

**COUNTY OF TEHAMA  
STATE OF CALIFORNIA  
ORIZATION FOR RELEASE OF FUNDS**

CLAIMANT'S NAME: KENT R. CARUSO, PH.D.  
ADDRESS: P.O. BOX 994445  
REDDING, CA. 96099

25-2243	RECEIVED DEC 11 2025
AUDITORS USE ONLY	
COUNTY CLAIM NO:	By
VENDOR NO: 102157	KP & VERIFIED

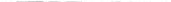
**(Do not address if transaction is between county departments)**

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	
<p>I hereby certify that the above claim was examined and approved by this office</p> <p style="text-align: right;"><b>LEROY ANDERSON</b> Auditor/Controller</p> <p>By <u>AZ 12/31/25</u></p> <p style="text-align: center;"><b>Deputy County Auditor</b> <b>BOARD OF SUPERVISORS</b></p>	
<p>Approved. Date _____</p> <p>Chairman _____</p>	

CLINICAL-FORENSIC PSYCHOLOGIST  
CLAIMANT *Robert R. Gaines, Ph.D.*

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. Govt. 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 herein except as otherwise indicated by me

**SIGNED**  12/16/2025

**Department Head or Authorized Signature/Date**