

MEMBERS OF COUNCIL

HON. KIM REYNOLDS
GOVERNOR

HON. PAUL D. PATE
SECRETARY OF STATE

HON. ROB SAND
AUDITOR OF STATE

HON. ROBY SMITH
TREASURER OF STATE

HON. MIKE NAIG
SECRETARY OF AGRICULTURE



Executive Council of Iowa

CAPITOL BUILDING
DES MOINES, IOWA 50319
PHONE: 515 281-5368
FAX: 515 281-7562

June 3, 2024

Mr. Leif Olson
Chief Deputy Attorney General
Attorney General's Office
Hoover Bldg.
LOCAL

Dear Mr. Olson:

The Executive Council, in a meeting held this date, approved your renewal request of the retention of Richard J Bennett, to represent State of Iowa in criminal appeals case through June 30, 2025.

Attorney: Richard J. Bennett
5610 Waterbury Circle
PO Box 65666
West Des Moines, IA 50265
Rate: \$60.00 Per Hour

Sincerely,

Kristi Onstot

Kristi Onstot
Executive Secretary

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June 3, 2024

Mr. Leif Olson
Chief Deputy Attorney General
Iowa Attorney General
Hoover Bldg., 2nd Floor
L O C A L

Re: Approval of Iowa Code § 7D.10 Expenses

Dear Mr. Olson,

The Executive Council, in a meeting held this date, approved your request for payment pursuant to Iowa Code § 7D.10 for payment of expenses incurred in prosecuting civil commitments under Iowa Code chapter 229A for the Sexually Violent Predator (SVP) program, in the amount of \$6,470.00.

EXECUTIVE COUNCIL OF IOWA

Kristi Onstot

Kristi Onstot
Acting Executive Secretary

cc: Accounting, State Treasurer's Office

BRENNA BIRD
ATTORNEY GENERAL

LEIF OLSON
CHIEF DEPUTY ATTORNEY GENERAL



1305 E. WALNUT ST.
DES MOINES, IA 50319
Main: 515-281-5164 • Direct: 515-954-9564
Email: leif.olson@ag.iowa.gov
www.iowaattorneygeneral.gov

IOWA DEPARTMENT OF JUSTICE
OFFICE OF THE ATTORNEY GENERAL

May 28, 2024

Victoria Newton
Executive Secretary
Executive Council
State Capitol
L O C A L

Re: Request for Payment of SVP Court Costs

Dear Victoria:

Our office requests Executive Council approval for payment under Iowa Code section 7D.10 for court costs and expenses incurred in prosecuting civil commitments under Iowa Code chapter 229A for the Sexually Violent Predator (SVP) program.

In addition to the cost of employee salaries, travel and support devoted to this program, the Office incurs substantial expenses for expert witnesses. These expenses have increased substantially due to the growing number of chapter 229A commitments. Section 7D.10 authorizes payment of court costs and expenses by the Executive Council “[i]f sufficient funds for court costs have not been appropriated to a state department, or if sufficient funds are not otherwise available for such purposes within the budget of a state department.” There is no specific appropriation for these expenses and sufficient funds are not otherwise available.

Therefore, under Iowa Code section 7D.10, the Office requests Executive Council approval of payment of \$6,470.00 for record review/report preparation (invoices enclosed).

Sincerely,

Leif Olson
Chief Deputy Attorney General

SVP Invoices - SFY 2024 (05/24/2024)

Date Received	Vendor	Description	Amount
5/3/24	AG's Office	Kiley McCullough TP Expense Paid	\$70.00
5/3/24	Rachel Kahn	Preliminary Evaluation - Erik Johnson	\$3,200.00
5/23/24	Intuitive Forensic Psychological Assessment Inc.	Prelim Report - Blake Blume	\$3,200.00

\$6,470.00



STATE OF IOWA
TRAVEL PAYMENT

DOCUMENT NAME:

