COLUMBIA COUNTY
REVENUES AND EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 12 MONTHS ENDING JUNE 30, 2026

JAIL FUND

		YTDENC	YTD ACTUAL	TOTAL	BUDGET	BALANCE	PCNT
	JAIL ADMIN/OPS						
	REVENUE						
220-408.00-316.29-100-00	FEES-CITY JAIL ASSESS & FINE	.00	5,013.62	5,013.62	3,500.00	(1,513.62)	143.25
220-408.00-318.60-000-00	FEES-BOARDING FEDERAL INM	.00	3,488,329.21	3,488,329.21	5,794,375.00	2,306,045.79	60.20
220-408.00-320.00-000-00	MISC REIMBURSEMENT	.00	1,100.00	1,100.00	.00	(1,100.00)	.00
220-408.00-323.50-000-00	SHORT/OVER POS	.00	(43.00)	(43.00)	.00	43.00	.00
220-408.00-324.40-000-00	FOREST, LAND SALES & ROYAL	.00	58,109.24	58,109.24	.00	(58,109.24)	.00
220-408.00-330.00-000-00	INTEREST ALLOCATIONS	.00	53,369.26	53,369.26	30,000.00	(23,369.26)	177.90
220-408.00-375.00-100-00	TRANS IN-FUND 100 NONDEPT	.00	750,000.00	750,000.00	1,000,000.00	250,000.00	75.00
220-408.00-375.00-100-14	TRANS IN-F100 JUSTICE COUR	.00	11,895.85	11,895.85	20,000.00	8,104.15	59.48
220-408.00-375.00-203-00	TRANS IN-F203 COMM CORRE	.00	180,000.00	180,000.00	240,000.00	60,000.00	75.00
220-408.00-375.00-218-00	TRANS IN-FUND 218 SIP & CSV	.00	55,724.29	55,724.29	55,000.00	(724.29)	101.32
220-408.00-399.04-000-00	BEG BALANCE-RESTRICTED	.00	2,192,056.70	2,192,056.70	675,785.00	(1,516,271.70)	324.37
	TOTAL JAIL ADMIN/OPS REVEN	.00	6,795,555.17	6,795,555.17	7,818,660.00	1,023,104.83	86.91
	EXPENDITURES						
220-408.00-490.00-110-00	SAL-ELECTED	.00	72,553.36	72,553.36	76,903.00	4,349.64	94.34
220-408.00-490.00-130-00	SAL-REGULAR	.00	595,006.45	595,006.45	758,437.00	163,430.55	78.45
220-408.00-490.00-140-00	SAL-PARTTIME	.00	68,078.89	68,078.89	13,620.00	(54,458.89)	499.85
220-408.00-490.00-150-00	SAL-OVERTIME	.00	45,368.36	45,368.36	215,000.00	169,631.64	21.10
220-408.00-490.00-210-00	BEN-INSUR BENEFITS	.00	169,953.18	169,953.18	197,542.00	27,588.82	86.03
220-408.00-490.00-220-00	BEN-FICA TAX	.00	66,869.56	66,869.56	81,393.00	14,523.44	82.16
220-408.00-490.00-230-00	BEN-PERS ER	.00	221,848.03	221,848.03	226,527.00	4,678.97	97.93
220-408.00-490.00-231-00	BEN-PERS EE 6%	.00	48,935.14	48,935.14	63,838.00	14,902.86	76.66
220-408.00-490.00-233-00	BEN-PERS 822	.00	(8,154.87)	(8,154.87)	(10,340.00)	(2,185.13)	78.87-
220-408.00-490.00-260-00	BEN-W/ COMP	.00	19,276.21	19,276.21	20,183.00	906.79	95.51
220-408.00-490.00-261-00	BEN-WBF	.00	154.61	154.61	165.00	10.39	93.70
220-408.00-490.00-262-00	BEN-PLO	.00	3,491.53	3,491.53	3,815.00	323.47	91.52
220-408.00-490.00-270-00	BEN-UNEMPLOY INSURANCE	.00	1,084.59	1,084.59	2,127.00	1,042.41	50.99
	TOTAL PERSONAL SERVICES	.00	1,304,465.04	1,304,465.04	1,649,210.00	344,744.96	79.10
220-408.00-490.00-301-00	PROF FEES-LEGAL	.00	106,133.46	106,133.46	7,000.00	(99,133.46)	1516.1
220-408.00-490.00-305-15	PROF FEES-MEDICAL	.00	6,341.00	6,341.00	2,500.00	(3,841.00)	253.64
220-408.00-490.00-305-17	PROF FEES-INVESTIGATIONS	.00	227.76	227.76	.00	(227.76)	.00
220-408.00-490.00-305-28	PROF FEES-CONTRACTED SER	.00	8,215.63	8,215.63	10,000.00	1,784.37	82.16
220-408.00-490.00-305-33	PROF FEES-EMPLOYEE PHYSI	.00	500.00	500.00	.00	(500.00)	.00
220-408.00-490.00-305-35	PROF FEES-BACKGROUND CH	.00	1,080.56	1,080.56	1,000.00	(80.56)	108.06
220-408.00-490.00-310-00	PROP/LIAB INSURANCE	.00	300,235.00	300,235.00	300,235.00	.00	100.00
220-408.00-490.00-315-00	MEMBERSHIP DUES	.00	1,746.80	1,746.80	4,000.00	2,253.20	43.67
220-408.00-490.00-320-00	CONFERENCES & TRAINING	.00	14,791.38	14,791.38	20,000.00	5,208.62	73.96
220-408.00-490.00-321-00	TRAVEL-MILEAGE	.00	.00	.00	100.00	100.00	.00
220-408.00-490.00-410-62	COPIER LEASE	2,356.80	8,102.11	10,458.91	7,000.00	(3,458.91)	149.41
220-408.00-490.00-411-00	UTIL-TELEPHONE & INTERNET	.00	6,248.43	6,248.43	7,500.00	1,251.57	83.31
220-408.00-490.00-412-00	UTIL-CELL PHONE	.00	3,458.26	3,458.26	3,500.00	41.74	98.81
220-408.00-490.00-413-00	UTIL-ELECTRICITY	.00	82,614.24	82,614.24	85,000.00	2,385.76	97.19
220-408.00-490.00-414-00	UTIL-NATURAL GAS	.00	32,665.12	32,665.12	37,500.00	4,834.88	87.11
220-408.00-490.00-415-00	UTIL-WATER/SEWER	.00	118,825.38	118,825.38	97,000.00	(21,825.38)	122.50

