

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

OFFER VINCE SHAMWOW SHLOMI FOR CONGRESS

ADDRESS (number and street)

110 N INTERSTATE 35

STE 315

ROUND ROCK

TX

78681-5022

Check if different
than previously
reported. (ACC)

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00928614

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

STATE ▼ DISTRICT

TX

31

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☐

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☒

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M / D D / Y Y Y Y
03 / 03 / 2026in the
State of

TX

(c) 30-Day POST-Election Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
01 / 01 / 2026

through

M M / D D / Y Y Y Y
02 / 11 / 2026

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

Type or Print Name of Treasurer DATWYLER, THOMAS, , ,

Signature of Treasurer

DATWYLER, THOMAS, , ,

Date

M M / D D / Y Y Y Y
02 / 19 / 2026

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

OFFER VINCE SHAMWOW SHLOMI FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	2	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	1		2	0	2	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	15159.50	15434.41
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	15159.50	15434.41
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	172449.98	172609.83
(b) Total Offsets to Operating Expenditures (from Line 14).....	2335.00	2335.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	170114.98	170274.83
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1259.58	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	156100.00	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

OFFER VINCE SHAMWOW SHLOMI FOR CONGRESS

Report Covering the Period:

From:

MM / DD / YYYY
01 / 01 / 2026

To:

MM / DD / YYYY
02 / 11 / 2026**I. RECEIPTS****COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

(i) Itemized (use Schedule A).....

0.00

0.00

(ii) Unitemized

889.32

1164.23

(iii) TOTAL of contributions
from individuals ▶

889.32

1164.23

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

0.00

(d) The Candidate

14270.18

14270.18

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..

15159.50

15434.41

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the
Candidate.....

156100.00

156100.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

156100.00

156100.00

14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.)

2335.00

2335.00

15. OTHER RECEIPTS
(Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶

173594.50

173869.41

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	172449.98	172609.83
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	172449.98	172609.83

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	115.06
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	173594.50
25. SUBTOTAL (add Line 23 and Line 24).....	173709.56
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	172449.98
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1259.58

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 5 OF 29

☐ 11a	☐ 11b	☐ 11c	☒ 11d	☐ 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

OFFER VINCE SHAMWOW SHLOMI FOR CONGRESS

Full Name (Last, First, Middle Initial)

SHLOMI, OFFER, VINCE, ,

A. Mailing Address 1680 MICHIGAN AVE SUITE 700City
MIAMI BEACHState
FLZip Code
33139FEC ID number of contributing
federal political committee.**C** H6TX31151Name of Employer
SELF EMPLOYEDOccupation
CANDIDATE

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

13259.77

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	2	6

Transaction ID : A2C95044F23A14543B47

Amount of Each Receipt this Period

3038.61

☐ Memo Item

IN-KIND:CREDIT CARD REIMBURSEMENT

B. Full Name (Last, First, Middle Initial)
SHLOMI, OFFER, VINCE, ,
Mailing Address 1680 MICHIGAN AVE SUITE 700City
MIAMI BEACHState
FLZip Code
33139FEC ID number of contributing
federal political committee.**C** H6TX31151Name of Employer
SELF EMPLOYEDOccupation
CANDIDATE

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

13259.77

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	2	6

Transaction ID : AA59752E10E4541D39B8

Amount of Each Receipt this Period

10221.16

☐ Memo Item

IN-KIND:INKIND REIMBURSEMENT

C. Full Name (Last, First, Middle Initial)
SHLOMI, OFFER, VINCE, ,
Mailing Address 1680 MICHIGAN AVE SUITE 700City
MIAMI BEACHState
FLZip Code
33139FEC ID number of contributing
federal political committee.**C** H6TX31151Name of Employer
SELF EMPLOYEDOccupation
CANDIDATE

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

27759.77

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	2	6

Transaction ID : A974A52FEF491428EBC9

Amount of Each Receipt this Period

1000.00

☐ Memo Item

IN-KIND:PROJO1 LLC

SUBTOTAL of Receipts This Page (optional)..... ►

14259.77

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☒ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

OFFER VINCE SHAMWOW SHLOMI FOR CONGRESS

Full Name (Last, First, Middle Initial)

SHLOMI, OFFER, VINCE, ,

A.

