

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

Check if different than previously reported. (ACC)

ROUND ROCK

TX

78681-5022

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

in the State of

(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 /

02

D D /

12

Y Y Y Y

2026

through

M M /

03

D D /

31

Y Y Y Y

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 /

04

D D /

05

Y Y Y Y

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 02 / 12 / 2026 To: M M / D D / Y Y Y Y 03 / 31 / 2026

	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))	8220.41	23554.82
(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))	8220.41	23554.82
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	153848.48	326458.31
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	2335.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	153848.48	324123.31
8. Cash on Hand at Close of Reporting Period (from Line 27)	231.51	
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)	300700.00	

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: / / To: / /

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.....	220.41	1284.64
(iii) TOTAL of contributions from individuals ▶	220.41	1284.64
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	8000.00	22270.18
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	8220.41	23554.82
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	144600.00	300700.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	144600.00	300700.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	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)..... ▶	152820.41	326589.82

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.....	153848.48	326458.31
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) ►	153848.48	326458.31

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1259.58
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	152820.41
25. SUBTOTAL (add Line 23 and Line 24).....	154079.99
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	153848.48
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	231.51

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 32
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
OFFER VINCE SHAMWOW SHLOMI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SHLOMI, OFFER, VINCE, ,

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 ▼
317370.18

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 27 / 2026

Transaction ID : A4A08BFF7ABAE4C33B74

Amount of Each Receipt this Period
8000.00

Memo Item
IN-KIND:GUEST AND GRAY LAW FIRM

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

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

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

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).....▶	8000.00
TOTAL This Period (last page this line number only).....▶	8000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 32
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
OFFER VINCE SHAMWOW SHLOMI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SHLOMI, OFFER, VINCE, ,

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 ▼
215370.18

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 14 / 2026

Transaction ID : A544CDC330D234F6C92A

Amount of Each Receipt this Period
45000.00

Memo Item
LOAN FROM CANDIDATE

B. Full Name (Last, First, Middle Initial)
SHLOMI, OFFER, VINCE, ,

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 ▼
275370.18

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 20 / 2026

Transaction ID : AEF2FE150BB2A483EB13

Amount of Each Receipt this Period
60000.00

Memo Item
LOAN FROM CANDIDATE

C. Full Name (Last, First, Middle Initial)
SHLOMI, OFFER, VINCE, ,

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 ▼
281370.18

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 23 / 2026

Transaction ID : AA8339E4246A44506BD2

Amount of Each Receipt this Period
6000.00

Memo Item
LOAN FROM CANDIDATE

SUBTOTAL of Receipts This Page (optional)..... ▶ 111000.00

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: PAGE 7 OF 32
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
OFFER VINCE SHAMWOW SHLOMI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SHLOMI, OFFER, VINCE, ,

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 ▼
294370.18

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 24 / 2026

Transaction ID : **A41803EC96A08411DAE8**

Amount of Each Receipt this Period
13000.00

Memo Item
LOAN FROM CANDIDATE

B. Full Name (Last, First, Middle Initial)
SHLOMI, OFFER, VINCE, ,

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 ▼
309370.18

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 25 / 2026

Transaction ID : **A6138DF57FBF94A2998B**

Amount of Each Receipt this Period
5000.00

Memo Item
LOAN FROM CANDIDATE

C. Full Name (Last, First, Middle Initial)
SHLOMI, OFFER, VINCE, ,

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 ▼
309370.18

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 25 / 2026

Transaction ID : **AA45FBAF8274841DA9E6**

Amount of Each Receipt this Period
10000.00

Memo Item
LOAN FROM CANDIDATE

SUBTOTAL of Receipts This Page (optional)..... ▶ 28000.00

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: PAGE 8 OF 32
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
OFFER VINCE SHAMWOW SHLOMI FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SHLOMI, OFFER, VINCE, ,

