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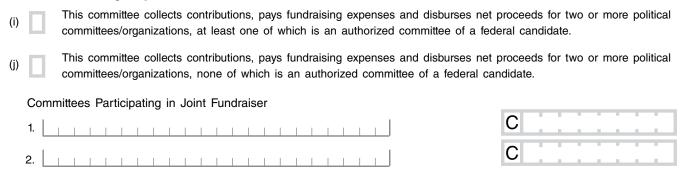
PAGE 1 / 5 🗕

STATEMENT OF ORGANIZATION

FORM 1			(Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Strength in Seve				
ADDRESS (number and street)	545 E Town St			
(Check if address is changed)				
	Columbus └────────────────────────────────────		OH STATE ▲	3215
COMMITTEE'S E-MAIL ADDR	ESS			
(Check if address is changed)	contact@electionlawgr			
COMMITTEE'S WEB PAGE AI	DRESS (URL)			
2. DATE 03	D / Y Y Y Y 31 2023			
3. FEC IDENTIFICATION N	NUMBER ► C co	00804153		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined	this Statement and to the best	of my knowledge and belief it	is true, correct an	d complete.
Type or Print Name of Treasur	er Davies, Marvin, J., , III			
Signature of Treasurer	ies, Marvin, J., , III	[Electronically Filed]	Date 03	/ D D / Y Y Y Y 31 2023
NOTE: Submission of false, error	neous, or incomplete information ANY CHANGE IN INFORMAT	may subject the person signing t TION SHOULD BE REPORTED		e penalties of 52 U.S.C. §3010
Office Use Only		For further information of Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

FEC	Form 1 (Revised 03/2022)	Page 2
5. T	YPE OF COMMITTEE:	
С	andidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the ca	andidate
	Name of Candidate	
	Candidate Party Affiliation Office Sought: House Senate President	State
(C) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
P a (d	arty Committee: (National, State or subordinate) committee of the (Democratic, Republican, etc.)	c.) Party
Pe (e	Ditical Action Committee (PAC): This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	rganization is a:
	Corporation Corporation w/o Capital Stock Labor Organ	nization
	Membership Organization Trade Association Cooperative	1
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fur committee. (i.e., nonconnected committee)	nd or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	

Joint Fundraising Representative:



14	FEC Form 1 (Revised) /rite or Type Committee Name		Page 3
•	Strength in Se		
6.	Name of Any Connected C Brown, Shontel, M,	rganization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor
	Mailing Address	4660 Belfiore Rd	
		Warrensville Heights	14128
		CITY ▲ STATE ▲	ZIP CODE
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Representative	x Leadership PAC Sponso

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

LLC, Mc ⁻	Tigue & Colombo, , ,			
Full Name				
Mailing Address	545 E Town St			
	Columbus		OH 43215	
	CITY 🔺		STATE 🔺	ZIP CODE
Title or Position ▼				
Compliance Firm		Telephone nur	nber 614 – [263 - 7000

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Davies, Marvin, J., , III							
of Treasurer								
Mailing Address	PO Box 22392							
	Beachwood OH 44122 Image: Im							
	CITY A STATE A ZIP CODE A							
Title or Position ▼								
	Telephone number 216 - 410 - 4883							

FEC Form 1 (Revised 02	2/:	20	09	9)																				Pa	ge ·	4	
Full Name of Designated Agent															1												
Mailing Address	L																										
	L																										
	L																								- [_		
										CI	TΥ							ST	ATE			Z	ΊP	сс	DE		
Title or Position ▼																											
Telephone number																											

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address	27359 Chagrin Boulevard		
	Woodmere	OH 44122	
	CITY 🔺	STATE A	ZIP CODE ▲
Name of Bank, [Depository, etc.		
	Fifth Third Bank		
Mailing Address	21 E State St		
	Columbus	OH43215	
		STATE 🔺	ZIP CODE

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F1A Transaction ID :

The Custodian of Records is the business entity McTigue & Colombo, LLC

Form/Schedule: Transaction ID: