OPIOID SETTLEMENT FUND ANNUAL FINANCIAL REPORT

NOTE: PLEASE COMPL	LETE THIS FORM USING	EITHER ADOBE ACROBAT PRO OR READER
NAME OF ENTITY: Be	newah County	
NAME OF OFFICIAL FI	LLING OUT REPORT: Dea	anna Bramblett
PHONE NUMBER: (20	8) 245-3212	
EMAIL ADDRESS: dbr	amblett@benewahcoun	ty.org
ODIOID CETTI ENACNIT	FUNDS DALANCE AT DE	CINUNG OF EV 22 - \$0.00
OPIOID SETTLEMENT	FUNDS BALANCE AT BEC	GINING OF FY 22: \$0.00
OPIOID SETTLEMENT	FUNDS RECEIVED IN FY_	<u>22</u> : <u>\$9,785.51</u>
TOTAL ODIOID SETTLE	MENT FUND EXEPNDIT	LIDES IN EV 22 . \$0.00
TOTAL OPIOID SETTLE	INICINI FUND EXCPNDITI	URES IN FY 22; 70.00
OPIOID SETTLEMENT	FUND BALANCE AT END	OF FY 22: \$9,785.51
ITEMIZATION OF PAY	MENTS RECEIVED:	
Payment Date	Payment Amount	Source of Dayment

Payment Date	Payment Amount	Source of Payment
06/16/2022	\$9,785.51	National Opioid Settlement Fund

TOTAL: \$9,785.51

ITEMIZATION OF EXPENDITURES:

*List of approved uses with section and subsections available <u>here</u>

Approved Use	Approved Use	Description of Use	Amount
Section	Subsection		Expended
			\$0.00

TOTAL: \$0.00

By signing below I warrant that all information provided in this form is true and correct; that all opioid settlement funds expended by the above entity have been expended on approved uses as provided in Exhibit A to the Idaho Opioid Settlement Intrastate Allocation Agreement linked to above and included on this form; and that I have the necessary authority to sign and submit this form on behalf of the above entity.

SIGNATURE: Deanna Bramblett Digitally signed by Deanna Bramblett Date: 2022.09.13 13:29:15 -07'00'	DATE: 09/13/2022
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