Mailing Address 1680 MICHIGAN AVE SUITE 700

City

MIAMI BEACH

State

FL

Zip Code

33139

FEC ID number of contributing
federal political committee.

C H6TX31151

Name of Employer
SELF EMPLOYED

Occupation
CANDIDATE

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

27770.18

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 19 2026

Transaction ID : A8D40393CA31C4FFE9E7

Amount of Each Receipt this Period

10.41

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

Full Name (Last, First, Middle Initial)

WINRED

B.

Mailing Address 4250 FAIRFAX DR
STE 600

City

ARLINGTON

State

VA

Zip Code

22203-1665

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

321.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 19 2026

Transaction ID : A87766CF78D5146B0AC4

Amount of Each Receipt this Period

10.41

☒ Memo Item

INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

10.41

14270.18

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

OFFER VINCE SHAMWOW SHLOMI FOR CONGRESS

Full Name (Last, First, Middle Initial)

SHLOMI, OFFER, VINCE, ,

A.

Mailing Address 1680 MICHIGAN AVE SUITE 700

City

MIAMI BEACH

State

FL

Zip Code

33139

FEC ID number of contributing
federal political committee.

C H6TX31151

Name of Employer

SELF EMPLOYED

Occupation

CANDIDATE

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15759.77

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 02 2026

Transaction ID : AC06C06367BCE4673930

Amount of Each Receipt this Period

2500.00

☐ Memo Item

LOAN FROM CANDIDATE

Full Name (Last, First, Middle Initial)

SHLOMI, OFFER, VINCE, ,

B.

Mailing Address 1680 MICHIGAN AVE SUITE 700

City

MIAMI BEACH

State

FL

Zip Code

33139

FEC ID number of contributing
federal political committee.

C H6TX31151

Name of Employer

SELF EMPLOYED

Occupation

CANDIDATE

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

23259.77

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 06 2026

Transaction ID : A01CE0E2214BF4036BDC

Amount of Each Receipt this Period

7500.00

☐ Memo Item

LOAN FROM CANDIDATE

Full Name (Last, First, Middle Initial)

SHLOMI, OFFER, VINCE, ,

C.

Mailing Address 1680 MICHIGAN AVE SUITE 700

City

MIAMI BEACH

State

FL

Zip Code

33139

FEC ID number of contributing
federal political committee.

C H6TX31151

Name of Employer

SELF EMPLOYED

Occupation

CANDIDATE

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

25259.77

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 13 2026

Transaction ID : ADD7282AA6A69406E839

Amount of Each Receipt this Period

2000.00

☐ Memo Item

LOAN FROM CANDIDATE

SUBTOTAL of Receipts This Page (optional)..... ▶

12000.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
☐ 12	☒ 13a	☐ 13b	☐ 14	☐ 15

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NAME OF COMMITTEE (In Full)

OFFER VINCE SHAMWOW SHLOMI FOR CONGRESS

Full Name (Last, First, Middle Initial)

SHLOMI, OFFER, VINCE, ,

A. Mailing Address 1680 MICHIGAN AVE SUITE 700City
MIAMI BEACHState
FLZip Code
33139FEC ID number of contributing
federal political committee.**C** H6TX31151Name of Employer
SELF EMPLOYEDOccupation
CANDIDATE

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

26759.77

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	4	/	2	0	2	6

Transaction ID : A8113F9038AF3417B92A

Amount of Each Receipt this Period

1500.00

☐ Memo Item

LOAN FROM CANDIDATE

Full Name (Last, First, Middle Initial)

SHLOMI, OFFER, VINCE, ,

B. Mailing Address 1680 MICHIGAN AVE SUITE 700City
MIAMI BEACHState
FLZip Code
33139FEC ID number of contributing
federal political committee.**C** H6TX31151Name of Employer
SELF EMPLOYEDOccupation
CANDIDATE

