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MIAMI-DADE ELECTIONS

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.

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) ESTEBAN L. BOVO Jr.

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

765 WEST 76 STREET HIALEAH, FL 33014

4. Telephone (305 ) 318-8741

5. E-mail address estebanbovojr@aol.com

6. Office sought (include district, circuit, group number) MIAMI-DADE COUNTY COMMISSION, DISTRICT #13

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 JOSE A. RIESCO, CPA

11. Mailing Address 95 MERRICK WAY, SUITE 250

12. Telephone ( 305 ) 445-0777

13. City CORAL GABLES

14. County MIAMI-DADE

15. State FL

16. Zip Code 33134

17. E-mail address jose@riescoandcompany.com

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank TOTAL BANK

20. Address 5410 WEST 16 AVENUE

21. City HIALEAH

22. County MIAMI-DADE

23. State FL

24. Zip Code 33012

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 3/21/11

26. Signature of Candidate X

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

I, JOSE A. RIESCO, CPA, do hereby accept the appointment (Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer

3/21/11

X

Date

Signature of Campaign Treasurer or Deputy Treasurer

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

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

(PLEASE PRINT OR TYPE)

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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)

ESTEBAN L. BOVO Jr.

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

765 WEST 76 STREET  
HIALEAH, FL 33014

**4. Telephone**

(305 ) 318-8741

**5. E-mail address**

estebanbovojr@aol.com

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

MIAMI-DADE COUNTY COMMISSION, DISTRICT #13

**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**

ESTEBAN L. BOVO Jr

**11. Mailing Address**

765 WEST 76 STREET

**12. Telephone**

( 305 ) 318-8741

**13. City**

HIALEAH

**14. County**

MIAMI-DADE

**15. State**

FL

**16. Zip Code**

33014

**17. E-mail address**

estebanbovojr@aol.com

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**19. Name of Bank**

TOTAL BANK

**20. Address**

5410 WEST 16 AVENUE

**21. City**

HIALEAH

**22. County**

MIAMI-DADE

**23. State**

FL

**24. Zip Code**

33012

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**

3/21/11

**26. Signature of Candidate**

X 

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

I, ESTEBAN L. BOVO Jr, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

2/21/11

X 

Date

Signature of Campaign Treasurer or Deputy Treasurer

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ELECTIONS

**STATEMENT OF  
CANDIDATE**

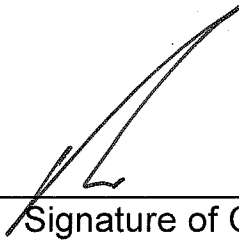
(Section 106.023, F.S.)

(Please Type)

I, ESTEBAN L. BOVO Jr ,  
candidate for the office of M-D COUNTY COMMISSION, DISTRICT #13 ;

have received, read and understand the requirements of Chapter 106,  
Florida Statutes.

X



Signature of Candidate

3/21/11

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).

**Receipt of Handbook and the  
Election Laws of the State of Florida**



**Candidate/Chairperson:**

ESTEBAN	L.	BOVO Jr
First Name	Middle Name	Last Name

MIAMI-DADE COUNTY COMMISSION, DISTRICT #13

Office Sought / Organization

**This is to acknowledge my receipt of the following documents:**

Handbooks Available	Edition	Downloaded from Internet	CD-Rom	Other
The Election Laws of the State of Florida		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Miami-Dade County Qualifying Handbook		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Committee Handbook		<input type="checkbox"/>	<input type="checkbox"/>	
Electioneering Committee Handbook		<input type="checkbox"/>	<input type="checkbox"/>	

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Received by: \_\_\_\_\_  
Candidate/Chairperson Signature

Date: 3/21/11

Phone No.: 305-318-8741

Fax No.: 305-446-8576

E-mail address: estebanbovojr@aol.com

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



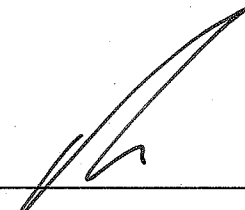
- Candidate (office sought): MIAMI-DADE COUNTY COMMISSION, DISTRICT #13
- Political Committee: \_\_\_\_\_
- Party Executive Committee: \_\_\_\_\_
- Other: \_\_\_\_\_

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I, ESTEBAN L. BOVO Jr  
*(Please print name of Candidate or Chairperson)*

understand that Campaign Treasurer's Reports must be filed electronically in order to comply with the Miami-Dade County requirements.

