Home Station Per Diem Reimbursement Request – SDCL 3-9-2.2

When Application and Authorization sections are completed, please submit the original to:
State Board of Finance
Office of Secretary of State
Capitol Building - 500 E Capitol Ave
Pierre, SD 57501  Phone: 605-773-3537

Application

Date: 12/14/17  Agency: SDRS
Agency Address: 222 E. Capitol Ave, Pierre, SD 57501
Agency Phone Number: 605-773-3731
Employee Requesting Reimbursement:
Total Amount of Reimbursement: $363.00
Date(s) of Expense: 12/7/17
Event Leave Time: 8:30 a.m.  Event Return Time: 4:30 p.m.
Explanation of official business performed: SDRS Board of Trustees Board meeting
Required staff and consultants to stay and not leave during lunch.

I hereby request authorization and approval for reimbursement of expenses, set forth in the voucher attached hereto, that were incurred while conducting state business at my headquarters station or place of residence. I certify that the event extended entirely through a meal time without interruption and included a meal provision for which I was billed. I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Signature of Employee  Date

Authorization

I hereby certify that the above employee was authorized to incur the claimed expenses at their headquarters station or place of residence while performing necessary duties of their employment on behalf of the State of South Dakota. I attest that the employee’s participation in the event was in the furtherance of state interests.

Robert A. Wylie
Name of Department/Office Head
Signature of Department/Office Head

Executive Director
Position/Title of Agency Official
12-13-17
Date

State Board of Finance Approval

Approval Date:  Signature of Secretary, State Board of Finance

Note: When completed, attach the original form to voucher to be sent to the State Auditor’s Office.
<table>
<thead>
<tr>
<th>Justice Zinker</th>
<th>Dawn Smith</th>
</tr>
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<tbody>
<tr>
<td>James Hansen</td>
<td>Don Johnson</td>
</tr>
<tr>
<td>Myron Johnson</td>
<td>Kelley Greenaway</td>
</tr>
<tr>
<td>Jone Jones</td>
<td>Deepa Fischer</td>
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<tr>
<td>Karl Albert</td>
<td>Apr Eastman</td>
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<td>R.J. Peterson</td>
<td>Ginger Anson</td>
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<tr>
<td>Ray Lindsey</td>
<td>Tammy Olsen</td>
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<tr>
<td>Kenny Drucker</td>
<td>Luciie Gustafson</td>
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<tr>
<td>Jim a Clegg</td>
<td>Luciie Bill</td>
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<td>Eric Steele</td>
<td>Tammy Olsen</td>
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<td>Matt Mihalek</td>
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<td>Charlotte</td>
<td>Rob Ogilvie</td>
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<tr>
<td>Dileena Faith</td>
<td>Jane Ben</td>
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<td>Leslie Miller</td>
<td>Michelle Mikkelson</td>
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<tr>
<td>Gene Larson</td>
<td>Mike Studabaker</td>
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<tr>
<td>B. Adams</td>
<td></td>
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</table>
December 13, 2017

SDRS
Attention: Dawn

December 7, 2017 meeting

Lunches 363.00

Balance Due 363.00

Thank you.
Jill
December 14, 2017

Teresa Bray  
Deputy Secretary of State  
500 E. Capitol Ave.  
Pierre, SD  57501

RE: Meal Reimbursement for Board of Finance Consideration

Dear Ms. Bray,
The South Dakota Retirement System held their December 7, 2017, meeting in Pierre at View 34. View 34 provided lunch for SDRS staff, SDRS Board members, and consultants.

Sincerely,

Dawn M. Smith  
Dawn M. Smith  
Executive Assistant  
South Dakota Retirement System  
605-773-4596
Home Station Per Diem Reimbursement Request – SDCL 3-9-2.2

When Application and Authorization sections are completed, please submit the original to:
State Board of Finance - Office of Secretary of State
Capitol Building - 500 E Capitol Ave - Pierre, SD 57501
Phone: 605-773-3537

PLEASE NOTE: The request and all supporting documentation must be received in the Office of the Secretary of State no later than 5:00 p.m. CT eight days prior to the Board of Finance meeting on the third Tuesday of the month. Documentation received after that time will be processed at the next Board of Finance meeting. All documentation MUST comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

Application

Date: 1/8/18
Agency: SOS
Agency Address: 500 E Capitol Ave, Ste 204, Pierre SD
Agency Phone Number: 713-3232
Employee Requesting Reimbursement: Kristin Gabriel
Total Amount of Reimbursement: 29.00
Date(s) of Expense: 1/18/17 - 1/19/17
Event Leave Time: 8:00 AM
Event Return Time: 5:00 PM
Explanation of official business performed: 2017 County Auditor Workshop Training

