

**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: City of Post Falls  
 NAME & TITLE OF PERSON FILLING OUT REPORT: Jason Faulkner, Finance Director  
 EMAIL: jfaulkner@postfalls.org  
 PHONE NUMBER: (208) 457-3310

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

NAME & TITLE: Jason Faulkner, Finance Director  
 EMAIL: jfaulkner@postfalls.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         |
| Settlement funds received in <b>FY 2023</b> (July 1, 2022-June 30, 2023): | \$ 61,892.90 |
| Settlement funds expended in <b>FY 2023</b> :                             | \$61,892.90  |
| Settlement funds balance at end of <b>FY 2023</b> (June 30, 2023):        | \$ 0         |

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

| Payment Date | Payment Amount | Source of Payment   |
|--------------|----------------|---|
| 08/02/2022   | \$ 10,167.07   | Distributors' Settlement <input type="button" value="v"/> |
| 10/03/2022   | \$ 10,685.10   | Distributors' Settlement <input type="button" value="v"/> |
| 10/19/2022   | \$ 41,040.73   | Janssen Settlement <input type="button" value="v"/>       |
|              | \$             |   |
|              | \$             |   |

**Total Amount Received:** \$61,892.90

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

| Approved Use Section | Approved Use Subsection | Payment Amount |
|----------------------|-------------------------|----------------|
| G                    | 1 thorough 12           | \$61,892.90    |
|                      |                         | \$             |
|                      |                         | \$             |
|                      |                         | \$             |
|                      |                         | \$             |
|                      |                         | \$             |
|                      |                         | \$             |
|                      |                         | \$             |
|                      |                         | \$             |
|                      |                         | \$             |

**Total Amount Expended:** \$61,892.90

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*: **ADD ATTACHMENT**

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

The City of Post Falls forwarded the Opioid funds to Pandhandle Health District.

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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*: **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](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*: Jason Faulkner, Finance Director

**DATE**: 08/04/2023

**SUBMIT**



# Panhandle Health District

Healthy People in Healthy Communities

**Public Health**  
Prevent. Promote. Protect.  
Panhandle Health District

8500 N. Atlas Rd. Hayden, ID 83835

P: 208.415.5112 F: 208.415.5111

Date: January 12, 2023

Invoice #: 0123PFOF 01

PCA/Sub-Object: 15705/2225.00

Period Billed: Jan-23

TC: 124

Contact Person: Jennifer Gibbon

[jgibbon@phd1.idaho.gov](mailto:jgibbon@phd1.idaho.gov)

Email Invoice to: [jfaulkner@postfalls.gov](mailto:jfaulkner@postfalls.gov)

To: City of Post Falls  
408 N Spokane Street  
Post Falls, ID 83854

| Dates    | Description  | Amount Due   |
|----------|--|--------------|
| Jan 2023 | Reallocation of City of Post Falls Opioid Settlement Funds | \$ 61,892.00 |

Authorized Signature

Date:

1/13/23

Make all checks payable to Panhandle Health District  
Thank you!