

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: Elected Constitutional Officer

765 West 76th Street

CITY: Hialeah, FL 33014 ZIP: 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 [ ]

FLORIDA COMMISSION ON ETHICS

AUG 1 1 2014

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PROCESSED

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2013, 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, 2013 was \$ 344,836

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 \$ 105,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Table with 2 columns: DESCRIPTION OF ASSET (specific description is required - see instructions p.4) and VALUE OF ASSET. Row 1: See Attachment, \$571,331

PART C -- LIABILITIES

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

Table with 2 columns: NAME AND ADDRESS OF CREDITOR and AMOUNT OF LIABILITY. Row 1: See Attachment, \$331,495

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Table with 2 columns: NAME AND ADDRESS OF CREDITOR and AMOUNT OF LIABILITY. Row 1: N/A

**PART D -- INCOME**

You may **EITHER** (1) file a complete copy of your 2013 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 2013 federal income tax return and all W2's, schedules, and attachments.  
 (If you check this box and attach a copy of your 2013 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
Miami-Dade County, BOCC	111 NW 1st Street, Miami, FL 33131	\$40,550
ELB Business and Community Consulting, Inc.W-2	765 West 76th Street, Hialeah, FL 33014	\$27,000
ELB Business and Community Consulting, Inc.K-1	765 West 76th Street, Hialeah, FL 33014	\$96,747

**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 Cons	Miami Children's Hospital	3100 SW 62nd Avenue, Miami, FL 33155	Hospital
ELB Business and Community Consulting, Inc.	Balbay Realty Inc.	PO Box 158, Hialeah, FL 33012	Parimutuel
ELB Business and Community Cons	Dade Medical College	95 Merrick Way, 7th Floor, Coral Gables, FL 33134	Educational Institution

**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**

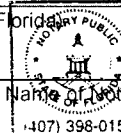
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA  
 COUNTY OF Miami - Dade

Sworn to (or affirmed) and subscribed before me this 7 day of August, 20 14 by Esteban Luis BOVO, ST.

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

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



Personally Known \_\_\_\_\_ OR Produced Identification  FloridaNotaryService.com (407) 398-0153

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. RIESCO, 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

8/6/2014  
 Date

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

**Esteban L. Bovo, Jr**

Full and Public Disclosure of Financial Interest  
Form 6  
2013  
Attachment

**Part B - Assets**Bank Account

Chase Bank - 14045 NW 67<sup>th</sup> Avenue, Miami, FL 33014 \$ 2,643.74

Real Estate

Primary Residence - 765 West 76<sup>th</sup> Street, Hialeah, FL 33014 \$ 395,000.00

Interest in Business

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

Retirement Accounts (not self-directed)

FRS Investment Plan - PO Box 9000, Tallahassee, FL 32315 \$ 22,040.87

Vantage Trust Company - PO Box 96220, Washington, DC 20090 \$ 42,057.49

Prepaid College Plans

Florida Prepaid - University plan and 529 Savings Plan -  
PO Box 6567, Tallahassee, FL 32314 \$ 34,588.56

**Total Assets****\$ 571,330.66****Part C - Liabilities**Mortgages

Primary Residence - Century Home Mortgage  
801 John Barrow #1, Little Rock, AK 72205 \$207,116.93

Primary Residence HELOC - Specialized Loan Services, LLC  
PO Box 636005, Littleton, CO 80163 \$109,000.00

Loans Payable/Other Liabilities

Auto - Chase Auto Finance  
PO Box 9001801, Louisville, KY 40290-1801 \$11,309.90

Credit - Wells Fargo National Bank  
800 Walnut Street, Des Moines, IA 50309 \$2,949.00

Credit - American Express  
2965 West Corporate Lakes Blvd, Weston, FL 33331 \$1,119.32

**Total Liabilities****\$331,495.15**

# RIESCO & COMPANY, LLC

CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

FLORIDA  
COMMISSION ON ETHICS  
AUG 11 2014  
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August 7, 2014

Commission on Ethics  
PO Box Drawer 15709  
Tallahassee, FL 32317-5709

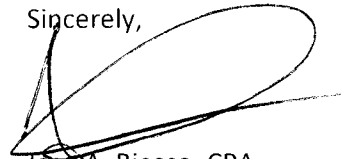
Re: Commissioner Esteban L. Bovo  
Miami-Dade County Commission  
2013 Form 6, Full and Public Disclosure of Financial Interest

To whom it may concern:

Enclosed please find Commissioner Esteban L. Bovo's 2013 Form 6.

If you should require additional information, or if you should have any questions, please contact me.

Sincerely,



Jose A. Riesco, CPA

Enclosures

CC: Commissioner Esteban L. Bovo