts and records of all campaign finance reports and keeping detailed accounts and records of all campaign finance reports and keeping detailed accounts and records of all campaign finance reports and keeping detailed accounts and records of all campaign finance reports and keeping detailed accounts appointed public employee, I must resign this position and notify OCFF of my resignation, and 3) a candidate may not serve as treasurer of the political accounts appointed public employee, I must resign this position and notify OCFF of my resignation; and 3) a candidate may not		Email Address:	said.abdikarim@gma	il.com						
Title: City Councilor District: City Councilor, Boston  COMMITTEE: Name of Committee: Abdilkarim Committee Committee Mailing Address: 1127 Harrison Ave Unit City / State / Zip: Roxbury MA 02119  OFFICERS: Chair: Said Abdilkarim City / State / Zip: Roxbury MA 02119  OFFICERS: Chair: Sold Abdilkarim City / State / Zip: Roxbury MA 02119  Freasurer*: Abdullahi Yusur Residential Address: 183 Blue Hill Ave City / State / Zip: Boston MA 02119  Email: treasurer@sa-id.org Phone #: 617-454-4188  Phone #: 617-454-4188  Phone #: 617-454-4188  Treasurer of any political committee (see reverse).  I hereby consent to the filing of this committee. I understand that a candidate shall not give consent to the organization of more than one committee on his/her behalf. I am aware that candidates are required to keep detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.  SIGNED UNDER THE PENALTIES OF PERULY: SIGNED		Party Affiliation: (if			Pl	hone #:	617-454-4188		_	
COMMITTEE: Name of Committee:    City Councilor, Boston	OFFICE SOUG						K.	<b>^</b>	_	
COMMITTEE: Name of Committee:  Chair: Said Abdikarim  City / State / Zip: Roxbury  MA 02119  Treasurer*: Abdullahi Yusuf  Residential Address: 550 Columbus Ave  City / State / Zip: Boston  MA 02118  City / State / Zip: Boston  MA 02119  City / State / Zip: Bos					•	60		VII.		
Abdikarim Committee  Committee Mailing Address:  Committee Mailing Address:  City / State / Zip:  City / State / Zip:  Chair:  Said Abdikarim  Committee  City / State / Zip:  Committee  City / State / Zip:  Committee  City / State / Zip:  Committee  Committee  Committ		District:	120	on			0.0	<b>Y</b> *		
Abdikarim Committee  Committee Mailing Address:  City / State / Zip:  City / State / Zip:  Chair:  Said Abdikarim  City / State / Zip:  Condition as a condition of the committee of the co					00.		0.3			
Chair: Said Abdikarim Residential Address: 650 Columbus Ave City / State / Zip: Boston MA 02118  City / State / Zip: Boston MA 02119  Finall: Info@sa-id.org Phone #: 617-454-4188  Finall: Info@sa-id.org Phone #: 617-454-4188  Thereby consent to the filing of this committee. I understand that a candidates are required to keep detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.  SIGNED UNDER THE PENALTIES OF PERJURY: Candidate's signature: Said Abdikarim Candidate's signature)  Candidate's signature of the above-named committee. I affirm that I am not a public employee as defined by M.G.L. c. 55, s. 13. I understand that: 1) I am subject to certain duties and liabilities under M.G.L. c. 55, s. including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election; 2) if after my acceptance of this office I become an appointed public employee, I must resign this position and notify OCPF of my resignation; and 3) a candidate may not serve as treasurer of the political committee organized on his/her behalf.  Thereby accept the office of Chair of the above-named committee.  Thereby accept the office of Chair of the above-named committee.  Candidate's signature:  (Electronic signature)  Date: Dat	COMMITTEE:	Name of Committee	Abdikarim Co	mmittee	8		· N			
City / State / Zip: Roxbury MA 02119  Chair: Said Abdikarim Fesidential Address: 650 Columbus Ave Residential Address: 650 Columbus Ave City / State / Zip: Boston MA 02118 City / State / Zip: Boston MA 02119  Phone #: 617-454-4188 Fesidential Address: 617-454-4188 Fes		Committee Mailing			ttee must include the c	andidate	e's last name)			
Chair: Said Abdikarim			1127 Harrison	n Ave Unit	•		<b>5</b>			
Residential Address: 650 Columbus Ave Residential Address: 183 Blue Hill Ave  City / State / Zip: Boston MA 02118  Email: info@sa-id.org	OFFICERS:	City / State / Zip:	Roxbury	<del>- (0)</del> -	MA 02	119				
Residential Address: 650 Columbus Ave  City / State / Zip: Boston MA 02118  Email: info@sa-id.org		Said Abdikarim	A	0	Treasurer*:	Abdul	lahi Yusuf			
City / State / Zip: Boston MA 02118  Email: info@sa-id.org	Residential Address:	550 Columbus Ave			0-1	_				vi