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

29870.18

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	1	/	2	0	2	6

Transaction ID : A468F9FD675E6457BA3E

Amount of Each Receipt this Period

2100.00

☐ Memo Item

LOAN FROM CANDIDATE

Full Name (Last, First, Middle Initial)

SHLOMI, OFFER, VINCE, ,

C. Mailing Address 1680 MICHIGAN AVE SUITE 700City
MIAMI BEACHState
FLZip Code
33139FEC ID number of contributing
federal political committee.**C** H6TX31151Name of Employer
SELF EMPLOYEDOccupation
CANDIDATE

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

31370.18

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	7	/	2	0	2	6

Transaction ID : ACF7DFB4C11BC44008DE

Amount of Each Receipt this Period

1500.00

☐ Memo Item

LOAN FROM CANDIDATE

5100.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

OFFER VINCE SHAMWOW SHLOMI FOR CONGRESS

Full Name (Last, First, Middle Initial)

SHLOMI, OFFER, VINCE, ,

A.

Mailing Address 1680 MICHIGAN AVE SUITE 700

City

MIAMI BEACH

State

FL

Zip Code

33139

FEC ID number of contributing
federal political committee.

C H6TX31151

Name of Employer

SELF EMPLOYED

Occupation

CANDIDATE

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

81370.18

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 28 / 2026

Transaction ID : A7251279920214412B64

Amount of Each Receipt this Period

50000.00

☐ Memo Item

LOAN FROM CANDIDATE

Full Name (Last, First, Middle Initial)

SHLOMI, OFFER, VINCE, ,

B.

Mailing Address 1680 MICHIGAN AVE SUITE 700

City

MIAMI BEACH

State

FL

Zip Code

33139

FEC ID number of contributing
federal political committee.

C H6TX31151

Name of Employer

SELF EMPLOYED

Occupation

CANDIDATE

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

111370.18

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 05 / 2026

Transaction ID : AF9BEC6A574DE473D987

Amount of Each Receipt this Period

30000.00

☐ Memo Item

LOAN FROM CANDIDATE

Full Name (Last, First, Middle Initial)

SHLOMI, OFFER, VINCE, ,

C.

Mailing Address 1680 MICHIGAN AVE SUITE 700

City

MIAMI BEACH

State

FL

Zip Code

33139

FEC ID number of contributing
federal political committee.

C H6TX31151

Name of Employer

SELF EMPLOYED

Occupation

CANDIDATE

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

116370.18

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 10 / 2026

Transaction ID : A364CC27E282147A19D7

Amount of Each Receipt this Period

5000.00

☐ Memo Item

LOAN FROM CANDIDATE

SUBTOTAL of Receipts This Page (optional)..... ▶

85000.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

OFFER VINCE SHAMWOW SHLOMI FOR CONGRESS

Full Name (Last, First, Middle Initial)

SHLOMI, OFFER, VINCE, ,

A.

Mailing Address 1680 MICHIGAN AVE SUITE 700

City

MIAMI BEACH

State

FL

Zip Code

33139

FEC ID number of contributing
federal political committee.

C H6TX31151

Name of Employer
SELF EMPLOYED

Occupation
CANDIDATE

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

170370.18

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 11 / 2026

Transaction ID : AC1945B3AC13A4E9AB18

Amount of Each Receipt this Period

54000.00

☐ Memo Item

LOAN FROM CANDIDATE

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

54000.00

TOTAL This Period (last page this line number only)..... ▶

156100.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☒ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

OFFER VINCE SHAMWOW SHLOMI FOR CONGRESS

Full Name (Last, First, Middle Initial)

SEWING INCUBATOR

A.

