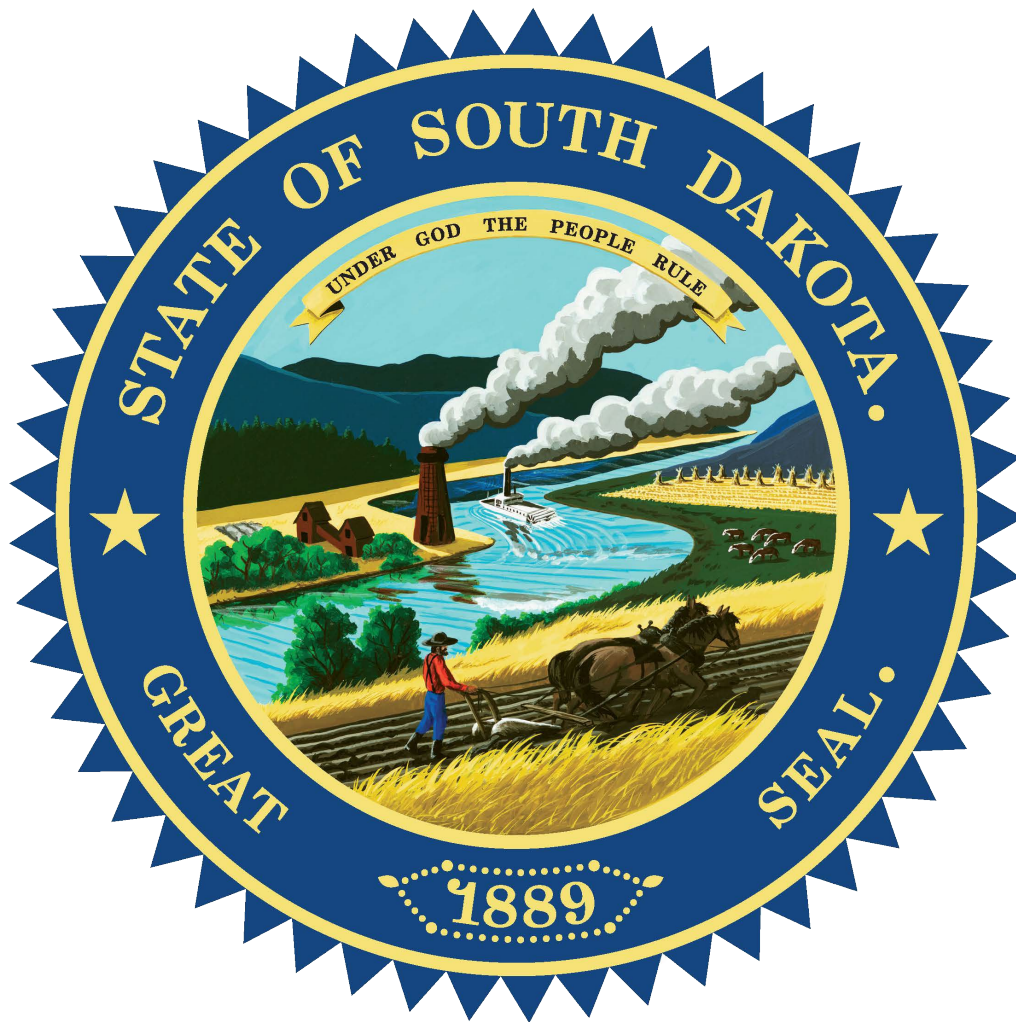




**Bureau of Human Resources
and Administration
Annual Report
Conflict of Interest Authorizations**

July 1, 2025 – June 30, 2026

Summary

The Bureau of Human Resources and Administration received 11 Conflict of Interest Waivers (authorizations) from employees in seven different agencies from July 1, 2025, through June 30, 2026. A copy of each waiver is attached. These waivers are filed with the Bureau of Human Resources and Administration pursuant to SDCL 5-18A-17.2 and 5-18A-17.3.