COLUMBIA COUNTY
REVENUES AND EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 12 MONTHS ENDING JUNE 30, 2026

JAIL FUND

		YTDENC	YTD ACTUAL	TOTAL	BUDGET	BALANCE	PCNT
220-408.00-490.00-416-00	UTIL-GARBAGE	.00	18,988.40	18,988.40	18,000.00	(988.40)	105.49
220-408.00-490.00-450-00	REPAIRS & MAINT-COPIER	.00	2,937.60	2,937.60	2,500.00	(437.60)	117.50
220-408.00-490.00-451-50	MAINT-SOFTWARE	(8.95)	103,960.23	103,951.28	135,000.00	31,048.72	77.00
220-408.00-490.00-452-00	REPAIRS & MAINT-EQUIPMENT	.00	120.00	120.00	4,000.00	3,880.00	3.00
220-408.00-490.00-455-00	REPAIRS & MAINT-BLDG	5,275.50	122,063.79	127,339.29	100,000.00	(27,339.29)	127.34
220-408.00-490.00-500-00	OFFICE SUPPLIES	.00	4,458.35	4,458.35	10,000.00	5,541.65	44.58
220-408.00-490.00-500-10	TEAM MEETINGS	.00	393.38	393.38	1,000.00	606.62	39.34
220-408.00-490.00-501-00	POSTAGE	.00	1,823.53	1,823.53	1,000.00	(823.53)	182.35
220-408.00-490.00-505-00	PROFESSIONAL SUPPLIES	.00	83,253.00	83,253.00	50,000.00	(33,253.00)	166.51
220-408.00-490.00-505-21	TRAINING SUPPLIES-FIRING R	.00	5,011.18	5,011.18	7,000.00	1,988.82	71.59
220-408.00-490.00-505-50	UNIFORMS	.00	16,241.88	16,241.88	8,000.00	(8,241.88)	203.02
220-408.00-490.00-505-51	DRY CLEANING	.00	114.25	114.25	500.00	385.75	22.85
220-408.00-490.00-507-00	JANITORIAL SUPPLIES	.00	40,328.91	40,328.91	45,000.00	4,671.09	89.62
220-408.00-490.00-508-50	JAIL-LAUNDRY	.00	.00	.00	250.00	250.00	.00
220-408.00-490.00-508-51	JAIL-CLOTHING	.00	6,770.81	6,770.81	6,500.00	(270.81)	104.17
220-408.00-490.00-508-52	JAIL-BEDDING	.00	2,187.70	2,187.70	7,000.00	4,812.30	31.25
220-408.00-490.00-510-00	ADVERTISING-LEGAL	.00	259.46	259.46	1,000.00	740.54	25.95
220-408.00-490.00-512-00	COPYING & PRINTING	.00	686.79	686.79	.00	(686.79)	.00
220-408.00-490.00-515-00	NON-CAPITAL EQUIPMENT	.00	1,317.03	1,317.03	2,500.00	1,182.97	52.68
220-408.00-490.00-530-00	SUBSCRIPTIONS-PUBLICATION	.00	.00	.00	150.00	150.00	.00
220-408.00-490.00-550-00	VEHICLE-FUEL	.00	13,737.69	13,737.69	16,000.00	2,262.31	85.86
220-408.00-490.00-551-00	VEHICLE-REPAIRS & MAINT	.00	32,973.42	32,973.42	30,000.00	(2,973.42)	109.91
220-408.00-490.00-600-00	IGS-ADMIN ALLOCATION	.00	639,259.50	639,259.50	852,346.00	213,086.50	75.00
220-408.00-490.00-604-00	IGS-FUND 207-TRANSFER STAT	.00	21.35	21.35	.00	(21.35)	.00
	TOTAL MATERIALS & SERVICES	7,623.35	1,788,093.38	1,795,716.73	1,880,081.00	84,364.27	95.51
220-408.00-490.00-720-00	CAPITAL OUTLAY-EQUIPMENT	.00	12,159.55	12,159.55	75,000.00	62,840.45	16.21
220-408.00-490.00-750-00	CAPITAL OUTLAY-BLDG IMPRV	.00	.00	.00	75,000.00	75,000.00	.00
	TOTAL CAPITAL OUTLAY	.00	12,159.55	12,159.55	150,000.00	137,840.45	8.11
220-408.00-490.00-820-60	TRANS OUT-F100 PERS DBT SV	.00	51,789.49	51,789.49	67,561.00	15,771.51	76.66
	TOTAL TRANSFERS OUT	.00	51,789.49	51,789.49	67,561.00	15,771.51	76.66
220-408.00-490.00-880-00	CONTINGENCY	.00	.00	.00	1,500,000.00	1,500,000.00	.00
	TOTAL CONTINGENCY	.00	.00	.00	1,500,000.00	1,500,000.00	.00
220-408.00-490.00-900-00	RESERVE FOR FUTURE EXPEN	.00	.00	.00	424,886.00	424,886.00	.00
	TOTAL RESERVES	.00	.00	.00	424,886.00	424,886.00	.00
	TOTAL JAIL ADMIN/OPS EXPEN	7,623.35	3,156,507.46	3,164,130.81	5,671,738.00	2,507,607.19	55.79
	NET JAIL ADMIN/OPS REV/EXP	(7,623.35)	3,639,047.71	3,631,424.36	2,146,922.00	(1,484,502.36)	169.15