Mailing Address 5924 PACIFIC BLVD

STE 324

City

HUNTINGTON PARK

State

CA

Zip Code

90255-2929

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2335.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 06 2026

Transaction ID : A021FF4304B694413AB9

Amount of Each Receipt this Period

2335.00



Memo Item

PRINTING REFUNDED

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period



Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period



Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2335.00

2335.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

OFFER VINCE SHAMWOW SHLOMI FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. FIRST RESOURCE BANK

Mailing Address 7449 VILLAGE DR

City
LINO LAKESState
MNZip Code
55014-1181Purpose of Disbursement
BANK FEES

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	0		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

17.00

Transaction ID : B707AF66D89DB4A7B9A1

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FIRST RESOURCE BANK

Mailing Address 7449 VILLAGE DR

City
LINO LAKESState
MNZip Code
55014-1181Purpose of Disbursement
BANK FEES

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	1		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

17.00

Transaction ID : B907C70D9BC0F4B6FA90

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FIRST RESOURCE BANK

Mailing Address 7449 VILLAGE DR

City
LINO LAKESState
MNZip Code
55014-1181Purpose of Disbursement
BANK FEES

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	1		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

17.00

Transaction ID : BB4727E1B7EE742EDA0B

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

51.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

OFFER VINCE SHAMWOW SHLOMI FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. POLITICAL COMMUNICATIONS ADVERTISINGMailing Address 11 E 44TH ST
RM 301City
NEW YORKState
NYZip Code
10017-0065Purpose of Disbursement
DIGITAL ADVERTISING

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

46336.13

Transaction ID : B96FAA6AD7BF94180A16

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. POLITICAL COMMUNICATIONS ADVERTISINGMailing Address 11 E 44TH ST
RM 301City
NEW YORKState
NYZip Code
10017-0065Purpose of Disbursement
DIGITAL ADVERTISING

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	5	/	2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

28366.34

Transaction ID : B56ADE0F1C2A44824912

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. POLITICAL COMMUNICATIONS ADVERTISINGMailing Address 11 E 44TH ST
RM 301City
NEW YORKState
NYZip Code
10017-0065Purpose of Disbursement
DIGITAL ADVERTISING

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	1	/	2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

53572.16

Transaction ID : B1E86707B1B254180B15

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

128274.63

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

OFFER VINCE SHAMWOW SHLOMI FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. PROJO1 LLC

Mailing Address 568 SIERRA MORENA ST

City
LAS VEGASState
NVZip Code
89144-4511Purpose of Disbursement
CAMPAIGN CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

4100.00

Transaction ID : B666478E38C23431FA16

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PROJO1 LLC

Mailing Address 568 SIERRA MORENA ST

City
LAS VEGASState
NVZip Code
89144-4511Purpose of Disbursement
CAMPAIGN CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	0	/	2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

3600.00

Transaction ID : BC0E5642BDF594D4792E

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PROJO1 LLC

Mailing Address 568 SIERRA MORENA ST

City
LAS VEGASState
NVZip Code
89144-4511Purpose of Disbursement
CAMPAIGN CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	1	/	2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

845.00

Transaction ID : BB34718276E454F74ABF

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

8545.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☒ 17	☐ 18	☐ 19a	☐ 19b
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NAME OF COMMITTEE (In Full)

OFFER VINCE SHAMWOW SHLOMI FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. RIGHTPATH LLC

Mailing Address 5310 TUSCARAWAS RD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		06		2026

City
BETHESDAState
MDZip Code
20816-3124

FEC Identification Number

C

Purpose of Disbursement
PRINTING

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

5203.00

Transaction ID : B673383C64F814658A7E

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. RIGHTPATH LLC

Mailing Address 5310 TUSCARAWAS RD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		06		2026

City
BETHESDAState
MDZip Code
20816-3124

FEC Identification Number

C

Purpose of Disbursement
PRINTING

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2769.08

Transaction ID : B0F93EC9C598F44EA986

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. SAME DAY PROCESSING

Mailing Address 502 6TH ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		08		2026

City
HUDSONState
WIZip Code
54016-1783

FEC Identification Number

C

Purpose of Disbursement
CAGING

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

550.00

Transaction ID : BCFF2F699E71248769A4

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

8522.08

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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☒ 17	☐ 18	☐ 19a	☐ 19b
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NAME OF COMMITTEE (In Full)

OFFER VINCE SHAMWOW SHLOMI FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. SAME DAY PROCESSING

Mailing Address 502 6TH ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		28		2026

