

FORM 1

STATEMENT OF
FINANCIAL INTERESTS

FOR OFFICIAL USE ONLY:

Please print or type your name, mailing
address, agency name, and position below:

LAST NAME -- FIRST NAME -- MIDDLE NAME :

McGrover Sean Patrick

MAILING ADDRESS : 2810 Le Jeune Rd

CITY : Coral Gables ZIP : 33134 COUNTY : Miami Dade

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

City Commissioner

CHECK ONLY IF ☒ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE**** THIS SECTION MUST BE COMPLETED ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2022.

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

☐ COMPARATIVE (PERCENTAGE) THRESHOLDS OR ☒ DOLLAR VALUE THRESHOLDSPART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Mortgage Broker	400 University Dr. Coral Gables, FL 33134	Lending Capital

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
Maxwell McGrover Realty	Real Estate	2810 S. Le Jeune Rd Coral Gables FL 33134	Real Estate Transactions

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

N/A

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. - See instructions)
(If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

N/A

PART E — LIABILITIES (Major debts - See instructions)
(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR

ADDRESS OF CREDITOR

PART F — INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses - See instructions)
(If you have nothing to report, write "none" or "n/a")

BUSINESS ENTITY # 1

BUSINESS ENTITY # 2

NAME OF BUSINESS ENTITY

McGraw Commercial Capital

Maxwell McGraw Realty

ADDRESS OF BUSINESS ENTITY

2810 S. LeJeune Rd

2810 S. LeJeune Rd

PRINCIPAL BUSINESS ACTIVITY

Finance

Real Estate

POSITION HELD WITH ENTITY

Managing Member

President

I OWN MORE THAN A 5% INTEREST IN THE BUSINESS

yes

yes

NATURE OF MY OWNERSHIP INTEREST

owner

owner

PART G — TRAINING For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142 F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐**SIGNATURE OF FILER:**

Signature:

Date Signed:

02/20/2023

CPA or ATTORNEY SIGNATURE ONLY

If a certified public accountant licensed under Chapter 473 or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____ prepared the CE Form 1 in accordance with Section 112.3145 Florida Statutes and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature _____

Date Signed _____

FILING INSTRUCTIONS:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.**State officers or specified state employees** who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.**Candidates** file this form together with their filing papers.**MULTIPLE FILING UNNECESSARY:** A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.**WHEN TO FILE: Initially,** each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.**Candidates** must file at the same time they file their qualifying papers.**Thereafter,** file by July 1 following each calendar year in which they hold their positions.**Finally,** file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2022.

**CANDIDATE OATH
NONPARTISAN OFFICE**

(Do not use this form if a Judicial or School Board Candidate)

Check box **only** if you are seeking to qualify as a write-in candidate:

☐ Write-in candidate

CITY CLERK'S OFFICE
2023 FEB 20 PM 1:46

OFFICE USE ONLY

Candidate Oath

(Section 99.021(1)(a), Florida Statutes)

I, Sean McGrover,

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box ☐ (see page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of City Commissioner,
(Office) (District #)

IV ; I am a qualified elector of Miami-Dade County, Florida;
(Circuit #) (Group or Seat #)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Candidate's Florida Voter Registration Number (located on your voter information card): _____

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

X [Signature] (407) 765-0341 Sean2109@gmail.com
Signature of Candidate Telephone Number Email Address

2810 Le Jeune Rd Coral Gables FL 33134
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me by means of
online notarization ☐ OR physical presence ☒

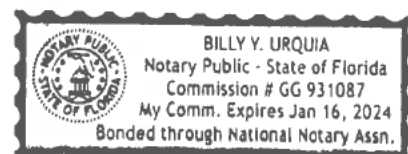
this 20th day of February, 2023.

Personally Known ☐ OR Produced Identification ☒

Type of Identification Produced: driver license

[Signature]
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:



SEAN MCGROVER

2810 S. LeJeune Road, Coral Gables FL 33134
Sean2109@ Gmail.com /407-765-0341

Managing Member

10/01/2014 – Present McGrover Commercial Capital LLC.
Miami Florida

Commercial lending offering SBA, Fannie Mae, Freddie Mac, CMBS, SBCL and hard money loans throughout the U.S.

Broker/Owner

06/01/2016 - Present Maxwell McGrover Realty LLC
Miami Florida

Real estate company offering buying, selling and leasing of real estate in south Florida.

Founder/Coach

12/01/2020 - Present MortgageInfoMillionaire
Miami Florida

Nationwide coaching program for residential loan officers looking to add commercial lending to their business. Developed this program to help struggling loan officers add an additional revenue stream into their current business or to create a new business offering commercial lending.

