OPIOID SETTLEMENT FUND ANNUAL FINANCIAL REPORT

NOTE: PLEASE COMPLETE THIS FORM USING EITHER ADOBE ACROBAT PRO OR READER
NAME OF ENTITY: Blackfoot City
NAME OF OFFICIAL FILLING OUT REPORT: Grahm Anderson
PHONE NUMBER: (208) 785-8600
EMAIL ADDRESS: ganderson@cityofblackfoot.org
OPIOID SETTLEMENT FUNDS BALANCE AT BEGINING OF FY 23: \$0.00
OPIOID SETTLEMENT FUNDS RECEIVED IN FY 23: \$59,244.24
TOTAL OPIOID SETTLEMENT FUND EXEPNDITURES IN FY 23: \$0.00
OPIOID SETTLEMENT FUND BALANCE AT END OF FY 23: \$59,244.24
ITEMIZATION OF PAYMENTS RECEIVED:

Payment Date	Payment Amount	Source of Payment
07/27/2022	\$9,421.23	Wilmington Trust Settlemet

10/10/2022 \$9,901.25 National Opioids Settlement FD Trust
10/25/2022 \$38,030.02 Janssen

TOTAL: \$57,352.50

ITEMIZATION OF EXPENDITURES:

*List of approved uses with section and subsections available <u>here</u>

Approved Use	Approved Use	Description of Use	Amount
Section	Subsection		Expended
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TOTAL: \$0.00

By signing below I warrant that all information provided in this form is true and correct; that all opioid settlement funds expended by the above entity have been expended on approved uses as provided in Exhibit A to the Idaho Opioid Settlement Intrastate Allocation Agreement linked to above and included on this form; and that I have the necessary authority to sign and submit this form on behalf of the above entity.

SIGNATURE: DATE: 7-17-23

OPIOID SETTLEMENT FUND ANNUAL FINANCIAL REPORT

NOTE: PLEASE COMP NAME OF ENTITY: Bl		ISING	EITHER ADOBE ACROBAT PRO OR READER	_
NAME OF OFFICIAL F		RT: <u>Gra</u>	hm Anderson	
PHONE NUMBER: (20 EMAIL ADDRESS: gar		ckfoot	0.75	
EMAIL ADDRESS: Bai	iderson@cityorbia	CKIOOL	.org	
OPIOID SETTLEMENT	FUNDS BALANCE	AT BE	GINING OF FY 23: \$0.00	
OPIOID SETTLEMENT	FUNDS RECEIVED	IN FY_	23 : \$59,244.24	
TOTAL OPIOID SETTLE	EMENT FUND EXE	PNDIT	URES IN FY 23: \$0.00	
OPIOID SETTLEMENT	FUND BALANCE A	T END	OF FY 23 : \$59,244.24	
ITEMIZATION OF PAY	INIENTS RECEIVED	:		
Payment Date	Payment Amour	nt	Source of Payment	
02/07/2023	\$1,891.74		NOAT II General Trust Account	
				. 64 004 74
			TOTA	L: \$1,891.74
ITEMIZATION OF EXP	ENDITURES:			
*List of approved use:	s with section and	suhser	tions available here	
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	Approved Use	Descr	iption of Use	Amount
Section	Subsection			Expended
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			TOTA	L: \$0.00
			TOTA	L: \$0.00
settlement funds expe Exhibit A to the Idaho	rrant that all inforiended by the above Opioid Settlement	entity Intras	TOTA n provided in this form is true and correct; that y have been expended on approved uses as pro state Allocation Agreement linked to above and thority to sign and submit this form on behalf o	all opioid ovided in d included