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HON. KIM REYNOLDS  
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HON. PAUL D. PATE  
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HON. ROB SAND  
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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  
Iowa Attorney General  
Hoover Bldg., 2<sup>nd</sup> 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

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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

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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
<b>SVP Transcript - Yingling</b>					
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	<b>TRAVEL PAYMENT</b>	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											
<b>TOTALS</b>															
															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

<b>CLAIMANT'S CERTIFICATION</b> 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: <b>CODE OR CHAPTER SECTIONS(S)</b>
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"/> CLAIMANT'S SIGNATURE: /s/ Kiley R. McCullough DATE: 2/26/2024	

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	TO	COMMENTS	PURP	DESTINATIONS 1 2 3 4 5									
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																	

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

## Garvey, Jason

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**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 12<sup>th</sup> St 1st Floor ▪ Des Moines, Iowa 50319  
[p] 515.281.5617 ▪ [w] [IowaTreasurer.gov](mailto:IowaTreasurer.gov)

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**From:** Garvey, Jason <[jason.garvey@ag.iowa.gov](mailto:jason.garvey@ag.iowa.gov)>  
**Sent:** Tuesday, April 16, 2024 9:07:13 AM  
**To:** Vinsick, Cheyenne [TOS] <[Cheyenne.Vinsick@tos.iowa.gov](mailto:Cheyenne.Vinsick@tos.iowa.gov)>  
**Cc:** Brown, ScottAG [AG] <[Scott.Brown@ag.iowa.gov](mailto: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.

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**From:** Vinsick, Cheyenne [TOS] <[Cheyenne.Vinsick@tos.iowa.gov](mailto:Cheyenne.Vinsick@tos.iowa.gov)>  
**Sent:** Tuesday, April 9, 2024 8:11 AM  
**To:** Garvey, Jason <[jason.garvey@ag.iowa.gov](mailto: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 12<sup>th</sup> Street 1<sup>st</sup> Floor ▪ Des Moines, Iowa 50319  
[p] 515.281.5957 ▪ [w] [IowaTreasurer.gov](mailto:IowaTreasurer.gov)

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**From:** Vinsick, Cheyenne [TOS]  
**Sent:** Tuesday, April 2, 2024 3:07 PM  
**To:** Garvey, Jason <[jason.garvey@ag.iowa.gov](mailto: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 12<sup>th</sup> Street 1<sup>st</sup> Floor ▪ Des Moines, Iowa 50319  
[p] 515.281.5957 ▪ [w] [IowaTreasurer.gov](http://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
<b>Total</b>	<b>\$3,200.00</b>

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