08/30/2018 – Present **Owner/Operator – Mortgage Corporation**
Miami Florida McGrover Funding Corporation

Residential mortgage company providing FHA, VA, Conventional and Non Qualified mortgages throughout the State of Florida.

03/01/2013 – 08/15/2018 **Ygrene Energy Fund**
Miami Florida

PACE financing program offering to property owners and contractors throughout Florida. Two associates and I were tasked with developing this program and we took the program from \$0.00 to over \$20M per month by 2017. We grew the company exponentially in funding and footprint.

Licensing

Mortgage: NMLS # 394475

Mortgage: NMLS #1593453

Real Estate: BKR # 3336570

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

CITY CLERK'S OFFICE
2023 FEB 20 PM 1:46

CITY CLERK'S OFFICE
2022 JUL 8 PM 2:11

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

☒ Initial Filing of Form Re-filing to Change: ☐ Treasurer/Deputy ☐ Depository ☐ Office ☐ Party

2. Name of Candidate (in this order: First, Middle, Last)

Sean Patrick McGrover

3. Address (include post office box or street, city, state, zip code)

2810 S. Le Jeune Rd
Coral Gables, FL 33134

4. Telephone

(407) 765-0341

5. E-mail address

seah2109@gmail.com

6. Office sought (include district, circuit, group number)

City Commissioner Group B 4

7. If a candidate for a nonpartisan office, check if applicable:

☐ My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

☐ Write-In ☒ No Party Affiliation ☐ _____ Party candidate

9. I have appointed the following person to act as my ☒ Campaign Treasurer ☒ Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Alexia McGrover

11. Mailing Address

2810 S. Le Jeune Rd, Coral Gables FL 33134

12. Telephone

(786) 200-3061

13. City

Coral Gables

14. County

Miami-Dade

15. State

FL

16. Zip Code

33134

17. E-mail address

alexiajmaxwell@gmail.com

18. I have designated the following bank as my

☐ Primary Depository

☐ Secondary Depository

19. Name of Bank

Region's Bank

20. Address

2800 Ponce De Leon Blvd

21. City

Coral Gables

22. County

Miami-Dade

23. State

Florida

24. Zip Code

33134

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

7-8-2022

26. Signature of Candidate

X Alexia McGrover

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Alexia McGrover (Please Print or Type Name) do hereby accept the appointment

designated above as:

☒ Campaign Treasurer

☒ Deputy Treasurer

7-8-2022
Date

X

Alexia McGrover
Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

CITY CLERK'S OFFICE
2023 FEB 20 PM 1:46

CITY CLERK'S OFFICE
2022 JUL 8 PM 2:11

I, Sean McGrover
candidate for the office of City Commissioner Group X IV ;
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X


Signature of Candidate

07/08/22
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

2023 GENERAL BIENNIAL ELECTION
DECLARATION OF CANDIDATE INTENT,
QUALIFIED ELECTOR AND RESIDENCY AFFIRMATION

State of Florida

County of Miami-Dade

City of Coral Gables

I, Sean McGrover a qualified elector and resident of Coral Gables

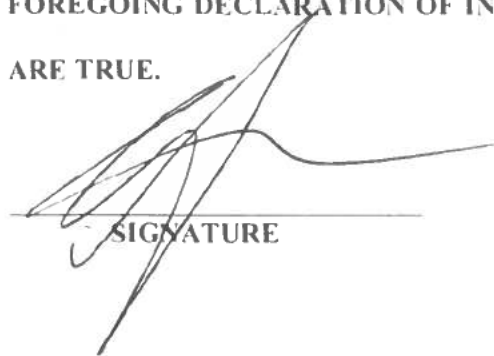
declare that I have been a continuous Coral Gables resident for at least a year proceeding the qualifying period.

I further declare that I am a candidate for Commissioner Group IV
(Office) (Group Number)

in the General Biennial Election of 02/20/2023 and do hereby file my intent to run in
(Month/Date/Year)

said election, and to pay the required qualification fee and election assessment in connection with same. (Attach proof of residency and qualified elector documentation).

**UNDER PENALTIES OF PERJURY, I HEREBY DECLARE THAT I HAVE READ THE
FOREGOING DECLARATION OF INTENT FORM AND THAT THE FACTS STATED
ARE TRUE.**


SIGNATURE

02/20/2023
DATE

DECLARATION FOR CANDIDATES NOT AUTOMATICALLY COVERED

by the **Mandatory Provisions** of the
Miami-Dade Ethical Campaign Practices Ordinance
Miami-Dade County Code at 2-11.1.1(C) (1)

CITY CLERK'S OFFICE
2023 FEB 20 PM 1:47

The Mandatory Fair Campaign Practices Ordinance at Sec. 2-11.1.1(C) of the Miami-Dade County Code extends to—

- Candidates, and their respective campaign staffs, for Miami-Dade Co. Commissioners or Mayor;
- Candidates, and their respective campaign staffs, for Miami-Dade Co. Community Councils;
- Candidates, and their respective campaign staffs, for any municipal elective office within Miami-Dade County;
- Candidates, and their respective campaign staffs, for the Co. Property Appraiser.

