

MIAMI-DADE COUNTY
CANDIDATE OATH -
NONPARTISAN OFFICE

(Not for use by Judicial or School Board Candidates)

OFFICE USE ONLY

Proof of residency provided:

- Driver's License
- Voter Information Card
- Property Tax Receipt
- Utility Bill
- Homestead Exemption Receipt
- Lease Agreement

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 nonpartisan office of Miami-Dade County Commissioner
(OFFICE) (DISTRICT/GROUP/SEAT #)

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; and I will support the Constitution of the United States and the Constitution of the State of Florida.

I affirm that I am a resident of Miami-Dade County, meet the minimum residency requirements for this office, and submitting proof of my residency in the district for the prescribed period. Under penalties of perjury I declare that I have read the foregoing Oath of Candidate and that the facts stated in such are true.

X

[Signature]
Signature of Candidate

305-318-8741
Telephone Number

estebanbovojr@aol.com
Email Address

765 West 76 Street
Address

Hialeah
City

FL
State

33014
ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109801210

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

eh s - T Al v aan b Oh v oh

STATE OF FLORIDA

COUNTY OF miami-dade

Sworn to (or affirmed) and subscribed before me this 13 day of June, 20 16.

Personally Known: _____ or

Produced Identification:

Type of Identification Produced:

FL Drivers License

[Signature]
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public



LYNDA T RIMART
MY COMMISSION #FF031623
EXPIRES June 26, 2017
FloridaNotaryService.com

FORM 6

**FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTERESTS**

2015

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
Bovo, Jr. Esteban L.

MAILING ADDRESS:

765 West 76 Street

CITY : Hialeah ZIP : 33014 COUNTY : Miami-Dade

NAME OF AGENCY :
Miami-Dade County

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
County Commissioner, District #13

CHECK IF THIS IS A FILING BY A CANDIDATE

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2015 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 December 31, 20 15 was \$ 425,364.70.

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, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ 110,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
See Attachment	638,421.29

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
See Attachment	323,056.59

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

PART D -- INCOME

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2015 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

I elect to file a copy of my 2015 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2015 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
See Attachment		

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
ELB Business Community Consulting Inc	Miami Children's Hospital	3100 SW 62 Avenue	Hospital
ELB Business Community Consulting Inc	BalBay Realty	PO BOX 158 Hialeah, FL 33012	Parimutuel

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	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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PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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.

STATE OF FLORIDA
 COUNTY OF miami - Dade

Sworn to (or affirmed) and subscribed before me this 13 day of June, 20 16 by Esteban L. Bovo, Jr

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

Lynda T. Rimart
 (Print, Type, or Stamp Commissioned Name of Notary Public)
 MY COMMISSION #FF031623
 EXPIRES June 26, 2017

Personally Known _____ OR Produced Identification FloridaNotaryService.com

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Type of Identification Produced FL Drivers License



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, Jose A. Piesco, CPA, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

[Signature]
 Signature

6/15/16
 Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

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

Esteban L. Bovo, Jr

Full and Public Disclosure of Financial Interests
Form 6
2015
Attachment

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT**Part B - Assets**Bank Account

Chase Bank - 14045 NW 67th Avenue, Miami, FL 33014 \$ 4,514.08

Real Estate

Primary Residence - 765 West 76th Street, Hialeah, FL 33014 \$425,000.00

Interest in Business

ELB Business and Community Consulting, Inc. (100% owned) -
765 West 76th Street, Hialeah, FL 33014 \$ 75,000.00

Retirement Accounts (not self-directed)

FRS Investment Plan - PO Box 9000, Tallahassee, FL 32315 \$ 22,937.95
Vantage Trust Company - PO Box 96220, Washington, DC 20090 \$ 54,889.45
Miami Children's Hospital - PO Box 8000, Milville, NJ 08332 \$ 6,854.66

Prepaid College Plans

Florida Prepaid - University plan and 529 Savings Plan -
PO Box 6567, Tallahassee, FL 32314 \$ 49,225.15

Total Assets**\$ 638,421.29****Part C - Liabilities**Mortgages

Primary Residence - Century Home Mortgage
801 John Barrow #1, Little Rock, AK 72205 \$197,202.15