Additionally, a hard copy of the Campaign Treasurer's Reports must be printed from the Miami-Dade County Elections Department website and submitted by the reporting deadline with original signatures.

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

3/21/11  
\_\_\_\_\_  
Date

Day Time Telephone No: 305-318-8741

Email Address: estebanbovojr@aol.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.*

**LOYALTY OATH FOR MIAMI-DADE COUNTY  
COUNTY COMMISSIONER**

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA Miami-Dade County

I, <b>ESTEBAN</b>	<b>L.</b>	<b>BOVO</b>
First Name	Middle Name/Initial	Last Name

a citizen of the State of Florida and of the United States of America, and being [a candidate for public office] do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

**OATH OF CANDIDATE**

(Section 99.021, Florida Statutes)

I, **ESTEBAN BOVO**

(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT--- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

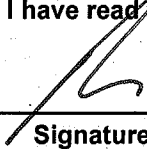
am a candidate for the office of Miami-Dade County Commissioner, District 13. I am a qualified elector of Miami-Dade County, Florida; I am qualified under the Constitution and the Laws of Florida and the Home Rule Charter of Miami-Dade County to hold the office to which I desire to be nominated or elected. 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.

**CANDIDATE CERTIFICATION**

I, hereby, certify that I am a qualified elector of Miami-Dade County, and a resident of Miami-Dade County for at least three (3) years prior to qualifying. I am submitting a copy of the following as proof of my residency in the district for the prescribed period:

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Driver's License | <input type="checkbox"/> Property Tax Receipt | <input type="checkbox"/> Homestead Exemption Receipt |
| <input type="checkbox"/> Voter Information Card      | <input type="checkbox"/> Utility Bill         | <input type="checkbox"/> Lease Agreement             |

I, the candidate whose name appears above, do affirm that I meet the minimum residency requirements for this office and that the information provided on this form and any attachments hereto are true. Under penalties of perjury, I declare that I have read the foregoing Loyalty Oath and Oath of Candidate and that the facts stated in each are true.

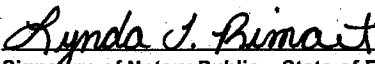
X 	<b>305-318-8741</b>	<b>estebanbovojr@aol.com</b>
Signature of Candidate	Daytime Telephone Number	Email Address
<b>765 W 76 STREET</b>	<b>HIALEAH</b>	<b>FL 33014</b>
Address	City	State Zip Code

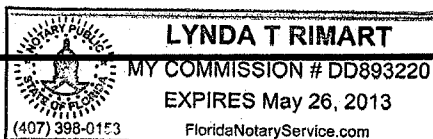
State of Florida,  
County of Miami-Dade

Sworn to (or affirmed) and subscribed before me this 08 day of April, 2011 by Esteban L. Bovo, Jr.

Personally Known:  or  
Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

  
\_\_\_\_\_  
Signature of Notary Public - State of Florida  
Print, Type or Stamp Commissioned Name of Notary Public



**FORM 6 FULL AND PUBLIC DISCLOSURE OF 2010**

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

**FINANCIAL INTERESTS**

LAST NAME — FIRST NAME — MIDDLE NAME:  
BOVO JR. ESTEBAN L.

