

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

FOR OFFICE USE ONLY:

105779883

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Dillon, Charles

MAILING ADDRESS :

20320 Palmetto Ln

CITY :

Dunnellon

ZIP :

34432

COUNTY :

Marion County

NAME OF AGENCY :

Dunnellon

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Councilman

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE

**RECEIVED**  
 2015 JUN 29 PM 12:03  
 SUPERVISOR OF ELECTIONS  
 MARION COUNTY, FLORIDA

**\*\*\*\* BOTH PARTS OF THIS SECTION MUST BE COMPLETED \*\*\*\***

**DISCLOSURE PERIOD:**

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

DECEMBER 31, 2014 OR  SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

**MANNER OF CALCULATING REPORTABLE INTERESTS:**

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING:

COMPARATIVE (PERCENTAGE) THRESHOLDS OR  DOLLAR VALUE THRESHOLDS

**PART A -- PRIMARY SOURCES OF INCOME** [Major sources of income to the reporting person - See instructions]  
 (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
Rental	PO Box 1937 Dunnell	Rental Property
Social Security		Federal Gov't
Fl. Retirement		FLORIDA

**PART B -- SECONDARY SOURCES OF INCOME**  
 [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]  
 (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

**PART C -- REAL PROPERTY** [Land, buildings owned by the reporting person - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

SEE ATTACHED

**FILING INSTRUCTIONS** for when and where to file this form are located at the bottom of page 2.

**INSTRUCTIONS** on who must file this form and how to fill it out begin on page 3.

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc. - See instructions]  
(If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Stocks CDs	BROKERAGE ACCOUNT STATE FARM BANK

**PART E — LIABILITIES** [Major debts - See instructions]  
(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
NONE	

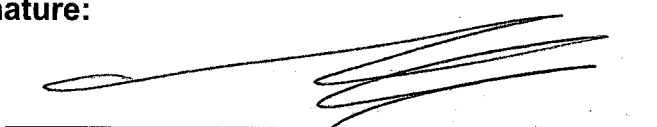
**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses - See instructions]  
(If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	CT. DILLON FRUITLAND	
ADDRESS OF BUSINESS ENTITY	PO BOX 1937 DWELL	
PRINCIPAL BUSINESS ACTIVITY	CONSTRUCTION	
POSITION HELD WITH ENTITY	Pres.	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes	
NATURE OF MY OWNERSHIP INTEREST	100%	

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

**SIGNATURE OF FILER:**

Signature:



Date Signed:

6/25/15

**CPA or ATTORNEY SIGNATURE ONLY**

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, \_\_\_\_\_, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**FILING INSTRUCTIONS:**

**WHAT TO FILE:**

After completing all parts of this form, **including signing and dating it**, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

**NOTE:**

**MULTIPLE FILING UNNECESSARY:**

A candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying. A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

**WHERE TO FILE:**

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

**Local officers/employees** file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

**State officers or specified state employees** file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

**Candidates** file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

**Facsimiles will not be accepted.**

**WHEN TO FILE:**

**Initially**, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

**Candidates** for publicly-elected local office must file at the same time they file their qualifying papers.

**Thereafter**, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

**Finally**, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment. However, filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2014.

## CHART OF MONTHLY

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Property	Rent	Insurance	Taxes	Gross
Lot 1296 & 1297 Dunnellon 20521 Park Ave.	450	-42	-45	363
Lot 24 Dunnellon Heights 19407 St. Lawrence Drive	500	-42	-50	408
Lot 164 Dunnellon Heights	0	0	-4	-4
Lot 165 Dunnellon Heights	0	0	-4	-4
Lot 166 Dunnellon Heights	0	0	-4	-4
Lot 36 Dunnellon Heights 19394 St. Lawrence Drive	550	-31.13	-51	467.87
Lot 369 Dunnellon Heights 19106 St. Lawrence Drive	650	-53.87	-104	492.13
Lot 2 Blk 10 Minnitrista	0	0	-40	-40
Lot 1423 Dunnellon 20686 Walnut Street	600	-83.28	-42	474.72
Lot 1407 Dunnellon 20707 Walnut Street	300	-117.83	-65	117.17
Lot 216 Dunnellon Heights 19205 St. Benedict Drive	600	-41.92	-74	484.08
Lots 6,7,8,9,10 Cortlin Business Park	0	0	-191	-191
Lot 1874 Dunnellon 20770 Park Street	500	-43.32	-46	410.68
Lot 35 Dunnellon Heights 19406 St. Lawrence Drive	600	-99.08	-45	455.92
Lot 193 Dunnellon Heights 19179 St. Lawrence Drive	650	-64.33	-95	490.67
Villas of Blue Cove	0	0	-30	-30
Villas of Blue Cove Parking Area	0	0	-2	-2

W 1/2 of Lot 1251 Dunnellon	0	0	-6	-6
Lot 1 Blk 10 Minnitrista			-30	-30
Lot 23 Dunnellon Heights 19395 St. Lawrence Drive	650	-64.33	-96	489.67
Lot 1384 EX E 50 FT 11873 Ohio Street	450	-57.97	-40	352.03
Lot 195 Dunnellon Heights 19203 St. Lawrence Drive	575	-54.13	-51	469.87
Lot 167 & 168 Dunnellon Heights 19240 E Penn Ave.	550	-63.7	-142	344.3
Lot 200 Dunnellon Heights 19226 St. Lawrence Drive	550	-59.21	-64	426.79
Sea Colony 51 Sea Vista Drive	0			0
	7725	-966.53	-1276	5482.47