COLUMBIA COUNTY
REVENUES AND EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 12 MONTHS ENDING JUNE 30, 2026

JAIL FUND

		YTDENC	YTD ACTUAL	TOTAL	BUDGET	BALANCE	PCNT
	JAIL MAINTENANCE						
	EXPENDITURES						
220-408.02-490.00-130-00	SAL-REGULAR	.00	155,841.80	155,841.80	164,820.00	8,978.20	94.55
220-408.02-490.00-150-00	SAL-OVERTIME	.00	5,635.51	5,635.51	6,000.00	364.49	93.93
220-408.02-490.00-210-00	BEN-INSUR BENEFITS	.00	41,988.53	41,988.53	57,271.00	15,282.47	73.32
220-408.02-490.00-220-00	BEN-FICA TAX	.00	12,287.95	12,287.95	13,068.00	780.05	94.03
220-408.02-490.00-230-00	BEN-PERS ER	.00	36,671.52	36,671.52	30,491.00	(6,180.52)	120.27
220-408.02-490.00-231-00	BEN-PERS EE 6%	.00	9,688.61	9,688.61	10,249.00	560.39	94.53
220-408.02-490.00-233-00	BEN-PERS 822	.00	(1,469.39)	(1,469.39)	(1,554.00)	(84.61)	94.56-
220-408.02-490.00-260-00	BEN-W/ COMP	.00	3,847.33	3,847.33	3,054.00	(793.33)	125.98
220-408.02-490.00-261-00	BEN-WBF	.00	31.23	31.23	42.00	10.77	74.36
220-408.02-490.00-262-00	BEN-PLO	.00	642.51	642.51	683.00	40.49	94.07
220-408.02-490.00-270-00	BEN-UNEMPLOY INSURANCE	.00	187.83	187.83	342.00	154.17	54.92
	TOTAL PERSONAL SERVICES	.00	265,353.43	265,353.43	284,466.00	19,112.57	93.28
220-408.02-490.00-820-60	TRANS OUT-F100 PERS DBT SV	.00	10,253.81	10,253.81	10,847.00	593.19	94.53
	TOTAL TRANSFERS OUT	.00	10,253.81	10,253.81	10,847.00	593.19	94.53
	TOTAL JAIL MAINTENANCE EXP	.00	275,607.24	275,607.24	295,313.00	19,705.76	93.33
	NET JAIL MAINTENANCE REV/	.00	(275,607.24)	(275,607.24)	(295,313.00)	(19,705.76)	93.33-

