

COUNTY OF TEHAMA
STATE OF CALIFORNIA
CLAIM / AUTHORIZATION FOR RELEASE OF FUNDS

AUDITORS USE ONLY	
COUNTY CLAIM No:	
VENDOR No: 112687	KP & VERIFIED:

VENDOR: Ruth Ballard, PHD Inc
ADDRESS: 142 SE Back Bay Drive
Newport, OR 97365

PURCHASE ORDER / AGREEMENT No.:

DEPARTMENT:

FUND / DEPT	ACCT #	PROJECT No.	ACCT. No.	WARRANT DESCRIPTION (25 positions)	
2026	53221			23 CR 689	2,850.00
				Ex Parte Request for Fees	
				Appointment of Expert	

DATE	DESCRIPTION - CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED	TOTAL
10/18/2024	Zoom Intake Meeting	75.00
1/6/2025	Review of CAL DOG BFS Redding Laboratory Reports Associated notes, DNA files and STRmix Reports	1,350.00
1/8/2025	Create DNA Spreadsheet, including yield calculations and cell counts for discussion with attorney	225.00
1/9/2025	Read Affidavit in Support of a Search Warrant pertaining to Police Investigation and statement of probable cause	225.00
1/9/2025	Draft written opinion for discussion with attorney. Finalize DNA spreadsheet	750.00
1/10/2025	Zoom meeting with attorney to discuss draft report	225.00
	People v. 23CR689	
		\$2,850.00

Fran Has w-9

Original: Auditor	Purchase Order Required:	Agreement Required:
Copy 1: Claims File	o Supplies over allowed maximum	o All services except one-time
Copy 2:	o Supplies + labor or installation charges	o Certificate of insurance must be on file
Copy 3:	o One-time services (insurance must be on file)	o Write Agreement Number above.
	o Write P.O. Number above & attach to claim.	

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.	
	LEROY M ANDERSON Auditor-Controller
By: <i>AZ 2/21/25</i>	
BOARD OF SUPERVISORS	
Approved:	
Date:	
Chairman:	

CLAIMANT: *Alessio Larrabee 2-6-25*
Alessio Larrabee, Contract Public Defender, for Claimant

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 purposes indicated above or services have been delivered or performed as stated hereon except as otherwise indicated by me.

SIGNED: *[Signature]* 2/11/2025
Department Head or Authorized Signature / Date