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 ▼
322370.18

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 03 / 2026

Transaction ID : **AD2F5619DE6364CCE8E2**

Amount of Each Receipt this Period
5000.00

Memo Item
LOAN FROM CANDIDATE

B. Full Name (Last, First, Middle Initial)
SHLOMI, OFFER, VINCE, ,

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 ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 18 / 2026

Transaction ID : **A248BECC63D0349BF85B**

Amount of Each Receipt this Period
600.00

Memo Item
LOAN FROM CANDIDATE

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

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).....▶	5600.00
TOTAL This Period (last page this line number only).....▶	144600.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 32	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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		Date of Disbursement MM / DD / YYYY 02 / 12 / 2026
Mailing Address 7449 VILLAGE DR		FEC Identification Number C
City LINO LAKES	State MN	Zip Code 55014-1181
Purpose of Disbursement BANK FEES	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 17.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B016133A9E53D4245AB8
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. FIRST RESOURCE BANK		Date of Disbursement MM / DD / YYYY 02 / 20 / 2026
Mailing Address 7449 VILLAGE DR		FEC Identification Number C
City LINO LAKES	State MN	Zip Code 55014-1181
Purpose of Disbursement BANK FEES	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 17.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B232F5354E42F4203AE0
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. FIRST RESOURCE BANK		Date of Disbursement MM / DD / YYYY 02 / 23 / 2026
Mailing Address 7449 VILLAGE DR		FEC Identification Number C
City LINO LAKES	State MN	Zip Code 55014-1181
Purpose of Disbursement BANK FEES	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 17.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B30D689CDD16549B5B0E
State: District:	<input type="checkbox"/> 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 DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 32	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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			Date of Disbursement MM / DD / YYYY 02 / 25 / 2026	
Mailing Address 7449 VILLAGE DR			FEC Identification Number C	
City LINO LAKES	State MN	Zip Code 55014-1181	Amount of Each Disbursement this Period 17.00	
Purpose of Disbursement BANK FEES		Category/Type 001	Transaction ID : B62F276CA94204272B30	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. FIRST RESOURCE BANK			Date of Disbursement MM / DD / YYYY 02 / 25 / 2026	
Mailing Address 7449 VILLAGE DR			FEC Identification Number C	
City LINO LAKES	State MN	Zip Code 55014-1181	Amount of Each Disbursement this Period 17.00	
Purpose of Disbursement BANK FEES		Category/Type 001	Transaction ID : B0262C6DA7ABB4888AED	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. FIRST RESOURCE BANK			Date of Disbursement MM / DD / YYYY 02 / 25 / 2026	
Mailing Address 7449 VILLAGE DR			FEC Identification Number C	
City LINO LAKES	State MN	Zip Code 55014-1181	Amount of Each Disbursement this Period 17.00	
Purpose of Disbursement BANK FEES		Category/Type 001	Transaction ID : B2CCEDD2F85E44387897	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	51.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 32			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2026
Mailing Address 7449 VILLAGE DR		FEC Identification Number C
City LINO LAKES	State MN	Zip Code 55014-1181
Purpose of Disbursement BANK FEES	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 17.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B18E3E3D0B2114EB29D4
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. POLITICAL COMMUNICATIONS ADVERTISING		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2026
Mailing Address 11 E 44TH ST RM 301		FEC Identification Number C
City NEW YORK	State NY	Zip Code 10017-0065
Purpose of Disbursement MEDIA PLACEMENT	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 60000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BEC3C9B5ADC3047F1AFD
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. POLITICAL COMMUNICATIONS ADVERTISING		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2026
Mailing Address 11 E 44TH ST RM 301		FEC Identification Number C
City NEW YORK	State NY	Zip Code 10017-0065
Purpose of Disbursement MEDIA PLACEMENT	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 10000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BE7E1BBA9BA124C9489B
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	70017.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 32	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
OFFER VINCE SHAMWOW SHLOMI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PROJO1 LLC			Date of Disbursement MM / DD / YYYY 03 / 18 / 2026	
Mailing Address 568 SIERRA MORENA ST			FEC Identification Number C	
City LAS VEGAS	State NV	Zip Code 89144-4511	Amount of Each Disbursement this Period 615.00	
Purpose of Disbursement CAMPAIGN CONSULTING		Category/Type 001	Transaction ID : B21C260C3BD7E4DCF9E3	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. RIGHTPATH LLC			Date of Disbursement MM / DD / YYYY 02 / 12 / 2026	
Mailing Address 5310 TUSCARAWAS RD			FEC Identification Number C	
City BETHESDA	State MD	Zip Code 20816-3124	Amount of Each Disbursement this Period 45000.00	
Purpose of Disbursement DIRECT MAIL		Category/Type 001	Transaction ID : B2C4B4E28AFA14A3C9E7	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. RIGHTPATH LLC			Date of Disbursement MM / DD / YYYY 02 / 24 / 2026	
Mailing Address 5310 TUSCARAWAS RD			FEC Identification Number C	
City BETHESDA	State MD	Zip Code 20816-3124	Amount of Each Disbursement this Period 14000.00	
Purpose of Disbursement DIRECT MAIL		Category/Type 001	Transaction ID : B94121833BB6B411A8BD	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	59615.00
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 32	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
OFFER VINCE SHAMWOW SHLOMI FOR CONGRESS

