

STATE OF FLORIDA

OFFICE OF THE GOVERNOR EXECUTIVE ORDER NUMBER 12-99

(Executive Order of Suspension)

WHEREAS, Fred Lee Jones, is presently serving as a member of the Town Council of the Town of Malone, Florida; and

WHEREAS, on April 24, 2012, Fred Lee Jones was arrested on two counts of grand theft of a motor vehicle, in violation of section 812.014(2)(c), Florida Statutes, and two counts of dealing in stolen property, in violation of section 812.019, Florida Statutes; and

WHEREAS, a violation of section 812.014(2)(c), constitutes a felony of the third degree, and a violation of section 812.019, Florida Statutes, constitutes a felony of the second degree; and

WHEREAS, section 112.51, Florida Statutes, provides that the Governor may suspend from office any elected municipal officer who is arrested for a felony; and

WHEREAS, it is in the best interests of the residents of the Town of Malone, and the citizens of the State of Florida, that Fred Lee Jones be immediately suspended from the public office which he now holds, upon the grounds set forth in this executive order;

NOW, THEREFORE, I, RICK SCOTT, Governor of Florida, pursuant to section 112.51, Florida Statutes, find as follows:

- A. Fred Lee Jones is, and at all times material was, a member of the Town Council of the Town of Malone, Florida, Florida.
- B. The office of Town Council of the Town of Malone, Florida, is within the purview of the suspension powers of the Governor, pursuant to section 112.51, Florida Statutes.
- C. The attached probable cause affidavits allege that Fred Lee Jones committed acts in violation of the laws of Florida, which acts are felonies under the laws of Florida. This suspension is

predicated upon the attached probable cause affidavits, which are incorporated as if fully set forth in this Executive Order.

BEING FULLY ADVISED in the premises, and in accordance with the Constitution and the laws of the State of Florida, this Executive Order is issued, effective today:

Section 1. Fred Lee Jones is suspended from the public office, which he now holds, to wit: member of the Town Council of the Town of Malone, Florida.

Section 2. Fred Lee Jones is prohibited from performing any official act, duty, or function of public office; from receiving any pay or allowance; and from being entitled to any of the emoluments or privileges of public office during the period of this suspension, which period shall be from today, until a further Executive Order is issued, or as otherwise provided by law.



IN TESTIMONY WHEREOF, I have hereunto set my hand and have caused the Great Seal of the State of Florida to be affixed at Tallahassee, this 3rd day of May, 2012.


GOVERNOR

ATTEST:


SECRETARY OF STATE

FILED
2012 MAY -3 PM 1:39
TALLAHASSEE, FLORIDA

Adult Def PC Arrest
 Juvenile Def Application for
Warrant/Capias

AFFIDAVIT — COMPLAINT

Clerk's Case No. 12-2860
SA Case No(s) 12-2860

1. Agency Name: Jackson County Sheriff's Office		2. Agency Report Number: 2012-006433		3. Charge Type: <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Misdemeanor w/associated felony <input type="checkbox"/> Municipal <input type="checkbox"/> County		3a. Ordinance Type: (If applicable)	
4. Date/Time of Offense: 8-25-2011		5. Date/Time of Arrest:		6. Arresting Officer: Sgt. Jeff Snell		7. Investigating Officer:	

8. Defendant's Name: (Last) Jones		(First) Fred		(Middle) Lee		9. ALIAS		10. OBTS	
10. Race/Sex: B/M		11. Date of Birth: 9-16-47		12. Residence Type: <input type="checkbox"/> City <input checked="" type="checkbox"/> County		13. Weapon Seized: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		14. Controlled Substance Seized: TYPE & QUANTITY: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
15. Height: 5'08"		16. Weight:		17. Eye Color:		18. Hair Color: Brn		19. Scars, marks, tattoos, unique physical features: (Location, type & description)	
20. Driver's License Number/State:		21. Social Security Number:		22. Residential Telephone:		23. Business Telephone:		24. Address: (Street, Apartment Number) 5271 East 11th Ave	
		(City) Malone		(State) Florida		(Zip) 32445			

