

**OPIOID SETTLEMENT FUND ANNUAL FINANCIAL REPORT**

**NOTE: PLEASE COMPLETE THIS FORM USING EITHER ADOBE ACROBAT PRO OR READER**

**NAME OF ENTITY:** Garden City  
**NAME OF OFFICIAL FILLING OUT REPORT:** Lisa Leiby  
**PHONE NUMBER:** (208) 472-2907  
**EMAIL ADDRESS:** lleiby@gardencityidaho.org

**OPIOID SETTLEMENT FUNDS BALANCE AT BEGINING OF FY 23:** \$8,370.12

**OPIOID SETTLEMENT FUNDS RECEIVED IN FY 23:** \$44,264.38

**TOTAL OPIOID SETTLEMENT FUND EXEPNDITURES IN FY 23:** \$52,634.50

**OPIOID SETTLEMENT FUND BALANCE AT END OF FY 23:** \$0.00

**ITEMIZATION OF PAYMENTS RECEIVED:**

Payment Date	Payment Amount	Source of Payment
10/18/2022	\$33,787.11	National Opioid Settlement
01/31/2023	\$1,680.68	National Opioid Settlement
09/30/2022	\$8,796.59	National Opioid Settlement

**TOTAL:** \$44,264.38

**ITEMIZATION OF EXPENDITURES:**

*\*List of approved uses with section and subsections available [here](#)*

Approved Use Section	Approved Use Subsection	Description of Use	Amount Expended
A	7	Pass through to The Allumbaugh House	\$1,680.68
A	7	Pass through to The Allumbaugh House	\$33,787.11
A	7	Pass through to The Allumbaugh House	\$8,796.59
A	7	Pass through to The Allumbaugh House	\$8,370.12

**TOTAL:** \$52,634.50

*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:** Lisa Leiby Digitally signed by Lisa Leiby  
DN: cn=Lisa Leiby, o, ou, email=lleiby@gardencityidaho.org, c=US  
Date: 2023.07.18 12:16:30 -06'00' **DATE:** 07/18/2023