Primary Residence HELOC - Specialized Loan Services, LLC
PO Box 636005, Littleton, CO 80163 \$110,726.12

Loans Payable/Other Liabilities

Auto - Chase Auto Finance
PO Box 9001801, Louisville, KY 40290-1801 \$ 7,723.00

Credit - American Express
2965 West Corporate Lakes Blvd, Weston, FL 33331 \$ 234.69

Credit - Sears
PO BOX 9001055, Louisville, KY 40280-1055 \$ 2,824.00

Credit - Rooms to Go
1650 NW 167 Street, Miami, FL 33169 \$ 4,346.63

Total Liabilities**\$ 323,056.59**

Part D - Income

W2 Income

Miami Dade County
111 NW 1 Street, Miami, FL 33131 \$ 41,910.46

ELB Business and Community Consulting Inc
765 West 76 Street, Hialeah, FL 33014 \$ 30,000.00

K1 Income

ELB Business and Community Consulting Inc
765 West 76 Street, Hialeah, FL 33014 \$ 92,775.00

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ELECTIONS DEPARTMENT

Florida

The Sunshine State

DRIVER LICENSE CLASS E



ESTEBAN LUIS BOVO JR

765 W 76 ST

HIALEAH, FL 33014-4121

DOB: 06-12-1962 SEX: M HGT: 5-10

ISSUED: 03-25-2009

EXPIRES: 06-12-2017

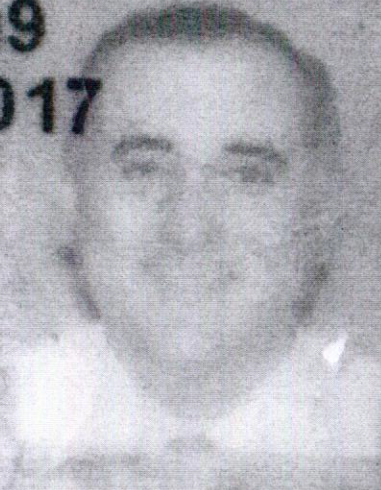
REST:

ENDORSE:

ORGAN DONOR

100903250007

operation of a motor vehicle constitutes consent to any sobriety test required by law.



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ELECTIONS DEPARTMENT



Voter Information Card
Miami-Dade County, FL

Tarjeta de Información del Elector
Condado de Miami-Dade

Kat Enfòmasyon Votante
Konte Miami-Dade

ISSUED
EMITIDA
ENPRIMIDA

08/17/10

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Esteban Luis Bovo JR
765 W 76Th St
Hialeah FL 33014

Bring photo identification
when voting.

Para votar, presente una
identificación con fotografía.

Tanpri pote yon pyès idantifikasyon
ki gen foto w sou li lè w'ap vin vote.

Registration No.
Núm. de Inscripción
Nim. Enskripsyon

109801210

Voting Location | Centro de Votación | Lokal Biwo Vòt

The Salvation Army
7450 W 4 Ave

Precinct No.
Num. del Recinto
Nim. Biwo Vòt

311

Date of Birth
Fecha de Nacimiento
Dat Nesans

6/12/1962

Registration Date
Fecha de Inscripción
Dat Enskripsyon

5/29/1980

Party Affiliation | Afiliación Partidista | Pati Politik

REPUBLICAN PARTY OF FLORIDA

Penelope Townsley

Supervisor of Elections | Supervisora de Elecciones | Sipèvizè Eleksyon

You are eligible to vote for the representatives from the districts listed below.
Ud. puede votar por los representantes de los distritos enumerados abajo.
W elijib pou w vote pou reprezantan ki nan distrik ki ekri anba la yo.

Congress
Congreso
Kongrè

25

State Senate
Senado Estatal
Sena Eta a

38

State House
Cámara Estatal
Lacham Eta a

110

County Commission
Comisión del Condado
Komisyon Konte

13

School Board
Junta Escolar
Asamble Edikasyon

4

Community Council
Consejo Comunitario
Konsèy Kominotè

N/A

Municipality | Municipio | Minisipalite
HIALEAH

