

## FORM 6

## FULL AND PUBLIC DISCLOSURE

2018

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

## OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

BOVO ESTEBAN L.

36894

PROCESSED

MAILING ADDRESS:

111 NW 1st STREET, SUITE 320

FLORIDA  
COMMISSION ON ETHICS

JUL 01 2019

RECEIVED

CITY :

MIAMI, FL

ZIP :

33128

COUNTY :

MIAMI-DADE

NAME OF AGENCY :

MDC BOARD OF COUNTY COMMISSIONERS

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

MDC COUNTY COMMISSIONER, DISTRICT#13

CHECK IF THIS IS A FILING BY A CANDIDATE

☐

## PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2018 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 18 was \$ 656,732.98

## 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 2018 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 2018 federal income tax return and all W2's, schedules, and attachments.  
[If you check this box and attach a copy of your 2018 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 CON	NICKLAUS CH HOSPITA	3100 SW 62 AVE, MIAMI, FL 33155	HOSPITAL
ELB BUS COMM CON	BAL BAY REALTY	PO BOX 158, HIALEAH, FL 33011	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 this 28 day of

June, 20 19 by Esteban L. Govo

Lynda T. 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 # GG083813  
EXPIRES June 26, 2021

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

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Type of Identification Produced FL Driver 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

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

2018

Attachment

Page 1

**Part B – Assets**Bank Accounts

Chase Bank – 14045 NW 67 Avenue, Miami Lakes, FL 33014	\$ 6,543.00
Wells Fargo – 1900 West 49 Street, Hialeah, FL 33012	\$ 2,009.00

Real Estate

Primary Residence – 765 West 76 Street, Hialeah, FL 33014	\$583,385.00
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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	\$ 28,762.55
Vantage Trust Company – PO Box 96220, Washington, DC 20090	\$ 118,761.63
Miami Children's Hospital – PO Box 8000, Milville, NJ 08332	\$ 8,871.55

Prepaid College Plans

Florida Prepaid University Plan and 529 Savings Plan PO Box 6567, Tallahassee, FL 32314	\$ 42,746.46
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Household Goods and Personal Effects	\$ 110,000.00
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<b>Total Assets</b>	<b><u>\$ 976,079.19</u></b>
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**Part C – Liabilities**Mortgage

Home Mortgage - Loan Care, PO Box 37628, Philadelphia, PA 19101	\$ 287,572.31
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Loans Payable/Other Liabilities

Credit – American Express (Green)	\$ 11,400.00
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Credit – American Express (Blue)	\$ 2,557.96
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2965 West Corporate Lakes Blvd, Weston FL 33331	
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Credit – Sears	
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PO Box 9001055, Louisville, KY 40280 -1055	\$ 3,950.00
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Auto – Carmax Auto Finance	
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PO Box 440609, Kennesaw, GA 30160	\$ 13,865.94
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<b>Total Liabilities</b>	<b><u>\$ 319,346.21</u></b>
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<b>Net Worth</b>	<b><u>\$ 656,732.98</u></b>
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**Esteban L. Bovo, Jr.**

Full and Public Disclosure of Financial Interests  
Form 6  
2018  
Attachment  
Page 2

**Part D - Income**

W2 Income

Miami-Dade County	\$ 41,883.00
111 NW 1 Street, Miami, FL 33131	

ELB Business and Community Consulting, Inc.	\$ 27,000.00
765 West 76 <sup>th</sup> Street, Hialeah, FL 33014	

City of Hialeah	
501 Palm Avenue, Hialeah, FL 33010	\$ 13,095.00

K1 Income

ELB Business and Community Consulting, Inc.	\$ 55,000.00
765 West 76 <sup>th</sup> Street, Hialeah, FL 33014	