I hereby request authorization and approval for reimbursement of expenses, set forth in the voucher attached hereto, that were incurred while conducting state business at my headquarters station or place of residence. I certify that the event extended entirely through a meal time without interruption and included a meal provision for which I was billed. I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Kristin Gabriel
Signature of Employee
1/8/2018

Authorization

I hereby certify that the above employee was authorized to incur the claimed expenses at their headquarters station or place of residence while performing necessary duties of their employment on behalf of the State of South Dakota. I attest that the employee’s participation in the event was in the furtherance of state interests.

Secretary of State
Position/Title of Agency Official
1-7-18

State Board of Finance Approval

Approval Date: ____________________________
Signature of Secretary, State Board of Finance

Note: When completed, attach the original form and receipts to voucher to be sent to the State Auditor’s Office.
Home Station Per Diem Reimbursement Request – SDCL 3-9-2.2

When Application and Authorization sections are completed, please submit the original to:
State Board of Finance - Office of Secretary of State
Capitol Building - 500 E Capitol Ave - Pierre, SD 57501
Phone: 605-773-3537

Please NOTE: The request and all supporting documentation must be received in the Office of the Secretary of State no later than 5:00 p.m. CT eight days prior to the Board of Finance meeting on the third Tuesday of the month. Documentation received after that time will be processed at the next Board of Finance meeting. All documentation MUST comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

Application

Date: 1/8/18  Agency: EOE
Agency Address: 500 E Capitol Ave Ste 204, Pierre, SD
Agency Phone Number: 713-3537
Employee Requesting Reimbursement: Rachel Sauder
Total Amount of Reimbursement: $35.00
Date(s) of Expense: 1/8/17 - 1/11/17
Event Leave Time: 8:00 AM  Event Return Time: 5:00 PM
Explanation of official business performed: 2017 County Auditor Workshop Training

I hereby request authorization and approval for reimbursement of expenses, set forth in the voucher attached hereto, that were incurred while conducting state business at my headquarters station or place of residence. I certify that the event extended entirely through a meal time without interruption and included a meal provision for which I was billed. I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Rachel Sauder  1/8/2018
Signature of Employee  Date

Authorization

I hereby certify that the above employee was authorized to incur the claimed expenses at their headquarters station or place of residence while performing necessary duties of their employment on behalf of the State of South Dakota. I attest that the employee’s participation in the event was in the furtherance of state interests.

Shantel Krebs  Secretary of State
Name of Department/Office Head  Position/Title of Agency Official
1/9/2018
Signature of Department/Office Head  Date

State Board of Finance Approval

Approval Date:  Signature of Secretary, State Board of Finance

Note: When completed, attach the original form and receipts to voucher to be sent to the State Auditor’s Office.
Home Station Per Diem Reimbursement Request – SDCL 3-9-2.2

When Application and Authorization sections are completed, please submit the original to:
State Board of Finance - Office of Secretary of State
Capitol Building - 500 E Capitol Ave - Pierre, SD 57501
Phone: 605-773-3537

PLEASE NOTE: The request and all supporting documentation must be received in the Office of the Secretary of State no later than 5:00 p.m. CT eight days prior to the Board of Finance meeting on the third Tuesday of the month. Documentation received after that time will be processed at the next Board of Finance meeting. All documentation MUST comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

Application

Date: 11/8/18
Agency: SOS
Agency Address: 500 E Capitol Ave Ste 204, Pierre SD
Agency Phone Number: 773-3537
Employee Requesting Reimbursement: Christine Johnkamp
Total Amount of Reimbursement: $90.00
Date(s) of Expense: 11/8/17-11/9/17
Event Leave Time: 8:00 AM
Event Return Time: 5:00 PM
Explanation of official business performed: 2017 County Auditor Workshop Training

I hereby request authorization and approval for reimbursement of expenses, set forth in the voucher attached hereto, that were incurred while conducting state business at my headquarters station or place of residence. I certify that the event extended entirely through a meal time without interruption and included a meal provision for which I was billed. I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Theresa Johnkamp
Signature of Employee
1-8-18
Date

Authorization

I hereby certify that the above employee was authorized to incur the claimed expenses at their headquarters station or place of residence while performing necessary duties of their employment on behalf of the State of South Dakota. I attest that the employee’s participation in the event was in the furtherance of state interests.

