

STATE OF SOUTH DAKOTA,  
County of Faulk } ss. CERTIFICATE OF POST-ELECTION AUDIT

WE, THE UNDERSIGNED members of the post-election auditing board, do hereby certify the results of the audit for the following specified candidates or questions Initiated Measure 28 + 29 for the election held on the 5th day of November, 2024. We completed the audit on the 13th day of November, 2024

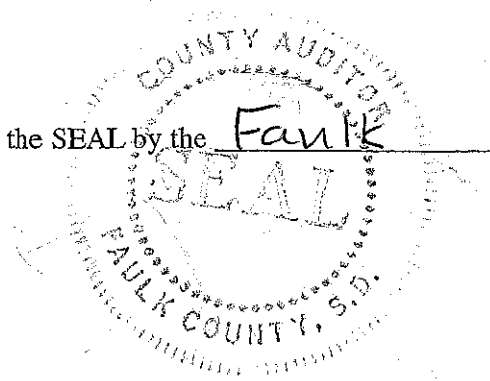
Precinct <u>#3</u>			
Candidate Name/Ballot Question	Total Votes	Total Yes	Total No
<u>IM 28</u>	<u>120</u>	<u>16</u>	<u>104</u>
<u>Im 29</u>	<u>121</u>	<u>27</u>	<u>94</u>

The following is a brief description of the proceedings of this post-election audit:

Signed by a majority of the post-election auditing board:

[Signature] Post-Election Auditing Board Member  
[Signature] Post-Election Auditing Board Member  
[Signature] Post-Election Auditing Board Member  
 \_\_\_\_\_ Post-Election Auditing Board Member  
 \_\_\_\_\_ Post-Election Auditing Board Member  
 \_\_\_\_\_ Post-Election Auditing Board Member

Attested under the SEAL by the Faulk County Auditor: [Signature]



POST-ELECTION AUDITING TALLY SHEET

ELECTION: 2024 General

AUDIT DATE: 11/13/24

COUNTY AND PRECINCT: Faulk #3 # OF BALLOTS: 123  
Received from Auditor

CANDIDATE NAME OR QUESTION: Int 28 yes TOTAL VOTES: 16

			1						

CANDIDATE NAME OR QUESTION: Int 28 No TOTAL VOTES: 104


CANDIDATE NAME OR QUESTION: Int 29 yes TOTAL VOTES: 27


CANDIDATE NAME OR QUESTION: Int 29 No TOTAL VOTES: 94


AUDITING BOARD MEMBER: Sherry Fix  
(PRINT)

Sherry Fix  
(SIGN)

AUDITING BOARD MEMBER: Kris Stoecker  
(PRINT)

Kris  
(SIGN)

AUDITING BOARD MEMBER: Sally Snow  
(PRINT)

Sally Snow  
(SIGN)

POST-ELECTION AUDITING TALLY SHEET

ELECTION: 2024 General

AUDIT DATE: 11/13/24

COUNTY AND PRECINCT: Faulk # 3 # OF BALLOTS: 123  
Received from Auditor

CANDIDATE NAME OR QUESTION: Initiated Measure 28 yes TOTAL VOTES: 16


CANDIDATE NAME OR QUESTION: Initiated Measure 28 NO TOTAL VOTES: 104


CANDIDATE NAME OR QUESTION: Initiated Measure 29 yes TOTAL VOTES: 27


CANDIDATE NAME OR QUESTION: Initiated Measure 29 no TOTAL VOTES: 94


AUDITING BOARD MEMBER: Sherry Fix  
(PRINT)

Sherry Fix  
(SIGN)

AUDITING BOARD MEMBER: Sally Snow  
(PRINT)

Sally Snow  
(SIGN)

AUDITING BOARD MEMBER: Kris Stoecker  
(PRINT)

Kris Stoecker  
(SIGN)

# Request for Reimbursement Post-Election Audit Expenses

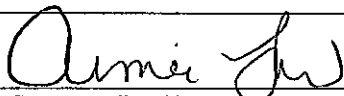
*choose one*

**2024 Primary**

**2024 General**

<b>County</b>	Faulk
<b>Individual Submitting Request</b>	Aimee Law
<b>Date of Submission</b>	11/18/24

<u>05:02:23:15. Reimbursement of post-election audit costs.</u> 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;	0	
(4) Publication costs, no more than one hundred seventy-five dollars;		
(5) Ballot storage costs, no more than seventy-five dollars;	0	
(6) Travel (mileage) costs at the state per diem rate for every mile traveled;	0	
(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	
<b>Total Amount Requested for Reimbursement:</b>		

County Authorization	
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.	
 County Auditor Signature	11/18/24 Date

Office of the Secretary of State Approval	
Director of Finance Signature	Date
Director of Elections Signature	Date