BFY: 2024 FY: 2024 PERIOD: 11 VENDOR LINES: 1 DOCUMENT TOTAL: \$70.00

CREATION DATE: 05-03-2024

DOCUMENT DESCRIPTION:

TYPE OF PAYMENT: TRAVEL EXPENSES

TRAVEL DEPARTURE DATE: 12-20-2023

TRAVEL DEPARTURE TIME: 11:30

TRAVEL RETURN DATE: 12-20-2023

TRAVEL RETURN TIME: 12:00

ENTERED BY: jgarvey

LAST USER: cgibatchadm

Approved 

Date 5-24-24 Amt 70.00

Desc. SVP Expense - Yingling

Unit _____ Obj _____

Attorney General



STATE OF IOWA
TRAVEL PAYMENT

VNDR LN: 1
Kiley R McCullough

VENDOR #: 00003127970

AMOUNT: \$70.00
DISB TYPE: EFT

2956 Church St
Bettendorf, IA 52722-8239

OVERRIDE ADDRESS:

ACCT LN: 1	BFY: 2024	FY: 2024	PERIOD: 11	EVENT TYPE: TR04	LINE AMOUNT: \$70.00
REF DOC:				REF VNDR LN:	REF ACTG LN:
CHECK DESCR:					REF TYPE: PARTIAL
SVP Transcript - Yingling					
FUND	DEPT	UNIT / SUB	APPR	OBJT / SUB	REV / SUB
0001	112	4500	B01	2453	

TRAVEL EXP LINE: 1	TOTAL DAILY EXP: \$70.00	DATE: 12-20-2023
BREAKFAST: \$0.00	LUNCH: \$0.00	DINNER: \$0.00
LODGING: \$0.00		
TRANSP: \$0.00	MILEAGE: \$0.00	REGISTRATION: \$0.00
OTH EXP: \$70.00	OTHER TRANSP: \$0.00	CITY: ANY
		STATE/PROV:

OTHER EXPENSE DESCRIPTION:

SVP Transcript - Yingling

Attach supporting documentation to the back of this form

STATE OF IOWA

TP

OFFICIAL DOMICILE Scott County, Davenport, Iowa	TRAVEL PAYMENT	DOCUMENT NUMBER
PURPOSE <input checked="" type="checkbox"/> NORMAL JOB DUTIES <input type="checkbox"/> CONFERENCE/SEMINAR <input type="checkbox"/> OTHER (SPECIFY) OF <input type="checkbox"/> MEETING <input type="checkbox"/> STAFF DEVELOPMENT TRAVEL <input type="checkbox"/> TRAINING <input type="checkbox"/> REQUIRED BY FEDERAL GOVERNMENT		

NAME AND HOME ADDRESS Kiley R. McCullough, CSR 2956 Church Street Bettendorf, IA 52722	ALTERNATE ADDRESS (send warrant to)	ACCOUNTING USE ONLY-REFERENCE ALL OTHER RELATED DOCUMENTS			
		DOC #	DATE PAID	DOC #	DATE PAID

YEAR 2024	TIME		TRAVEL		STATE VEHICLE		MEALS					LOGGING		TRANSPORTATION AND OTHER EXPENSES										
	W/DO	LEFT	RETURNED	FROM	TO	MILES	RATE	CHARGE	BREAKFAST	LUNCH	DINNER	TOTAL	REIMB. TOTAL	ACTUAL	REIMB. TOTAL									
				Transcript																				
				State of Iowa v. David Yingling																				
				Scott County CVCV302145																				
				SVP Trial																				
				July 5, 2023																				
				Before Honorable Mark R. Fowler																				
				Copy 140 pages @ \$.50/pg				70.00							70.00									
				(Delivered: Attorney General's Office)																				
				Invoice Number AG 3002																				
				Date Ordered: 10/17/23																				
				Date Delivered: 12/20/23																				
TOTALS																								70.00