Full Name (Last, First, Middle Initial) A. RIGHTPATH LLC			Date of Disbursement MM / DD / YYYY 02 / 25 / 2026	
Mailing Address 5310 TUSCARAWAS RD			FEC Identification Number C	
City BETHESDA	State MD	Zip Code 20816-3124	Amount of Each Disbursement this Period 4033.80	
Purpose of Disbursement DIRECT MAIL		Category/Type 001	Transaction ID : B4E52E457E84344049FD	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. SAME DAY PROCESSING			Date of Disbursement MM / DD / YYYY 03 / 06 / 2026	
Mailing Address 502 6TH ST			FEC Identification Number C	
City HUDSON	State WI	Zip Code 54016-1783	Amount of Each Disbursement this Period 1055.00	
Purpose of Disbursement ACCOUNTING CONSULTING		Category/Type 001	Transaction ID : B40585B05F2074AD5833	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. SHLOMI, OFFER, VINCE, ,			Date of Disbursement MM / DD / YYYY 02 / 27 / 2026	
Mailing Address 1680 MICHIGAN AVE SUITE 700			FEC Identification Number C	
City MIAMI BEACH	State FL	Zip Code 33139	Amount of Each Disbursement this Period 8000.00	
Purpose of Disbursement IN-KIND:GUEST AND GRAY LAW FIRM		Category/Type	Transaction ID : B4A08BFF7ABAE4C33B74	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	13088.80
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 32	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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, , ,			Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2026	
Mailing Address 810 FLOWER ST STE 314			FEC Identification Number C	
City LOS ANGELES	State CA	Zip Code 90017-4638	Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement CAMPAIGN CONSULTING		Category/ Type 001	Transaction ID : B330C9585A6CD4A6A8E3	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. WOODWARD LAW, PLLC			Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2026	
Mailing Address 27499 RIVERVIEW CENTER BLVD STE 259			FEC Identification Number C	
City BONITA SPRINGS	State FL	Zip Code 34134-4359	Amount of Each Disbursement this Period 6000.00	
Purpose of Disbursement LEGAL CONSULTING		Category/ Type 001	Transaction ID : BD6670B88CEE34F159AA	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	11000.00
TOTAL This Period (last page this line number only).....▶	153822.80

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **OFFER VINCE SHAMWOW SHLOMI FOR CONGRESS** Transaction ID : **C468F9FD675E6457BA3E**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
SHLOMI, OFFER, VINCE, ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
1680 MICHIGAN AVE SUITE 700			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
MIAMI BEACH	FL	33139	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2100.00	0.00	2100.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	01 / 21 / 2026	NONE		

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding:
State	
ZIP Code	
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding:
State	
ZIP Code	
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding:
State	
ZIP Code	
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding:
State	
ZIP Code	

