

**MIAMI-DADE COUNTY  
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

**OFFICE USE ONLY**

Proof of residency provided:

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

**CANDIDATE OATH**

(Section 99.021, Florida Statutes)

I, ESTEBAN BOVO

(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 MIAMI-DADE COUNTY MAYOR

(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.

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

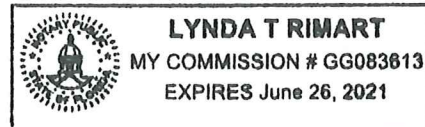
**Phonetic spelling for audio ballot:** Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

EHS-TAI-V AAN B OH VOH

<b>X</b>	<u>(305) 318-8741</u>	<u>estebanbovojr@aol.com</u>	
<b>Signature of Candidate</b>	<b>Telephone Number</b>	<b>Email Address</b>	
<u>765 WEST 76 STREET</u>	<u>HIALEAH</u>	<u>FL</u>	<u>33014</u>
<b>Address</b>	<b>City</b>	<b>State</b>	<b>ZIP Code</b>

STATE OF FLORIDA

COUNTY OF miami-dade



Sworn to (or affirmed) and subscribed before me by physical  or  
online  presence this 27 day of may, 2020.

Personally Known: \_\_\_\_\_ or


Produced Identification:

Lynda T Rimart  
**Signature of Notary Public**

Print, Type, or Stamp Commissioned Name of Notary Public

Type of Identification Produced: FL DRIVERS LICENSE

**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  
 ISSUED: 04-03-2017 HGT: 5-10  
 EXPIRES: 06-12-2025

REST:  
 ENDORSE:

ORGAN DONOR

**SAFE DRIVER**  
 Operation of a motor vehicle constitutes consent to any sobriety test required by law.

**MIAMI-DADE COUNTY** Voter Information Card  
 Miami-Dade County, FL  
 Tarjeta de Información del Elector  
 Condado de Miami-Dade, FL

**Kat Enfòmasyon Votè**  
 Konte Miami-Dade, FL

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

ISSUED  
 EMITIDA  
 ENPRIME  
 08/17/15

Bring photo identification when voting.  
 Para votar, presente una identificación con fotografía.  
 Tanpri pote yo prè idantifikasyon lè gen votè w sou li lè w ap vin votè.

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. Núm. del Recinto Nim. Biwo Vòt <b>311</b>	Date of Birth Fecha de Nacimiento Dat Nesans <b>6/12/1962</b>	Registration Date Fecha de Inscripción Dat Enskripsyon <b>5/29/1980</b>
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Party Affiliation | Afiliación Paridista | Pati Politik  
**REPUBLICAN PARTY OF FLORIDA**

**Penelope Townsley**  
 Supervisor of Elections | Supervisora de Elecciones | Sidèvizè Fleksyon

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 <b>25</b>	State Senate Senado Estatal Senà Eta a <b>38</b>	State House Cámara Estatal Lacham Eta a <b>110</b>
County Commission Comisión del Condado Komisyon Konte. <b>13</b>	School Board Junta Escólar Asamble Edikasyon <b>4</b>	Community Council Consejo Comunitario Konsèy Kominité <b>N/A</b>

Municipality | Municipio | Minisipalite  
**HIALEAH**



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 2020 JUN -1 AM 11:24  
 MIAMI-DADE COUNTY ELECTIONS DEPARTMENT



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

**FOR OFFICE USE ONLY:**

LAST NAME — FIRST NAME — MIDDLE NAME:  
**BOVO ESTEBAN L**

MAILING ADDRESS:  
**111 NW 1st STREET, SUITE 320**

CITY : ZIP : COUNTY :  
**MIAMI 33128 MIAMI-DADE**

NAME OF AGENCY :  
**MIAMI-DADE COUNTY**

NAME OF OFFICE OR POSITION HELD OR SOUGHT :  
**MDC MAYOR**

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, 2019 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 19 was \$ 626,576.68

**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 \$ SEE ATTACHMENT

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

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
SEE ATTACHMENT	

**PART C -- LIABILITIES**

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
SEE ATTACHMENT	

**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 2019 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 2019 federal income tax return and all W2's, schedules, and attachments.  
 [If you check this box and attach a copy of your 2019 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 BUS COMM CONS	NICKLAUS CH HOSPITA	3100 SW 62 AVE, MIAMI, FL	HOSPITAL
ELB BUS COMM CONS	BAL BAY REALTY	PO BOX 158, HIALEAH, FL	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	N/A	N/A	N/A
PRINCIPAL BUSINESS ACTIVITY	N/A	N/A	N/A
POSITION HELD WITH ENTITY	N/A	N/A	N/A
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	N/A	N/A	N/A
NATURE OF MY OWNERSHIP INTEREST	N/A	N/A	N/A

**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 by means of  physical presence or  online notarization, this 27 day of

may, 2020, by Esteban Luis Bovo

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

LYNDA T RIMART  
 MY COMMISSION # GG083813  
 (Print, Type, or Stamp Commissioned Name of Notary Public) **EXPIRES June 26, 2021**

Personally Known \_\_\_\_\_ OR Produced Identification

Type of Identification Produced FL Drivers License

\_\_\_\_\_  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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. Ribeco 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

