

**7th. Judicial Circuit 707
Charging Affidavit - Volusia**

Arrest # _____ Bk # _____

Pg #1 of 3

CF1704157 A01

ARREST <input type="checkbox"/> NOTICE TO APPEAR <input type="checkbox"/> AFFIDAVIT <input checked="" type="checkbox"/> C.C. <input type="checkbox"/>		ADULT <input checked="" type="checkbox"/> JUVENILE <input type="checkbox"/>		Court Case Number: 2017302609CFW	
(ORI) FL: 0 6 4 0 1 5 A		Agency Name: Office of the State Attorney-Daytona Bch.		Agency Case Number: SAI-DB-170201001	
FCIC/NCIC Check? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		OBTS#		UCR: _____ Date Arrested: _____ Time of Arrest: _____	
ADDRESS OF ARREST:				Arrested By: _____ ID Number: _____	
DEFENDANT Name (L,F,M): FERNANDEZ, ALBA, ESPERANZA		A.K.A.: KOHN, BUNNY		Sex: FEMALE Race: HISPANIC	
DOB: 09/06/1942 Age: 74		Driver's Lic/ID No.: _____		State: FL Year Expires: 2019 S.S. #: _____	
Height: 5'2" Weight: 130		Hair: BROWN Eyes: BRN		POB (City, St, Country) NEW YORK Statement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Scars, Marks, Tattoos: UNKNOWN		Business & Occupation: SELF EMPLOYED		Citizenship: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Probation: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Sexual Predator: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		English: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Deaf/Mute: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Address-Mailing/Permanent (STREET, APT. NUMBER) 600 BUTLER BLVD.		(CITY) DAYTONA BEACH		(STATE) FL ZIPCODE 32118 RESIDENCE PHONE 386-868-9450	
Address-Local (STREET, APT. NUMBER) SAME AS ABOVE		(CITY) _____		(STATE) _____ ZIPCODE _____ RESIDENCE PHONE _____	
Address-Other(Employer/School) (STREET, APT. NUMBER) SELF EMPLOYED		(CITY) _____		(STATE) _____ ZIPCODE _____ BUS/SCHOOL PHONE _____	
CHARGES		DOMESTIC VIOLENCE? YES <input type="checkbox"/>		Attachments: Affidavit(s) <input checked="" type="checkbox"/> Statement(s) <input checked="" type="checkbox"/> NTA Schedule <input type="checkbox"/> Report <input checked="" type="checkbox"/> Traffic Infraction(s) <input type="checkbox"/> DUI <input type="checkbox"/> Total Charges: 12	
#1	Charge: Penalty for assuming name	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>		FS/ORD: 104.24 Citation No.: _____ Bond: _____	
#2	Charge: Fraud in connection with casting vote	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>		FS/ORD: 104.041 Citation No.: _____ Bond: _____	
#3	Charge: False swearing; submission of false voter registration information	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>		FS/ORD: 104.011 Citation No.: _____ Bond: _____	
CO-DEFENDANT		Co-Def #1. Arrested? Y <input type="checkbox"/> N <input type="checkbox"/> Fel <input type="checkbox"/> Misd. <input type="checkbox"/> Traf. <input type="checkbox"/> Ord. <input type="checkbox"/> NTA <input type="checkbox"/>		Co-Def #2. Arrested? Y <input type="checkbox"/> N <input type="checkbox"/> Fel. <input type="checkbox"/> Misd. <input type="checkbox"/> Traf. <input type="checkbox"/> Ord. <input type="checkbox"/> NTA <input type="checkbox"/>	
#1 NAME(L,F,M): _____		Race: _____ Sex: _____		DOB: _____ Age: _____	
#2 NAME(L,F,M): _____		Race: _____ Sex: _____		DOB: _____ Age: _____	
NARRATIVE					
The undersigned certifies and swears that there is probable cause to believe the above named defendant, on the <u>March 7, 2016, August 1, 2016, and October 10, 2016</u> day of _____, _____, at approximately _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. at <u>600 Butler Blvd. Daytona Beach, FL</u> within <u>Volusia</u> County, violated the law and did then and there:					
104.24 Penalty for assuming name.—A person may not, in connection with any part of the election process, fraudulently call himself or herself, or fraudulently pass by, any other name than the name by which the person is registered or fraudulently use the name of another in voting. Any person who violates this section is guilty of a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.					
And: 104.041 Fraud in connection with casting vote.—Any person perpetrating or attempting to perpetrate or aid in the perpetration of any fraud in connection with any vote cast, to be cast, or attempted to be cast, is guilty of a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.					
And: 104.011 False swearing; submission of false voter registration information.—A person who willfully swears or affirms falsely to any oath or affirmation, or willfully procures another person to swear or affirm falsely to an oath or affirmation, in connection with or arising out of voting or elections commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.					
NOTICE TO APPEAR		MANDATORY APPEARANCE <input type="checkbox"/>		YOU NEED NOT APPEAR IN COURT BUT MUST COMPLY WITH INSTRUCTIONS ON THE REVERSE SIDE OF YOUR COPY <input type="checkbox"/>	
I AGREE TO APPEAR IN COURT HEREIN TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE INDICATED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED, OR PAY THE LISTED FINE, I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST WILL BE ISSUED.		FINE, AND COSTS AMOUNT: _____		Juve Disp. CITATION No. _____	
SIGNATURE OF DEFENDANT _____ DATE _____		RELATIONSHIP TO JUVENILE _____		SIGNATURE OF JUVENILE PARENT OR CUSTODIAN _____ CITATION No. _____	
Sworn to and subscribed before me, the undersigned This <u>28th</u> day of <u>March</u> , 2017.		I swear/affirm the above statements are correct and true.		OFFICER'S/COMPLAINANT'S SIGNATURE <i>Richard Brendel</i>	
Name: Inv. Eric Savercool # 735		NAME(PRINTED) Inv. Richard Brendel		ID NUMBER 719	
Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input checked="" type="checkbox"/> Personally Known <input checked="" type="checkbox"/> Produced Identification <input type="checkbox"/> Type of Identification: _____		Inmate Number & facility: _____		<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> CLERK OF THE CIRCUIT COURT VOLUSIA COUNTY, FL 2017 MAY 22 PM 12:01 FILED </div>	
OFFICIAL USE ONLY					