JAIL FUND

		YTDENC	YTD ACTUAL	TOTAL	BUDGET	BALANCE	PCNT
	JAIL TRANSPORT						
	REVENUE						
220-408.03-375.00-211-00	TRANS IN-F211 COURTHSE SE	.00	24,000.00	24,000.00	32,000.00	8,000.00	75.00
	TOTAL JAIL TRANSPORT REVE	.00	24,000.00	24,000.00	32,000.00	8,000.00	75.00
	EXPENDITURES						
220-408.03-490.00-130-00	SAL-REGULAR	.00	43,430.87	43,430.87	94,050.00	50,619.13	46.18
220-408.03-490.00-150-00	SAL-OVERTIME	.00	4,225.31	4,225.31	5,000.00	774.69	84.51
220-408.03-490.00-210-00	BEN-INSUR BENEFITS	.00	12,993.49	12,993.49	29,920.00	16,926.51	43.43
220-408.03-490.00-220-00	BEN-FICA TAX	.00	3,625.53	3,625.53	7,577.00	3,951.47	47.85
220-408.03-490.00-230-00	BEN-PERS ER	.00	15,516.86	15,516.86	24,668.00	9,151.14	62.90
220-408.03-490.00-231-00	BEN-PERS EE 6%	.00	.00	.00	3,148.00	3,148.00	.00
220-408.03-490.00-233-00	BEN-PERS 822	.00	(509.90)	(509.90)	(1,080.00)	(570.10)	47.21-
220-408.03-490.00-260-00	BEN-W/ COMP	.00	874.04	874.04	1,879.00	1,004.96	46.52
220-408.03-490.00-261-00	BEN-WBF	.00	7.60	7.60	21.00	13.40	36.19
220-408.03-490.00-262-00	BEN-PLO	.00	189.58	189.58	396.00	206.42	47.87
220-408.03-490.00-270-00	BEN-UNEMPLOY INSURANCE	.00	56.59	56.59	198.00	141.41	28.58
	TOTAL PERSONAL SERVICES	.00	80,409.97	80,409.97	165,777.00	85,367.03	48.50
220-408.03-490.00-820-60	TRANS OUT-F100 PERS DBT SV	.00	.00	.00	3,331.00	3,331.00	.00
	TOTAL TRANSFERS OUT	.00	.00	.00	3,331.00	3,331.00	.00
	TOTAL JAIL TRANSPORT EXPE	.00	80,409.97	80,409.97	169,108.00	88,698.03	47.55
	NET JAIL TRANSPORT REV/EX	.00	(56,409.97)	(56,409.97)	(137,108.00)	(80,698.03)	41.14-

