**From:** Amie Rose
**To:** Opioid Settlement Mailbox
**Subject:** Opioid Fund Annual Financial Report
**Date:** Thursday, October 29, 2026 2:50:25 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** |
| City of Meridian, Idaho |
| **Respondent's Name** |
| Mrs. Amie Rose |
| **Title** |
| Sr Accountant |
| **Address** |
| 33 E Broadway Ave<br>Meridian, Idaho 83642<br>United States<br>Map It |
| **Phone Number** |
| (208) 489-0415 |
| **Email** |
| amierose@meridiancity.org |
| **What was the subdivision's opioid settlement fund balance at the end of the prior fiscal year?** |
| $368,976.93 |
| **How much in total opioid settlement funds did the subdivision receive during the fiscal year?** |
| $122,668.06 |
| **What was the subdivision's opioid settlement fund balance at the end of the fiscal year?** |
| $386,297.51 |
| - |
| **How many disbursements of opioid settlement funds did the subdivision make during the current fiscal year?** |
| 4 |
| - |
| **Disbursement (1)** |
| $24,465.19 |
| |

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|---|
| **Disbursement (1) - Exhibit A Section** |
| G |
| **Disbursement (1) - Exhibit A Paragraph** |
| 5 |
| - |
| **Disbursement (2)** |
| $25,678.53 |
| **Disbursement (2) - Exhibit A Section** |
| G |
| **Disbursement (2) - Exhibit A Paragraph** |
| 5 |
| - |
| **Disbursement (3)** |
| $25,792.82 |
| **Disbursement (3) - Exhibit A Section** |
| G |
| **Disbursement (3) - Exhibit A Paragraph** |
| 5 |
| - |
| **Disbursement (4)** |
| $29,410.94 |
| **Disbursement (4) - Exhibit A Section** |
| G |
| **Disbursement (4) - Exhibit A Paragraph** |
| 5 |
| - |
| **SIgnature** |
| Amie Rose |
| **Date** |
| 10/29/2026 |