Narrative 707-B Supplement

Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number:

Defendant Name: FERNANDEZ, ALBA ESPERANZA	Agency Case Number: SAI-DB-170201001
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#	Charge	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: 104.18	Citation No:	Bond:
	Charge: Casting more than one ballot at any election				
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:	Citation No:	Bond:
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:	Citation No:	Bond:

And: 104.18 Casting more than one ballot at any election.—Except as provided in s. 101.6952, whoever willfully votes more than one ballot at any election commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

To Wit:

The defendant, Alba E Fernandez, willfully and knowingly assumed the alias of Bunny Kohn. While acting under the alias of Bunny Kohn, the defendant fraudulently applied for and obtained a Florida Voter Registration in the name of Bunny Kohn (September 28, 2000, in Volusia County). While acting under the alias of Bunny Kohn, the defendant voted by Absentee Ballot on the following dates:

March 7, 2016

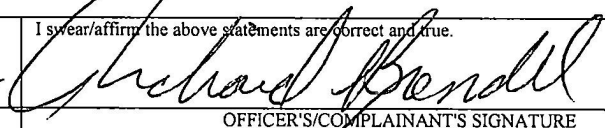
August 1, 2016

October 10, 2016

On the above dates, the defendant signed the name of Bunny Kohn to the Domestic Voter's Certificate swearing or affirming that the defendant was Bunny Kohn and was a qualified and registered voter of Volusia County.

The defendant voted "early" at the Daytona Beach Regional Library on March 9, 2016, under the name of Alba E Fernandez. The defendant voted by Absentee Ballot, under the name of Alba E Fernandez, on August 1, 2016, and again on October 10, 2016. During these two dates, the defendant signed the name Alba E Fernandez to the Domestic Voter's Certificate swearing or affirming that the defendant was a qualified and registered voter of Volusia County.

On March 24, 2017, the defendant confessed to the above criminal acts during a non-custodial interview conducted at the defendant's residence.

Sworn to and subscribed before me, the undersigned, this <u>28th</u> day of <u>MARCH</u> , 20 <u>17</u>	I swear/affirm the above statements are correct and true.	Right thumb
Name: <u>Richard Brendel 735</u>		
Notary Public <input type="checkbox"/> Law Enforcement Officer <input checked="" type="checkbox"/> Personally Known <input checked="" type="checkbox"/> Produced Identification <input type="checkbox"/>	OFFICER'S/COMPLAINANT'S SIGNATURE	
Type of Identification:	NAME (PRINTED): <u>INV. RICHARD BRENDL</u>	ID NUMBER: <u>719</u>

Witness/Victim/Evidence Form 707-A

Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number:

Defendant Name: FERNANDEZ, ALBA ESPERANZA		Agency Case Number: SAI-DB-170201001	
Name (L,F,M): Lewis, Lisa	Vic <input type="checkbox"/> Wit <input checked="" type="checkbox"/>	Race:	Sex: M <input type="checkbox"/> F <input checked="" type="checkbox"/>
Address (#, Street, City, State): 125 W. New York Avenue DeLand, FL		Zip: 32720	Age: DOB:
Bus./School Address: Volusia County Supervisor of Elections		Home Phone:	Statement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name:		Relative/Contact Address:	Bus. Phone: 386-736-5930
Name (L,F,M): State Attorney Investigator Baker, Gina	Vic <input type="checkbox"/> Wit <input checked="" type="checkbox"/>	Race:	Sex: M <input type="checkbox"/> F <input checked="" type="checkbox"/>
Address (#, Street, City, State): 251 N. Ridgewood Avenue Daytona Beach, FL		Zip: 32114	Age: DOB:
Bus./School Address: Office of the State Attorney, Seventh Judicial Circuit		Home Phone:	Statement: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Relative/Contact Name:		Relative/Contact Address:	Bus. Phone: 386-239-7710
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State):		Zip:	Age: DOB:
Bus./School Address:		Home Phone:	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name:		Relative/Contact Address:	Bus. Phone:
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State):		Zip:	Age: DOB:
Bus./School Address:		Home Phone:	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name:		Relative/Contact Address:	Bus. Phone:
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State):		Zip:	Age: DOB:
Bus./School Address:		Home Phone:	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name:		Relative/Contact Address:	Bus. Phone:
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Address (#, Street, City, State):		Zip:	Age: DOB:
Bus./School Address:		Home Phone:	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>
Relative/Contact Name:		Relative/Contact Address:	Bus. Phone:

EVIDENCE COLLECTED

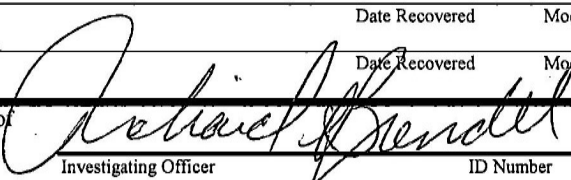
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Owner(Name) (Address)		(Phone)	Value
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Owner(Name) (Address)		(Phone)	Value
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount

I certify that the foregoing is a complete list of witnesses/victims & evidence known to me.

Investigating Officer

ID Number

Agency


5A719 STATE ATTORNEY'S OFFICE