

OFFICIAL NOTICE

The Des Moines County Board of Supervisors will hold a regular session on **Wednesday, June 11th, 2024** at 9:00 A.M. in the public meeting room at the Des Moines County Courthouse.

8:30 AM -Work Session: Board of Supervisors: Review of Weekly Business

PUBLIC NOTICE – the meeting can be viewed by live stream at <https://desmoinescounty.iowa.gov/live/> Anyone with questions during the meeting may email the Board of Supervisors at board@dmcounty.com OR call 319-753-8203, Ext 4

TENTATIVE AGENDA:

1. Pledge of Allegiance
2. Changes to Tentative Agenda
3. Meet with Department Heads / Elected Officials
4. Correspondence
5. Discussion / Vote:
 - A. Payroll Reimbursement Claims
 - B. Canvass 2024 Primary Election
 - C. Howard E. Nyhart Company Service Agreement FY24/25 Actuarial Services
 - D. Fireworks Permit – Gletty Family Reunion
 - E. Liquor License Renewal for Flint Hills Municipal Golf Course
 - F. Liquor License for Backpocket Brewing, LLC for Ragbrai
 - G. Reports –
 1. Recorder's Monthly Report of Fees Collected, May 2024
 2. Sheriff's Monthly Report of Fees Collected, May 2024
 - H. Minutes for Regular Meeting on June 5th, 2024
6. Other Business
7. Future Agenda Items
8. Committee Reports
9. Public Input
10. Adjournment

Work Session Following the Meeting:

BOS / County Engineer

RE: Road Tour

NOTE:

The 2024 Primary Post-Election Audit will be held in the public meeting room on the 2nd floor of the Courthouse on Thursday, June 13th @ 10:00 AM



**THE HOWARD E. NYHART COMPANY, INC. ("NYHART")
SERVICE AGREEMENT ("AGREEMENT")**

Agreement Between Nyhart, and:

Client Name:	Des Moines County
Primary Contact Name:	Sara Doty
Primary Contact Address:	513 N Main St.; PO Box 784
	Burlington, IA 52601
Primary Contact Phone:	319-753-8710
Primary Contact Fax:	
Primary Contact Email:	dotys@dmcounty.com

Services to be provided by Nyhart

All services to be provided by Nyhart are subject to your full cooperation and prompt submission of complete and accurate information. Nyhart will rely on any and all information that you provide pursuant to this Agreement and on file at our office as to accuracy and completeness. Nyhart will have no responsibility to verify such information and no liability for errors or omissions as a result of relying on such information, except to the extent required by generally accepted professional standards and practices. Nyhart is not a law firm or a public accounting firm and does not provide legal or tax advice.

For the fiscal years ending June 30, 2024 and June 30, 2025, Nyhart will provide the following actuarial services:

- Data collection, review, and analysis. Feedback and commentary for inaccurate or unexpected data will be provided as necessary
- Preparation of a comprehensive annual report / actuarial valuation
- Disclosures as required by GASB 75
- Interim GASB 75 report

Fees for services provided by Nyhart

<u>Service</u>	<u>Fee</u>
Full GASB 75 actuarial update (FYE 6/30/24)	\$5,000
Interim GASB 75 actuarial update (FYE 6/30/25)	\$3,000

If a GASB results breakdown by employee groups is required additional fees will apply. The additional cost will be a 10% of project fee increase for a two group breakdowns plus an additional 1% for each extra group breakdown requested. The additional fee will be limited to 1/3 of the current year's fees.



The fee for the interim GASB 75 report will be revised if there have been any significant events subsequent to our last full update. Examples of significant events include, but are not limited to, large premium rate and enrollment changes, material benefit design amendments, and participant contribution policy modification.

Client will be invoiced prior to the beginning of the project for 50% of the estimated fees for services outlined above. Once the labor accrued towards completion of the services exceeds 50% of the estimated fees, billing will occur monthly until the completion of the project. Each invoice is due upon receipt. If any invoice remains unpaid for longer than 90 days from the date of the invoice, Nyhart may either suspend the provision of the Services until payment is received, or terminate this Agreement with immediate effect. Failure of Nyhart to exercise any remedy set forth above shall not prevent Nyhart from doing so with respect to any future unpaid invoice or taking any other actions available to Nyhart under law.

