

OPIOID SETTLEMENT FUND ANNUAL FINANCIAL REPORT

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

NAME OF ENTITY: Madison County
NAME OF OFFICIAL FILLING OUT REPORT: Kim Muir
PHONE NUMBER: (208) 359-6244
EMAIL ADDRESS: kmuir@co.madison.id.us

OPIOID SETTLEMENT FUNDS BALANCE AT BEGINING OF FY 22: \$0.00

OPIOID SETTLEMENT FUNDS RECEIVED IN FY 23: \$120,192.02

TOTAL OPIOID SETTLEMENT FUND EXEPNDITURES IN FY 23: \$0.00

OPIOID SETTLEMENT FUND BALANCE AT END OF FY 23: \$120,192.02

ITEMIZATION OF PAYMENTS RECEIVED:

Payment Date	Payment Amount	Source of Payment
09/23/2022	\$19,113.36	Opioid Distributor Payment
10/27/2022	\$97,240.78	Opioid Distributor Payment
01/31/2023	\$3,837.88	Opioid Distributor Payment

TOTAL: \$120,192.02

ITEMIZATION OF EXPENDITURES:

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

Approved Use Section	Approved Use Subsection	Description of Use	Amount Expended

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: Kim Muir Digitally signed by Kim Muir **DATE:** 07/24/2023
Date: 2023.08.01 11:09:45 -06'00'