Email: treasurer@sa-id.org  Phone #: 617-454-4188  *Apublic employee may not serve as treasurer of any political committee (see reverse).  I hereby consent to the filing of this committee. I understand that a candidate shall not give consent to the organization of more than one committee on his/her behalf. I am aware that candidates are required to keep detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.  SIGNED UNDER THE PENALTIES OF PERJURY:  I hereby accept the office of Treasurer of the above-named committee. I affirm that I am not a public employee as defined by M.G.L. c. 55, s. 13. I understand and records of all campaign finance activity for a period of six years from the date of the relevant election; 2) if after my acceptance of this office I become an appointed public employee, I must resign this position and notify OCPF of my resignation; and 3) a candidate may not serve as treasurer of the political committee organized on his/her behalf.  SIGNED UNDER THE PENALTIES OF PERJURY:  Chair's signature:  Chair's signature:  Said Abdikarim  Said Abdikarim	City / State / Zip:	Boston	MA 0	2118		_			V2 54 12	
Phone #: 617-454-4188 Phone #: 617-454-4188    Phone #: 617-454-4188   Phone #: 617-454-4188     I hereby consent to the filing of this committee. I understand that a candidate shall not give consent to the organization of more than one committee on his/her behalf. I am aware that candidates are required to keep detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.    SIGNED UNDER THE PENALTIES OF PERJURY:	Email: j	nfo@sa-id.org	-						MA ——	02119
*A public employee may not serve as treasurer of any political committee (see reverse).  I hereby consent to the filing of this committee. I understand that a candidate shall not give consent to the organization of more than one committee on his/her behalf. I am aware that candidates are required to keep detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.  SIGNED UNDER THE PENALTIES OF PERJURY:  Candidate's signature:  Candidate's signature:  [Electronic signature]  I hereby accept the office of Treasurer of the above-named committee. I affirm that I am not a public employee as defined by M.G.L. c. 55, s. 13. I understand that: 1) I am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election; 2) if after my acceptance of this office I become an appointed public employee, I must resign this position and notify OCPF of my resignation; and 3) a candidate may not serve as treasurer of the political committee organized on his/her behalf.  SIGNED UNDER THE PENALTIES OF PERJURY:  Treasurer's signature:  (Electronic signature)  Date:  Said Abdikarim	_		4188		Phone #:	treast				
I hereby consent to the filing of this committee. I understand that a candidate shall not give consent to the organization of more than one committee on his/her behalf. I am aware that candidates are required to keep detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.  SIGNED UNDER THE PENALTIES OF PERJURY:  Candidate's signature:  Candidate's signature:  Said Abdikarim  (Electronic signature)  I hereby accept the office of Treasurer of the above-named committee. I affirm that I am not a public employee as defined by M.G.L. c. 55, s. 13. I understand and records of all campaign finance activity for a period of six years from the date of the relevant election; 2) if after my acceptance of this office I become an appointed public employee, I must resign this position and notify OCPF of my resignation; and 3) a candidate may not serve as treasurer of the political committee organized on his/her behalf.  SIGNED UNDER THE PENALTIES OF PERJURY:  I hereby accept the office of Chair of the above-named committee.  Chair's signature:  Chair's signature:  Said Abdikarim  Said Abdikarim		*A	public employee may no	t serve as treas	rer of any political c	itt	017-454-4	188		
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I hereby accept the office of Treasurer's signature:  I hereby accept the office of Chair of the above-named committee.  I hereby accept the office of Chair of the above-named committee.  Chair's signature:  Chair's signature:  I hereby accept the office of Chair of the above-named committee.  Chair's signature:  Chair's signature:  Chair's signature:  Chair's signature:  Committee organized the office of Chair of the above-named committee.  Said Abdikarim  Said Abdikarim  Campaign finance activity for a period of six years from the date of the relevant election; 2) if after my acceptance of this office I become an accommittee organized on his/her behalf.  Chair's signature:  Chair's signature:  Chair's signature:  Said Abdikarim			PERJURY:			it to the	organization of m	nore than or period of si	ne comr x years	mittee on his/her from the date of
10/14/2024	and records of all ca appointed public em committee organized SIGNED UNDER T	inplayee, I must resign d on his/her behalf. THE PENALTIES Of	this position and notify F PERJURY:  Treasurer's signature committee	re:  (Electronice.  Said Ab	that I am not a publing the timely filing ate of the relevant eresignation; and 3)	a candid	loyee as defined be paign finance reports (2) if after my accurate may not serve	y M.G.L. c rts and kee eeptance of as treasure	ping decthis off this off er of the	13. I understand tailed accounts ice I become an political