

**OPIOID SETTLEMENT FUND ANNUAL FINANCIAL REPORT**

NAME OF ENTITY: Lewiston City  
 NAME OF OFFICIAL FILLING OUT REPORT: Melinda Rose  
 PHONE NUMBER: (208) 746-3671  
 EMAIL ADDRESS: mrose@cityoflewiston.org

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

OPIOID SETTLEMENT FUNDS RECEIVED IN FY 22 : \$30,250.18

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

OPIOID SETTLEMENT FUND BALANCE AT END OF FY 22 : \$30,250.18

**ITEMIZATION OF PAYMENTS RECEIVED:**

Payment Date	Payment Amount	Source of Payment
06/30/2022	\$30,250.18	Attorney General ACH

**TOTAL:** \$30,250.18

**ITEMIZATION OF EXPENDITURES:**

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

Approved Use Section	Approved Use Subsection	Description of Use	Amount Expended
	<input type="checkbox"/>	NA	
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
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	<input type="checkbox"/>		

**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.*

**Melinda  
Rose**

Digitally signed by  
Melinda Rose  
Date: 2022.07.15  
08:38:28 -07'00'

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_