TRANS/ OTHER EXPENSE	A-AIR B-BUS/CAB D-D PHONE	F-LOCAL PHONE L-LAUNDRY P-PARKING	R-REGISTRATION S-SUPPLIES T-TOLLS	O-OTHER SPECIFY HERE ->		DOCUMENT TOTAL	70.00
ROUTINE USES OF THIS FORM ARE TO FULFILL IRS REQUIREMENTS, IDENTIFY INDIVIDUAL CLAIMS FOR PUBLIC INSPECTION, PROVIDE THE STATE VEHICLE DISPATCHER INFORMATION, AND TO PREPARE ANNUAL SALARY BOOK						LESS ADVANCES	
						REIMBURSEMENT REQUESTED	70.00

CLAIMANT'S CERTIFICATION I CERTIFY THAT THE ITEMS FOR WHICH PAYMENT/REIMBURSEMENT IS CLAIMED WERE FURNISHED FOR STATE BUSINESS UNDER THE AUTHORITY OF THE LAW AND THAT THE CHARGES ARE REASONABLE, PROPER, AND CORRECT, AND NO PART OF THIS CLAIM HAS BEEN REIMBURSED OR PAID BY THE STATE, EXCEPT ADVANCES SHOWN, AND I UNDERSTAND THE ROUTINE USES OF THIS FORM.	I CERTIFY THAT THE ABOVE EXPENSES WERE INCURRED AND THE AMOUNTS ARE CORRECT AND SHOULD BE PAID FROM THE FUNDS APPROPRIATED BY: CODE OR CHAPTER SECTIONS(S)
COMMUTING MILES EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N TRAVEL INCLUDES VICINITY MILES? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N DIRECT DEPOSIT? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N WARRANT TO ALT ADDR? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	TRAVEL AUTHORITY # / BLANKET TRAVEL # TRAVEL APPROVAL (SUPERVISOR'S SIGNATURE) AGENCY AUTHORIZED SIGNATURE
TITLE: Court Reporter AGENCY TO BE CHARGED: SSN# /00003127970 CHECK IF BOARD OR COMMISSION MEMBER <input type="checkbox"/>	DATE: 2/26/2024 CLAIMANT'S SIGNATURE: /s/ Kiley R. McCullough

THE FOLLOWING FIELDS ARE FOR STATE ACCOUNTING USE ONLY																	
DOC TYPE	DOC NUMBER	DOC DATE	ACCTG PRD	BUD FY	DOC TYPE (1-REF TO TE DOC, 2-NEW)	ACTION	REFERENCE TE DOC	DOC TOTAL	I/D (MODIFICATIONS ONLY)								
TP						E											
TRAVEL CODE	ADDR OVERRIDE Y/N	SSN/EMPLOYEE ID	EFT IND Y/N	TRIP DATES FROM	TRIP DATES TO	COMMENTS	PURP	DESTINATIONS									
LINE	FUND	AGCY	ORG	SUB ORG	ACTV	FUNC	OBJT	SUB OBJT	JOB NUMBER	REP CAT	NAME	CODE	SSN/ TRN	DESC	AMOUNT	I/D	CLOSED?
01																	
02																	
03																	
04																	
05																	
06																	
07																	
08																	
09																	
10																	

DOCUMENT TOTAL			
WARRANT #	TP	AUDITED BY	PAID DATE
07-410 IFAS TP (3/99)			

Garvey, Jason

From: Lewis, Roscoe
Sent: Wednesday, April 17, 2024 1:43 PM
To: Garvey, Jason
Cc: Vinsick, Cheyenne [TOS]
Subject: RE: Executive Council TP Question:

Hi Jason

I followed up with Olivia McAtee after you added her to our chain last week. I explained to her that we could not process a TP for an employee from a different department per DAS-SAE policy and they would need to process the TP and invoice us for what they paid the employee.

Roscoe Lewis | Finance Manager
Treasurer of State ▪ Lucas State Office Building
321 E 12th St 1st Floor ▪ Des Moines, Iowa 50319
[p] 515.281.5617 ▪ [w] IowaTreasurer.gov

From: Garvey, Jason <jason.garvey@ag.iowa.gov>
Sent: Tuesday, April 16, 2024 9:07:13 AM
To: Vinsick, Cheyenne [TOS] <Cheyenne.Vinsick@tos.iowa.gov>
Cc: Brown, ScottAG [AG] <Scott.Brown@ag.iowa.gov>
Subject: RE: Executive Council TP Question:

Hello Cheyenne,

Making copies would be an accurate description. Who is the "her" you refer to below? Its my understanding that the agency will be getting reimbursed.

-Jason G.

From: Vinsick, Cheyenne [TOS] <Cheyenne.Vinsick@tos.iowa.gov>
Sent: Tuesday, April 9, 2024 8:11 AM
To: Garvey, Jason <jason.garvey@ag.iowa.gov>
Subject: RE: Executive Council TP Question:

Hi Jason,

Following up on this request as I will be out on vacation next week and need to get these payments completed before then.

Thanks!

Cheyenne Vinsick | Project Manager
Treasurer of State ▪ Lucas State Office Building
321 E 12th Street 1st Floor ▪ Des Moines, Iowa 50319
[p] 515.281.5957 ▪ [w] IowaTreasurer.gov

From: Vinsick, Cheyenne [TOS]
Sent: Tuesday, April 2, 2024 3:07 PM
To: Garvey, Jason <jason.garvey@ag.iowa.gov>
Subject: Executive Council TP Question:

Hi Jason,

I had a couple questions regarding the attached TP I received from Executive Council.

- Are we reimbursing her for expenses she incurred?
- The body says that we're reimbursing her for making copies of pages, is this accurate?

Thank you!

Cheyenne Vinsick | Project Manager
Treasurer of State ▪ Lucas State Office Building
321 E 12th Street 1st Floor ▪ Des Moines, Iowa 50319
[p] 515.281.5957 ▪ [w] IowaTreasurer.gov

Rachel Kahn, Ph.D.

INVOICE

P.O. Box 6491
Monona, WI 53716-0491
USA
Phone: 608-620-3067

DATE: MAY 3, 2024


To:
Iowa Office of the Attorney General
c/o Olivia McAtee
Area Prosecutions Division
Hoover Building
1305 E. Walnut Street
Des Moines, IA 50319

Description	Amount
Initial Evaluation/Preliminary Report on Erik D. Johnson Engagement Letter: 04/15/2024 Preliminary Report Date: 05/03/2024	\$3,200.00
Total	\$3,200.00

Payment should be made out to Rachel Kahn and mailed to Rachel Kahn, P.O. Box 6491, Monona, WI 53716-0491



Rachel Kahn, Ph.D.
Licensed Psychologist

Approved 
Date 5-24-24 Amt 3,200.00
Desc. SVP Expense
Unit _____ Obj _____

00003192796

INVOICE -Blume

Date: 5/23/2024

Intuitive Forensic Psychological Assessment, Inc.

2913 El Camino Real # 236
Tustin, CA 92782
Phone: 657-223-1816

DATE

BILL TO

Iowa Office of the Attorney General
c/o Olivia McAtee
Area Prosecutions Division
Hoover Building
1305 E. Walnut Street

FOR

Preliminary Report

Case Name

Blake Blume- Prelim Report

Hours

Flat Rate

Total

\$3,200

\$3,200

0

0

TOTAL \$3,200.00

Make all checks payable to Intuitive Forensic Psychological Assessment, Inc.

Tax ID: 88-2052025. If you have any questions concerning this invoice, use the following contact information:

Contact Name, Gangaw Zaw, Ph.D., Dr.Gzaw@gmail.com

THANK YOU FOR YOUR BUSINESS!

Approved SG

Date 5-24-24 Amt 3,200

Desc. SXP Expense

Unit Obj

00003217264