\_\_\_\_\_  
 Date

5/27/2020

**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  
 2019  
 Attachment  
 Page 1

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**Part B - Assets**

Bank Accounts

Chase Bank - 14045 NW 67 Avenue, Miami Lakes, FL, 33014	\$ 5,288.25
Wells Fargo - 1900 West 49 Street, Hialeah, FL, 33012	\$ 7,067.78

Real Estate

Primary Residence - 765 West 76 Street, Hialeah, FL, 33014	\$526,174.00
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Interest in Business

ELB Business and Community Consulting, Inc. (100% owned) 765 West 76 <sup>th</sup> Street, Hialeah, FL, 33014	\$ 75,000.00
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Retirement Accounts (not self-directed)

FRS Investment Plan - PO Box 9000, Tallahassee, FL, 32315	
FRS 2025 Retirement Date Fund (2025) - 100%	\$ 34,735.55

Vantage Trust Company - PO Box 669, South Windsor, CT, 06074

Stable Value Cash Funds - 14%	\$17,552.89	
Bond Fund - 39%	\$50,366.65	
Guaranteed Lifetime Income - 1%	\$ 851.05	
US Stocks Fund - 31%	\$39,501.23	
International/Global Stock Fund - 12%	\$15,271.31	
Specialty - 3%	<u>\$ 3,866.12</u>	
Totals		\$127,409.25

Nicklaus Children's Hospital Plan - PO Box 5012, Scranton, PA, 18505

Stable Value Funds - 13%	\$ 1,259.91	
Fixed Income-Domestic Funds - 15%	\$ 1,453.74	
Equity-US Large Cap Funds - 31%	\$ 3,004.41	
Equity-US Mid/Small Cap Funds - 17%	\$ 1,647.58	
Equity-Global/International Funds - 24%	<u>\$ 2,325.99</u>	
Totals		\$ 9,691.63

Prepaid College Plans

Florida Prepaid University Plan and 529 Savings Plan PO Box 6567, Tallahassee, FL, 32314	\$ 39,422.08
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Household Goods and Personal Effects

\$ 110,000.00

**Total Assets**

**\$ 934,788.54**

**Esteban L. Bovo, Jr.**

Full and Public Disclosure of Financial Interests

Form 6

2019

Attachment

Page 2

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**Part C - Liabilities**

Mortgages

Home Mortgage - Loan Care, PO Box 37628, Philadelphia, PA, 19101

278,053.00

Loans Payable/Other Liabilities

Credit cards - American Express (Blue/Green) - 2965 West Corporate  
Lakes Blvd, Weston FL, 33331

\$ 16,579.07

Credit card - Sears - PO Box 9001055, Louisville, KY, 40280-1055

\$ 3,950.00

Auto - CarMax Auto Finance - PO Box 440609, Kennesaw, GA, 30160

\$ 9,629.79

**Total Liabilities**

\$ 308,211.86

**Net Worth**

\$ 626,576.68

**Part D - Income**

W2 Income

Miami-Dade County  
111 NW 1 Street, Miami, FL, 33131

\$ 48,729.22

ELB Business and Community Consulting, Inc.  
765 West 76<sup>th</sup> Street, Hialeah, FL, 33014

\$ 27,000.00

City of Hialeah  
501 Palm Avenue, Hialeah, FL, 33010

\$ 13,094.52

K1 Income

ELB Business and Community Consulting, Inc.  
765 West 76<sup>th</sup> Street, Hialeah, FL, 33014

\$ 55,000.00

(2019 Tax Return on extension due to Covid-19, estimated based on prior years)





# OFFICIAL RECEIPT

MIAMI-DADE COUNTY-FLORIDA

No. 7900471

RECEIVED FROM Esteban L Bovo

DATE 6 / 1 / 2020  
MONTH DAY YEAR

ADDRESS 2600 South Douglas Road Suite 900  
STREET ADDRESS

CASH \$ \_\_\_\_\_

Coral Gables FL 33134  
CITY STATE ZIP

CHECKS \$ 2,800.00

AMOUNT OF: Two Thousand Eight Hundred DOLLARS, AND zero CENTS

TOTAL \$ 2,800.00

FOR PAYMENT OF: Qualifying Fee - County Mayor

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT

DEPT.: Elections

By: A Yemessa Innocent

### FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

CASH ONLY IF ALL CheckLock™ SECURITY FEATURES LISTED ON BACK INDICATE NO TAMPERING OR COPYING

**ESTEBAN L BOVO JR CAMPAIGN**  
2600 South Douglas Road, Suite 900  
Coral Gables, FL 33134

Regions Bank  
Coral Gables, FL

0152

5/27/2020

PAY TO THE ORDER OF Miami-Dade County

\$\*\*2,800.00

Two Thousand Eight Hundred and 00/100 \*\*\*\*\* DOLLARS

Miami-Dade County  
2700 NW 87 Avenue  
Miami, FL 33172

MEMO

Qualifying Fee Miami Dade County Mayor



*[Signature]*

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ELECTIONS DEPARTMENT

Intuit® CheckLock™ Secure Check