Please select the method of delivery of your invoice:

- ☐ I would like my invoice sent electronically to the primary contact's email address.
- ☒ I would like my invoice sent via regular mail to the attention of the primary contact at the address shown on the first page.

For an alternative invoice recipient, please provide their information below. If this section is left blank, we will send the invoice to the primary contact's email address on file or address shown above.

Invoice recipient name

Sara Doty

Invoice recipient email address

dotys@dmccounty.com

Invoice recipient address

513 N. Main St. Burlington, IA 52601

There will be additional fees for revisions to preliminary or final results that are due to:

- Incorrect information provided to us, typical examples include material changes to census data, changes to eligibility requirements or employer subsidies. The additional fee will be limited to 1/3 of the current year's fee for this type of revision.
- Changes to actuarial assumptions requested by the client that are expected to need more than four hours of labor to update the results. The additional fee will be based on billed labor in excess of four hours at our current hourly rates.

Additional services available if requested by Client

In addition to GASB 75 services, Nyhart offers the following additional services. Fee estimates will be provided upon request. Please visit www.nyhart.com or contact your Nyhart consultant for more information.

- Health Care Reform financial impact consulting
- Actuarial Value and Minimum Value determination
- Section 105(h) non-discrimination testing
- Iowa 509A actuarial certification
- Calculation of self-funded and COBRA premium rates
- Incurred But Not Reported (IBNR) Reserve calculations
- Medicare Part D Attestation
- What-if Modeling for health plan design and carrier changes
- Defined Benefit & Pension consulting and administration
- Defined Contribution, 401(k) & 403(b)
- Flex Accounts – FSA, HRA, & HSA consulting and administration

Relationship of the Parties

The legal relationship between Client and Nyhart shall be exclusively that of principal and agent. The parties hereto specifically agree and acknowledge that Nyhart shall not:

- Have discretionary authority over any aspect of the Plan;
- Be a fiduciary;
- Be responsible for ensuring that the Plan complies with any requirement to which the Plan is subject, or be liable to the Plan, Client, or any person if the Plan fails to comply with any such requirement;
- Have any duty or authority to enforce the payment of any contribution owed under the Plan;
- Be responsible for the adequacy of the trust established as part of the Plan, or be liable for any benefits owed under the Plan;
- Exercise discretion as to any Plan function; or
- Have any obligation to perform any service not specified in this Agreement or otherwise agreed to in writing by the parties (regardless of whether such service may be considered “customary” services to be provided by Nyhart).

Client agrees that Nyhart shall use all information and data supplied by or on behalf of the Client without having independently verified the accuracy or completeness of it except to the extent required by generally accepted professional standards and practices. If any documentation or information supplied to Nyhart at any time is incomplete, inaccurate or not up-to-date, or its provision is unreasonably delayed, Nyhart will not be responsible for any delays or liability arising therefrom, and will be entitled to charge the Client in respect of any resulting additional work actually carried out.

The Client further understands that the failure to provide, or cause to provide, complete, accurate, up-to-date, and timely documentation and information to Nyhart, whether intentional or by error, could result in an impairment of Nyhart’s services.

Client Responsibilities and Representations

The Client has general responsibilities with respect to the Plan, including

- Providing all information required by Nyhart to perform its services under this Agreement on a timely basis;
- Serving as fiduciary for the Plan;
- Communicating Plan details to employees and answering employee questions;
- Ensuring adequate funding of the Plan; and
- Authorizing plan disbursements and ensuring accuracy of information provided.

