

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

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OFFICE USE ONLY

Candidate Oath

MIAMI-DADE ELECTIONS

Name to appear on ballot:

Guilleemo J. Silva Malave

Check box if two last names without hyphen. (Name cannot be changed after qualifying.)

Check box if name includes nickname. (For use of a nickname, you must complete the Nickname Affidavit on reverse side.)

I swear or affirm that I am a candidate for the nonpartisan office of

DOWNTOWN DORAL SOUTH COMMUNITY DEVELOPMENT DISTRICT

N/A (District #)

N/A 4 (Circuit #) (Group or Seat #)

MIAMI DADE County, Florida

I am a qualified elector 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.

Statement of Outstanding Fines, Fees, or Penalties

I owe outstanding fines, fees, or penalties, that cumulatively exceed \$250, for ethics or campaign finance violations (s. 99.021(1)(d), F.S.).

YES, I Do NO, I Do Not X

If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

X Signature of Candidate

(305) 972-4565 Telephone Number

DORALCDDGSM@gmail.com Email Address

4740 NW 84th #36 Address of Legal Residence

DORAL City

FL State

33166 ZIP Code

STATE OF FLORIDA

COUNTY OF Dade

Katyan Seekatz Signature of Notary Public

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

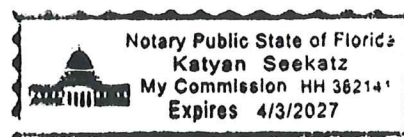
Sworn to (or affirmed) and subscribed before me by means of

online notarization OR physical presence

this 13 day of June, 2024.

Personally Known OR Produced Identification

Type of Identification Produced: Driver License



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General Information

Name: Mr Guillermo Jose Silva Malave
 Address: 4740 NW 84TH CT UNIT 36, DORAL, FL 33166
 County: Miami-Dade

MIAMI-DADE
 ELECTIONS

Organization	Suborganization	Title
N/A		

CANDIDATE FOR

Position	Agency Name	Position sought or held
City, Town or Village (Commission or Council), Governing Board - Form 1 (Effective 6/10/2024)	DOWNTOWN DORAL SOUTH COMMUNITY DEVELOPMENT DISTRICT	SEAT 4

Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2023 .

Primary Sources of Income

PRIMARY SOURCE OF INCOME (Over \$2,500) (Major sources of income to the reporting person)
 (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
HILL INTERNATIONAL	80 SW 8TH STE 2220 MIAMI FL 33130	CONSULTING SERVICES

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Secondary Sources of Income 2024 JUN 14 AM 11:38

SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person) (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
SLM ENGINEERING INC	CONSTRUCTION SVC	3001 W HALLANDALE BCH BLVD SUITE 319 PEMBROKE PARK FL 33009	CONSTRUCTION SVC
BEACHFRONT REALTY	REAL ESTATE	517 ARTHUR GODFREY RD MIAMI BCH FL 33140	REAL ESTATE

Real Property

REAL PROPERTY (Land, buildings owned by the reporting person) (If you have nothing to report, write "none" or "n/a")

Location/Description
4636 NW 84 AV UNIT 37 DORAL FL 33166

Intangible Personal Property

INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over \$10,000) (If you have nothing to report, write "none" or "n/a")

Type of Intangible	Business Entity to Which the Property Relates
BANK ACCOUNT	WELLS FARGO
BANK ACCOUNT	CITI BANK
401K	T.RowePrice
CD	CITI BANK

2023 Form 1 - Statement of Financial Interests

Liabilities	
LIABILITIES (Major debts valued over \$10,000): (If you have nothing to report, write "none" or "n/a")	
Name of Creditor	Address of Creditor
BARCLAY CARD	BARCLAY BANK DELAWARE PO BOX 8801 WILMINGTON DE 19804
DISCOVER CARD	2500 LAKE COOK ROAD, RIVERWOODS, IL 60015
LENDING CLUB	595 MARKET STREET SUITE 200 SAN FRANCISCO CA 94105

Interests in Specified Businesses
INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses) (If you have nothing to report, write "none" or "n/a")
Business Entity # 1
N/A

Signature of Filer
<p>Guillermo Jose Silva Malave</p> <p>Digitally signed: 06/13/2024</p>

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CLERK - DADE
COUNTY

