STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE		OFFICE USE ONLY			
		RECEIN	/ED		
(PLEAS	E TYPE)	2024 APR 17 AM 9: 56			
			AMI-DADE COUNTY		
1. Full Name of Committee					
Strength In Ristive Leadership 765-0341					
Mailing Address (include city, st		10			
400 Universit	y Drive Ste 40				
Street Address (include city, stat	te and zip code)				
Same As Abave					
2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)					
Name of Affiliated or Connected Organization	Mailing Addres	Mailing Address			
WA					
3. Area, Scope and Jurisdiction of the Committee					
Miami Dade	- Coral Gabler	33134			
4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.)					
Political					
5. Identify by Name, Address and Position, the Custodian of Books and Accounts (include treasurer's name)					
Full Name	Mailing Address	Com	mittee Title or Position		
Sean McGrover "	100 University Dr. Coral Gables E	Ste 400 C	hairman		
(oral lacolos 12	52177			
		janar n			

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 Add	Mailing Address		Committee Title or Position	
Sean MGrave	r 400 Universi # 400 Bral Gobles K			Treisurer	
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 m	Party	
NA			MIAMI-DADE LECTIONS DE	RECEI	
8. List Any Issues this Co	mmittee is Supporting:	In	PAR		
List Any Issues this Committee is Opposing:					
9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party Republican					
	ition, What Disposition will be	Made of Residual F	unds?	10	
11. List all Banks, Safety	Deposit Boxes, or Other Depos	itories Used for Co	mmittee Funds		
Name of Bank or Dep	ository & Account Number		Mailing Address		
Region's Bank		400 University Drive Ste 400 Coral Gables fr 33134			
Region's Bank Acot # 0324591815		Coral Gab	les 'f2 33	134	
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	f Official Mailing	g Address	
NIA	WA	NIA	N/A	1	
STATE OF	da	Mian	11 - Dade	_ COUNTY	
I, Sem MGrover , certify that the information in this Statement of					
Organization is complete, true and correct.					
XSignature of Chairman of Political Committee OY 16 2029					

DS-DE 5 (Rev. 06/11) - Rule 1S-2.017

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR POLITICAL COMMITTEES (Sections 106.011(2) and 106.021(1), F.S.) CHECK APPROPRIATE BOX: Initial Filing for:	RECEIVED 2024 APR 17 AM 9: 56 MIAMI-DADE COUNTY ELECTIONS DEPARTMENT OFFICE USE ONLY			
1. Committee 2. Telephone Strength in Positive Leadership (407) 765-0341				
3. Name of Treasurer or Deputy Treasurer 4. Email (optional)	5. Telephone (optional)			
Sean McGrover (407) 765-0341				
6. Mailing Address 400 Dawers the Dave Ste 400 Cond Galdes 22124				
7. Street Address				
400 University Drive Ste 400 Coral Gables FZ 33134				
8. The following bank has been designated as the A. Prima	ry Depository Secondary Depository			
9. Name of Bank 1 Region's Bank	10. Street Address 2500 Parce De Leon			
11. City Coral Gables	12. State 13. Zip Code 3313 Y			
14. Signature of Chairman	Name of Chairman (Print or Type)			
X	Sen MGraver			
Campaign Treasurer's Acceptance of Appointment				
I,, do hereby accept the appointment as				
treasurer or deputy treasurer for <u>Strength In Pusitive Leidership</u> (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.				
OY 17 2024 X Date Signature of Campaign Treasurer or Deputy Treasurer				
DS-DE 6 (Rev. 4/19)				

STATEMENT OF APPOINTMENT (Section 106.022, F.S.)	RECEIVED			
	2024 APR 17 AM 9: 56			
Original Appointment Change of Appointment	MIAMI-DADE COUNTY ELECTIONS DEPARTMENT			
Change of Mailing Address				
Registered Agent and Office Information				
Name Same ACC and	Telephone			
Street Address	407 165-0341			
400 University Drive	Ste 400			
City Coral Gables State	Zip Code 33134			
Mailing Address 400 University Drive Ste 400				
City Caral Gables State F	Zip Code 33134			
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.				
Former Registered Agent and Office Information (for changes only)				
Name	Telephone 407 765-0341			
Street Address 2810 S. Le Jeune Load				
City Coral Gables State	Zip Code 33134			
Committee or Organization Information				
Name of Committee or Organization				
Strength In	Positive Leadership			
Street Address 400 University Prive Ste 400 Telephone				
City Coral Guble State	L Zip Code 33134			
A				
Signature of Chairperson				
	1 7			
JEAN MiGrover	04/16/2024			
	0110029			

Form DS-DE 41 (revised 6/11)