Dispute Resolution

Nyhart and Client agree that before commencing any action or proceeding with respect to any dispute between the parties arising out of or relating to this Agreement or the Services they first shall attempt to settle such dispute through consultation and negotiation in good faith and in a spirit of mutual cooperation. Any such dispute will be submitted in writing to a panel of one (1) senior executive or official of each of Nyhart and Client, who will promptly meet and confer in an effort to resolve such dispute. Each party’s representative will be identified by notice to the other, and may be changed at any time thereafter by notice to the other. Any mutually agreed decisions of the executives will be final and binding on the parties. In the event the executives are unable to resolve any dispute within thirty (30) days after submission to them, either party may then refer such dispute to mediation by a mutually acceptable mediator to be chosen by Nyhart and Client within forty-five (45) days after written notice by either party demanding mediation. Neither party may unreasonably withhold consent to the selection of a mediator. All communications and discussions in



furtherance of this paragraph shall be treated as confidential settlement negotiations, which are not subject to discovery. The costs of the mediator shall be shared equally, but each party shall pay its own attorneys' fees.

Any dispute which cannot be resolved between the parties through negotiation, mediation or other form of alternative dispute resolution within six months of the date of the initial demand for mediation by one of the parties may then be submitted to a court of competent jurisdiction. To facilitate an expeditious and economical judicial resolution of such dispute, Nyhart and Client agree to waive and not to demand a trial by jury, and not to include any employee, officer, director or trustee of either as a party, in any action, proceeding or counterclaim relating to such dispute. Nothing in this section will prevent either party from resorting to judicial proceedings if interim relief from a court is necessary to prevent serious and irreparable injury to that party or to others. Any claim, action or proceeding against Nyhart will be barred unless Client initiates the dispute resolution procedures outlined below within one year of first discovering the act, error or omission that is the basis for such claim.

Indemnification and Limitation of Liability

The liability of Nyhart, in tort, contract or otherwise, to Client, a Plan and the officers, directors, trustees, employees or shareholders of any of them, and to any other third party, for all claims arising in connection with or contributed to by this Agreement and the Services (including without limitation multiple claims arising out of or based upon the same act, error or omission, or series of continuous, interrelated or repeated acts, errors or omissions) shall not include loss of profit or incidental, consequential, indirect, punitive or similar damages and shall be further limited to the amount of fees for Services received by Nyhart under this Agreement for the twelve (12) months immediately preceding the act, error or omission upon which such liability is based. Nothing in this paragraph shall apply to any liability which has been finally determined to have arisen from willful misconduct or fraud on the part of Nyhart or which cannot lawfully be limited, modified or excluded.

Client shall indemnify Nyhart from and against any and all claim, loss, liability or damage (including attorney's fees) which Nyhart may incur by reason of its good faith service delivery to Client.

Nyhart shall indemnify the Client from and against any and all claim, loss, liability or damage (including attorney's fees) which the Client may incur: (i) arising out of any material breach by Nyhart of any of its material obligations, representations or warranties contained in this Agreement; or (ii) arising out of Nyhart's negligence, gross negligence or willful, fraudulent, or criminal misconduct associated with its performance of services under this Agreement. The parties further recognize that clerical errors and variations may occur. When discovered, they will be corrected or adjusted by Nyhart, in accordance with its normal procedures, to the extent reasonable and possible.



Acceptance

The items and conditions of this Agreement are agreed to and accepted by Client on behalf of the Plan. This Agreement is effective only when signed by all parties.

Des Moines County

By: _____

Printed Name: _____

Date: _____

Nyhart

By: _____

Printed Name: _____

Date: _____

AGENDA ITEM

FOR BOARD MEETING ON June 11, 2024

Title of Document: Fireworks Permit

After approval by the Supervisors, this document should be:

☐

Record in Recorder's Office

☐

Send copy to:

☐

Send original to:



call to pick-up



mail to:

☐

other: Give to Angie

Department and name of person submitting item:

Auditor's Angie

I prefer to keep the original document on file in my office. If you want an original copy also, please bring two for the Board to sign.

Agenda items are due by **10 AM on the Friday** before the next Tuesday's meeting. If the documents are not in my office by 1PM, the item will be removed from the agenda. The Board needs some time to look over items that you are asking to be approved so please do them the courtesy of allowing them time to read and discuss them.

**APPLICATION FOR FIREWORKS PERMIT
UNINCORPORATED AREAS OF DES MOINES COUNTY, IOWA**

Submit To: Des Moines County Auditor, Courthouse, 513 N. Main, Burlington, Iowa 52601

APPLICANT (MUNICIPALITY, FAIR ASSOCIATION, AMUSEMENT PARK, ORGANIZATION, GROUP OF INDIVIDUALS) Gletty Family Reunion PHONE: 319 457-1599
ADDRESS OF APPLICANT: 8302 180th Street Sperry Iowa 52650
NAME OF APPLICANT'S REPRESENTATIVE COMPLETING APPLICATION: Ricky L. Gletty
REPRESENTATIVE'S DATE OF BIRTH (DOB): 03/22/1952
DATE/TIME OF DISPLAY INCL. RAIN DATE: 7/6/24 @ 930PM - rain 7/7/24 @ 930PM
LOCATION OF DISPLAY: 8302 180th St Sperry Ia 52650
DETAILED DESCRIPTION OF DISPLAY Small assortment of 3" and 4" aerial shells
plus some Class C Cakes

OPERATOR (Name and DOB) Ricky L. Gletty 3/22/1952 PHONE: 319 457-1599
ADDRESS: 8302 180th St Sperry Ia 52650

Qualifications of Operator (Copy of proof must be attached)

1. ☒ Pyrotechnic Guild International, Inc. / American Pyrotechnic Association certification
2. ☒ Other formal fireworks safety training. Please specify: J&M

Fire Prevention Measures: Show is staged on pond bank with
well and hose close

I, Andy Kern, being Fire Chief of the Mediapolis Fire Department,
Township, do hereby approve of the display, location and fire prevention measures
for this Fireworks display.

Fire Chief/ Designee Signature & Date  5/30/24

I hereby affirm that I understand that no person shall handle or explode Fireworks while under the influence of alcohol, narcotics, or drugs which could adversely affect judgment, movements, or stability; that no person will set up or explode Fireworks after 11:00 pm; that no person will set up or explode Fireworks who is not 18 and qualified as set out above or who is not under the direct supervision of the Operator; that the Operator will conduct a thorough search for any unexploded Fireworks or fuses; that any unexploded Fireworks will be stored or disposed of in a safe manner; and that the Sponsor, Operator, and I will follow its terms and the laws of the State of Iowa. Further, I specifically agree to protect, defend, and hold Des Moines County, Iowa, its officers and employees, and the Fire Chief/designee who signs this application harmless from any and all damages or claims for damages that might arise or accrue by reason of the granting of the permit for which I am applying.

Ricky L. Gletty 5-28-24
Signature of Applicant & Date

This Application (is) (is not) approved by the Des Moines County Board of Supervisors on the
_____ day of _____.

Chairperson, Des Moines County Board of Supervisors

Copy to: Des Moines County Sheriff; Fire Chief; Police Dispatch

*Paid \$20.00 cash
5-31-2024*

AGENDA ITEM

FOR BOARD MEETING ON June 11, 2024

Title of Document: Liquor License for Flint Hills Municipal
Golf Course Renewal

After approval by the Supervisors, this document should be:

☐

Record in Recorder's Office

☐

Send copy to:

☐

Send original to:



call to pick-up



mail to:



other:

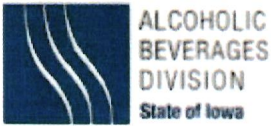
Give original to Julie

Department and name of person submitting
item:

Auditors Angie

I prefer to keep the original document on file in my office. If you want an original copy also, please bring two for the Board to sign.

Agenda items are due by **10 AM on the Friday** before the next Tuesday's meeting. If the documents are not in my office by 1PM, the item will be removed from the agenda. The Board needs some time to look over items that you are asking to be approved so please do them the courtesy of allowing them time to read and discuss them.



