

Image# 202604219866629546

# FEC FORM 2

## STATEMENT OF CANDIDACY

|  |                           |   |   |  |
|--|---------------------------|---|---|--|
| 1. (a) Name of Candidate (in full)<br>Solomon, Gavin, , ,    |                           |   | 2. Candidate's FEC Identification Number<br>H6OH01211 |  |
| (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   | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) |
| 4. Party Affiliation<br>REPUBLICAN PARTY                     | 5. Office Sought<br>House | 6. State & District of Candidate<br>OH 01         |   |  |

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 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>04/21/2026 |
|---|--------------------|

**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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: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F2N  
Transaction ID :

2026 Special Election.

Form/Schedule:  
Transaction ID: