

FORM 6**FULL AND PUBLIC DISCLOSURE OF****2012**

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

FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Esteban L. Bovo, Jr.

MAILING ADDRESS:

Elected Constitutional Officer

765 West 76th Street

CITY :

ZIP :

COUNTY :

Hialeah, FL 33014-4121

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 ☐COMMISSION ON ETHICS
DATE RECEIVED

JUL 02 2013

36894

PROCESSED**PART A -- NET WORTH**Please enter the value of your net worth as of December 31, 2012, 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 12 was \$ 158,933.**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 \$ 95,000**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)

VALUE OF ASSET

Chase Checking Account-14045 NW 67 Avenue, Miami Lakes, FL 33014	3,500
Primary Residence-765 West 76th Street, Hialeah, FL 33014	325,316
ELB Business and Community Consulting, Inc.	75,000

PART C -- LIABILITIES**LIABILITIES IN EXCESS OF \$1,000 (See Instructions on page 4):**

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

Mortgages-see attachment	322,495
Loans payable/other liabilities-see attachment	17,388

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

N/A	

PART D -- INCOME

You may ***EITHER*** (1) file a complete copy of your 2012 federal income tax return, *including all W2's, schedules, and 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 2012 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2012 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
ELB Business and Community Consulting, Inc.	765 West 76th Street, Hialeah, FL 33014	127,720
Miami-Dade County	111 NW 1st Street	39,823

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 and Community C	Miami Children's Hospital	3100 SW 62nd Avenue, Miami	Hospital
ELB Business and Community C	Balbay Realty Inc.	PO Box 158, Hialeah	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			

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 28 day of

June, 2013 by Esteban L Boro Jr

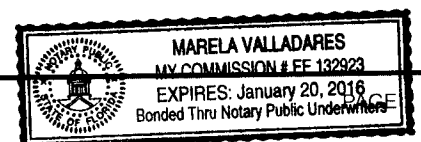
Marela Valladares
(Signature of Notary Public - State of Florida)

Marela Valladares
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification ☒

Type of Identification Produced FDL

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 INTEREST
FORM 6
2012
ATTACHMENT

PART C - LIABILITIES

MORTGAGES

AMOUNT DUE

PRIMARY RESIDENCE - CENTURY HOME MORTGAGE 801 JOHN BARROW #1, LITTLE ROCK, AK 72205	\$212,442
PRIMARY RESIDENCE HELOC -SPECIALIZED LOAN SERVICING, LLC PO BOX 636005, LITTLETON, CO 80163	\$110,053
TOTAL	<u><u>\$322,495</u></u>

AMOUNT DUE

LOANS PAYABLE/OTHER LIABILITIES

AUTO - CARMAX AUTO FINANCING PO BOX 3174, MILWAUKEE, WI 53201	\$8,018
CREDIT - AMERICAN EXPRESS BLUE, 2965 WEST CORPORATE LAKES BLVD, WESTON, FL 33331	\$4,970
CREDIT - AMERICAN EXPRESS GREEN, 2965 WEST CORPORATE LAKES BLVD, WESTON, FL 33331	\$2,400
CREDIT - BEST BUY PO BOX 5238, CAROL STREAM, IL 60197	\$2,000
TOTAL	<u><u>\$17,388</u></u>