FY2026

Conflict of Interest Waivers

08/07/2025	Karla Engle, Department of Transportation	Approved
08/29/2025	Chelsea Wenzel, Office of the South Dakota Attorney General	Approved
10/10/2025	Kellie Wasko, Department of Corrections	Approved
12/18/2025	Shane M. Pullman, Department of Transportation	Approved
01/06/2026	Jessica Lamb, Department of Human Services	Approved
02/23/2026	Todd Dravland, Bureau of Information and Technology	Approved
03/26/2026	Jillaine Smith, Department of Social Services	Approved
03/26/2026	Emily Ward, Department of Labor and Regulation 1 of 2	Approved
03/26/2026	Emily Ward, Department of Labor and Regulation 2 of 2	Approved
04/13/2026	Samuel Masten, Department of Social Services	Approved
05/25/2026	Todd Thompson, Department of Transportation	Approved

REQUEST FOR WAIVER

SDCL 5-18A-17 to 5-18A-17.6

THIS IS A PUBLIC DOCUMENT

Date: August 7, 2025
Employee Name: Karla L. Engle
Employee Signature: Karla L. Engle
Agency: South Dakota Department of Transportation
Position No: 113152
Title: Litigation Supervisor

Brief explanation of your potential conflict of interest:

See attachment.

Brief explanation of your role in the award, administration or supervision of a contract with an outside party or your current or anticipated business transaction with a state agency (other than a contract of employment):

See attachment.

Brief explanation of why you believe a waiver should be granted:

See attachment.

FOR AGENCY/BHR USE ONLY:

Date received by official acting on request:

Signature of Official acting on request: Joel Jundt

Name of Official acting on request (Please Print): Joel Jundt

Date of interview: N/A

Date acted upon: 8-8-25

Waiver granted? ☒ Y ☐ N

If waiver is conditional, so note here (Y/N), list conditions on separate sheet and attach to this document.

Appeal requested? Y/N

Appeal received in Governor's Office:

Date appeal acted upon:

Waiver granted on appeal? Y/N

Received by BHR:

I agree with and impose the conditions recommended on the attachment (backside.)

JS

Attachment to Request for Waiver by Karla Engle

Dated August 7, 2025

My potential conflict of interest: My father-in-law, Harris I. Darling, died on July 31, 2025. I was married to his late son, Ryan Darling, who died on June 3, 2024. Harris' daughters, Nikki Darling Raedeke and Sarah Darling, hired Jesse Flynn of the Woods Fuller law firm to represent the estate and handle the transfer of assets that will pass inside and outside of probate. The Woods Fuller law firm has a satellite office in Worthington, Minnesota, where my father-in-law resided. My deceased husband is named as a beneficiary of the estate, a remainderman under a life estate, and a grantee under a transfer on death deed. My three adult children (Laurel Darling Mueller, Layna Darling, and Jack Darling) are likely to be the ultimate beneficiaries and grantees of most or all of Ryan's share of Harris' assets. There is a possibility, however, that some property may pass to me as Ryan's surviving spouse and intestate heir. Laurel Darling Mueller resides in Buffalo, New York, Layna Darling resides in Minneapolis, Minnesota, and Jack Darling resides in Brookings, South Dakota. As far as commingling of assets, my children are on the cell phone plan that I pay for, and I pay my son's medical bills and car payment.

My role in Woods Fuller legal contracts: As chief legal counsel and the litigation supervisor for the South Dakota Department of Transportation, I recommend the award of letters of engagement to law firms (including the Woods Fuller firm) that represent the department and have a master retainer agreement with the State of South Dakota. I also act as a liaison between the Woods Fuller law firm and the department in legal matters where the Woods Fuller firm represents the department. And I review legal services invoices and sign documents to process payments.

Brief explanation of why I believe a waiver should be granted: I believe a waiver should be granted with conditions to protect the integrity of the parties and the public's confidence. Karla Engle should not handle legal matters where the Woods Fuller law firm is representing the department. She should not be responsible for recommending the Woods Fuller law firm for legal assignments or participate in discussions of legal matters involving the Woods Fuller law firm; those matters should be handled by one or more of the other attorneys in the department's legal office – Dustin DeBoer, Shane Pullman, and Paul Coppock – and they should report directly to Department Secretary Joel Jundt regarding these matters. One of these other department attorneys should also review the legal invoices from the Woods Fuller law firm and handle the processing of payments in conjunction with the department secretary.

REQUEST FOR WAIVER

SDCL 5-18A-17 to 5-18A-17.6

THIS IS A PUBLIC DOCUMENT

Date: 8/29/25
Employee Name: Chelsea Wenzel
Employee Signature: Chelsea Wenzel
Agency: South Dakota Office of the Attorney General
Position No: _____
Title: Attorney II

Brief explanation of your potential conflict of interest:

My brother owns/operates the place where DCI will be staying.