State of Iowa

Alcoholic Beverages Division

Applicant

Application # 202426

NAME OF LEGAL ENTITY

City of Burlington

NAME OF BUSINESS(DBA)

Flint Hills Municipal Golf Course

BUSINESS

(319) 752-2018

ADDRESS OF PREMISES

12842 102nd Avenue

PREMISES SUITE/APT NUMBER

CITY

Burlington

COUNTY

Des Moines

ZIP

52601

MAILING ADDRESS

12842 102nd Avenue

CITY

Burlington

STATE

Iowa

ZIP

52601

Contact Person

NAME

Brad Selby

PHONE

(319) 752-2018

EMAIL

selbyb@burlington.org

License Information

LICENSE NUMBER

BW0097747

LICENSE/PERMIT TYPE

Special Class C Retail Alcohol License

TERM

12 Month

STATUS

Submitted to Local Authority

TENTATIVE EFFECTIVE DATE

June 16, 2024

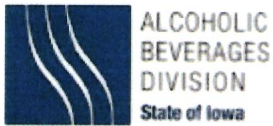
TENTATIVE EXPIRATION DATE

June 15, 2025

LAST DAY OF BUSINESS

SUB-PERMITS

Special Class C Retail Alcohol License



State of Iowa

Alcoholic Beverages Division

PRIVILEGES

Outdoor Service

Status of Business

BUSINESS TYPE

Municipality

Ownership

• Individual Owners

NAME	CITY	STATE	ZIP	POSITION	% OF OWNERSHIP	U.S. CITIZEN
Bradley Selby	Burlington	Iowa	52601	Recreation Manager	0.00	Yes

• Companies

COMPANY NAME	FEDERAL ID	CITY	STATE	ZIP	% OF OWNERSHIP
City of Burlington	42-6004309	Burlington	Iowa	52601	100.00

Insurance Company Information

INSURANCE COMPANY

Illinois Casualty Co

POLICY EFFECTIVE DATE

June 16, 2024

POLICY EXPIRATION DATE

June 16, 2025

DRAM CANCEL DATE

OUTDOOR SERVICE EFFECTIVE DATE

OUTDOOR SERVICE EXPIRATION DATE



ALCOHOLIC
BEVERAGES
DIVISION
State of Iowa

State of Iowa

Alcoholic Beverages Division

BOND EFFECTIVE DATE

TEMP TRANSFER EFFECTIVE
DATE

TEMP TRANSFER EXPIRATION
DATE

AGENDA ITEM

FOR BOARD MEETING ON June 11, 2024

Title of Document: Liquor License Application Backpocket
Brewing LLC for Ragbrai 7/27-7/28 2024

After approval by the Supervisors, this document should be:

☐

Record in Recorder's Office

☐

Send copy to:

☐

Send original to:



call to pick-up



mail to:

☒

other: Give original to Nye

Department and name of person submitting
item:

Auditor's Nye

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State of Iowa

Alcoholic Beverages Division

Applicant

Application # 201061

NAME OF LEGAL ENTITY	NAME OF BUSINESS(DBA)	BUSINESS		
BACKPOCKET BREWING, LLC	Backpocket Brewing LLC	(319) 449-3700		
ADDRESS OF PREMISES	PREMISES SUITE/APT NUMBER	CITY	COUNTY	ZIP
20472 Mediapolis Road		Yarmouth	Des Moines	52660
MAILING ADDRESS	CITY	STATE	ZIP	
903 Quarry RoadIowa River Landing	Coralville	Iowa	52241	

Contact Person

NAME	PHONE	EMAIL
Whitney Daniels	(319) 541-3325	whitney.daniels@backpocketbrewing.com

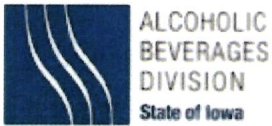
License Information

LICENSE NUMBER	LICENSE/PERMIT TYPE	TERM	STATUS
	Special Class C Retail Alcohol License	5 Day	Submitted to Local Authority