25. Defendant's Name: (Last)		(First)		(Middle)		26. ALIAS		27. OBTS	
28. Race/Sex:		29. Date of Birth:		30. Residence Type: <input type="checkbox"/> City <input type="checkbox"/> County		31. Weapon Seized: <input type="checkbox"/> Yes <input type="checkbox"/> No		32. Controlled Substance Seized: TYPE & QUANTITY: <input type="checkbox"/> Yes <input type="checkbox"/> No	
33. Height:		34. Weight:		35. Eye Color:		36. Hair Color:		37. Scars, marks, tattoos, unique physical features: (Location, type & description)	
38. Driver's License Number/State:		39. Social Security Number:		40. Residential Telephone:		41. Business Telephone:		42. Address: (Street, Apartment Number)	
		(City)		(State)		(Zip)			

43. Defendant's Name: (Last)		(First)		(Middle)		44. ALIAS		45. OBTS	
46. Race/Sex:		47. Date of Birth:		48. Residence Type: <input type="checkbox"/> City <input type="checkbox"/> County		49. Weapon Seized: <input type="checkbox"/> Yes <input type="checkbox"/> No		50. Controlled Substance Seized: TYPE & QUANTITY: <input type="checkbox"/> Yes <input type="checkbox"/> No	
51. Height:		52. Weight:		53. Eye Color:		54. Hair Color:		55. Scars, marks, tattoos, unique physical features: (Location, type & description)	
56. Driver's License Number/State:		57. Social Security Number:		58. Residential Telephone:		59. Business Telephone:		60. Address: (Street, Apartment Number)	
		(City)		(State)		(Zip)			

61. Charge Description: (# 1) Grand Theft, Motor Vehicle		62. Statute or Ordinance Number: 812.014		<input checked="" type="checkbox"/> FJ <input type="checkbox"/> MJ	
63. Charge Description: (# 2) Dealing in Stolen Property		64. Statute or Ordinance Number: 819.019		<input checked="" type="checkbox"/> FS <input type="checkbox"/> MJ	
65. Charge Description: (# 3)		66. Statute or Ordinance Number:		<input type="checkbox"/> FJ <input type="checkbox"/> MJ	

67. Victim's Name (If deceased, use (a) business name) (Last) Jones		(First) Waverly		(Middle) Cardella		68. Race/Sex: B/F		69. Date of Birth: 09-25-1990		70. Telephone Number	
71. Contact Person if victim is deceased, a minor child, or business: (Last)		(First)		(Middle)		72. Race/Sex:		73. Date of Birth:		74. Telephone Number	
75. Address: (Street, Apartment Number) 5378 11th Street		(City) Malone		(State) Florida		(Zip) 32445		76. Information Given: <input type="checkbox"/> Victim's Rights Card <input type="checkbox"/> First App. Info <input type="checkbox"/> Arrest by Domestic <input type="checkbox"/> Viol. Info		77. Victim Notification of Arrest	

78. Physical evidence collected in this case? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		79. Witness Statements taken in this case? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		80. I certify that all of the above information is true and correct to the best of my knowledge and is page 01 of 2 page affidavit/complaint.	
Residence Custodian's Name: Sgt. Snell		Person responsible for statements: Sgt. Snell		Affiant/Complainant Signature: Sgt. Jeff Snell	

Clerk's Case No. _____

SA Case No.(s) _____

- Adult Def PC Arrest
- Juvenile Def Application for Warrants/Copies

AFFIDAVIT - COMPLAINT (PROBABLE CAUSE NARRATIVE)

80. Agency Name: Jackson County Sheriff's Office	81. Agency Report Number: 2012-006433	82. Date/Time of Arrest:	83. Investigating Officer: Sgt. Jeff Snell
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84. NARRATIVE OF THE FACTUAL BASIS FOR PROBABLE CAUSE: The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the heretofore named defendant did commit the violations of law as stated above and the factual basis for this belief is as follows:

On 4-16-2012, the victim made a report, to the Jackson County Sheriff's Office, that her 1997 Plymouth car had been stolen from her property located at 5378 11th Street Malone, Florida. During the investigation, it was determined the vehicle had been purchased, for scrap, by Mike's Auto Sales, Inc. of Donaldsonville, Georgia. Records recovered from Mike's Auto Sales indicated that on 3-27-2011, the defendant, Fred Jones, contacted Mike's Auto Sales and directed them to 5378 11th Street to pick up the above mentioned vehicle. The defendant provided a bill of sale to Mike's Auto Sales, indicating that there were no liens on the vehicle. The records recovered from Mike's Auto Sales indicated that the defendant was payed the sum of \$227.00 for the vehicle. The victim stated that she did not sell or give the above vehicle to the defendant nor did she authorize anyone to remove the vehicle from her property.