City
HUDSONState
WIZip Code
54016-1783

FEC Identification Number

C

Purpose of Disbursement
CAGING

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

500.00

Transaction ID : B4146DC771D2E426CA5F

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. SAME DAY PROCESSING

Mailing Address 502 6TH ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		09		2026

City
HUDSONState
WIZip Code
54016-1783

FEC Identification Number

C

Purpose of Disbursement
CAGING

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

555.00

Transaction ID : B6920BB2F4B1946E6BA0

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. SEWING INCUBATORMailing Address 5924 PACIFIC BLVD
STE 324

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		06		2026

City
HUNTINGTON PARKState
CAZip Code
90255-2929

FEC Identification Number

C

Purpose of Disbursement
PRINTING

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2380.00

Transaction ID : BA1FC0567793E413EA48

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

3435.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

OFFER VINCE SHAMWOW SHLOMI FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. SEWING INCUBATORMailing Address 5924 PACIFIC BLVD
STE 324City
HUNTINGTON PARKState
CAZip Code
90255-2929Purpose of Disbursement
PRINTING

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

2380.00

Transaction ID : B0827E27DD3F046E89E5

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SEWING INCUBATORMailing Address 5924 PACIFIC BLVD
STE 324City
HUNTINGTON PARKState
CAZip Code
90255-2929Purpose of Disbursement
PRINTING

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

2380.00

Transaction ID : BCFA3BBF0686E430AAA1

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SEWING INCUBATORMailing Address 5924 PACIFIC BLVD
STE 324City
HUNTINGTON PARKState
CAZip Code
90255-2929Purpose of Disbursement
PRINTING

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

2380.00

Transaction ID : BC93AE067684748F6AF2

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

7140.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☒ 17	☐ 18	☐ 19a	☐ 19b
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NAME OF COMMITTEE (In Full)

OFFER VINCE SHAMWOW SHLOMI FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. SHLOMI, OFFER, VINCE, ,

Mailing Address 1680 MICHIGAN AVE SUITE 700

City
MIAMI BEACHState
FLZip Code
33139Purpose of Disbursement
IN-KIND:CREDIT CARD REIMBURSEMENT

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

3038.61

Transaction ID : B2C95044F23A14543B47

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SHLOMI, OFFER, VINCE, ,

Mailing Address 1680 MICHIGAN AVE SUITE 700

City
MIAMI BEACHState
FLZip Code
33139Purpose of Disbursement
IN-KIND:INKIND REIMBURSEMENT

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

10221.16

Transaction ID : BA59752E10E4541D39B8

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SHLOMI, OFFER, VINCE, ,

Mailing Address 1680 MICHIGAN AVE SUITE 700

City
MIAMI BEACHState
FLZip Code
33139Purpose of Disbursement
IN-KIND:PROJO1 LLC

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : B974A52FEF491428EBC9

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

14259.77

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

OFFER VINCE SHAMWOW SHLOMI FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. WILLIAMS, KYLE, , ,Mailing Address 810 FLOWER ST
STE 314City
LOS ANGELESState
CAZip Code
90017-4638Purpose of Disbursement
CAMPAIGN CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	7		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

1750.00

Transaction ID : BAA2F38D899794AF0948

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WILLIAMS, KYLE, , ,Mailing Address 810 FLOWER ST
STE 314City
LOS ANGELESState
CAZip Code
90017-4638Purpose of Disbursement
CAMPAIGN CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

250.00

Transaction ID : BFE541C642E7946B3B8F

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2000.00

TOTAL This Period (last page this line number only).....▶

172227.48

SCHEDULE C (FEC Form 3)
LOANS

PAGE 20 OF 29

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C468F9FD675E6457BA3E

OFFER VINCE SHAMWOW SHLOMI FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

SHLOMI, OFFER, VINCE, ,

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1680 MICHIGAN AVE SUITE 700

City

MIAMI BEACH

State

FL

ZIP Code

33139

☒ Personal Funds of the Candidate

Original Amount of Loan

2100.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2100.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
01 21 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y
NONE