Shutter Krebs
Signature of Department/Office Head
1-9-18

Secretary of State
Position/Title of Agency Official

State Board of Finance Approval

Approval Date: ____________________________
Signature of Secretary, State Board of Finance

Note: When completed, attach the original form and receipts to voucher to be sent to the State Auditor’s Office.
Home Station Per Diem Reimbursement Request – SDCL 3-9-2.2

When Application and Authorization sections are completed, please submit the original to:
State Board of Finance - Office of Secretary of State
Capitol Building - 500 E Capitol Ave - Pierre, SD 57501
Phone: 605-773-3537

Please Note: The request and all supporting documentation must be received in the Office of the Secretary of State no later than 5:00 p.m. CT eight days prior to the Board of Finance meeting on the third Tuesday of the month. Documentation received after that time will be processed at the next Board of Finance meeting. All documentation MUST comply with Bureau of Human Resources policies regarding protection of personally identifiable information.

Application

Date: 11/8/18
Agency: 508
Agency Address: 500 E Capitol Ave Ste 204, Pierre SD
Agency Phone Number: 773.3537
Employee Requesting Reimbursement: Kecia Warne
Total Amount of Reimbursement: 22.00
Date(s) of Expense: 11/8/17 - 11/9/17
Event Leave Time: 8:00 AM
Event Return Time: 5:00 PM
Explanation of official business performed: 2017 County Auditor Workshop Training

I hereby request authorization and approval for reimbursement of expenses, set forth in the voucher attached hereto, that were incurred while conducting state business at my headquarters station or place of residence. I certify that the event extended entirely through a meal time without interruption and included a meal provision for which I was billed. I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Kecia Warne
Signature of Employee

Authorization

I hereby certify that the above employee was authorized to incur the claimed expenses at their headquarters station or place of residence while performing necessary duties of their employment on behalf of the State of South Dakota. I attest that the employee’s participation in the event was in the furtherance of state interests.

Shantel Krebs
Name of Department/Office Head

Secretary of State
Position/Title of Agency Official

1-9-18
Date

Signature of Department/Office Head

State Board of Finance Approval

Approval Date: __________________________
Signature of Secretary, State Board of Finance
Note: When completed, attach the original form and receipts to voucher to be sent to the State Auditor’s Office.
2017 County Auditor Workshop Training Lunch Sign in Sheet

Wednesday November 8th, 2017
Kea Warne - Kea G Warne
Christine Lehrkamp - Christine Lehrkamp
Rachel Soulek - Rachel K Soulek
Kristin Gabriel - Kristin Gabriel

Thursday November 9th, 2017
Shantel Krebs - Shantel Krebs
Kea Warne - Kea Warne
Christine Lehrkamp - Christine Lehrkamp
Rachel Soulek - Rachel K Soulek
Kristin Gabriel - Kristin Gabriel
## Pierre Ramkota Hotel & Conference Center

920 West Sioux Avenue - Pierre - SD - 57501 - 605-224-8877 - Fax 605-224-1042
Banquet Event Order

**BEQ #: 593409**

### Account:
Secretary of State - County Auditor Election Workshop

### Event Date:
Wednesday, 11/8/2017

### Contact:
Kea Warne

### Phone:
605-773-5003

### Fax:
605-773-6580

### Email:
kea.warne@state.sd.us

### On-Site

### Sales Mgr:
Lana Blair

### Catering Mgr:
Chad Botts

### Deposit:
All catering has been approved for direct bill.

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Setup</th>
<th>Set</th>
<th>Gtd</th>
<th>Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/8/2017</td>
<td>07:00 AM-06:00 PM</td>
<td>Classroom</td>
<td>128</td>
<td>117</td>
<td>Gallery A &amp; BC, Convention Office</td>
</tr>
</tbody>
</table>

### FOOD

- **Time:** 7:30 AM  
  **Qty:** 1  
  **Item:** Water Container  
  **(GALLERY BC)**

- **Time:** 7:30 AM  
  **Qty:** 5  
  **Price:** $23.40  
  **Total:** $117.00  
  **Item:** Fresh Brewed Coffee & Water  
  **(per gallon)**  
  **(LOBBY)**

- **Time:** 7:30 AM  
  **Qty:** 45  
  **Price:** $2.61  
  **Total:** $117.45  
  **Item:** Assorted Bagels w/ Flavored Cream Cheese  
  **(QUARTER CUT)**  
  **(LOBBY)**

- **Time:** 7:30 AM  
  **Qty:** 1  
  **Price:** $313.12  
  **Total:** $313.12  
  **Item:** Fresh Fruit Tray - Large  
  Fresh chopped seasonal fruit served w/ Honey Yogurt Dip  
  **(LOBBY)**

- **Time:** 9:45 AM  
  **Qty:** 1  
  **Item:** REFILL WATER  
  **(GALLERY BC & LOBBY)**

- **Time:** 12:00 PM  
  **Qty:** 117  
  **Price:** $8.88  
  **Total:** $1,038.96  
  **Item:** Deli Sub  
  **PLATED LUNCH**  
  **(GALLERY A)**  
  Turkey, ham, pepperoni, tomato, lettuce, provolone cheese, and mayo served on hoagie  
  Served with a cup of soup  
  coffee, water on tables

- **Time:** 3:00 PM  
  **Qty:** 5  
  **Price:** $18.47  
  **Total:** $92.35  
  **Item:** Lemonade  
  **(per gallon)**  
  **(LOBBY)**

- **Time:** 3:00 PM  
  **Qty:** 1  
  **Item:** REFILL WATER  
  **(GALLERY BC & LOBBY)**

- **Time:** 3:00 PM  
  **Qty:** 50  
  **Price:** $1.91  
  **Total:** $95.50  
  **Item:** Brownies  
  **(CUT IN HALF)**  
  **(LOBBY)**

### ROOM REQUIREMENTS

- **Time:** 7:00 AM  
  **Qty:** 1  
  **Price:** $200.00  
  **Total:** $200.00  
  **Item:** B & C Rental  
  **(valued at $350.00)**  
  **(LOWED)**

- **Time:** 7:00 AM  
  **Price:** $300.00  
  **A Rental**

- **(CONVENTION OFFICE & LOBBY)**  
  **REGISTRATION & BREAKFAST 7:30AM**  
  **BREAKS: 10:15AM & 3:15AM**

  **Have opened & cleaned by 7AM**
  1-6ft registration table with 2 chairs  
  in front of Gallery BC entrance  
  3-6ft break station: 120 coffee cups, plastic cups,  
  BB's, forks, knives & food napkins  
  **Large linen wrapped trash can & tray jack**

  **(GALLERY BC)**

- **HAVE OPENED @ 7AM**
  **MEETING: 8AM-8PM**
  classroom for 120

  **3-6ft head table for 7 with 2 microphones on table top stands**

  **Lav. Microphone with Extra Batteries**

  **standing podium with Wireless Microphone**

  **2 screens on round tables**

  **2 equipment tables/ext. cords/power-strips**

  **2 projectors hooked together with a splitter box**

  **Tape down all cords or use rugs**

  **2-6ft water station: 125 glassess**

  **(GALLERY A)**

  **LUNCH: 12PM**

  **16 rounds of 8**

  **standing podium/Wireless microphone**

### AUDIO VISUAL EQUIPMENT

- **Time:** 7:00 AM  
  **Qty:** 1  
  **Price:** $40.00  
  **Total:** $40.00  
  **Item:** Lav Mic  
  **(GALLERY BC)**

- **Time:** 7:00 AM  
  **Qty:** 2  
  **Price:** $20.00  
  **Total:** $40.00  
  **Item:** Portable Screen - 6 ft x 8 ft  
  **(GALLERY BC)**

- **Time:** 7:00 AM  
  **Qty:** 2  
  **Price:** $40.00  
  **Total:** $80.00

### Event Representative Authorized Signature  
Date

### Hotel Representative Signature  
Date
## Banquet Event Order

**Pierre Ramkota Hotel & Conference Center**  
920 West Sioux Avenue - Pierre - SD - 57501 - 605-224-6877 - Fax 605-224-1042

**Status:** Definite  
**BEO #:** 593410  
Printed on: 11/3/2017 11:18:10 AM

### Account
- Secretary of State - County Auditor Election Workshop

### Event Date
- Thursday, 11/9/2017

### Contact
- Kea Warne
- Phone: 605-773-5003
- Fax: 605-773-6580
- Email: kea.warne@state.sd.us
- On-Site Sales Mgr: Lana Blair
- Catering Mgr: Chad Botts

### Setup

<table>
<thead>
<tr>
<th>Date</th>
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<th>Gtd</th>
<th>Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thursday, 11/9/2017</td>
<td>07:30 AM-05:00 PM</td>
<td>Classroom</td>
<td>128</td>
<td>120</td>
<td>Gallery A &amp; BC, Convention Office</td>
</tr>
</tbody>
</table>

### FOOD
- **Time:** 7:30 AM  
  **Qty:** 1  
  **Item:** Water Container  
  **Price:** $23.40  
  **Total:** $23.40

- **Time:** 7:30 AM  
  **Qty:** 1  
  **Item:** Caramel Rolls  
  **Price:** $3.30  
  **Total:** $3.30

- **Time:** 7:30 AM  
  **Qty:** 1  
  **Item:** Fresh Fruit Tray - Large  
  **Price:** $313.12  
  **Total:** $313.12

- **Time:** 9:45 AM  
  **Qty:** 1  
  **Item:** REFILL WATER  
  **Price:** $10.33  
  **Total:** $10.33

- **Time:** 12:00 PM  
  **Qty:** 120  
  **Item:** Pasta Buffet  
  **Price:** $1,098.30  
  **Total:** $1,098.30

### BEVERAGE

- No Bar Requested

### ROOM REQUIREMENTS
- **Time:** 7:00 AM  
  **Qty:** 1  
  **Item:** B & C Rental (valued at $350.00)  
  **Price:** $200.00  
  **Total:** $200.00

- **Time:** 7:00 AM  
  **Qty:** 1  
  **Item:** A Rental  
  **Price:** $300.00  
  **Total:** $300.00

- **Time:** 7:00 AM  
  **Qty:** 1  
  **Item:** **LONERED**  
  **Price:** $0.00  
  **Total:** $0.00

- **Time:** 7:00 AM  
  **Qty:** 1  
  **Item:** **Waived with Meals**  
  **Price:** $0.00  
  **Total:** $0.00

### AUDIO VISUAL EQUIPMENT

- **Time:** 7:00 AM  
  **Qty:** 1  
  **Item:** Lav Mic  
  **Price:** $40.00  
  **Total:** $40.00

### MISCELLANEOUS
2017 COUNTY AUDITOR ELECTION WORKSHOP AGENDA

Pierre, Ramkota November 8-9, 2017

Wednesday, November 8, 2017 – Galleries B & C

7:30  Registration & Breakfast

8:00  Welcome & Introductions – Secretary of State Shantel Krebs

8:15  2018 HAVA Title II Reimbursements & Grants – Kristin Gabriel, HAVA Coordinator

8:45  Cyber Security Overview – Kristin Gabriel

9:15  Voter Registration Lists – Kristin Gabriel

   •  Selling a voter file
   •  Creating precinct voter registration lists

9:45  New Election Night Reporting Website – Kristin Gabriel and Kea Warne, Deputy

Secretary of State, Election Services

10:15  Break

10:30  Precinct Workers – Kea Warne

10:45  Provisional Ballots – Kea Warne

11:00  Resolution Boards – Kea Warne

11:30  County and State Canvass – Elaine Jensen, Butte County Auditor & Kea Warne

12:00  Working Lunch – Gallery A – Guest Speaker Nate Bacchus, Federal Voting Assistance

Program (FVAP), State Legislative Affairs Specialist

1:00  Absentee Voting – Kea Warne, Kristin Gabriel and Nate Bacchus

   •  Absentee Ballot Application Form
   •  Federal Post Card Application (FPCA)
   •  Federal Write-in Absentee Ballot (FW
   •  Federal Voting Assistance Program (F
   •  Absentee Ballot Precincts
   •  USPS – Electionmail.org, Green Tags
   •  UOCAVA Electronic Voter Registration (EL

2:15  Workshop & Breakdown

2:30  SeaChange – Doug Sunde

   •  Quick Reference Guide
   •  Q&A
Statement of Account

Ramkota Hotel - Pierre
920 W Sioux Avenue
Pierre, SD 57501
(605)224-6877

SECRETARY OF STATE
Kea Wame
500 E CAPITOL AVE
PIERRE, SD 57501

<table>
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<td>269899</td>
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Total: $4,424.60

PLEASE INCLUDE YOUR ACCOUNT NUMBER WITH PAYMENT.

Account Number: 1064
Account Balance: $4,424.60
SECRETARY OF STATE

Business Date: Friday, December 15, 2017
Printed: Friday, December 15, 2017 10:38 AM
## Ramkota Hotel - Pierre

920 W Sioux Avenue

Pierre, SD 57501
Telephone: (605)224-6877  Fax: (605)224-1042

SECRETARY OF STATE 11/17 OWN  
RACHEL SCHMIDT

Pierre, SD 57501  
Arrival Date: November 07, 2017  
/ Departure Date: November 09, 2017  
Folio #: 269899  
Pay Method: 4P

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<td>12/13/2017</td>
<td>Direct Bill</td>
<td>Acct #1064 SECRETARY OF STATE</td>
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<td>$4,424.60</td>
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</table>

Thank you for staying with The Ramkota Hotel and Conference Center.

Signature ____________________________________________
Banquet Check

Pierre Ramkota Hotel & Conference Center
920 West Sioux Avenue, Pierre, SD 57501
Phone 605-224-6877 Fax 605-224-1042

Date of Functions 11/09/2017
Organization Secretary of State - County Auditor Election
Contact Person Kea Warne
Address 500 E Capitol Ave, Ste 204
Pierre, SD 57501

Room Gallery A & BC,
Time 07:30 AM - 05:00 PM
Function Type Meeting
Salesperson Chad Botts
Set For 128 Guarantee 120
Post As Secretary of State - County Auditor ELEC

Summary of Charges

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Menu</th>
<th>Unit</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>B &amp; C Rental (valued at $350.00)</td>
<td>$200.00</td>
<td>$200.00</td>
</tr>
<tr>
<td></td>
<td><strong>Lowered</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A Rental</td>
<td>$300.00</td>
<td>$0.00</td>
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<tr>
<td></td>
<td><strong>Waived with Meals</strong></td>
<td></td>
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<tr>
<td>1</td>
<td>Lav Mic</td>
<td>$40.00</td>
<td>$40.00</td>
</tr>
<tr>
<td></td>
<td>(GALLERY BC)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Portable Screen - 6 ft x 8 ft</td>
<td>$20.00</td>
<td>$40.00</td>
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<tr>
<td></td>
<td>(GALLERY BC)</td>
<td></td>
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<tr>
<td>2</td>
<td>Projector</td>
<td>$40.00</td>
<td>$80.00</td>
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<tr>
<td></td>
<td>(GALLERY BC)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Water Container</td>
<td>$.00</td>
<td>$.00</td>
</tr>
<tr>
<td></td>
<td>(GALLERY BC)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Fresh Brewed Coffee &amp; Water (per gallon)</td>
<td>$23.40</td>
<td>$117.00</td>
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<tr>
<td></td>
<td><strong>5 gallons of coffee &amp; 1 water container</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(LOBBY)</td>
<td></td>
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<tr>
<td>50</td>
<td>Caramel Rolls</td>
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<tr>
<td></td>
<td>(LOBBY)</td>
<td></td>
<td></td>
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<tr>
<td>1</td>
<td>Fresh Fruit Tray - Large</td>
<td>$313.12</td>
<td>$313.12</td>
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<tr>
<td></td>
<td>Fresh chopped seasonal fruit served w/ Honey Yogurt Dip</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>(LOBBY)</td>
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<td></td>
<td>REFILL WATER</td>
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<tr>
<td></td>
<td>(GALLERY BC &amp; LOBBY)</td>
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<td>120</td>
<td>Pasta Buffet</td>
<td>$10.33</td>
<td>$1,239.60</td>
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<td></td>
<td>LUNCH BUFFET - 1 LINE</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>(GALLERY A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Penne Pasta, Cheese Tortellini, Alfredo Sauce,</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Red Meat Sauce, Italian Garden Salad, Breadsticks</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>coffee, water on tables</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I have read the above arrangements and the attached Catering Policies and agreed to the terms and conditions. Guarantee number due by 10/09/2017. If a count is not provided to the hotel on the date due the hotel will use the Set For as the guarantee number, not subject to reduction.

Client Signature

Title

Date
**Banquet Check**

**Pierre Ramkota Hotel & Conference Center**
920 West Sioux Avenue, Pierre, SD 57501
Phone 605-224-6877 Fax 605-224-1042

<table>
<thead>
<tr>
<th>Date of Functions</th>
<th>11/09/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization</td>
<td>Secretary of State - County Auditor Election</td>
</tr>
<tr>
<td>Contact Person</td>
<td>Kea Warne</td>
</tr>
<tr>
<td>Address</td>
<td>500 E Capitol Ave, Ste 204 Pike, SD 57501</td>
</tr>
<tr>
<td>Telephone</td>
<td>605-773-5003</td>
</tr>
<tr>
<td>Fax</td>
<td>605-773-6580</td>
</tr>
<tr>
<td>Room</td>
<td>Gallery A &amp; BC,</td>
</tr>
<tr>
<td>Time</td>
<td>07:30 AM - 05:00 PM</td>
</tr>
<tr>
<td>Function Type</td>
<td>Meeting</td>
</tr>
<tr>
<td>Salesperson</td>
<td>Chad Botts</td>
</tr>
<tr>
<td>Set For</td>
<td>128 Guarantee 120</td>
</tr>
<tr>
<td>Post As</td>
<td>Secretary of State - County Auditor Elec</td>
</tr>
<tr>
<td>Today's Date</td>
<td>11/09/2017 BEO # 593410</td>
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### Summary of Charges

<table>
<thead>
<tr>
<th>Quantity Menu Actual</th>
<th>Unit</th>
<th>Total</th>
</tr>
</thead>
<tbody>
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<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>Sub-Total</strong></td>
<td></td>
<td><strong>$2,194.72</strong></td>
</tr>
<tr>
<td>Service Charge</td>
<td></td>
<td><strong>$0.00</strong></td>
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<td><strong>$0.00</strong></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td><strong>$2,194.72</strong></td>
</tr>
</tbody>
</table>

**Deposits Received**

**Grand Total**

**$2,194.72**

### Details

<table>
<thead>
<tr>
<th>Service Charge</th>
<th>Service Charge 2</th>
</tr>
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<tbody>
<tr>
<td>$0.00</td>
<td>$0.00</td>
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<table>
<thead>
<tr>
<th>Tax 1</th>
<th>Tax 2</th>
<th>Tax 3</th>
<th>Tax 4</th>
<th>Flat Tax</th>
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<tr>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

### Total Charges & Payment Instructions

- Credit Card: #   Expiration xx/xx Cardholder:
- Accounting:   Check #: BEO Id 593410

---

I have read the above arrangements and the attached Catering Policies and agreed to the terms and conditions. Guarantee number due by 10/09/2017. If a count is not provided to the hotel on the date due the hotel will use the Set For as the guarantee number, not subject to reduction.

---

Client Signature   Title   Date
Banquet Check

Pierre Ramkota Hotel & Conference Center
920 West Sioux Avenue, Pierre, SD 57501
Phone 605-224-6877 Fax 605-224-1042

Date of Functions 11/08/2017
Organization Secretary of State - County Auditor Election
Contact Person Kea Warne
Address 500 E Capitol Ave, Ste 204
Pierre, SD 57501

Room Gallery A & BC,
Time 07:00 AM - 06:00 PM
Function Type Meeting
Salesperson Chad Botts
Set For 128 Guarantee 117
Post As Secretary of State - County Auditor Elec

Telephone 605-773-5003 Fax 605-773-6580
Today’s Date 11/08/2017 BEO # 593409

Summary of Charges

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Menu Actual</th>
<th>Unit</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>B &amp; C Rental (valued at $350.00) <strong>Lowered</strong></td>
<td>$200.00</td>
<td>$200.00</td>
</tr>
<tr>
<td></td>
<td>A Rental <strong>Waived with Meals</strong></td>
<td>$300.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>1</td>
<td>Lav Mic (GALLERY BC)</td>
<td>$40.00</td>
<td>$40.00</td>
</tr>
<tr>
<td>2</td>
<td>Portable Screen - 6 ft x 8 ft (GALLERY BC)</td>
<td>$20.00</td>
<td>$40.00</td>
</tr>
<tr>
<td>2</td>
<td>Projector (GALLERY BC)</td>
<td>$40.00</td>
<td>$80.00</td>
</tr>
<tr>
<td></td>
<td>Water Container (GALLERY BC)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>5</td>
<td>Fresh Brewed Coffee &amp; Water (per gallon) <strong>5 gallons of coffee &amp; 1 water container</strong> (LOBBY)</td>
<td>$23.40</td>
<td>$117.00</td>
</tr>
<tr>
<td>45</td>
<td>Assorted Bagels w/ Flavored Cream Cheese <strong>QUARTER CUT</strong> (LOBBY)</td>
<td>$2.61</td>
<td>$117.45</td>
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<tr>
<td>1</td>
<td>Fresh Fruit Tray - Large Fresh chopped seasonal fruit served w/ Honey Yogurt Dip (LOBBY)</td>
<td>$313.12</td>
<td>$313.12</td>
</tr>
<tr>
<td></td>
<td>REFILL WATER (GALLERY BC &amp; LOBBY)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>117</td>
<td>Deli Sub PLATED LUNCH (GALLERY A) Turkey, ham, pepperoni, tomato, lettuce, provolone cheese, and mayo served on hoagie Served with a cup of soup coffee, water on tables <strong>1 sandwich no mayo &amp; 1 gluten free meal</strong></td>
<td>$8.88</td>
<td>$1,038.96</td>
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<tr>
<td>5</td>
<td>Lemonade (per gallon)</td>
<td>$18.47</td>
<td>$92.35</td>
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</tbody>
</table>

I have read the above arrangements and the attached Catering Policies and agreed to the terms and conditions. Guarantee number due by 10/09/2017. If a count is not provided to the hotel on the date due the hotel will use the Set For as the guarantee number, not subject to reduction.

Client Signature

Title

Date
Pierre Ramkota Hotel & Conference Center
920 West Sioux Avenue, Pierre, SD 57501
Phone 605-224-6877 Fax 605-224-1042

Date of Function: 11/08/2017
Organization: Secretary of State - County Auditor Election
Contact Person: Kea Warne
Address: 500 E Capitol Ave, Ste 204
Pierre, SD 57501

Room: Gallery A & BC,
Time: 07:00 AM - 06:00 PM
Function Type: Meeting
Salesperson: Chad Botts
Set For: 128
Guarantee: 117
Post As: Secretary of State - County Auditor Elec

Summary of Charges

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Menu Actual</th>
<th>Unit</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
<td>container &amp; a refill**</td>
<td></td>
<td>$0.00</td>
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<tr>
<td></td>
<td>(LOBBY)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>REFILL WATER</td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td></td>
<td>(GALLERY BC &amp; LOBBY)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>50</td>
<td>Brownies</td>
<td></td>
<td>$95.50</td>
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<td><strong>CUT IN HALF</strong></td>
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<tr>
<td></td>
<td>(LOBBY)</td>
<td></td>
<td></td>
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<tr>
<td>50</td>
<td>Rice Krispy Treats</td>
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<td>$95.50</td>
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<td></td>
<td><strong>CUT IN HALF</strong></td>
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<td></td>
<td>(LOBBY)</td>
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Sub-Total: $2,229.88
Service Charge: $0.00
Tax: $0.00
Total: $2,229.88

Deposits Received

Grand Total: $2,229.88

Details

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<tbody>
<tr>
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<table>
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<th>Tax 3</th>
<th>Tax 4</th>
<th>Flat Tax</th>
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<tr>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Total Charges & Payment Instructions

Credit Card # Expiration xx/xx Cardholder

Accounting Check #: BEO Id 593409

I have read the above arrangements and the attached Catering Policies and agreed to the terms and conditions. Guarantee number due by 10/09/2017. If a count is not provided to the hotel on the date due the hotel will use the Set For as the guarantee number, not subject to reduction.

Client Signature

Title

Date
<table>
<thead>
<tr>
<th>County</th>
<th>Title</th>
<th>First Name</th>
<th>Last Name</th>
<th>Number Attending</th>
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<td>Aurora</td>
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<td>Urban</td>
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<tr>
<td>Beadle</td>
<td>Auditor</td>
<td>Jill</td>
<td>Hanson</td>
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<td>Susan</td>
<td>Williams</td>
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<td>Brunken</td>
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<tr>
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<td>Jim</td>
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<tr>
<td>Haakon</td>
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<td>Carla</td>
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<td>Opdahl</td>
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<td>Hand</td>
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<td>Selting</td>
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<td>Trabing</td>
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<td>Harding</td>
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<td>Auditor</td>
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<td>Naylor</td>
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<td>Hughes</td>
<td>Deputy Auditor</td>
<td>Jennifer</td>
<td>Dayo</td>
<td>No</td>
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<td>Will print their own</td>
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<tr>
<td>Hutchinson</td>
<td>Auditor</td>
<td>Diane</td>
<td>Murtha</td>
<td>Yes</td>
<td>1</td>
<td>Will print their own</td>
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<tr>
<td>Hutchinson</td>
<td>Deputy Auditor</td>
<td>Michelle</td>
<td>Herrboldt</td>
<td>Yes</td>
<td>1</td>
<td>Will print their own</td>
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<tr>
<td>Hyde</td>
<td>Auditor</td>
<td>Marilyn</td>
<td>Ring</td>
<td>Yes</td>
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<td></td>
</tr>
<tr>
<td>Jackson</td>
<td>Auditor</td>
<td>Vicki</td>
<td>Wilson</td>
<td>Yes</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Jerauld</td>
<td>Auditor</td>
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**SOS Staff**
- Shantel Krebs - Thursday only
- Kea Warne
- Christine Lehrkamp
- Rachel Soulek
- Kristin Gabriel
- Jason Williams - no meals

**Speakers**
- Doug Sunde, SeaChange - both days
- Shelly Angen, SeaChange - not able to attend

**Wednesday**
- Number: 116

**Thursday**
- Number: 119

Please initial by your name if you are present!