Brief explanation of your role in the award, administration or supervision of a contract with an outside party or your current or anticipated business transaction with a state agency (other than a contract of employment):

I have no role in the procurement process for DCI. I do not supervise any one at DCI. I have no role in the award process of where they stay.

Brief explanation of why you believe a waiver should be granted: I had no role in the process of deciding where DCI should stay. I had no role in even suggesting they stay there for their Supervisors Retreat. DCI found the place to stay: called on their own to get prices. They followed all procurement & travel rules.

FOR AGENCY/BHR USE ONLY:

Date received by official acting on request: 9/5/25

Signature of Official acting on request: [Signature]

Name of Official acting on request (Please Print): Brent Kempema, Chief, Deputy

Date of interview: _____

Date acted upon: _____

Waiver granted? (Y)/N

If waiver is conditional, so note here (Y/N), list conditions on separate sheet and attach to this document.

Appeal requested? Y/N

Appeal received in Governor's Office: _____

Date appeal acted upon: _____

Waiver granted on appeal? Y/N

Received by BHR: _____

REQUEST FOR WAIVER

SDCL 5-18A-17 to 5-18A-17.6

THIS IS A PUBLIC DOCUMENT

Date: 10-10-25
Employee Name: Kellie R. Wasko
Employee Signature: Kellie R. Wasko
Agency: Department of Corrections
Position No:
Title: Secretary

Brief explanation of your potential conflict of interest:

The Hughes County Commission would like to contract with me to consult on bed planning opportunities for their jail. In 2022, I signed a contract with the Sheriff to temporarily house DOC females until a new prison is built. Some County.

Brief explanation of your role in the award, administration or supervision of a contract with an outside party or your current or anticipated business transaction with a state agency (other than a contract of employment): my role to consult the County Commission will be to review bed planning options and plan out how they would pursue licensing or additional resources to explore opportunities for their vacant beds.

Brief explanation of why you believe a waiver should be granted:

my contract was with the Sheriff to house inmates for the DOC. This contract would be with the County Commission for the purpose of projecting use of their bed capacity.

FOR AGENCY/BHR USE ONLY:

Date received by official acting on request: October 10, 2025
Signature of Official acting on request: [Signature]
Name of Official acting on request (Please Print): MAYKELIE DECKER
Date of interview: October 10, 2025
Date acted upon: October 15, 2025
Waiver granted? Y/N
If waiver is conditional, so note here (Y/N), list conditions NA on separate sheet and attach to this document.
Appeal requested? Y/N
Appeal received in Governor's Office:
Date appeal acted upon:
Waiver granted on appeal? Y/N
Received by BHR:

would not interfere with the Sheriff's contract with DOC.

REQUEST FOR WAIVER

SDCL 5-18A-17 to 5-18A-17.6

THIS IS A PUBLIC DOCUMENT

Date: 12/18/2025
Employee Name: Stane M. Pullman
Employee Signature: [Signature]
Agency: DOT
Position No: 1666642
Title: Senior Trial Attorney

Brief explanation of your potential conflict of interest: My girlfriend is employed by Pennington County as an assistant State's Attorney. She handles Juvenile delinquency and abuse and neglect court cases exclusively. We Cohabitate and Share Some Assets, but Keep Separate Finances.

Brief explanation of your role in the award, administration or supervision of a contract with an outside party or your current or anticipated business transaction with a state agency (other than a contract of employment): I provide legal advice on the drafting of Contracts and enforcement of Contracts between Pennington County and SDDOT.

Brief explanation of why you believe a waiver should be granted: The Scope of my girlfriend's practice is far removed from the work I do at SDDOT, our professional paths will not cross, The fiscal connection is tenuous because we do not share finances other than equally contributing to the home and utilities. She is paid wages by the County, but the Contracts and work with SDDOT has no way to alter her income or mine.

FOR AGENCY/BHR USE ONLY:

Date received by official acting on request: 12-18-25
Signature of Official acting on request: [Signature]
Name of Official acting on request (Please Print): Jess Jundt
Date of interview: N/A
Date acted upon: 12-22-25
Waiver granted? (Y/N)
If waiver is conditional, so note here (Y/N), list conditions on separate sheet and attach to this document.
Appeal requested? Y/N
Appeal received in Governor's Office:
Date appeal acted upon:
Waiver granted on appeal? Y/N
Received by BHR:

REQUEST FOR WAIVER

SDCL 5-18A-17 to 5-18A-17.6

THIS IS A PUBLIC DOCUMENT

Date: 1-6-25
Employee Name: Jessica Lamb
Employee Signature: Jessica Lamb
Agency: SD Council on Developmental Disabilities - DHS
Position No: 600044
Title: Executive Director

Brief explanation of your potential conflict of interest:

The DD Council awarded the Leadership Development & Advocacy grant to Disability Rights South Dakota (DRSD). My husband works as an intake specialist for DRSD.

Brief explanation of your role in the award, administration or supervision of a contract with an outside party or your current or anticipated business transaction with a state agency (other than a contract of employment): I administer the contract/supervise the contract on behalf of the DD Council.

Brief explanation of why you believe a waiver should be granted: My husband does not receive funds from this award/contract, nor does he work with the project directly in his role at DRSD. He happened to be hired there after the Council awarded the contract.

FOR AGENCY/BHR USE ONLY:

Date received by official acting on request: 1-6-26
Signature of Official acting on request: Shawnie Rechtenbaugh
Name of Official acting on request (Please Print): Shawnie Rechtenbaugh
Date of interview: 1-14-26
Date acted upon: 1-14-26
Waiver granted? ☒ N
If waiver is conditional, so note here (Y/N), list conditions on separate sheet and attach to this document.
Appeal requested? Y/N
Appeal received in Governor's Office:
Date appeal acted upon:
Waiver granted on appeal? Y/N
Received by BHR:

REQUEST FOR WAIVER

SDCL 5-18A-17 to 5-18A-17.6

THIS IS A PUBLIC DOCUMENT

Date: 02.23.2026

Employee Name: Todd Dravland

Employee Signature: Todd Dravland

Agency: BIT/State Radio Communications Engineering

Position No: 123296

Title: System Architect

Brief explanation of your potential conflict of interest:

I have been involved in the oversight work of this contract, from an Engineering perspective, and I have an employment offer from ACD Telecom, LLC to continue working on this contract for BIT/State Radio Communications, on a part time basis.

Brief explanation of your role in the award, administration or supervision of a contract with an outside party or your current or anticipated business transaction with a state agency (other than a contract of employment):

I was not involved in the Award of the ACD Telecom contract, but was involved in the process of carrying out the work and had oversight as to the progress of that work. The contract involved Radio Frequency licensing and engineering work, in regard to the BIT/ State Radio Public Safety Trunked Communications system. ACD telecom performed much engineering work per this contract, and derived frequency solutions for the Trunked system, which I reviewed and approved for use.

Brief explanation of why you believe a waiver should be granted:

I believe a waiver should be granted for this potential conflict of interest, due to the fact that I will be continuing the work on this contract and with my knowledge and experience I will be an excellent fit for this task, to finish it to completion.

FOR AGENCY/BHR USE ONLY:

Date received by official acting on request: 02/23/26

Signature of Official acting on request: MARK WILSON

Name of Official acting on request (Please Print): MARK WILSON

Date of interview:

Date acted upon: 02/25/26

Waiver granted? ☒ Y ☐ N

If waiver is conditional, so note here (Y/N), list conditions on separate sheet and attach to this document.

Appeal requested? Y/N

Appeal received in Governor's Office:

Date appeal acted upon:

Waiver granted on appeal? Y/N

Received by BHR:

02/25/2026

The conditions of the waiver for the former employee, Todd Dravland, are that he does not work on South Dakota systems or support requests for a period of 1 year.



Commissioner Mark Wixen
South Dakota Bureau of Information and Technology

REQUEST FOR WAIVER

SDCL 5-18A-17 to 5-18A-17.6

THIS IS A PUBLIC DOCUMENT

Date: 03/26/2026
Employee Name: Jillaine Smith
Employee Signature: [Signature]
Agency: Department of Social Services
Position No: _____
Title: Director of Operation

Brief explanation of your potential conflict of interest:

I currently serve on the Boys & Girls Club of the Aberdeen Area (non-profit) board. I do vote on the board, however do not sign checks, am not on the financial committee, nor deal with any of the contractors.

Brief explanation of your role in the award, administration or supervision of a contract with an outside party or your current or anticipated business transaction with a state agency (other than a contract of employment):

I would not administer a contract nor supervise. The only role I am play is vote. We do not have any contracts @ the Boys & Girls Club of the Aberdeen area with the state that I am aware of at this time.