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

2100.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 21 OF 29

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C01CE0E2214BF4036BDC

OFFER VINCE SHAMWOW SHLOMI FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

SHLOMI, OFFER, VINCE, ,

Mailing Address

1680 MICHIGAN AVE SUITE 700

City

MIAMI BEACH

State

FL

ZIP Code

33139

☒ Personal Funds of the Candidate

Original Amount of Loan

7500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

7500.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
01 / 06 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

NONE

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

7500.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 22 OF 29

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CC1945B3AC13A4E9AB18

OFFER VINCE SHAMWOW SHLOMI FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

SHLOMI, OFFER, VINCE, ,

Mailing Address

1680 MICHIGAN AVE SUITE 700

City

MIAMI BEACH

State

FL

ZIP Code

33139

☒ Personal Funds of the Candidate

Original Amount of Loan

54000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

54000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
02 11 / 2026

M M / D D / Y Y Y Y

NONE

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

54000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 23 OF 29

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C8113F9038AF3417B92A

OFFER VINCE SHAMWOW SHLOMI FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

SHLOMI, OFFER, VINCE, ,

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1680 MICHIGAN AVE SUITE 700

City

MIAMI BEACH

State

FL

ZIP Code

33139

☒ Personal Funds of the Candidate

Original Amount of Loan

1500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1500.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
01 14 / 2026

M M / D D / Y Y Y Y

NONE

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

1500.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 24 OF 29

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CF9BEC6A574DE473D987

OFFER VINCE SHAMWOW SHLOMI FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

SHLOMI, OFFER, VINCE, ,

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1680 MICHIGAN AVE SUITE 700

City

MIAMI BEACH

State

FL

ZIP Code

33139

☒ Personal Funds of the Candidate

Original Amount of Loan

30000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
02 05 / 2026M M / D D / Y Y Y Y
NONEM M / D D / Y Y Y Y
NONEM M / D D / Y Y Y Y
NONE

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

30000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 25 OF 29

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CC06C06367BCE4673930

OFFER VINCE SHAMWOW SHLOMI FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

SHLOMI, OFFER, VINCE, ,

Mailing Address

1680 MICHIGAN AVE SUITE 700

City

MIAMI BEACH

State

FL

ZIP Code

33139

☒ Personal Funds of the Candidate

Original Amount of Loan

2500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2500.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
01 02 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

NONE

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

2500.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 26 OF 29

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C7251279920214412B64

OFFER VINCE SHAMWOW SHLOMI FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

SHLOMI, OFFER, VINCE, ,

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1680 MICHIGAN AVE SUITE 700

City

MIAMI BEACH

State

FL

ZIP Code

33139

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
01 28 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

NONE

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

50000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 27 OF 29

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C364CC27E282147A19D7

OFFER VINCE SHAMWOW SHLOMI FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

SHLOMI, OFFER, VINCE, ,

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1680 MICHIGAN AVE SUITE 700

City

MIAMI BEACH

State

FL

ZIP Code

33139

☒ Personal Funds of the Candidate

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
02 10 / 2026

M M / D D / Y Y Y Y

NONE

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

5000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 28 OF 29

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CCF7DFB4C11BC44008DE

OFFER VINCE SHAMWOW SHLOMI FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

SHLOMI, OFFER, VINCE, ,

Mailing Address

1680 MICHIGAN AVE SUITE 700

City

MIAMI BEACH

State

FL

ZIP Code

33139

☒ Personal Funds of the Candidate

Original Amount of Loan

1500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1500.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
01 27 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

NONE

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

1500.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 29 OF 29

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CDD7282AA6A69406E839

OFFER VINCE SHAMWOW SHLOMI FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

SHLOMI, OFFER, VINCE, ,

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1680 MICHIGAN AVE SUITE 700

City

MIAMI BEACH

State

FL

ZIP Code

33139

☒ Personal Funds of the Candidate

Original Amount of Loan

2000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
01 13 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

NONE

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

2000.00

TOTALS This Period (last page in this line only).....▶

156100.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.