

# STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

OFFICE USE ONLY

(PLEASE TYPE)

**1. Full Name of Committee**

Telephone

Strength In Positive Leadership

784  
429-4900

Mailing Address (include city, state and zip code)

2810 S. LeJeune Road, Coral Gables FL 33134

Street Address (include city, state and zip code)

Same as Above

**2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)**

Name of Affiliated or Connected Organization	Mailing Address	Relationship
N/A		RECEIVED 2022 JUL 11 AM 10:29 MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

**3. Area, Scope and Jurisdiction of the Committee**

Miami Dade County

**4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.)**

Leadership

**5. Identify by Name, Address and Position, the Custodian of Books and Accounts (include treasurer's name)**

Full Name	Mailing Address	Committee Title or Position
Sean McGraw	2810 S. LeJeune Road Coral Gables FL 33134	Treasurer

**6. List by Name, Address and Position, Other Principal Officers, Including Officers and Members of the Finance Committee, If Any (include chairman's name)**

Full Name	Mailing Address	Committee Title or Position
Sean McGrover	2810 S. LeSeune Road, Coral Gables 33134	Chairman
Alexia McGrover	2810 S LeSeune Road, Coral Gables 33134	Treasurer

**7. List by Name, Address, Office Sought and Party Affiliation Each Candidate or Other Individual that this Committee is Supporting (if none, please indicate)**

Full Name	Mailing Address	Office Sought	Party
N/A			

8. List Any Issues this Committee is Supporting:

N/A

List Any Issues this Committee is Opposing:

N/A

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9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party

Republican

10. In the Event of Dissolution, What Disposition will be Made of Residual Funds?

New Profit Organization

11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds

Name of Bank or Depository & Account Number	Mailing Address
Regions Bank	2800 Ponce De Leon Blvd Coral Gables FL 33134

12. List all Reports Required to be Filed by this Committee with Federal Officials and the Names, Addresses and Positions of Such Officials, If Any

Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address
N/A			

STATE OF Florida COUNTY Miami Dade

I, Sean McGrover, certify that the information in this Statement of Organization is complete, true and correct.

**X**

Signature of Chairman of Political Committee

07/11/2022  
Date

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR  
POLITICAL COMMITTEES**  
(Sections 106.011(2) and 106.021(1), F.S.)

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CHECK APPROPRIATE BOX:

Initial Filing for:  Primary Treasurer  Deputy Treasurer

Re-filing to Change:  Primary Treasurer  Deputy Treasurer  Primary/Secondary Depository

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1. Committee <u>Strength In Positive Leadership</u>	2. Telephone <u>(786) 429-4900</u>
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3. Name of Treasurer or Deputy Treasurer <u>Sean McGrover</u>	4. Email (optional)	5. Telephone (optional) <u>( ) N/A</u>
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6. Mailing Address  
2810 S. Le Feune Road Coral Gables FL 33134

7. Street Address  
Same As Above

8. The following bank has been designated as the  Primary Depository  Secondary Depository

9. Name of Bank <u>Regions Bank</u>	10. Street Address <u>2800 Ponce De Leon Blvd</u>
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11. City <u>Coral Gables</u>	12. State <u>FL</u>	13. Zip Code <u>33134</u>
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14. Signature of Chairman <u>X</u> 	15. Name of Chairman (Print or Type) <u>Sean McGrover</u>
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**Campaign Treasurer's Acceptance of Appointment**

I, Sean McGrover, do hereby accept the appointment as  
(Please Print or Type)  
treasurer or deputy treasurer for Strength In Positive Leadership  
(Committee)

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S  
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.

09/11/2022 X   
Date Signature of Campaign Treasurer or Deputy Treasurer



**REGISTERED AGENT  
STATEMENT OF APPOINTMENT**

(Section 106.022, F.S.)

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- Original Appointment       Change of Appointment  
 Change of Mailing Address       Change of Physical Address

**Registered Agent and Office Information**

Name Sean McBraver Telephone 786-429-4900

Street Address 2810 S. LeJeune Road

City Coral Gables State FL Zip Code 33134

Mailing Address Same As Above

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I accept this appointment and confirm that I am familiar with and accept the obligations of the position as set forth in Section 106.022, F.S. I also understand that I may resign this appointment by executing a written statement of resignation and filing it with the applicable filing officer.

  
Signature of Registered Agent

07/11/2022  
Date

**Former Registered Agent and Office Information (for changes only)**

Name N/A Telephone \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Committee or Organization Information**

Name of Committee or Organization Strength in Positive Leadership

Street Address 2810 S. LeJeune Road Telephone 786-429-4900

City Coral Gables State FL Zip Code 33134

  
Signature of Chairperson

Sean McBraver  
Printed Name of Chairperson

07/11/2022  
Date



Access to Handbook and the Election Laws of the State of Florida

Candidate/Chairperson:

Sean

First Name

Patrick

Middle Name

McGraver

Last Name

Strength In Positive Leadership

Office Sought / Organization

I acknowledge that it is my responsibility to read, understand and follow the requirements described in the following resources available on the Miami-Dade County Elections Department Website:

Candidate Qualifying Handbook

(https://www.miamidade.gov/global/elections/candidate-qualifying-handbook.page) Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Qualifying Information, Electronic Reporting Dates and Procedures, Important Candidate Information, and Recent Legislative Changes.

Political Committee Handbook

(https://www.miamidade.gov/global/elections/political-committee-resources.page) Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Electronic Reporting Dates and Procedures, Important Committee Information, and Recent Legislative Changes.

Acknowledged by: Sean McGraver [Signature] Candidate / Chairperson Signature

Date: 07/11/2022

Primary Telephone Number: 786-429-4900

Alternate Telephone Number: 407-765-0341

E-mail address: sean2109@gmail.com

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**Campaign Treasurer's Report  
Miami-Dade County Electronic Filing Requirement**



Candidate (office sought): \_\_\_\_\_  
Candidate's Florida Voter Registration Number: \_\_\_\_\_  
 Political Committee: Strength In Positive Leadership  
 Party Executive Committee: \_\_\_\_\_  
 Other: \_\_\_\_\_  
I, Sean McGrover

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*(Please print name of Candidate or Chairperson)*

understand that Campaign Treasurer's Reports must be filed electronically via the Supervisor of Elections website by midnight of the day designated in order to comply with Miami-Dade County requirements. I also acknowledge that Sections 12-17 and 12-21 of the Code of Miami-Dade County regarding the filing of the campaign finance reports with the Supervisor of Elections were recently amended in that original signed hardcopies are no longer required.

I also understand that, in accordance with Section 12-14.1 of the Code of Miami-Dade County, Florida, candidates running for the Offices of Miami-Dade County Mayor, Commissioner, Property Appraiser, Clerk of the Circuit Courts, and Community Council must now file the Vote by Mail Campaign Report (MD-ED 26) to disclose the names of paid campaign workers engaged in vote by mail ballot activities, if applicable.

Additionally, I understand that, in accordance with Sections 12-14.2 and 12-14.2.1 of the Code of Miami-Dade County, Florida, Miami-Dade County Elected Officers and Candidates running for the Offices of Miami-Dade County Mayor, Commissioner, Property Appraiser, Clerk of the Circuit Courts, and Community Council must now file the Reporting of Solicitation of Contributions for Political Committees, Electioneering Communications Organizations, 501(c)(4) Organizations and Political Parties (MD-ED 28) to publicly disclose when they commence solicitation activities for Political Committees, Electioneering Communications Organizations, Political Parties, and/or 501(c)4 organizations, if applicable.

Lastly, I understand that Section 2.69(e) of the Code of Miami-Dade County requires that candidates for Property Appraiser also fill out the Miami-Dade county Contributing Entity (MD-ED 19) form for every reporting period if contributions are received from a corporation incorporated under the laws of the State of Florida or any other state or any foreign country of any partnership or any other legal entity other than a natural person, if applicable.

\_\_\_\_\_  
Signature of Candidate or Chairperson

07/11/2022

\_\_\_\_\_  
Date

Day Time Telephone Number: 786-429-4900  
Alternate Contact Number: 407-765-0341  
Email Address: Sean2109@gmail.com

*This form must be filed with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository form is filed.*