# Employee Salary Worksheet Post-Election Audit

*choose one*

2024 Primary

2024 General

Employee Information		
Stoecker	Kris	
Employee Last Name	Employee First Name	Middle Name/Initial
32918 151 <sup>st</sup> St	Onaka SD	57466
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	
Salary/Hour	Employee Signature/Date
1.5	
# Hours Worked	County Auditor Signature/Date

Mileage Reimbursement (\$ .67 per mile)		
Employee Home Station (City)	Location of Audit (City)	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

# Employee Salary Worksheet Post-Election Audit

*choose one*

2024 Primary

2024 General

Employee Information		
Snow	Sally	
<b>Employee Last Name</b>	<b>Employee First Name</b>	<b>Middle Name/Initial</b>
1419 St John St	Faulkton SD 57438	
<b>Mailing Address</b>	<b>City, State Zip</b>	
_____	_____	
<b>Phone Number</b>	<b>Email Address</b>	

Salary Agreement	
11/13/24	11/13/24
<b>Employment Start Date</b>	<b>Employment End Date</b>
20/hr	Sally Snow
<b>Salary/Hour</b>	<b>Employee Signature/Date</b>
1.5	Armer [Signature]
<b># Hours Worked</b>	<b>County Auditor Signature/Date</b>

Mileage Reimbursement (\$.67 per mile)		
<b>Employee Home Station</b> (City)	<b>Location of Audit</b> (City)	<b>Total # of Miles</b> (1 Trip Leaving & Returning to Home Station)
<b>Total # of Trips for Audit</b>	<b>Total # of Miles for Audit</b>	<b>Total \$ of Miles for Audit</b>

# Employee Salary Worksheet Post-Election Audit

*choose one*

**2024 Primary**

**2024 General**

Employee Information		
Fix	Sherry	
<b>Employee Last Name</b>	<b>Employee First Name</b>	<b>Middle Name/Initial</b>
621 13th Ave S	Faulkton SD 57438	
<b>Mailing Address</b>	<b>City, State Zip</b>	
_____	_____	
<b>Phone Number</b>	<b>Email Address</b>	

Salary Agreement	
11/13/24	11/13/24
<b>Employment Start Date</b>	<b>Employment End Date</b>
20/hr	Sherry Lee
<b>Salary/Hour</b>	<b>Employee Signature/Date</b>
1.5	Annie Jaws
<b># Hours Worked</b>	<b>County Auditor Signature/Date</b>

Mileage Reimbursement (\$.67 per mile)		
<b>Employee Home Station (City)</b>	<b>Location of Audit (City)</b>	<b>Total # of Miles (1 Trip Leaving &amp; Returning to Home Station)</b>
<b>Total # of Trips for Audit</b>	<b>Total # of Miles for Audit</b>	<b>Total \$ of Miles for Audit</b>

# Employee Salary Worksheet Post-Election Audit

*Auditor Staff*

*choose one*

**2024 Primary**

**2024 General**

### Employee Information

<i>Law</i>	<i>Aimee</i>	
<b>Employee Last Name</b>	<b>Employee First Name</b>	<b>Middle Name/Initial</b>
<i>1302 Main St</i>	<i>Faulkton MO 64538</i>	
<b>Mailing Address</b>	<b>City, State Zip</b>	
<b>Phone Number</b>	<b>Email Address</b>	

### Salary Agreement

<i>Auditor</i>	
<b>Employment Start Date</b>	<b>Employment End Date</b>
<i>29.47/hr</i>	<i>Aimee Law</i>
<b>Salary/Hour</b>	<b>Employee Signature/Date</b>
<i>2.5</i>	<i>Aimee Law</i>
<b># Hours Worked</b>	<b>County Auditor Signature/Date</b>

### Mileage Reimbursement (\$0.67 per mile)

<b>Employee Home Station</b> <small>(City)</small>	<b>Location of Audit</b> <small>(City)</small>	<b>Total # of Miles</b> <small>(1 Trip Leaving &amp; Returning to Home Station)</small>
<b>Total # of Trips for Audit</b>	<b>Total # of Miles for Audit</b>	<b>Total \$ of Miles for Audit</b>



Auditor Staff

# Employee Salary Worksheet Post-Election Audit

choose one

2024 Primary

2024 General

Employee Information		
Schulte	Jill	
Employee Last Name	Employee First Name	Middle Name/Initial
508 Summer St	Orient OH 57467	
Mailing Address	City, State Zip	
Phone Number	Email Address	

Salary Agreement	
Deputy Auditor	
Employment Start Date	Employment End Date
20/hr	Jill Schulte by Aimee [Signature]
Salary/Hour	Employee Signature/Date
2.5	Aimee [Signature]
# Hours Worked	County Auditor Signature/Date

Mileage Reimbursement (\$.67 per mile)		
Employee Home Station (City)	Location of Audit (City)	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