STATE OF SOUTH DAKOTA)		
)	SS	CERTIFICATE OF POST-ELECTION AUDIT
COUNTY OF TURNER)		

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 <u>Statewide – Measure 28</u> and Other: Referred Law 21 for the election held on the 5th day of November. We completed the audit on the 21st day of June, November.

Total Votes	Total Yes	Total No
207	49	158
198	68	130

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

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

Post- Election Auding Board Member:

Post-Election Auditing Board Member:

Post-Election Auditing Board Member:

Post-Election Auditing Board Member:

Post-Election Auditing Board Member:

Misty Dahl, Turner County Auditor

Attested under SEAL by the Turner County Auditor:

choose one

2024 Primary

	Employee Information	
STESKAL Employee Last Name	BARBARA Employee First Name	Middle Name/Initial
210 N MAPLE ST Mailing Address	City, State Zip	
402-340-5397 Phone Number	Dasteskal Q ha Email Address	stmail. com

	Salary Agreement
//-2/-24 Employment Start Date	11-21-24 Employment End Date
* 15	Balvara Startal 11-21-24
Salary/Hour	Employee Signature/Date
# Hours Worked	Misty Pahl
	County Auditor Signature/Date

	Mileage Reimbursement (\$.5	51 per mile)
VIBORG SD	PARKER SD	32
Employee Home Station (City)	Location of Audit (City)	Total # of Miles (1 Trip Leaving & Returning to Home Station)

1		
/	マク マク	2011
Total # of Trips for Audit		21.44
Total # 01 111ps for Augit	Total # of Miles for Audit	Total \$ of Miles for Audit
		Totalies for Audit

choose one

2024 Primary

Total # of Trips for Audit

2024 General

Total \$ of Miles for Audit

	Employee Information	
Hanten Employee Last Name	Derise	M
The same it will	Employee First Name	Middle Name/Initial
Po Box 3 11 Mailing Address	ParkerSD	57053
Maning Address	City, State Zip	
605 · 2/4-5555 Phone Number	dmhaturnere Email Address	ountysol.org
	Salary Agreement	
11/21/22 Employment Start Date	11/2	
\$ 15.00	Donus Hant	
Salary/Hour	Employee Signature/Date	
# Hours Worked	Misty Dahl County Auditor Signature/Date	
	County Auditor Signature/Date	
	Mileage Reimbursement (\$.51 p	er mile)
Parker	Parker	8
Employee Home Station	Location of Audit	Total # of Miles

Total # of Miles for Audit

choose one

2024 Primary

Employee Information		
Employee Last Name	Employee First Name	Middle Name/Initial
PO Box 303 Mailing Address	City, State Zip	
605-659-0909 Phone Number	nielson cara yahon Email Address	o.com

	Salary Agreement
Employment Start Date	Employment End Date
Salary/Hour	Employee Signature/Date
# Hours Worked	Musty Dahl County Auditor Signature/Date

	Mileage Reimbursement (\$.51 per mile)
Employee Home Station (City) Marion	PArker Location of Audit (City) Parker	Total # of Miles (1 Trip Leaving & Returning to Home Station

	16	10.72
Total # of Trips for Audit	Total # of Miles for Audit	Total \$ of Miles for Audit
		Total & of lythes for Audit

choose one

2024 Primary

Employee Information			
Hagemann	Sheila		
Employee Last Name	Employee First Name	Middle Name/Initial	
PO BOX 715	Parker SD	57053	
Mailing Address	City, State Zip		
605-940-3384 Phone Number	Sheila hagemann Email Address	Eyahoo com	

Salary Agreement		
11/21/22	11/21/22	
Employment Start Date	Employment End Date	
\$15.00	(Mula) ragemann)	
Salary/Hour	Employee Signature/Date	
# Hours Worked	Misty Dahl County Auditor Signature/Date	

Mileage Reimbursement (\$.51 per mile)		
farlar	Farker	
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
0	0	

choose one

2024 Primary

Employee Information		
Movelniann Employee Last Name	Coral Employee First Name	Middle Name/Initial
45962 218th St. Mailing Address		
605-201-7954 Phone Number	Email Address	

Salary Agreement		
11/21/24	11/21/24	
Employment Start Date	Employment End Date	
23.92	Coral portinan	
Salary/Hour	Employee Signature/Date	
	Misty Dahl 11/21/24	
# Hours Worked	County Auditor Signature/Date	

Mileage Reimbursement (\$.67 per mile)		
Parker	Parker	D
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
0	0	0

choose one

2024 Primary

Total # of Trips for Audit

2024 General

Total \$ of Miles for Audit

	Employee Inform	ation	
Employee Last Name	Misty Employee First Name	Lynne Middle Name/Initial	
321 S. Elm AVL Mailing Address	Bais. Elm Ave Parker SA 51053		
605-940-2731 Phone Number	Email Address		
医 基础 医多种性原则	Salary Agreemen	nt .	
2 2 Employment Start Date	li /	21/24 ment End Date	
25.00 Salary/Hour	Whisty Dah		
# Hours Worked	Employee Signature/Date Marty Date	U 11/21/24	
Mi	leage Reimbursement (\$.6		
Parker	Parker	7	
Employee Home Station (City)	Location of Audit (City)	Total # of Miles (1 Trip Leaving & Returning to Home Station)	
1-			

Total # of Miles for Audit

Request for Reimbursement Post-Election Audit Expenses

choose one

2024 Primary

County	Turner County
Individual Submitting Request	Misty Dahl
Date of Submission	11/21/24

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;	80,81	(303)
(2) Supplies, including postage, no more than two hundred dollars;	3,45	
(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;	6.72	
(5) Ballot storage costs, no more than seventy-five dollars;		
(6) Travel (mileage) costs at the state per diem rate for every mile traveled;	32.16	
(7) Meal reimbursement at state per diem meal rates; and	5,19	
(8) Auditor and auditor's staff actual wages for hours spent training and assisting the post- election audit board.	27.11	
Total Amount Requested for Reimbursement:	156,04	

Con	unty Authorization
I declare and affirm under the penalties of perjury that this cl	aim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.
Misty Lahl	11/21/24
County Auditor Signature	Date

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