

RECEIVED
MAY 17 2023

25-2243

**COUNTY OF TEHAMA
STATE OF CALIFORNIA**

| | |
|--------------------------|--------------------------|
| AUDITORS USE ONLY | |
| COUNTY CLAIM No | |
| VENDOR No | KP & VERIFIED |
| 132443 | |

CLAIMANT'S NAME Benjamin E. Magid
ADDRESS PO Box 2965
Weaverville, CA 96093
(Do not address if transaction is between County departments)

PURCHASE ORDER / AGREEMENT No.:

(Do not address if transaction is between County departments)

DEPARTMENT:

FUND / DEPT **PROJECT No** **ACCT. No** **WARR.**

| DESCRIPTION (25 positions) | AMOUNT |
|----------------------------|------------|
| GR002112 | \$5,000.00 |

100-2028

Conflict Counsel

**Original: Auditor
Copy 1: Claims File
Copy 2:
Copy 3:**

Purchase Order Required:

- o Supplies over allowed maximum
- o Supplies + labor or installation charges
- o One-time services (insurance must be on file)
- o Write P.O. Number above & attach to claim

Assignment Requirements

Agreement Required:

Under penalty of perjury, I certify that the above claim, and the items and statements as herein set forth, are true and correct, that no part has been paid, that the amount therein is justly due, and that the same is presented within one year after the last item thereof has accrued.

| | |
|--|---------------------------------------|
| AUDITORS USE ONLY | |
| I hereby certify that the above claim was examined and approved by this office | |
| | Krista Peterson Auditor-Controller |
| By | AZ 12/31/25 |
| | Deputy County Auditor |
| BOARD OF SUPERVISORS | |
| Approved | |
| Date | |
| Chairman | |

CLAIMANT *[Signature]*

I hereby certify under penalty of perjury, that I have not violated any of the provisions of Article Four, Chapter One, Division Four, Title One of the Calif. Gov. Code. Furthermore, that the articles of services specified in the above claim were necessary and were ordered by me for use by the department and for the purpose indicated above or which may have been delivered or furnished as stated herein except as otherwise required by law.

[Signature]

SIGNED *[Signature]*

Department Head or Authorized Signature _____ Date _____

12/9/2025