**From:** Tara Horton
**To:** Opioid Settlement Mailbox
**Subject:** Opioid Fund Annual Financial Report
**Date:** Wednesday, September 30, 2026 1:56:35 PM

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The following Opioid Settlement Fund Report was submitted:

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|---|
| **Fiscal Year Ending** |
| June 30, 2026 |
| **Name of Subdivision** |
| Adams County |
| **Respondent's Name** |
| Ms. Tara Horton |
| **Title** |
| Clerk |
| **Address** |
| PO Box 48<br>COUNCIL, Idaho 83612<br>United States<br>Map It |
| **Phone Number** |
| (208) 253-4561 |
| **Email** |
| thorton@co.adams.id.us |
| **What was the subdivision's opioid settlement fund balance at the end of the prior fiscal year?** |
| $33,877.63 |
| **How much in total opioid settlement funds did the subdivision receive during the fiscal year?** |
| $7,380.96 |
| **What was the subdivision's opioid settlement fund balance at the end of the fiscal year?** |
| $29,442.83 |
| - |
| **How many disbursements of opioid settlement funds did the subdivision make during the current fiscal year?** |
| 3 |
| - |
| **Disbursement (1)** |
| $1,400.00 |
| |

| |
|---|
| **Disbursement (1) - Exhibit A Section** |
| K |
| **Disbursement (1) - Exhibit A Paragraph** |
| 2 |
| - |
| **Disbursement (2)** |
| $415.76 |
| **Disbursement (2) - Exhibit A Section** |
| K |
| **Disbursement (2) - Exhibit A Paragraph** |
| 1 |
| - |
| **Disbursement (3)** |
| $10,000.00 |
| **Disbursement (3) - Exhibit A Section** |
| B |
| **Disbursement (3) - Exhibit A Paragraph** |
| 6 |
| - |
| **SIgnature** |
| Tara Horton |
| **Date** |
| 09/30/2026 |