

Facing Commission

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------|
| <b>ITEM 10</b>                                                                                                                                                                                                                                                                                                                                | <b>CREDITORS TO WHOM \$1,000 OR MORE WAS OWED OR GUARANTEED BY YOU OR A MEMBER OF YOUR IMMEDIATE FAMILY.</b>                                            |                               |                                                            |
| Exception: Loans from a relative and land contracts which have been recorded with the County Clerk or Register of Deeds need <b>not</b> be reported. Accounts payable, debts arising out of retail installment transactions or loans made by a financial institution in the ordinary course of business need <b>not</b> be reported.          |                                                                                                                                                         |                               |                                                            |
| Name                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                         | Address                       |                                                            |
| If you have nothing to report, write NONE                                                                                                                                                                                                                                                                                                     |                                                                                                                                                         |                               |                                                            |
| NONE                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                         | 2/12/24                       |                                                            |
| <b>ITEM 11</b>                                                                                                                                                                                                                                                                                                                                | <b>SOURCES OF GIFTS OF A VALUE OF MORE THAN \$100 RECEIVED EXCEPT GIFTS FROM RELATIVES. (See definitions) If you have nothing to report, write NONE</b> |                               |                                                            |
| Name and address of Donor                                                                                                                                                                                                                                                                                                                     | Occupation or nature of business of Donor                                                                                                               | Value of Gift (See Key Below) | Description of Gift and Circumstances or Occasion for Gift |
| If you have nothing to report, write NONE                                                                                                                                                                                                                                                                                                     |                                                                                                                                                         |                               |                                                            |
|                                                                                                                                                                                                                                                                                                                                               | NONE                                                                                                                                                    | Choose Value:                 |                                                            |
|                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                         | Choose Value:                 |                                                            |
|                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                         | Choose Value:                 |                                                            |
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|                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                         | Choose Value:                 |                                                            |
|                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                         | Choose Value:                 |                                                            |
|                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                         | Choose Value:                 |                                                            |
| The monetary value of each gift shall be categorized based on the good faith estimate of the filer. For each reported gift insert in the Value column the letter which corresponds to the value category of the gift. The value categories are:<br>A) \$100.01 to \$200; B) \$200.01 to \$500; C) \$500.01 to \$1,000; D) \$1,000.01 or more. |                                                                                                                                                         |                               |                                                            |
| <b>ITEM 12</b>                                                                                                                                                                                                                                                                                                                                | <b>SUPPLEMENTAL INFORMATION (please attach any supplemental info and note below to see attached)</b>                                                    |                               |                                                            |
| <b>ITEM 13</b>                                                                                                                                                                                                                                                                                                                                | <b>SIGNATURE OF FILER AND DATE</b>                                                                                                                      |                               |                                                            |
| I hereby state that I have used all reasonable diligence in the preparation of this Statement and that to the best of my knowledge it is true and complete.                                                                                                                                                                                   |                                                                                                                                                         |                               |                                                            |
| J. Chris Simon                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                         | 2/9/24                        |                                                            |
| (Signature of Filer)                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                         | (Date)                        |                                                            |

**Criminal Penalties:** Any person who files a statement knowing that information is false shall be guilty of a Class IV Felony, See §49-14,134, Nebraska Revised Statutes.