COLUMBIA COUNTY
REVENUES AND EXPENDITURES WITH COMPARISON TO BUDGET
FOR THE 12 MONTHS ENDING JUNE 30, 2026

JAIL FUND

		YTDENC	YTD ACTUAL	TOTAL	BUDGET	BALANCE	PCNT
	JAIL-PROP TAX SUPPORT						
	REVENUE						
220-408.04-310.00-000-00	PROPERTY TAX-CURRENT	.00	3,716,720.83	3,716,720.83	3,944,798.00	228,077.17	94.22
220-408.04-310.10-000-00	PROPERTY TAX-PRIOR YEARS	.00	57,425.08	57,425.08	85,000.00	27,574.92	67.56
220-408.04-331.00-000-00	INTEREST-UNSEGREGATED TA	.00	5,088.88	5,088.88	5,000.00	(88.88)	101.78
	TOTAL JAIL-PROP TAX SUPPOR	.00	3,779,234.79	3,779,234.79	4,034,798.00	255,563.21	93.67
	EXPENDITURES						
220-408.04-490.00-130-00	SAL-REGULAR	.00	1,663,663.66	1,663,663.66	1,827,992.00	164,328.34	91.01
220-408.04-490.00-150-00	SAL-OVERTIME	.00	284,966.12	284,966.12	215,000.00	(69,966.12)	132.54
220-408.04-490.00-210-00	BEN-INSUR BENEFITS	.00	474,700.49	474,700.49	557,601.00	82,900.51	85.13
220-408.04-490.00-220-00	BEN-FICA TAX	.00	148,269.70	148,269.70	156,289.00	8,019.30	94.87
220-408.04-490.00-230-00	BEN-PERS ER	.00	509,788.28	509,788.28	448,280.00	(61,508.28)	113.72
220-408.04-490.00-231-00	BEN-PERS EE 6%	.00	111,007.75	111,007.75	118,937.00	7,929.25	93.33
220-408.04-490.00-233-00	BEN-PERS 822	.00	(20,306.39)	(20,306.39)	(21,817.00)	(1,510.61)	93.08-
220-408.04-490.00-260-00	BEN-W/ COMP	.00	38,383.02	38,383.02	38,756.00	372.98	99.04
220-408.04-490.00-261-00	BEN-WBF	.00	376.51	376.51	458.00	81.49	82.21
220-408.04-490.00-262-00	BEN-PLO	.00	7,752.65	7,752.65	7,844.00	91.35	98.84
220-408.04-490.00-270-00	BEN-UNEMPLOY INSURANCE	.00	2,350.57	2,350.57	4,084.00	1,733.43	57.56
	TOTAL PERSONAL SERVICES	.00	3,220,952.36	3,220,952.36	3,353,424.00	132,471.64	96.05
220-408.04-490.00-305-04	PROF FEES-AUDIT & ACCOUNT	.00	.00	.00	10,000.00	10,000.00	.00
220-408.04-490.00-305-15	PROF FEES-MEDICAL	.00	1,775,202.98	1,775,202.98	1,600,000.00	(175,202.98)	110.95
220-408.04-490.00-305-31	PROF FEES-DOCTOR/PERSVC	.00	.00	.00	10,000.00	10,000.00	.00
220-408.04-490.00-305-32	PROF FEES-FOOD SERVICES	.00	638,044.33	638,044.33	650,000.00	11,955.67	98.16
	TOTAL MATERIALS & SERVICES	.00	2,413,247.31	2,413,247.31	2,270,000.00	(143,247.31)	106.31
220-408.04-490.00-820-60	TRANS OUT-F100 PERS DBT SV	.00	117,483.17	117,483.17	125,875.00	8,391.83	93.33
	TOTAL TRANSFERS OUT	.00	117,483.17	117,483.17	125,875.00	8,391.83	93.33
	TOTAL JAIL-PROP TAX SUPPOR	.00	5,751,682.84	5,751,682.84	5,749,299.00	(2,383.84)	100.04
	NET JAIL-PROP TAX SUPPORT	.00	(1,972,448.05)	(1,972,448.05)	(1,714,501.00)	257,947.05	115.05
	FUND NET REVENUE/ EXPENDI	(7,623.35)	1,334,582.45	1,326,959.10	.00	(1,326,959.10)	.00

COLUMBIA COUNTY
230 STRAND ST.
ST. HELENS, OR 97051
503-397-0060

U.S. BANK

24-22/019
1230

165484

CHECK NO. 165484

Twenty-four Thousand Seven Hundred Seventy-three and 20/100 Dollars DATE 4/09/2026 AMOUNT **24,773.20**

PAY
TO THE
ORDER OF

Trinity Services Group Inc
PO BOX 748399
LOS ANGELES CA 90074-8399

COLUMBIA COUNTY OF OREGON
VOID AFTER 180 DAYS

MP

⑈165484⑈ ⑆123000220⑆ 153600524968⑈

165484

COLUMBIA COUNTY OF OREGON - 230 STRAND ST., ST HELENS, OR 97051

4/09/2026

Vendor: 2420 Trinity Services Group Inc

Check No:

INVOICE #	INV DATE	DESCRIPTION	INV AMOUNT
3025200447	3/27/2026	DCJ-Sack Meals - 3/20 - 3/26 26	158.81
3025200448	3/27/2026	CCSO-Special Function	400.00
3025200446	4/02/2026	CCSO-Inmate & Staff meals - 03/20 - 03/26 26	12,029.38
3025200449	4/02/2026	CCSO-Inmate & Staff meals - 03/27 - 04/02 26	12,018.64
3025200450	4/02/2026	DCJ-Sack Meals - 3/27 - 4/02 26	166.37

TOTAL AMOUNT 24,773.20

CU0560R4

TRINITY SERVICES GROUP, INC.

RECEIVED
APR 0 2 2026
COLUMBIA COUNTY SHERIFF'S OFFICE

Invoice

Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

RECEIVED
APR 07 2026
FINANCE DEPT

Invoice Number: 3025200446
Invoice Date: 03/27/2026
Effective Date: 03/26/2026
Department: Weekly Meals Billing

Bill To: Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

Remit To: Trinity Services Group, Inc.
P.O. Box 748399
Los Angeles, CA 90074-8399

Event ID	Transaction ID	Customer Number	Event	Location
3025200446	2675320	F302520000	Weekly Meals Billing 03/20-03/26/2026	Columbia County Jail OR

Notes:

