

**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: Lincoln County  
NAME & TITLE OF PERSON FILLING OUT REPORT: Cindi Sievers, Clerk  
EMAIL: csievers@lincolncountyid.gov  
PHONE NUMBER: 208-886-7641

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

NAME & TITLE: Cindi Sieverd  
EMAIL: csievers@lincolncountyid.gov

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

Funds balance at end of <b>FY 2023</b> (July 1, 2022-June 30, 2023):	\$18,197.79
Settlement funds received in <b>FY 2024</b> (July 1, 2023-June 30, 2024):	\$17,037.94
Settlement funds expended in <b>FY 2024</b> (July 1, 2023-June 30 2024):	\$0.00
Settlement funds balance at end of <b>FY 2024</b> (June 30, 2024):	\$35,235.73

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

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

**Total Amount Received:** \$ 0.00

**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:** \$ 0.00

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:

**No funds were spent.**

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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*: Cindi Sievers

DATE: 10/01/2024

**SUBMIT**