

COUNTY OF TEHAMA

STATE OF CALIFORNIA

CLAIM/AUTHORIZATION FOR RELEASE OF FUNDS

Stone Law Office

CLAIMANT'S NAME: Lindsay T. Stone
ADDRESS: 1558 West Street, Suite 2
Redding, CA 96001

26-0296

REGULAR
FEB 18 2026
AUDITORS-USE ONLY
COUNTY CLAIM NO
By

VENDOR NO: 136435
KP & VERIFIED:

(Do not address if transaction is between county departments)

DEPARTMENT: Defense Counsel
DEPARTMENT USE
PURCHASE ORDER/AGREEMENT NO:

Table with columns: FUND/DEPT, ACCT. NO, PROJECT NO, ACCT. NO, WARRANT DESCRIPTIONS (25 positions), AMOUNT.
Row 1: 2065, 52320, People vs [redacted], \$ 2,040
Row 2: 2026, 53221, Case Number 24CR2713 and 24CR1475

DATE DESCRIPTION - CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED. TOTAL \$ 2,040

Conflict Counsel

- Purchase Order Required:
- Supplies over allowed maximum
- Supplies + labor or installation charges
- One-time Services (Ins. must be on file)
- Write P.O. Number above & attach to claim
Agreement Required:
- All services except one-time
- Insurance must be on file
- Write Agreement number above

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, and that the amount therein is justly due, and that the same is presented within one year after the last item thereof has accrued.

AUDITOR USE ONLY
I hereby certify that the above claim was examined and approved by this office
By AZ 3/2/2026 LEROY ANDERSON Auditor/Controller
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 that the articles or services have been delivered or performed as stated hereon except as otherwise indicated by me

SIGNED [Signature] 2/25/2026
Department Head or Authorized Signature/Date