

**OPIOID SETTLEMENT FUND
2024 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: _____

NAME & TITLE OF PERSON FILLING OUT REPORT: _____

EMAIL: _____

PHONE NUMBER: _____

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

NAME & TITLE: _____

EMAIL: _____

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

Funds balance at end of FY 2023 (July 1, 2022-June 30, 2023):	\$
Settlement funds received in FY 2024 (July 1, 2023-June 30, 2024):	\$
Settlement funds expended in FY 2024 (July 1, 2023-June 30 2024):	\$
Settlement funds balance at end of FY 2024 (June 30, 2024):	\$

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

Payment Date	Payment Amount	Source of Payment
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

Total Amount Received: \$ _____

INFORMATION ABOUT FUNDS EXPENDED ON APPROVED USES ([EXHIBIT A](#)) *(All information required) (Please attach additional pages if needed)*

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

Total Amount Expended: \$ _____

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:

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. 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*: _____

DATE: _____

SUBMIT

08/27/2024

12:13:00

FN200

STEPHENIE STEWART- CLERK

CLARK COUNTY

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C O M B I N E D T R A N S A C T I O N D E T A I L

FISCAL YEAR 2024 FROM 10/01/2023 TO 09/30/2024 FUND 0011 ACCOUNT 0559

FUND 0011 HEALTH DISTRICT

-00 HEALTH DISTRICT

Date	Description	Vendor	Invoice / Ref	Type	Number	Debits	Credits
0011-00-0559-0000		OTHER MISCELLANEOUS EXPENSES					
04/02/24	2100 INOA CONFERENCE	IDAHO CENTRAL CREDIT UNION		CLAIM	2024-0000757	350.00	
05/17/24	DESERT SNOW TRAINING, RICK DON	RELENTLESS LLC DBA DESERT SNOW	14053	CLAIM	2024-0001033	1,537.80	
Account Totals:						1,887.80	
						Beginning Balance:	0.00
						Ending Balance:	1,887.80
Dept Totals:						1,887.80	
						Beginning Balance:	0.00
						Ending Balance:	1,887.80
Fund Totals:						1,887.80	
						Beginning Balance:	0.00
						Ending Balance:	1,887.80
Grand Totals:						1,887.80	
						Beginning Balance:	0.00
						Ending Balance:	1,887.80

*****END OF REPORT*****

Rick Donohoo

From: Idaho Narcotics Officers Association <messenger@messaging.squareup.com>
Sent: Wednesday, February 21, 2024 5:19 PM
To: Rick Donohoo
Subject: Receipt from Idaho Narcotics Officers Association

Now when you shop at sellers who use Square, your
receipts will be delivered automatically.

[Not your receipt?](#)



Idaho Narcotics Officers Association



Let Idaho Narcotics Officers
Association know how your experience
was

\$350.00

Conference Registration	\$350.00
Total	\$350.00

Idaho Narcotics Officers Association

Visa 1013 (Keyed)

Visa

Feb 21

2024

at 5:12

PM

#lorE

Auth

code:

675094

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sales for free.

Get Started with Square



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1955 Broadway, Suite 600

Oakland, CA 94612

Rick INOA
Pan on Marks Card



Relentless LLC DBA Desert Snow
PO Box 1466
Libby, MT 59923
406-291-5220
billing@desertsnow.com

11-0-559-0

Invoice

Bill To: Clark County Sheriff's Office 224 West Main Dubois, ID 83423

INVOICE #	DATE	TOTAL DUE	DUE DATE	ENCLOSURE
14053	12/06/2023	\$1,537.80	04/04/2024	

ACTIVITY	DESCRIPTION	QTY	PRICE	AMOUNT
2024 Training	3 Day Criminal Interdiction Workshop (Hands-on) - Boise, Idaho April 2, 2024 to April 4, 2024 Brandyn Knight Rick Donohoo	2	699.00	1,398.00
Late Payment Fee	Invoices not paid within 30 days of course completion will be subject to a 10 percent late fee.	1	139.80	139.80

Payment Methods

Credit Card: Call 406-293-9800 | *Nonrefundable 3% Processing Fee
Check: Mail to PO Box 1466, Libby, MT 59923

BALANCE DUE

\$1,537.80

Cancellation Policy

All cancellations must be made in writing (email preferred) and are subject to the refunds listed hereafter:

100% refund with more than 30 days' notice;

75% refund with 29 to 15 days' notice;

50% refund with 14 to 2 days' notice;

no refunds with less than 2 days' notice.

Number of days is calculated by using the first date of the conference/course.

Late Fee

Invoices not paid within 30 days of course completion will be subject to a 10% late fee.

If you have any questions regarding this invoice please contact:
billing@desertsnow.com | 406-291-5220