2024 Form 1 - Statement of Financial Interests

Filed with COE: 06/03/2025

General Information

Name: Mr Eddie Dixon

PID 246564

AGENCY INFORMATION

Organization	Suborganization	Title
Holmes County	Planning Commission	Planning Commission Member

Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2024.

Primary Sources of Income

PRIMARY SOURCE OF INCOME (Over $2,500) (Major sources of income to the reporting person)
(If you have nothing to report, write “none” or “n/a”)

Name of Source of Income	Source's Address	Description of the Source's Principal Business Activity
Culpepper Construction	1538 Metropolitan Blvd., Tallahassee, FL 32308	Salary
City of Bonifay	301 J Harvey Blvd., Bonifay, FL 32425	Salary

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Secondary Sources of Income

SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person) (If you have nothing to report, write “none” or “n/a”)

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
N/A			

Real Property

REAL PROPERTY (Land, buildings owned by the reporting person)
(If you have nothing to report, write “none” or “n/a”)

Location/Description
230 acres north central Holmes County
80 acres northeast Holmes County

Intangible Personal Property

INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over $10,000)
(If you have nothing to report, write “none” or “n/a”)

Type of Intangible	Business Entity to Which the Property Relates
401K	Fidelity
401K	John Hancock
401K	Bencore
Savings	Community South

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Liabilities

LIABILITIES (Major debts valued over $10,000):
(If you have nothing to report, write “none” or “n/a”)

Name of Creditor	Address of Creditor
Wells Fargo	1281 Church Ave., Chipley, FL 32428
First National Bank	101 S 3rd Ave., Hartford, AL 36344

Interests in Specified Businesses

INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses)
(If you have nothing to report, write “none” or “n/a”)

Business Entity # 1
N/A

Training

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you for this form year.

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Signature of Filer

Eddie Dixon

Digitally signed: **06/03/2025**

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