Brief explanation of why you believe a waiver should be granted:

I am not paid for my time at the Boys and Girls Club nor do I "derive a benefit" from being on this board. I only volunteer my time to help and serve the 600+ youth in the Aberdeen community.

FOR AGENCY/BHR USE ONLY:

Date received by official acting on request: 26-March-2026

Signature of Official acting on request: _____

[Signature]

Name of Official acting on request (Please Print): Matthew K. Althoff

Date of interview: 26-March-2026

Date acted upon: 08-April-2026

Waiver granted? Y/N MKA MKA

If waiver is conditional, so note here (Y/N), list conditions on separate sheet and attach to this document.

Appeal requested? Y/N

Appeal received in Governor's Office:

Date appeal acted upon:

Waiver granted on appeal? Y/N

Received by BHR:

REQUEST FOR WAIVER
SDCL 5-18A-17 to 5-18A-17.6
THIS IS A PUBLIC DOCUMENT

Date: 3/26/26

Employee Name (Current): Emily Ward

Employee Signature: Emily Ward

Agency (Current): Department of Labor and Regulation

Position No: 139388 Title: Director of Administrative Services

(Attach additional pages or relevant documents if necessary).

1. Brief explanation of your potential conflict of interest: My husband, Michael Ward, is a lead computer software developer for the company Smart Software Solutions. He is a stockholder of the company. He was also the assigned as the lead programmer for maintenance of software they developed for the Board of Cosmetology and Board of Barber Examiners.

The Boards are administered by the Department of Labor and Regulation. As the finance director of this department, I supervise the processing and payment of all invoices in the department including these divisions.

2. Brief explanation of your role in the award, administration or supervision of a contract with an outside party or your current or anticipated business transaction with a state agency (other than a contract of employment): I was not involved with the award and do not supervise the contract. The original programming contract was awarded to Smart Software prior to my employment with DLR (4/24/15 start date). I oversee the division which includes the staff responsible for entering and processing the invoices received from the vendor.

3. Brief explanation of why you believe a waiver should be granted: I am not directly in charge of this contract or the work which is done for it. Vouchers approving payment for services are approved by the Board Executive director, then by the Administrative Services accountant who approves all vouchers for the department. Also, it is beneficial for the Boards to retain the computer programmers who originally developed the software as they are familiar with the system.

FOR AGENCY/BHR USE ONLY:

Date received by official acting on request:

Signature and date of official, if request approved: M. H. Hansen 3-26-26

Date of interview: _____ (Date)

Date acted upon: Waiver granted? ☒ Y ☐ N

If waiver is conditional, so note here (Y/N),

list conditions on separate sheet and attach to this document.

Appeal requested? Y/N

Appeal received in Governor's Office:

Date appeal acted upon:

Waiver granted on appeal? Y/N

Received by BHR:

REQUEST FOR WAIVER
SDCL 5-18A-17 to 5-18A-17.6
THIS IS A PUBLIC DOCUMENT

Date: 3/26/26

Employee Name (Current): Emily Ward

Employee Signature: Emily Ward

Agency (Current): Department of Labor and Regulation

Position No: 139388 Title: Director of Administrative Services

(Attach additional pages or relevant documents if necessary).

1. Brief explanation of your potential conflict of interest: My husband, Michael Ward, is a lead computer software developer for the company Smart Software Solutions. He is a stockholder of the company. He was also the assigned as the lead programmer for maintenance of software originally developed for the Board of Cosmetology, but is now going to be utilized by the Appraiser program. The Boards are administered by the Department of Labor and Regulation. As the finance director of this department, I supervise the processing and payment of all invoices in the department including these divisions.
2. Brief explanation of your role in the award, administration or supervision of a contract with an outside party or your current or anticipated business transaction with a state agency (other than a contract of employment): I was not involved with the award and do not supervise the contract. This computer system was originally created prior to my employment with DLR (4/24/15 start date). I oversee the division which includes the staff responsible for entering and processing the invoices received from the vendor.
3. Brief explanation of why you believe a waiver should be granted: I am not directly in charge of this contract or the work which is done for it. Vouchers approving payment for services are approved by the program director, then by the Administrative Services accountant who approves all vouchers for the department. Also, it is beneficial for the Appraiser Program to build off of an existing computer system used by DLR instead of building a new one as it is much more cost effective.