Description	Quantity	Unit Price	Amount
Inmate Meals Friday 03/20/26	426	3.574000	1,522.52
Inmate Meals Saturday 03/21/26	416	3.781000	1,572.90
Inmate Meals Sunday 03/22/26	419	3.781000	1,584.24
Inmate Meals Monday 03/23/26	423	3.574000	1,511.80
Inmate Meals Tuesday 03/24/26	434	3.574000	1,551.12
Inmate Meals Wednesday 03/25/26	434	3.574000	1,551.12
Inmate Meals Thursday 03/26/26	423	3.574000	1,511.80
Staff Meals Friday 03/20/26	40	4.371000	174.84
Staff Meals Saturday 03/21/26	40	4.371000	174.84
Staff Meals Sunday 03/22/26	40	4.371000	174.84
Staff Meals Monday 03/23/26	40	4.371000	174.84
Staff Meals Tuesday 03/24/26	40	4.371000	174.84
Staff Meals Wednesday 03/25/26	40	4.371000	174.84

Date: 4.3.26
Acct. # 220-408.04-490.00-305-32 Trinity Services Group
& Amt. 12,029.38
I certify that this invoice is for goods/services furnished to Columbia County and funds are budgeted for this expense.
Christina Chapman
Dept. Head or authorized person

TRINITY SERVICES GROUP, INC.

Invoice

Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

Invoice Number: 3025200446
Invoice Date: 03/27/2026
Effective Date: 03/26/2026
Department: Weekly Meals Billing

Bill To: Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

Remit To: Trinity Services Group, Inc.
P.O. Box 748399
Los Angeles, CA 90074-8399

Event ID	Transaction ID	Customer Number	Event	Location
3025200446	2675320	F302520000	Weekly Meals Billing 03/20-03/26/2026	Columbia County Jail OR

Notes:

Description	Quantity	Unit Price	Amount
Staff Meals Thursday 03/26/26	40	4.371000	174.84

Sub-Total	$12,029.38
Sales Tax	$0.00
Total	$12,029.38
Advanced Deposit Used	$0.00
Cash Payment	$0.00
Credit Card	$0.00
Balance	$12,029.38

Please send a copy of your invoice with your payment.

TKC Holdings, Inc.

Columbia County Jail OR

Date	Inmate Meals	Staff Meals	Sack Meals
03/20/26	426	40	
03/21/26	416	40	
03/22/26	419	40	
03/23/26	423	40	
03/24/26	434	40	
03/25/26	434	40	
03/26/26	423	40	
Total Count	2,975	280	
Price/Meal	$3.63210	$4.37100	
Total Cost	$10,805.50	$1,223.88	

Date	Total Meals	Total NonMeals
03/20/26	466	0.00
03/21/26	456	0.00
03/22/26	459	0.00
03/23/26	463	0.00
03/24/26	474	0.00
03/25/26	474	0.00
03/26/26	463	0.00
Total	3,255	0.00
Average Price	$3.69566	$.00000
Total Amount	$12,029.38	$.00

Total Due $12,029.38

TRINITY SERVICES GROUP, INC.

RECEIVED
APR 0 2 2026
COLUMBIA COUNTY
SHERIFF'S OFFICE

Invoice

Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

Invoice Number: 3025200449
Invoice Date: 04/02/2026
Effective Date: 04/02/2026
Department: Weekly Meals Billing

RECEIVED
APR 07 2026
FINANCE DEPT

Bill To: Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

Remit To: Trinity Services Group, Inc.
P.O. Box 748399
Los Angeles, CA 90074-8399

Event ID	Transaction ID	Customer Number	Event	Location
3025200449	2675826	F302520000	Weekly Meals Billing 03/27-04/02/2026	Columbia County Jail OR

Notes:

Description	Quantity	Unit Price	Amount
Inmate Meals Friday 03/27/26	408	3.781000	1,542.65
Inmate Meals Saturday 03/28/26	409	3.781000	1,546.43
Inmate Meals Sunday 03/29/26	419	3.781000	1,584.24
Inmate Meals Monday 03/30/26	411	3.781000	1,553.99
Inmate Meals Tuesday 03/31/26	408	3.781000	1,542.65
Inmate Meals Wednesday 04/01/26	400	3.781000	1,512.40
Inmate Meals Thursday 04/02/26	400	3.781000	1,512.40
Staff Meals Friday 03/27/26	40	4.371000	174.84
Staff Meals Saturday 03/28/26	40	4.371000	174.84
Staff Meals Sunday 03/29/26	40	4.371000	174.84
Staff Meals Monday 03/30/26	40	4.371000	174.84
Staff Meals Tuesday 03/31/26	40	4.371000	174.84
Staff Meals Wednesday 04/01/26	40	4.371000	174.84

Date: 4.3.26
Acct. # 220-408.04-490.00-305-32
& Amt. 12,018.64
I certify that this invoice is for goods/services furnished to Columbia County and funds are budgeted for this expense.
Christina Chapman
Dept. Head or authorized person

Trinity Services Group

TRINITY SERVICES GROUP, INC.

