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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)
Solomon, Gavin, , , / Solomon, Gavin, Cole, Dr., MD

(b) Address (number and street) ☐ Check if address changed
401 E 34th Street
S11P

2. Candidate's FEC Identification Number
P00017863

(c) City, State, and ZIP Code
New York NY 10016

3. Is This Statement ☒ New (N) **OR** ☐ Amended (A)

4. Party Affiliation
REPUBLICAN PARTY

5. Office Sought
Presidential

6. State & District of Candidate
00

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2039 (year of election) election(s).

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)
GS CONSTITUTIONAL AFFIANT - TWU GUILTY DEBTOR & SHADOW BANKER REFORM PAC

(b) Address (number and street)
110 COVES RUN

(c) City, State, and ZIP Code
SYOSSET NY 11791

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate	**Date**
Solomon, Gavin, , ,	08/18/2026

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: **F2N**
Transaction ID :

2039 Special Election.

Form/Schedule:
Transaction ID: