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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) 401 E 34th Street S11P		☐ Check if address changed
(c) City, State, and ZIP Code New York NY 10016		2. Candidate's FEC Identification Number P60024718
4. Party Affiliation REPUBLICAN PARTY		5. Office Sought Presidential
6. State & District of Candidate 00		3. Is This Statement ☒ New (N) OR ☐ Amended (A)

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2045 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) 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 Solomon, Gavin, , ,	Date 08/18/2026
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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 :

2045 Special Election.

Form/Schedule:

Transaction ID: