



FINANCIAL DISCLOSURE REPORT

Clerk of the House of Representatives • Legislative Resource Center • B81 Cannon Building • Washington, DC 20515

FILER INFORMATION

Name: Case Dixon
Status: Congressional Candidate
State/District: AL06

FILING INFORMATION

Filing Type: Candidate Report
Filing Year: 2026
Filing Date: 04/18/2026
Period Covered: 01/01/2025– 04/15/2026

SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
AFFCU Checking [BA]		\$1,001 - \$15,000	Interest	None	\$1 - \$200
USAA Checking [BA]		\$1,001 - \$15,000	Interest	None	\$1 - \$200

* For the complete list of asset type abbreviations, please visit <https://fd.house.gov/reference/asset-type-codes.aspx>.

SCHEDULE C: EARNED INCOME

Source	Type	Amount Current Year to Filing	Amount Preceding Year
Prohealth Home Health LLC	Salary	\$23,725.00	\$73,541.00
Brookwood Center Development	Salary	N/A	\$3,459.91

SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
	ServiSolutions	September 2023	Home Loan	\$100,001 - \$250,000

Owner	Creditor	Date Incurred	Type	Amount of Liability
	Avadian Credit Union	January 2025	Home Improvement Loan (Purchased HVAC System)	\$10,000 - \$15,000
	Central Research Inc	January 2019	Student Loan	\$10,000 - \$15,000

SCHEDULE E: POSITIONS

Position	Name of Organization
Licensed Physical Therapist Assistant	Prohealth Home Health LLC
Licensed Physical Therapist Assistant	Brookwood Center Development

SCHEDULE F: AGREEMENTS

None disclosed.

SCHEDULE J: COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

None disclosed.

EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

Trusts: Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?

Yes No

Exemption: Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?

Yes No

CERTIFICATION AND SIGNATURE

I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

Digitally Signed: Case Dixon , 04/18/2026