MAILING ADDRESS:  
765 W 76 STREET

CITY: HIALEAH ZIP: 33014 COUNTY: MIAMI-DADE

NAME OF AGENCY :  
MIAMI-DADE COUNTY COMMISSION, DISTRICT #13

NAME OF OFFICE OR POSITION HELD OR SOUGHT :  
COUNTY COMMISSIONER

CHECK IF THIS IS A FILING BY A CANDIDATE

FOR OFFICE USE ONLY:

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ID Code \_\_\_\_\_  
ID No. \_\_\_\_\_  
Conf. Code \_\_\_\_\_  
P. Req. Code \_\_\_\_\_

**PART A -- NET WORTH**

Please enter the value of your net worth as of December 31, 2010, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of MARCH 31, 20 11 was \$ 25,898

**PART B -- ASSETS**

**HOUSEHOLD GOODS AND PERSONAL EFFECTS:**

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ 75,000

**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
CHASE CHECKING/SAVINGS ACCOUNT - 14045 NW 77 COURT, MIAMI LAKES	14,396
PRIMARY RESIDENCE - 765 W 76 STREET HIALEAH, FL 33014	368,500
SECOND RESIDENCE - 17255 SW 95 AVENUE #449, PALMETTO BAY, FL 33157	47,110

**PART C -- LIABILITIES**

**LIABILITIES IN EXCESS OF \$1,000:**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
MORTGAGES-SEE ATTACHMENT	463,138
LOANS PAYABLE-SEE ATTACHMENT	15,970

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

**PART D -- INCOME**

You may **EITHER** (1) file a complete copy of your 2010 federal income tax return, including all attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2010 federal income tax return. [If you check this box and attach a copy of your 2010 tax return, you need not complete the remainder of Part D.]

**PRIMARY SOURCES OF INCOME:**

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
MIAMI CHILDRENS HOSPITAL	3100 SW 62 AVENUE, MIAMI, FL 33155	120,664
STATE OF FLORIDA	200 E GAINES STREET, TALLAHASSEE, FL 32399	29,682

**SECONDARY SOURCES OF INCOME** [Major customers, clients, etc., of businesses owned by reporting person--see instructions]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A	N/A	N/A	N/A

**PART E -- INTERESTS IN SPECIFIED BUSINESSES**

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A	N/A	N/A
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

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IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

**OATH**

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

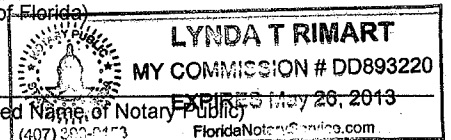
STATE OF FLORIDA  
 COUNTY OF miami - Dade

Sworn to (or affirmed) and subscribed before me this 08 day of

April, 20 11 by Esteban L. Bouo, Jr.

Lynda J. Rimart  
 (Signature of Notary Public--State of Florida)

Lynda T. Rimart  
 (Print, Type, or Stamp Commissioned Name of Notary Public)



Personally Known  OR Produced Identification

Type of Identification Produced \_\_\_\_\_

**FILING INSTRUCTIONS** for when and where to file this form are located at the top of page 3.  
**INSTRUCTIONS** on who must file this form and how to fill it out begin on page 3.  
**OTHER FORMS** you may need to file are described on page 6.



ESTEBAN L BOVO JR.  
FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS  
FORM 6  
2010  
ATTACHMENT

**PART C - LIABILITIES**

MORTGAGES

	<u>AMOUNT DUE</u>
PRIMARY RESIDENCE - CENTURY HOME MORTGAGE 801 JOHN BARROW #1, LITTLE ROCK, AK 72205	\$226,291
PRIMARY RESIDENCE HELOC - BAC HOME FINANCING PO BOX 660625, DALLAS, TX 75266	\$111,328
SECONDARY RESIDENCE - BAC HOME FINANCING PO BOX 660694, DALLAS, TX 75266	<u>\$125,519</u>
TOTAL	\$463,138

LOANS PAYABLE

	<u>AMOUNT DUE</u>
AUTO - CARMAX AUTO FINANCING PO BOX 3174, MILWAUKEE, WI 53201	\$13,221
CREDIT - BEST BUY PO BOX 5238, CAROL STREAM, IL 60197	<u>\$2,749</u>
TOTAL	\$15,970

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