TENTATIVE EFFECTIVE DATE	TENTATIVE EXPIRATION DATE	LAST DAY OF BUSINESS
July 27, 2024	July 31, 2024	

SUB-PERMITS

Special Class C Retail Alcohol License



Status of Business

BUSINESS TYPE

Limited Liability Company

Ownership

• Individual Owners

NAME	CITY	STATE	ZIP	POSITION	% OF OWNERSHIP	U.S. CITIZEN
Marci Strutt	West Des Moines	Iowa	50265	Owner	49.54	Yes
David Strutt	West Des Moines	Iowa	50265	Owner	49.54	Yes

Insurance Company Information

INSURANCE COMPANY

Illinois Casualty Co

POLICY EFFECTIVE DATE

May 5, 2024

POLICY EXPIRATION DATE

May 4, 2025

DRAM CANCEL DATE

OUTDOOR SERVICE EFFECTIVE
DATE

OUTDOOR SERVICE EXPIRATION
DATE

BOND EFFECTIVE DATE

TEMP TRANSFER EFFECTIVE
DATE

TEMP TRANSFER EXPIRATION
DATE

DES MOINES CO TREASURER

DATE : 6/4/2024 1:52 PM
OPER : 3-Julie
TKBY : Julie Howe
TERM : 3
REC# : R00463920

400 Miscellaneous Receipt 19108.93
DMC RECORDER OFFICE 19108.93
AFFIDAVITS & ARTICLES 470.00
0001-1-07-8110-400010 -470.00
CONTRACTS 420.00
0001-1-07-8110-400015 -420.00
DEEDS 1745.00
0001-1-07-8110-400020 -1745.00
EASEMENTS 130.00
0001-1-07-8110-400025 -130.00
MISCELLANEOUS 440.00
0001-1-07-8110-400030 -440.00
MORTAGES 7865.00
0001-1-07-8110-400035 -7865.00
PLATS 115.00
0001-1-07-8110-400040 -115.00
TAX LIENS-ST OF IA 65.00
0001-1-07-8110-400045 -65.00
TRADE NAMES 20.00
0001-1-07-8110-400050 -20.00
FIN STMTS FIXTURE FILING 20.00
0001-1-07-8110-400055 -20.00
SNOWMOBILE TITLE & LIENS-DNR 145.00
0001-1-07-8110-401000 -145.00
BOAT LIEN -DNR 25.00
0001-1-07-8110-402000 -25.00
BOAT/SNOW WRITING FEES-DNR 376.00
0001-1-07-8110-403000 -376.00
HUNT/FISH WRITING FEES-DNR 5.50
0001-1-07-8110-403001 -5.50
REVENUE STAMPS-IA DEPT REV 3443.24
0001-1-07-8110-404000 -3443.24
TRANSFER FEES - AUDITOR 900.00
0001-1-07-8110-410000 -900.00
VITAL RECORDS-IA DEPT HEALTH 1264.00
0001-1-07-8110-413000 -1264.00
PASSPORTS-US STATE DEPT 510.00
0001-1-07-8110-415000 -510.00
OTHER MISC FEES & COPIES 483.00
0001-1-07-8110-550000 -483.00
RECORDER'S REC MGT FEE 465.00
0024-1-07-8110-414000 -465.00
TRB - INT ON CK'G 0.59
0001-1-07-8110-600000 -0.59
REC'S NON-REF OVER PYMT 1.60
0001-4-99-9030-822000 -1.60
DNR - BOAT TITLE FEE 200.00
0027-1-22-6110-412000 -200.00