Other candidates for elective office with a constituency in whole or in part in Miami-Dade Co. who are *not* required to comply with the Mandatory Fair Campaign Practices Ordinance *may* at any time declare that they agree to abide by the Mandatory Fair Campaign Practices Ordinance.

The Mandatory Fair Campaign Practices Ordinance states that a candidate shall not—

- (a) With actual malice make or cause to be made any untrue oral statement about another candidate or a member of his or her family or staff that exposes the person to hatred, contempt, or ridicule or causes the person to be shunned or avoided or injured in his or her business or occupation;
- (b) With actual malice publish, or cause to be published, by writing, printing, picture, effigy, sign, or otherwise than by mere speech any untrue statement about another candidate or a member of his or her family or staff that exposes the person to hatred, contempt, or ridicule or causes the person to be shunned or avoided or injured in his or her business or occupation;
- (c) Willfully injure, deface, or damage or cause to be injured, defaced, or damaged, by any means, any campaign poster, sign, leaflet, handbill, literature, or other campaign material of another candidate;
- (d) Knowingly obtain, or cause to be obtained, the campaign property of another candidate with the intent to temporarily or permanently deprive the candidate of a right to the property or its benefit; *or*
- (e) Knowingly file with the Ethics Commission a groundless or frivolous complaint against another candidate.

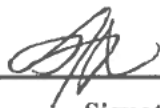
If you are not automatically covered by the Mandatory Fair Campaign Practices Ordinance, but you have a constituency in whole or in part in Miami-Dade County and you would like to abide by the Mandatory Fair Campaign Practices Ordinance, please sign and date below. Once signed, the Declaration is deemed irrevocable for the duration of the campaign.

I, Sean McGrauer, a candidate for the office of
please print your name

City Commissioner in Miami-Dade,
elective office sought county, municipality, or other jurisdiction

understand that I am not automatically bound by the Mandatory Fair Campaign Practices Ordinance of Miami-Dade Co. Nevertheless, I choose to abide by the Mandatory Fair Campaign Practices Ordinance and recognize the compulsory jurisdiction of the Ethics Commission and its authority to decide whether I have violated the ordinance at Sec. 2-11.1.1(C) of the County Code. I further understand that if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any.

x



Signature

2-18-2023

Date

1004

63-466/631

SEAN PATRICK MCGROVER CAMPAIGN

2810 S Le Jeune Rd
Coral Gables, FL 33134

02/20/2023
DATE

PAY TO THE
ORDER OF
City of Coral Gables
Three Hundred Sixty Four 88/100 \$ 364.88
DOLLARS



REGIONS

MP

FOR

1002

63-466/631

SEAN PATRICK MCGROVER CAMPAIGN

2810 S Le Jeune Rd
Coral Gables, FL 33134

02/20/2023
DATE

PAY TO THE
ORDER OF
City of Coral Gables
Two Hundred 00/100 \$ 200.00
DOLLARS



REGIONS

MP

CITY CLERK'S OFFICE
2023 FEB 20 PM 1:49

City of Coral Gables
City Clerk
(305) 460-5351

019809-0001 Susan D. 02/20/2023 01:03PM

CITY CLERK

Payment Tran Code: City
Clerk (CITYCLERK)

Description: Qualifying

City Clerk (CITYCLERK)

2022 Item: CITYCLERK

City Clerk (CITYCLERK) 200.00

200.00

Subtotal 200.00

Total 200.00

CHECK 200.00

Check Number 1002

Change due 0.00

Paid by: Sean Patrick McGrover

CUSTOMER COPY

City of Coral Gables
City Clerk
(305) 460-5351

019809-0002 Susan D. 02/20/2023 01:06PM

CITY CLERK

Payment Tran Code: City
Clerk (CITYCLERK)

Description: Qualifying
- State Assessment

City Clerk (CITYCLERK)

2022 Item: CITYCLERK

City Clerk (CITYCLERK) 364.88

364.88

Subtotal 364.88

Total 364.88

CHECK 364.88

Check Number 1004

Change due 0.00

Paid by: Sean Patrick McGrover

CUSTOMER COPY