Invoice

Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

Invoice Number: 3025200449
Invoice Date: 04/02/2026
Effective Date: 04/02/2026
Department: Weekly Meals Billing

Bill To: Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

Remit To: Trinity Services Group, Inc.
P.O. Box 748399
Los Angeles, CA 90074-8399

Event ID	Transaction ID	Customer Number	Event	Location
3025200449	2675826	F302520000	Weekly Meals Billing 03/27-04/02/2026	Columbia County Jail OR

Notes:

Description	Quantity	Unit Price	Amount
Staff Meals Thursday 04/02/26	40	4.371000	174.84

Sub-Total	$12,018.64
Sales Tax	$0.00
Total	$12,018.64
Advanced Deposit Used	$0.00
Cash Payment	$0.00
Credit Card	$0.00
Balance	$12,018.64

Please send a copy of your invoice with your payment.

TKC Holdings, Inc.

Columbia County Jail OR

Date	Inmate Meals	Staff Meals	Sack Meals
03/27/26	408	40	
03/28/26	409	40	
03/29/26	419	40	
03/30/26	411	40	
03/31/26	408	40	
04/01/26	400	40	
04/02/26	400	40	
Total Count	2,855	280	
Price/Meal	$3.78100	$4.37100	
Total Cost	$10,794.76	$1,223.88	

Date	Total Meals	Total NonMeals
03/27/26	448	0.00
03/28/26	449	0.00
03/29/26	459	0.00
03/30/26	451	0.00
03/31/26	448	0.00
04/01/26	440	0.00
04/02/26	440	0.00
Total	3,135	0.00
Average Price	$3.83370	$.00000
Total Amount	$12,018.64	$.00

Total Due $12,018.64

COLUMBIA COUNTY
230 STRAND ST.
ST. HELENS, OR 97051
503-397-0060

U.S. BANK

24-22/019
1230

165563

CHECK NO. 165563

Eleven Thousand Nine Hundred Ninety-two and 48/100 Dollars

DATE 4/15/2026

AMOUNT **11,992.48**

PAY
TO THE
ORDER OF

Trinity Services Group Inc
PO BOX 748399
LOS ANGELES CA 90074-8399

COLUMBIA COUNTY OF OREGON
VOID AFTER 180 DAYS

⑈165563⑈ ⑆123000220⑆ 153600524968⑈

165563

COLUMBIA COUNTY OF OREGON - 230 STRAND ST., ST HELENS, OR 97051

4/15/2026

Check No:

Vendor: 2420 Trinity Services Group Inc

INVOICE #	INV DATE	DESCRIPTION	INV AMOUNT
3025200451	4/09/2026	CCSO-Inmate & Staff meals - 04/03 - 04/09 26	11,992.48

TOTAL AMOUNT 11,992.48

TRINITY SERVICES GROUP, INC.

RECEIVED
APR 0 9 2026
COLUMBIA COUNTY
SHERIFF'S OFFICE

Invoice

Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

Invoice Number: 3025200451
Invoice Date: 04/09/2026
Effective Date: 04/09/2026
Department: Weekly Meals Billing

Bill To: Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

Remit To: Trinity Services Group, Inc.
P.O. Box 748399
Los Angeles, CA 90074-8399

Event ID	Transaction ID	Customer Number	Event	Location
3025200451	2676567	F302520000	Weekly Meals Billing 04/03-04/09/2026	Columbia County Jail OR

Notes:

Description	Quantity	Unit Price	Amount
Inmate Meals Friday 04/03/26	399	3.781000	1,508.62
Inmate Meals Saturday 04/04/26	404	3.781000	1,527.52
Inmate Meals Sunday 04/05/26	407	3.781000	1,538.87
Inmate Meals Monday 04/06/26	409	3.781000	1,546.43
Inmate Meals Tuesday 04/07/26	419	3.781000	1,584.24
Inmate Meals Wednesday 04/08/26	425	3.574000	1,518.95
Inmate Meals Thursday 04/09/26	432	3.574000	1,543.97
Staff Meals Friday 04/03/26	40	4.371000	174.84
Staff Meals Saturday 04/04/26	40	4.371000	174.84
Staff Meals Sunday 04/05/26	40	4.371000	174.84
Staff Meals Monday 04/06/26	40	4.371000	174.84
Staff Meals Tuesday 04/07/26	40	4.371000	174.84
Staff Meals Wednesday 04/08/26	40	4.371000	174.84

RECEIVED
APR 13 2026
FINANCE DEPT

Date: 4.10.26
Acct. #
& Amt. 11,992.48
I certify that this invoice is for goods/services furnished to Columbia County and funds are budgeted for this expense.
Christina Chapman
Dept. Head or authorized person

220-408.04-490.00-305-32
Trinity Services Group

TRINITY SERVICES GROUP, INC.

