

From: [Colleen Rosson](#)
To: [Opioid Settlement Mailbox](#)
Subject: Opioid Fund Annual Financial Report
Date: Tuesday, July 14, 2026 2:15:03 PM

The following Opioid Settlement Fund Report was submitted:

Fiscal Year Ending
June 30, 2026
Name of Subdivision
Shoshone County
Respondent's Name
Ms. Colleen Rosson
Title
Grants Administrator
Address
700 Bank St., Ste 120 Wallace, Idaho 83873 United States Map It
Phone Number
(208) 752-1264
Email
crosson@co.shoshone.id.us
What was the subdivision's opioid settlement fund balance at the end of the prior fiscal year?
\$0.00
How much in total opioid settlement funds did the subdivision receive during the fiscal year?
\$14,233.50
What was the subdivision's opioid settlement fund balance at the end of the fiscal year?
\$14,233.50
-
How many disbursements of opioid settlement funds did the subdivision make during the current fiscal year?
0
-
Signature
Colleen Rosson

Date

07/14/2026