

**OPIOID SETTLEMENT FUND ANNUAL FINANCIAL REPORT**

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

**NAME OF ENTITY:** Twin Falls County

**NAME OF OFFICIAL FILLING OUT REPORT:** Kristina Glascock

**PHONE NUMBER:** (208) 736-4004

**EMAIL ADDRESS:** kglasco@tfco.org

**OPIOID SETTLEMENT FUNDS BALANCE AT BEGINING OF FY 22 :** \$49,632.43

**OPIOID SETTLEMENT FUNDS RECEIVED IN FY 22 :** \$49,632.43

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

**OPIOID SETTLEMENT FUND BALANCE AT END OF FY 22 :** \$49,632.43

**ITEMIZATION OF PAYMENTS RECEIVED:**

Payment Date	Payment Amount	Source of Payment
06/17/2022	\$49,632.43	Settlement Payment

**TOTAL:** \$49,632.43

**ITEMIZATION OF EXPENDITURES:**

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

Approved Use Section	Approved Use Subsection	Description of Use	Amount Expended
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**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:** 8.29.2022