OPIOID SETTLEMENT FUND 2023 FISCAL YEAR FINANCIAL REPORT

NOTE: PLEASE FIRST REVIEW THE ANNUAL REPORT'S <u>INSTRUCTION SHEET</u>, DOWNLOAD AND SAVE THE FORM, THEN COMPLETE THIS FORM USING EITHER ADOBE ACROBAT PRO OR READER

NAME OF ENTITY: Let	nhi County			
NAME & TITLE OF PERSO	N FILLING OUT REPORT: Bre	enda Armstrong		
EMAIL: clerk@lemhi	countyidaho.org			
PHONE NUMBER: 208	3-742-1667			
Should all future opioi	d-related correspondence	go to you? Yes ⊚ I	No O	
NAME & TITLE:				
EMAIL:				
INFORMATION ABOUT	PAYMENTS THE SUBDIVISION	ON RECEIVED (All in	formation required)	
Funds balance at end of	of FY 2022 (July 1, 2021-Jun	e 30, 2022):	\$ 7,317.68	
Settlement funds recei	ved in FY 2023 (July 1, 2022	2-June 30, 2023):	\$ 38,698.66	
Settlement funds expe	nded in FY 2023:		\$	
Settlement funds balar	nce at end of FY 2023 (June	30, 2023):	\$46,016.34	
DETAILS ABOUT FUNDS	RECEIVED DURING THE FIS	<u> </u>	<u> </u>	
Payment Date	Payment Amount	Sou	rce of Payment	
10/19/2022	\$29,538.78	Janssen Sett	lement	
02/02/2023	\$1,469.36	Mallinckrodt		T
09/30/2022	\$ 7,690.52	Distributor Y	Year 2	
	\$			
	¢			

INFORMATION ABOUT FUNDS EXPENDED ON APPROVED USES (EXHIBIT A) (All information required)

Total Amount Received: \$ 38,698.66

Approved Use Section	Approved Use Subsection	Payment Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
•		\$

Total Amount Expended: \$0.00

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

Add Attachments, one at a time:

ADD ATTACHMENT

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

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

Add Attachments, one at a time:

ADD ATTACHMENT

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. 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.

DATE: __ 8/17/2 ?

SUBMIT