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

26-0200

RECEIVED
FEB 06 2026

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

AUDITORS USE ONLY	
COUNTY CLAIM NO:	By
VENDOR NO: 136435	KP & VERIFIED:

(Do not address if transaction is between county departments)

DEPARTMENT USE

DEPARTMENT: **Defense Counsel**

PURCHASE ORDER/AGREEMENT NO:

FUND/DEPT	ACCT. NO	PROJECT NO.	ACCT. NO.	WARRANT DESRIPTIONS (25 positions)	AMOUNT
~~2065~~	~~52320~~			People vs	$ 3,440
2026	53221			Case Number 24JU-000098	

DATE

DESCRIPTION – CLAIMS MUST BE ITEMIZED AND INVOICES ATTACHED.

TOTAL ▶ $ 3,440

Appointment of 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.

LEROY ANDERSON
Auditor/Controller

By AZ 2/12/26
Deputy County Auditor

BOARD OF SUPERVISORS

Approved: Date _____

Chairman

FORM A-121

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 purpose indicated above that the articles or services have been delivered or performed as stated hereon except as otherwise indicated by me.

SIGNED Matt McGlynn 2/9/2026

Department Head or Authorized Signature/Date