

**OPIOID SETTLEMENT FUND  
2023 FISCAL YEAR FINANCIAL REPORT**

**NOTE: PLEASE FIRST REVIEW THE ANNUAL REPORT'S [INSTRUCTION SHEET](#), DOWNLOAD AND SAVE THE FORM, THEN COMPLETE THIS FORM USING EITHER ADOBE ACROBAT PRO OR READER**

NAME OF ENTITY: Camas County  
 NAME & TITLE OF PERSON FILLING OUT REPORT: Brianna Walter  
 EMAIL: clerk@camascounty.id.gov  
 PHONE NUMBER: 208-764-2242

**Should all future opioid-related correspondence go to you?** Yes  No

NAME & TITLE: Brianna Walter, County Clerk  
 EMAIL: clerk@camascounty.id.gov

**INFORMATION ABOUT PAYMENTS THE SUBDIVISION RECEIVED** *(All information required)*

Funds balance at end of <b>FY 2022</b> (July 1, 2021-June 30, 2022):	\$ 0.00
Settlement funds received in <b>FY 2023</b> (July 1, 2022-June 30, 2023):	\$ 3,346.52
Settlement funds expended in <b>FY 2023</b> :	\$ 700.00
Settlement funds balance at end of <b>FY 2023</b> (June 30, 2023):	\$ 2,646.52

**DETAILS ABOUT FUNDS RECEIVED DURING THE FISCAL YEAR** *(All information required)*

Payment Date	Payment Amount	Source of Payment
10/13/2022	\$ 665.05	Distributors' Settlement
10/26/2022	\$ 2,554.41	Distributors' Settlement
02/06/2023	\$ 127.06	Distributors' Settlement
	\$	
	\$	

**Total Amount Received:** \$ 3,346.52

**INFORMATION ABOUT FUNDS EXPENDED ON APPROVED USES** ([EXHIBIT A](#)) *(All information required)*

Approved Use Section	Approved Use Subsection	Payment Amount
K	1	\$ 700.00
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

**Total Amount Expended:** \$ 700.00

I uploaded copies of the subdivision's budget sections or resolution(s) that support the subdivision's disbursements. Yes  No

Add Attachments, *one at a time*:

If "No," explain why the required documents are not attached:

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I uploaded copies of other supporting records that the subdivision wants the Attorney General's Office and public to review. Yes  No

Add Attachments, *one at a time*:

### **PUBLIC RECORDS ACT NOTICE**

This report and all uploaded documents are public records and will be published on the Attorney General's website at [ag.idaho.gov](http://ag.idaho.gov). The Attorney General also will provide a copy of the report and all uploaded documents to the opioid settlement administrator and anyone who submits a public record request.

### **ACKNOWLEDGEMENTS**

By typing my name below, I warrant that: (a) all information provided in this report is true and correct, (b) all opioid settlement funds expended by the subdivision were expended on approved uses as provided in [Exhibit A](#), and (c) I have the necessary authority to sign and submit this report on behalf of the subdivision.

**SIGNATURE** - *type name here*: Brianna Walter

**DATE**: 08/02/2023

2023 104.465.05.008.00 OPIOID SETTLEMENT  
 Budgeted: 1,266.00 Spent: 700.00 55.29 % Left: 566.00  
 Tran Date Transaction Description Debit Credit  
 4-10-2023 ONE TIME COMMUNITY SERVICES PAYMENT 700.00  
 \* END \*

*Dr. Ryan Hulbert*

F2=Print F3=Next F4=Prior F7=Exit

Skip to Fiscal Yr

Date