## COUNTY OF TEHAMA STATE OF CALIFORNIA

CLAIM/AUTHORIZATION FOR RELEASE OF FUNDS

CLAIMANT'S NAME: Lindsay T. Stone

ADDRESS:

1558 West Street, Suite 2

Redding, CA 96001

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AUDITOR	S USE ONLY
COUNTY CLAIM	NO:
VENDOR NO:	KP & VERIFIED:
136435	

(Do not address	ress if transaction is between county departments)			DEPARTMENT USE			
DEPARTMENT:	Defense Counsel			PURCHASE ORDER/AGREEMENT NO:			
FUND/DEPT	ACCT. NO	PROJECT NO.	ACCT. NO.			IPTIONS (25 positions)	AMOUNT
2065_	52320-			People			\$ 2,720
2026	5322    Case Number 18CR2207		2207				
·····							
				<del> </del>			<del> </del>
DATE	DESCRIPTIO	ON - CLAIMS MUS	T BE ITEMIZED	AND INVOIC	ES ATTACHE	TOTAL >	\$ 2,720
	Арр	ointment of (	Conflict Cou	ınsel : Li	ndsay Sto	ne	
e e	<ul><li>Supplies</li><li>Supplies</li></ul>	over allowed maxing + labor or installat	mum ion charges		<ul><li>All serve</li><li>Insurar</li></ul>	ent Required: rices except one-time nce must be on file	
		e Services (Ins. mus D. Number above &			● VVIIIV ●	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
By AZ 10/2/25 Auditor/Controller
Deputy County Auditor
BOARD OF SUPERVISORS
Approved: Date
Chairman
FORM A-121

Lindsay Stone 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

/\_9/25/2025

Department Head or Authorized Signature/Date