

Image# 202608209903309529

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# FEC FORM 2

## STATEMENT OF CANDIDACY

|                                                                                           |  |                                                                                                          |
|-------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------|
| 1. (a) Name of Candidate (in full)<br>Solomon, Gavin, , , / Solomon, Gavin, Cole, Dr., MD |  |                                                                                                          |
| (b) Address (number and street)<br>401 E 34th Street<br>S11P                              |  | <input type="checkbox"/> Check if address changed                                                        |
| (c) City, State, and ZIP Code<br>New York NY 10016                                        |  | 2. Candidate's FEC Identification Number<br>P80010218                                                    |
| 4. Party Affiliation<br>REPUBLICAN PARTY                                                  |  | 5. Office Sought<br>Presidential                                                                         |
| 6. State & District of Candidate<br>00                                                    |  | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) |

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2727 election(s).  
(year of election)

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

|                                                                                                             |  |  |
|-------------------------------------------------------------------------------------------------------------|--|--|
| (a) Name of Committee (in full)<br>GS CONSTITUTIONAL AFFIANT - TWU GUILTY DEBTOR & SHADOW BANKER REFORM PAC |  |  |
| (b) Address (number and street)<br>110 COVES RUN                                                            |  |  |
| (c) City, State, and ZIP Code<br>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<br>Solomon, Gavin, , , | Date<br>08/20/2026 |
|-----------------------------------------------|--------------------|

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

|  |  |  |  |  |  |  |  |  |
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## FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F2N

Transaction ID :

2727 Special Election.

Form/Schedule:

Transaction ID: