| STATE OF SOUTH DAKOTA, | | | |
|--|-------------------|---|------------------------|
| County of Fault | ss. CERTI | FICATE OF POST-EL | ECTION AUDIT |
| WE, THE UNDERSIGNED members of the post-election the following specified candidates or questions Totaled day of North day of North Mer , 2024. We comp | Measur 28 | + 29 for the | e election held on the |
| Precinct #3 | | | |
| Candidate Name/Ballot Question | Total Votes | Total Yes | Total No |
| Im 28 | 120 | 16 | 104 |
| IM 29 | 121 | 27 | 94 |
| | | | |
| Shurry Trip | | Post-Election Audit Post-Election Audit | ting Board Member |
| Attested under the SEAL by the Fourth | _ County Auditor. | Aimee (| fw |

Source: 50 SDR 66, effective December 5, 2023. General Authority: SDCL 12-1-9(4)(11).

Law Implemented: SDCL 12-17B-18, 12-17B-20, 12-17B-22..

POST-ELECTION AUDITING TALLY SHEET

| ELECTION: | 2024 | (se | ner | al | | | | | | |
|---------------|--|---------------|------|----------|------|-----------------|----------|----------|------|--|
| AUDIT DATE: | PA 2 | 4 | | | · | | | | | |
| COUNTY AND | PRECINCT: | Faul | 7开3 | 3 | | _# OF BALLO | | 123 | | |
| CANDIDATE N | IInt 28 | 3 | es | | | | TOTAL VO | TES: | 16 | |
| | litt | iHi | LHI | l (| | 1 | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | <u> </u> | | | | <u></u> | | |
| CANDIDATE N | SGTAZ | 3 N | Ò | | | | TOTAL VO | TES:) (| 4 | |
| | TUH | illi | 141 | 1117 | Litt | | | ľ | | |
| | 411 | 141 | 4 | 147 | 141 | | | | | |
| | IH | itt | 1111 | 41 | WHI | | | | | |
| | Litt | ill | III | IHT | 1417 | | | | | |
| CANDIDATE N | AME 1111 | 29 | yes | | | | TOTAL VO | TES: | a7 | |
| | 1411 | 1141 | Ш | Ш | 144 | 1 | | | | |
| | 11 | 771 | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | <u> </u> | | | | |
| CANDIDATE N | ame I: <u>Int</u> | 29 N | O | | | | TOTAL VO | TES: | 94 | |
| | Ш | 144 | W1 | Ш | 411 | 1 | | | 1 | |
| | IH | Ш | 411 | Ш | IHI | | | | | |
| | HH | LIH | 1411 | 141 | ist | | | | | |
| | WH | 41 | 1111 | 111_ | | <u>]</u> | | | | |
| | AUDITING BOARD MEMBER: Kris Stocker AUDITING BOARD MEMBER: Kris Stocker | | | | | | | | | |
| | | $\overline{}$ | (PR | INT) | | • | <u> </u> | \sim | IGN) | |
| - AUDITING BO | AUDITING BOARD MEMBER: Kris Stocker (PRINT) AUDITING BOARD MEMBER: Sally Snow (PRINT) (SIGN) | | | | | | | | | |

Source: 50 SDR 66, effective December 5, 2023. General Authority: SDCL 12-9-9(4)(11). Law Implemented: SDCL 12-17B-20.

POST-ELECTION AUDITING TALLY SHEET

| ELECTION: 2024 (Deneral | |
|--|--------------|
| AUDIT DATE: 11/13/24 | |
| COUNTY AND PRECINCT: Faulk #3 # OF BALLOTS: Received from Auditor | |
| candidate name deritiated Measure 28 yes total votes: 16 | |
| 1774 1744 1441 I | |
| | |
| | |
| candidate name Initiated Measure 28 NO total votes: 104 | |
| MY THA HAY THA JAH | |
| | |
| TH HH MU M MH | |
| candidate name Initiated Measure 29 yes total votes: 27 | *** |
| TH | |
| | + + |
| | |
| CANDIDATE NAME Initiated Measure 29 no TOTAL VOTES: 94 | |
| MY THY HH MW | |
| 174 174 174 174 174 174 174 174 174 174 | + |
| 174 744 177 177 1744 TTA 11/1 | |
| AUDITING BOARD MEMBER: Sherry Fix (SPEN) ADDRESS: Sherry Fix (SPEN) | / |
| AUDITING BOARD MEMBER: Sally Snow Sally Sign) | <u> </u> |
| AUDITING BOARD MEMBER: Kris Stoccker (SIGN) | |

Request for Reimbursement Post-Election Audit Expenses

choose one

2024 Primary

| County Faulk | |
|---|--|
| Individual Submitting Request Aimee Law | |
| Date of Submission 11/18/24 | |

| 05:02:23:15. Reimbursement of post-election audit costs. Reimbursable expenses for the audit, are: | Amount Submitted (County) | Amount Approved (SOS) |
|---|---------------------------------|-----------------------------|
| (1) Board member pay for conducting the audit and for training prior to the audit, not to exceed twenty-five dollars per hour worked but no less than minimum wage; | 90.00 | |
| (2) Supplies, including postage, no more than two hundred dollars; | 15.00 | |
| (3) Rental costs for the location to conduct the audit, no more than two hundred fifty dollars per day; | O | |
| (4) Publication costs, no more than one hundred seventy-five dollars; | | |
| (5) Ballot storage costs, no more than seventy-five dollars; | ٥ | |
| (6) Travel (mileage) costs at the state per diem rate for every mile traveled; | ٥ | |
| (7) Meal reimbursement at state per diem meal rates; and | 0 | |
| (8) Auditor and auditor's staff actual wages for hours spent training and assisting the post- election audit board. | 123.68 | |
| | 228.68 | |
| Total Amount Requested for Reimbursement: | | |

| county Authorize | ution |
|---|---------------------------------------|
| I declare and affirm under the penalties of perjury that this claim has been examin | · · · · · · · · · · · · · · · · · · · |
| things true and correct | ct. |
| amie Sw | 11/18/24 |
| County Auditor Signature | Date |

| Office of the Secretary of S | tate Approval |
|---------------------------------|---------------|
| | |
| | |
| Director of Finance Signature | Date |
| | |
| Disease of Elections Circuitus | Data |
| Director of Elections Signature | Date |

choose one

Employee Information

2024 Primary

| | | 77.7 | | | |
|------------------------------|------------------|-----------------|---|--|--|
| Stoecker | Kris | | | | |
| Employee Last Name | Employee First N | ame | Middle Name/Initial | | |
| 32918 1518 St | Onak | a SD | 57466 | | |
| Mailing Address | City, State Zip | City, State Zip | | | |
| | | | | | |
| Phone Number | Email Address | | | | |
| | | | | | |
| | Salary A | greement | | | |
| 11/13/24 | - | 11/13/24 | | | |
| Employment Start Date | | Employment End | Date | | |
| 20/hr | 1 h | 1/2 | | | |
| Salary/Hour | Employee Signatu | re/Date | | | |
| 1.5 | (Jimes La) | | | | |
| # Hours Worked | County Auditor S | ignature/Date | | | |
| | | | | | |
| Mili | eage Reimburse | ment (\$.67 per | mile) | | |
| | | | | | |
| Employee Home Station (City) | Location of Audi | t | Total # of Miles (1 Trip Leaving & Returning to Home Station) | | |
| | | | | | |
| Total # of Trips for Audit | Total # of Miles | for Audit | Total \$ of Miles for Audit | | |

choose one

2024 Primary

| | Empioyee mori | nauon | |
|--|---------------------------|-------------|--|
| 0 | | | |
| Snow | Sally | | |
| Employee Last Name | Employee First Name | | Middle Name/Initial |
| 1419 St John St | Faulkto | n 50 | 57438 |
| Mailing Address | City, State Zip | | |
| | | | |
| Phone Number | Email Address | | |
| | | | |
| | Salary Agreen | nent 2000 | |
| 11/13/24 | | 1/3/21 | THE THE TAX AND ADDRESS OF THE PARTY OF THE |
| Employment Start Date | Empl | loyment End | Date |
| 20/hr | SallySin | کس | |
| Salary/Hour | Employee Signature/Dat | e | |
| 1.5 | Ormer | Lu. | |
| # Hours Worked | County Auditor Signatu | re/Date | |
| | | | |
| in in the state of | age Reimbursement | (\$.67 per | mile) |
| | | | омент за на до полно на подобо на подобо до подобо до подобо до подобо на подобо на подобо на подобо на подобо на |
| Employee Home Station (City) | Location of Audit | | Total # of Miles (1 Trip Leaving & Returning to Home Station) |
| | t ii to to the window win | | The state of the s |
| | | | |
| T-4-1 # - 6 T-2 6 A J24 | TC . 4 . 1 // . C 3 // 2 | 10. | TD (1 0 C 3 C) C 4 334 |

choose one

2024 Primary

| | | angeri sentangan di diaka tanggan paggan berasa na k | | |
|------------------------------|--|--|--|--|
| Fix | Sherry | | | |
| Employee Last Name | Employee First Name | Middle Name/Initial | | |
| 621 13th Aves | Faulkton SD 57438 | | | |
| Mailing Address | City, State Zip | | | |
| | | | | |
| Phone Number | Email Address | | | |
| | | | | |
| | Salary Agreement | | | |
| 11/13/24 | 11/13/24 | | | |
| Employment Start Date | Employment End | Date | | |
| 20/hr | Drury In | | | |
| Salary/Hour | Employee Signature/Date | | | |
| 1.5 | ames faw | | | |
| # Hours Worked | County Auditor Signature/Date | - | | |
| | | | | |
| Mile | eage Reimbursement (\$.67 per | mile) | | |
| | | | | |
| Employee Home Station (City) | Location of Audit (City) Total # of Miles (1 Trip Leaving & Returning to Home Station | | | |
| | I | 1 | | |
| | | | | |
| Total # of Trips for Audit | Total # of Miles for Audit | Total \$ of Miles for Audit | | |

Auditor Staff

choose one

2024 Primary

Total # of Trips for Audit

2024 General

Total \$ of Miles for Audit

| | Employee Information | | | | |
|------------------------------|-------------------------------|---|--|--|--|
| Law | Aimee | | | | |
| Employee Last Name | Employee First Name | Middle Name/Initial | | | |
| 1302 main St | Faulkton 30 | Faulkton 30 57438 | | | |
| Mailing Address | City, State Zip | | | | |
| Phone Number | Email Address | | | | |
| | Salary Agreement | | | | |
| Auditor | | | | | |
| Employment Start Date | Employment End Date | | | | |
| 29.47/hr | amiete ? | | | | |
| Salary/Hour | Employee Signature/Date | | | | |
| 2.5 | alime du | | | | |
| # Hours Worked | County Auditor Signature/Date | | | | |
| | • | | | | |
| Mile | age Reimbursement (\$.67 p | er mile) | | | |
| | A MARIE POLICE | | | | |
| Employee Home Station (City) | Location of Audit (City) | Total # of Miles (1 Trip Leaving & Returning to Home Station) | | | |

Total # of Miles for Audit

Auditor Staff

Employee Salary Worksheet Post-Election Audit

024 Drimary

choose one

2024 Primary

| Employee Information | | | | | |
|------------------------------------|---|-----------------|-----------------------------|--|--|
| Schulte | Jil1 | | | | |
| Employee Last Name | Employee First Name Middle Name/Initial | | | | |
| 508 Summer St | Orient 80 57467 | | | | |
| Mailing Address | City, State Zip | | | | |
| | | | | | |
| Phone Number | Email Address | | | | |
| | | | | | |
| | Salary A | greement | | | |
| Deputy Au Employment Start Date | Deputy Auditor | | | | |
| Employment Start Date | Employment End Date | | | | |
| 20/hr | Till ychute by armee for | | | | |
| Salary/Hour | Employee Signature/Date | | | | |
| 2.5 | () mische) | | | | |
| # Hours Worked | County Auditor Signature/Date | | | | |
| | | | | | |
| na di Mik | age Reimburse | ment (\$.67 per | mile) | | |
| | y y n a y a - 3 marel group on the gamb y on y of the 1,6 2000 \$ 0.0,000 \$ 6.0,000 \$ 5.0,000 \$ 5.0 | | | | |
| | | | | | |
| Employee Home Station | Location of Audi | t | Total # of Miles | | |
| (City) | (City) (1 Trip Leaving & Returning to Home Station) | | | | |
| | | | 1 | | |
| | | | | | |
| Total # of Trips for Audit | Total # of Miles | for Audit | Total \$ of Miles for Audit | | |