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)
LOANS

NAME OF COMMITTEE (In Full) **OFFER VINCE SHAMWOW SHLOMI FOR CONGRESS** Transaction ID : **CD2F5619DE6364CCE8E2**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
SHLOMI, OFFER, VINCE, ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
1680 MICHIGAN AVE SUITE 700			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
MIAMI BEACH	FL	33139	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	03 / 03 / 2026	NONE	0.00	

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) LOANS

NAME OF COMMITTEE (In Full) **OFFER VINCE SHAMWOW SHLOMI FOR CONGRESS** Transaction ID : **C01CE0E2214BF4036BDC**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
SHLOMI, OFFER, VINCE, ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
1680 MICHIGAN AVE SUITE 700			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
MIAMI BEACH	FL	33139	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
7500.00	0.00	7500.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	01 / 06 / 2026	NONE	0.00	

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding:
State	
ZIP Code	
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding:
State	
ZIP Code	
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding:
State	
ZIP Code	
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding:
State	
ZIP Code	

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)
LOANS

NAME OF COMMITTEE (In Full) **OFFER VINCE SHAMWOW SHLOMI FOR CONGRESS** Transaction ID : **CC1945B3AC13A4E9AB18**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
SHLOMI, OFFER, VINCE, ,			<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1680 MICHIGAN AVE SUITE 700			
City MIAMI BEACH	State FL	ZIP Code 33139	<input checked="" type="checkbox"/> 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
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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)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) LOANS

NAME OF COMMITTEE (In Full) **OFFER VINCE SHAMWOW SHLOMI FOR CONGRESS** Transaction ID : **C248BECC63D0349BF85B**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
SHLOMI, OFFER, VINCE, ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
1680 MICHIGAN AVE SUITE 700			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
MIAMI BEACH	FL	33139	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
600.00	0.00	600.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	03 / 18 / 2026	NONE		

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).....▶	600.00
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) LOANS

NAME OF COMMITTEE (In Full) **OFFER VINCE SHAMWOW SHLOMI FOR CONGRESS** Transaction ID : **C8113F9038AF3417B92A**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
SHLOMI, OFFER, VINCE, ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
1680 MICHIGAN AVE SUITE 700			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
MIAMI BEACH	FL	33139	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1500.00	0.00	1500.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	01 / 14 / 2026	NONE	0.00	

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) LOANS

NAME OF COMMITTEE (In Full) **OFFER VINCE SHAMWOW SHLOMI FOR CONGRESS** Transaction ID : **CF9BEC6A574DE473D987**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
SHLOMI, OFFER, VINCE, ,			<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1680 MICHIGAN AVE SUITE 700			
City MIAMI BEACH	State FL	ZIP Code 33139	<input checked="" type="checkbox"/> 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
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	02 / 05 / 2026	NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) LOANS

NAME OF COMMITTEE (In Full) **OFFER VINCE SHAMWOW SHLOMI FOR CONGRESS** Transaction ID : **CC06C06367BCE4673930**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
SHLOMI, OFFER, VINCE, ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
1680 MICHIGAN AVE SUITE 700			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
MIAMI BEACH	FL	33139	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2500.00	0.00	2500.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	01 / 02 / 2026	NONE		

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)
LOANS

NAME OF COMMITTEE (In Full) **OFFER VINCE SHAMWOW SHLOMI FOR CONGRESS** Transaction ID : **C7251279920214412B64**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
SHLOMI, OFFER, VINCE, ,			<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1680 MICHIGAN AVE SUITE 700			
City MIAMI BEACH	State FL	ZIP Code 33139	<input checked="" type="checkbox"/> 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
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	01 / 28 / 2026	NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) LOANS

NAME OF COMMITTEE (In Full) **OFFER VINCE SHAMWOW SHLOMI FOR CONGRESS** Transaction ID : **C6138DF57FBF94A2998B**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
SHLOMI, OFFER, VINCE, ,			<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1680 MICHIGAN AVE SUITE 700			
City MIAMI BEACH	State FL	ZIP Code 33139	<input checked="" type="checkbox"/> 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
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 02 / 25 / 2026	M M / D D / Y Y Y Y NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) LOANS