FOR AGENCY/BHR USE ONLY:

Date received by official acting on request:

Signature and date of official, if request approved: M. McOmran 3-26-26

Date of interview: _____ (Date)

Date acted upon: Waiver granted? Y/N

If waiver is conditional, so note here (Y/N),

list conditions on separate sheet and attach to this document.

Appeal requested? Y/N

Appeal received in Governor's Office:

Date appeal acted upon:

Waiver granted on appeal? Y/N

Received by BHR:

REQUEST FOR WAIVER

SDCL 5-18A-17 to 5-18A-17.6

THIS IS A PUBLIC DOCUMENT

Date: 04/13/2026

Employee Name: Samuel Masten

Employee Signature: Samuel Masten

Agency: Department of Social Services, Division of Economic Assistance

Position No: 400600

Title: Application/Business Project Manager

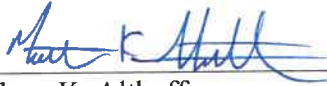
Brief explanation of your potential conflict of interest: I have accepted a position as an employee of Merative which owns the Curam software utilized by the Department of Social Services for its Medicaid Eligibility and Enrollment System. The Department pays for a Curam license indirectly through its contract with RedMane Technology, LLC.

Brief explanation of your role in the award, administration or supervision of a contract with an outside party or your current or anticipated business transaction with a state agency (other than a contract of employment): I was a member of the RFP review committee which awarded RedMane Technology, LLC a contract for the design, development, and implementation of a Medicaid Eligibility and Enrollment system in South Dakota. Further, I served as a project manager for the Department throughout the implementation and ongoing operation of the system over the last six years. This included contract negotiations, amendments, deliverable reviews, and preparing vouchers for payment.

Brief explanation of why you believe a waiver should be granted: Contract awarded to RedMane Technology, LLC was awarded through a competitive bidding process. The Department has no contractual agreement with Merative outside of the standard Curam software license utilized by the system integrator, RedMane Technology, LLC.

FOR AGENCY/BHR USE ONLY:

Date received by official acting on request: 04/15/2026

Signature of Official acting on request: 

Name of Official acting on request (Please Print): Matthew K. Althoff

Date of interview: 04/14/2026

Date acted upon: 04/15/2026

Waiver granted? Y N NA

If waiver is conditional, so note here (Y/N), list conditions on separate sheet and attach to this document.

Appeal requested? Y N

Appeal received in Governor's Office:

Date appeal acted upon:

Waiver granted on appeal? Y N

Received by BHR:

REQUEST FOR WAIVER

SDCL 5-18A-17 to 5-18A-17.6

THIS IS A PUBLIC DOCUMENT

Date: 5/25/2026
Employee Name: TODD THOMPSON
Employee Signature: [Signature]
Agency: SDDOT
Position No: 110318
Title: BRIDGE MAINTENANCE ENGINEER

Brief explanation of your potential conflict of interest: SDDOT license's software (Brm and BrDR) from AASHTO. AASHTO contracts with Pro-Miles to provide support maintenance, & support for the software. Pro Miles has extended an offer of employment to myself. enhancements

Brief explanation of your role in the award, administration or supervision of a contract with an outside party or your current or anticipated business transaction with a state agency (other than a contract of employment): Within the Office of Bridge Design, we use both Brm and BrDR Software products on a daily basis. I have made recommendations to the Chief Bridge Engineer to license these software products. Again, this is a software license agreement with AASHTO and there is no contract between SD and Pro-Miles.

Brief explanation of why you believe a waiver should be granted:
Since SDDOT has no direct contract with Pro-Miles, I believe a waiver should be granted. There may be a perceived conflict of interest that the software license agreement is with Pro Miles and not AASHTO, so to be safe, I'm requesting this waiver. SDDOT legal encouraged me to request this conflict of interest waiver.

FOR AGENCY/BHR USE ONLY:

Date received by official acting on request: 5-25-26
Signature of Official acting on request: [Signature]
Name of Official acting on request (Please Print): Josh Jundt
Date of interview: N/A
Date acted upon: 5-29-26
Waiver granted? Y/N
If waiver is conditional, so note here (Y/N), list conditions on separate sheet and attach to this document.
Appeal requested? Y/N
Appeal received in Governor's Office:
Date appeal acted upon:
Waiver granted on appeal? Y/N
Received by BHR: