

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

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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*: \_\_\_\_\_

**DATE:** \_\_\_\_\_

**SUBMIT**

DATE	VENDOR	AMOUNT	AC
4/22/2024	WALMART SETTLEMENT FUND	\$18,325.82	2024-1478
3/5/2024	ALLERGAN SETTLEMENT FUND	\$3,356.10	2024-1118
3/5/2024	CVS SETTLEMENT FUND	\$3,880.82	2024-1117
3/5/2024	WALGREENS SETTLEMENT FUN	\$7,500.75	2024-1113
3/5/2024	TEVA SETTLEMENT FUND	\$3,033.09	2024-1114
3/5/2024	WALMART SETTLEMENT FUND	\$11,231.95	2024-1115
3/27/2024	WILMINGTON TRUST	\$5,402.23	2024-1282
11/22/2023	WILMINGTON TRUST	\$2,204.18	2024-381

**\$54,934.94**

<b>TOTAL FOR</b>	<b>FY 2022-2024</b>	<b>\$123,415.65</b>
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