Paid By:DMC RECORDER OFFICE
2-Check 19108.93 REF:5031

APPLIED 19108.93
TENDERED 19108.93
CHANGE 0.00

MISCELLANEOUS RECEIPTS TO TREASURER

DATE: June 4, 2024 _____

<u>DOC NO.</u>	<u>PAID BY/DESCRIPTION</u>		<u>ACCOUNT NO.</u>	<u>AMOUNT</u>	<u>ACCURE DATE</u>
1636	Public - Affidavits & Articles of Inc	AA	0001-1-07-8110-400010	\$470.00	5/31/2024
"	Public - Contracts	CT	0001-1-07-8110-400015	\$420.00	"
"	Public - Deeds	DDS	0001-1-07-8110-400020	\$1,745.00	"
"	Public - Easements	EM	0001-1-07-8110-400025	\$130.00	"
"	Public - Miscellaneous	MI	0001-1-07-8110-400030	\$440.00	"
"	Public - Mortgages	MTG	0001-1-07-8110400035	\$7,865.00	"
"	Public - Plats	PLT	0001-1-07-8110-400040	\$115.00	"
"	State of Iowa-Tax Liens	TL	0001-1-07-8110-400045	\$65.00	"
"	Public - Trade Names	TN	0001-1-07-8110-400050	\$20.00	"
"	Public - Fin. Stmts - Fixture Filings	FSF	0001-1-07-8110-400055	\$20.00	"
"	DNR - ATV Titles & Liens	ST	0001-1-07-8110-401000	\$145.00	"
"	DNR - Boat Liens Fee	BL	0001-1-07-8110-402000	\$25.00	"
"	DNR - Boat/Snow Writing Fees	WFB	0001-1-07-8110-403000	\$376.00	"
"	DNR - Hunt & Fish Writing Fees	WFH	0001-1-07-8110-403001	\$5.50	"
"	Ia Dept of Rev - Rev Stamp Fee	RS	0001-1-07-8110-404000	\$3,443.24	"
"	Public - County Transfer Fees	TF	0001-1-07-8110-410000	\$900.00	"
"	Ia Dept of Health - Vital Record Fee	VR	0001-1-07-8110-413000	\$1,264.00	"
"	US Dept of State - Passports	PP	0001-1-07-8110-415000	\$510.00	"
"	Public - PhotoCopy/Fax Fees	OMI	0001-1-07-8110-550000	\$483.00	"
"	Public - Recorder's Record Mgt Fees	RMF	0024-1-07-8110-414000	\$465.00	"
"	Two Rivers - Interest on Checking	IC	0001-1-07-8110-600000	\$0.59	"
"	Public - Non-refund Over Payment	NR	0001-4-99-9030-822000	\$1.60	"
"	DNR - Boat Title Fee	BT	0027-1-22-6110-412000	\$200.00	"
"	Public - County UTV Permit	CAP	0001-1-07-8110-407000	\$0.00	"

TOTAL \$19,108.93

THE REVENUE LISTED ABOVE WAS RECEIVED FROM THE RECORDER'S DEPARTMENT.

BY _____
INITIALS

TREASURER'S RECEIPT NUMBER ISSUED FOR THIS TRANSACTION:

R00463920

DES MOINES CO TREASURER

DATE : 6/4/2024 1:46 PM

OPER : 3-Julie

TKBY : Julie Howe

TERM : 3

REC# : R00463919

400 Miscellaneous Receipt	465.00
DMC RECORDER OFFICE	465.00
ELECTRONIC TRANSFER FEE-MAY 24	465.00
5300-1-07-8110-416000	-465.00

Paid By:DMC RECORDER OFFICE
2-Check 465.00 REF:5030

APPLIED	465.00
TENDERED	465.00

CHANGE	0.00
--------	------

DATE: June 4, 2024

[illegible]

R00463919



KEVIN GLENDENING, SHERIFF

512 N. Main Street
Burlington, IA 52601
Phone: 319-753-8289 (Civil)
Fax: 319-754-6910



SHERIFF'S MONTHLY REPORT TO THE BOARD OF SUPERVISORS

05/01/2024 thru 05/31/2024

SHERIFF FEES	8,964.43	7 9720.36
MILEAGE	755.93	
R & B	2,687.77	
INTEREST	3.86	
TOTAL	\$12,411.99	

I, Kevin Glendening, Sheriff of Des Moines County, Iowa, do hereby certify that the above report is correct of monies collected by me as Sheriff during the period therein specified.

Kevin Glendening
KEVIN GLENDENING, SHERIFF