

**OPIOID SETTLEMENT FUND ANNUAL FINANCIAL REPORT**

**NOTE: PLEASE COMPLETE THIS FORM USING EITHER ADOBE ACROBAT PRO OR READER**

**NAME OF ENTITY:** Boise City  
**NAME OF OFFICIAL FILLING OUT REPORT:** Sabrina Meredith  
**PHONE NUMBER:** \_\_\_\_\_  
**EMAIL ADDRESS:** smeredith@cityofboise.org

**OPIOID SETTLEMENT FUNDS BALANCE AT BEGINING OF FY 22:** \$0.00

**OPIOID SETTLEMENT FUNDS RECEIVED IN FY 22:** \$191,287.02

**TOTAL OPIOID SETTLEMENT FUND EXEPNDITURES IN FY 22:** \$0.00

**OPIOID SETTLEMENT FUND BALANCE AT END OF FY 22:** \$191,287.02

**ITEMIZATION OF PAYMENTS RECEIVED:**

Payment Date	Payment Amount	Source of Payment
06/16/2022	\$191,287.02	Distributors/Janssen - Wilmington Trust

**TOTAL:** \$191,287.02

**ITEMIZATION OF EXPENDITURES:**

*\*List of approved uses with section and subsections available [here](#)*

Approved Use Section	Approved Use Subsection	Description of Use	Amount Expended

**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:**  **DATE:** 9/20/2022