NAME OF COMMITTEE (In Full) **OFFER VINCE SHAMWOW SHLOMI FOR CONGRESS** Transaction ID : **C364CC27E282147A19D7**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
SHLOMI, OFFER, VINCE, ,			<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1680 MICHIGAN AVE SUITE 700			
City MIAMI BEACH	State FL	ZIP Code 33139	<input checked="" type="checkbox"/> 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
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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)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)
LOANS

NAME OF COMMITTEE (In Full) **OFFER VINCE SHAMWOW SHLOMI FOR CONGRESS** Transaction ID : **CA8339E4246A44506BD2**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
SHLOMI, OFFER, VINCE, ,			<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1680 MICHIGAN AVE SUITE 700			
City MIAMI BEACH	State FL	ZIP Code 33139	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 6000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 6000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 02 / 23 / 2026	M M / D D / Y Y Y Y NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....▶	[] 6000.00
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) LOANS

NAME OF COMMITTEE (In Full) **OFFER VINCE SHAMWOW SHLOMI FOR CONGRESS** Transaction ID : **CCF7DFB4C11BC44008DE**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
SHLOMI, OFFER, VINCE, ,			<input checked="" type="checkbox"/> Primary
Mailing Address 1680 MICHIGAN AVE SUITE 700			<input type="checkbox"/> General
City MIAMI BEACH		State FL	<input type="checkbox"/> Other (specify) ▼
ZIP Code 33139		<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1500.00	0.00	1500.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	01 / 27 / 2026	NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)
LOANS

NAME OF COMMITTEE (In Full) **OFFER VINCE SHAMWOW SHLOMI FOR CONGRESS** Transaction ID : **CA45FBAF8274841DA9E6**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
SHLOMI, OFFER, VINCE, ,			<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1680 MICHIGAN AVE SUITE 700			
City MIAMI BEACH	State FL	ZIP Code 33139	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 10000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	02 / 25 / 2026	NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....▶	10000.00
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) LOANS

NAME OF COMMITTEE (In Full) **OFFER VINCE SHAMWOW SHLOMI FOR CONGRESS** Transaction ID : **C41803EC96A08411DAE8**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
SHLOMI, OFFER, VINCE, ,			<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1680 MICHIGAN AVE SUITE 700			
City MIAMI BEACH	State FL	ZIP Code 33139	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 13000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 13000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	02 / 24 / 2026	NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....▶	13000.00
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) LOANS

NAME OF COMMITTEE (In Full) **OFFER VINCE SHAMWOW SHLOMI FOR CONGRESS** Transaction ID : **CDD7282AA6A69406E839**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
SHLOMI, OFFER, VINCE, ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
1680 MICHIGAN AVE SUITE 700			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
MIAMI BEACH	FL	33139	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000.00	0.00	2000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	01 / 13 / 2026	NONE		

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).....▶	

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) LOANS

NAME OF COMMITTEE (In Full) **OFFER VINCE SHAMWOW SHLOMI FOR CONGRESS** Transaction ID : **CEF2FE150BB2A483EB13**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
SHLOMI, OFFER, VINCE, ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
1680 MICHIGAN AVE SUITE 700			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
MIAMI BEACH	FL	33139	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
60000.00	0.00	60000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	02 / 20 / 2026	NONE		

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).....▶	60000.00
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)
LOANS**

NAME OF COMMITTEE (In Full) **OFFER VINCE SHAMWOW SHLOMI FOR CONGRESS** Transaction ID : **C544CDC330D234F6C92A**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
SHLOMI, OFFER, VINCE, ,			<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1680 MICHIGAN AVE SUITE 700			
City MIAMI BEACH	State FL	ZIP Code 33139	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 45000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 45000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 02 / 14 / 2026	M M / D D / Y Y Y Y NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....▶	45000.00
TOTALS This Period (last page in this line only).....▶	300700.00

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