This offense occurred in Jackson County, Florida.

85. The undersigned, being duly sworn, states that the foregoing information contained in an affidavit consisting of 02 pages is true and correct to the best of his/her knowledge.

Sworn to and subscribed before me this _____ day of _____ 2012

[Signature]
Signature of Person Administering Oath

Personally Known Other Identification

ID Type _____

Signature of Officer/Complainant

Sgt. Jeff Snell

J-22

Officer/Complainant's Name (Printed)

ID Number

[Handwritten notes]

87. Adult's Relation to Juvenile Defendant:

- Parent Legal Guardian Other _____

88. Adult's Name: (Last) _____ (First) _____ (Middle) _____

89. Address: (Street, Apartment Number) _____ (City) _____ (State) _____ (ZIP) _____

90. Residential Phone: _____

91. Business Phone: _____

92. Notified By: (Name) _____

93. Date/Time: _____

94. Notification Method:

- Person Telephone

95. Law Enforcement Disposition of Juvenile Contact: (Check one and complete release date)

- Transferred to Secure Detention
- Released to HRS Intake Officer, not detained
- Processed within the agency and released to other than HRS

Release Date: _____

Release Time: _____

Released to (Name): _____

Rev. 5/02

DIST: White; Clerk/File; Canary: Defendant/Attorney, Pink: State Attorney; Goldenrod: Arresting Agency

Adult Def PC Arrest
 Juvenile Def Application for
Warrant/Capias

AFFIDAVIT — COMPLAINT

PAGE 01 of _____

1. Agency Name: **Jackson County Sheriffs Office** 2. Agency Report Number: **2011-014886** 3. Charge Type: Felony Misdemeanor Misdemeanor w/associated felony 3a. Ordinance Type: (if applicable) Municipal County

4. Date/Time of Offense: **8-25-2011** 5. Date/Time of Arrest: _____ 6. Arresting Officer: _____ 7. Investigating Officer: **Sgt. Jeff Snell**

8. Defendant's Name: (Last) **Jones** (First) **Fred** (Middle) **Lee** ALIAS _____ 9. OBTS _____

10. Race/Sex: **B/M** 11. Date of Birth: **9-16-47** 12. Residence Type: City County Florida Out of State 13. Weapon Seized: Yes No 14. Controlled Substance Seized: Yes No TYPE & QUANTITY: _____

15. Height: **5'08"** 16. Weight: _____ 17. Eye Color: _____ 18. Hair Color: **Bm** 19. Scars, marks, tattoos, unique physical features: (Location, type & description) _____

20. Driver's License Number/State: _____ 21. Social Security Number: _____ 22. Residential Telephone: _____ 23. Business Telephone: _____

24. Address: (Street, Apartment Number) **5271 East 11th Ave** (City) **Malone** (State) **Florida** (Zip) **32445**

25. Defendant's Name: (Last) _____ (First) _____ (Middle) _____ ALIAS _____ 26. OBTS _____

27. Race/Sex: _____ 28. Date of Birth: _____ 29. Residence Type: City County Florida Out of State 30. Weapon Seized: Yes No 31. Controlled Substance Seized: Yes No TYPE & QUANTITY: _____

32. Height: _____ 33. Weight: _____ 34. Eye Color: _____ 35. Hair Color: _____ 36. Scars, marks, tattoos, unique physical features: (Location, type & description) _____

37. Driver's License Number/State: _____ 38. Social Security Number: _____ 39. Residential Telephone: _____ 40. Business Telephone: _____

41. Address: (Street, Apartment Number) _____ (City) _____ (State) _____ (Zip) _____

42. Defendant's Name: (Last) _____ (First) _____ (Middle) _____ ALIAS _____ 43. OBTS _____

44. Race/Sex: _____ 45. Date of Birth: _____ 46. Residence Type: City County Florida Out of State 47. Weapon Seized: Yes No 48. Controlled Substance Seized: Yes No TYPE & QUANTITY: _____

49. Height: _____ 50. Weight: _____ 51. Eye Color: _____ 52. Hair Color: _____ 53. Scars, marks, tattoos, unique physical features: (Location, type & description) _____

54. Driver's License Number/State: _____ 55. Social Security Number: _____ 56. Residential Telephone: _____ 57. Business Telephone: _____

58. Address: (Street, Apartment Number) _____ (City) _____ (State) _____ (Zip) _____

59. Charge Description: (# 1) **Grand Theft, Motor Vehicle** 60. Statute or Ordinance Number: **812.014** FA OR

61. Charge Description: (# 2) **Dealing in Stolen Property** 62. Statute or Ordinance Number: **819.019** FB OC

63. Charge Description: (# 3) _____ 64. Statute or Ordinance Number: _____ FA OR

65. Victim's Name (Last, First, Middle Initial) (Last) **Nichols** (First) **Donna** (Middle) **Nichols** 66. Race/Sex: **W/F** 67. Date of Birth: **12/15/52** 68. Telephone Number: _____

69. Contact Person if victim is deceased, a minor child, or business: (Last) _____ (First) _____ (Middle) _____ 70. Race/Sex: _____ 71. Date of Birth: _____ 72. Telephone Number: _____

73. Address: (Street, Apartment Number) **216 S.E. 39 Terrace** (City) **Ocala** (State) **Florida** (Zip) **34471** 74. Secondary Phone Number: _____

75. Victim Notification of Arrest: _____ DATE _____ TIME _____ 76. Information Given: Arrest Info Victim's Rights Card App. Info Domestic Viol. Info

77. Physical Evidence collected in this case? Yes No
Evidentiary Custodian's Name: **Sgt. Snell**

78. Witness Statements taken in this case? Yes No
Person responsible for statements: **Sgt. Snell**

79. I certify that all of the above information is true and correct to the best of my knowledge
and is page 01 of a 2 page Affidavit/Complaint.
Officer/Complainant Signature: **Sgt. Jeff Snell**
Type or print Complainant name

Clerk's Case No. _____

SA Case No.(s) _____

Adult Def PC Arrest
 Juvenile Def Application for
Warrant/Capias

AFFIDAVIT - COMPLAINT (PROBABLE CAUSE NARRATIVE)

80. Agency Name: Jackson County Sheriff's Office	81. Agency Report Number: 2011-014886	82. Date/Time of Arrest:	83. Investigating Officer: Sgt. Jeff Snell
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84. NARRATIVE OF THE FACTUAL BASIS FOR PROBABLE CAUSE: The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the heretofore named defendant did commit the violations of law as stated above and the factual basis for this belief is as follows:

On 9-1-2011, the victim made a report, to the Jackson County Sheriff's Office, that her 1989 Buick had been stolen from her property located at 5156 Ninth Avenue Malone, Florida. During the investigation, it was determined the vehicle had been purchased, for scrap, by Mike's Auto Sales, Inc. of Donaldsonville, Georgia. Records recovered from Mike's Auto Sales indicated that on 8-25-2011, the defendant, Fred Jones, contacted Mike's Auto Sales and directed them to 5156 Ninth Street to pick up the above mentioned vehicle. The defendant provided a bill of sale to Mike's Auto Sales, indicating that there were no liens on the vehicle. The records recovered from Mike's Auto Sales indicated that the defendant was paid the sum of \$319.00 for the vehicle. The victim stated that she did not sell or give the above vehicle to the defendant nor did she authorize anyone to remove the vehicle from her property.

This offense occurred in Jackson County, Florida.

85. The undersigned, being duly sworn, states that the foregoing information contained in an affidavit consisting of <u>02</u> pages is true and correct to the best of his/her knowledge.	Sworn to and subscribed before me this <u>9</u> day of <u>April</u> 20 <u>11</u> <i>[Signature]</i> Signature of Person Administering Oath <input type="checkbox"/> Personally Known <input type="checkbox"/> Other Identification ID Type _____ Dial _____
Signature of Officer/Complainant: Sgt. Jeff Snell Officer/Complainant's Name (Printed)	J-22 ID Number

87. Adult's Relation to Juvenile Defendant: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____	88. Adult's Name: (Last) _____ (First) _____ (Middle) _____
89. Address: (Street, Apartment Number) _____ (city) _____ (State) _____ (Zip) _____	90. Residential Phone: _____ 91. Business Phone: _____
92. Notified By: (Name) _____	93. Date/Time: _____ 94. Notification Method: <input type="checkbox"/> Person <input type="checkbox"/> Telephone
95. Law Enforcement Disposition of Juvenile Contact: (Check one and complete release data) Release Date: _____ Release Time: _____ Released to (Name): _____	<input type="checkbox"/> Transferred to Secure Detention <input type="checkbox"/> Released to HRS Intake Officer, not detained <input type="checkbox"/> Processed within the agency and released to other than HR6