Invoice

Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

Invoice Number: 3025200451
Invoice Date: 04/09/2026
Effective Date: 04/09/2026
Department: Weekly Meals Billing

Bill To: Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

Remit To: Trinity Services Group, Inc.
P.O. Box 748399
Los Angeles, CA 90074-8399

Event ID	Transaction ID	Customer Number	Event	Location
3025200451	2676567	F302520000	Weekly Meals Billing 04/03-04/09/2026	Columbia County Jail OR

Notes:

Description	Quantity	Unit Price	Amount
Staff Meals Thursday 04/09/26	40	4.371000	174.84

Sub-Total	$11,992.48
Sales Tax	$0.00
Total	$11,992.48
Advanced Deposit Used	$0.00
Cash Payment	$0.00
Credit Card	$0.00
Balance	$11,992.48

Please send a copy of your invoice with your payment.

TKC Holdings, Inc.

Columbia County Jail OR

Date	Inmate Meals	Staff Meals	Sack Meals
04/03/26	399	40	
04/04/26	404	40	
04/05/26	407	40	
04/06/26	409	40	
04/07/26	419	40	
04/08/26	425	40	
04/09/26	432	40	
Total Count	2,895	280	
Price/Meal	$3.71972	$4.37100	
Total Cost	$10,768.60	$1,223.88	

Date	Total Meals	Total NonMeals
04/03/26	439	0.00
04/04/26	444	0.00
04/05/26	447	0.00
04/06/26	449	0.00
04/07/26	459	0.00
04/08/26	465	0.00
04/09/26	472	0.00
Total	3,175	0.00
Average Price	$3.77716	$.00000
Total Amount	$11,992.48	$.00

Total Due $11,992.48

COLUMBIA COUNTY
230 STRAND ST.
ST. HELENS, OR 97051
503-397-0060

U.S. BANK

24-22/019
1230

165732

CHECK NO. 165732

Twenty-four Thousand Four Hundred Ninety-five and 77/100 Dollars

DATE 4/29/2026

AMOUNT **24,495.77**

PAY
TO THE
ORDER OF

Trinity Services Group Inc
PO BOX 748399
LOS ANGELES CA 90074-8399

COLUMBIA COUNTY OF OREGON
VOID AFTER 180 DAYS

⑈165732⑈ ⑆123000220⑆ 153600524968⑈

165732

COLUMBIA COUNTY OF OREGON - 230 STRAND ST., ST HELENS, OR 97051

4/29/2026

Vendor: 2420 Trinity Services Group Inc

Check No:

INVOICE #	INV DATE	DESCRIPTION	INV AMOUNT
3025200453	4/17/2026	CCSO-Inmate & Staff meals - 04/10 - 04/16 26	12,196.06
3025200455	4/23/2026	CCSO-Inmate & Staff meals - 04/17 - 04/23 26	12,299.71

TOTAL AMOUNT 24,495.77

TRINITY SERVICES GROUP, INC.

RECEIVED
APR 2 3 2026
COLUMBIA COUNTY
SHERIFF'S OFFICE

Invoice

Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

Invoice Number: 3025200453
Invoice Date: 04/17/2026
Effective Date: 04/16/2026
Department: Weekly Meals Billing

Bill To: Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

Remit To: Trinity Services Group, Inc.
P.O. Box 748399
Los Angeles, CA 90074-8399

Event ID	Transaction ID	Customer Number	Event	Location
3025200453	2677479	F302520000	Weekly Meals Billing	Columbia County Jail OR

Notes:

Description	Quantity	Unit Price	Amount
Inmate Meals Friday 04/10/26	436	3.574000	1,558.26
Inmate Meals Saturday 04/11/26	439	3.574000	1,568.99
Inmate Meals Sunday 04/12/26	443	3.574000	1,583.28
Inmate Meals Monday 04/13/26	441	3.574000	1,576.13
Inmate Meals Tuesday 04/14/26	429	3.574000	1,533.25
Inmate Meals Wednesday 04/15/26	445	3.574000	1,590.43
Inmate Meals Thursday 04/16/26	437	3.574000	1,561.84
Staff Meals Friday 04/10/26	40	4.371000	174.84
Staff Meals Saturday 04/11/26	40	4.371000	174.84
Staff Meals Sunday 04/12/26	40	4.371000	174.84
Staff Meals Monday 04/13/26	40	4.371000	174.84
Staff Meals Tuesday 04/14/26	40	4.371000	174.84
Staff Meals Wednesday 04/15/26	40	4.371000	174.84

RECEIVED
APR 27 2026
FINANCE DEPT

Date: 4.23.26
Acct. # 220-408.04-490.00-305-32
& Amt. 12196.06 Trinity Services Group
I certify that this invoice is for goods/services furnished to Columbia County and funds are budgeted for this expense.
Christina Chapman
Dept. Head or authorized person

TRINITY SERVICES GROUP, INC.

Invoice

Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

Invoice Number: 3025200453
Invoice Date: 04/17/2026
Effective Date: 04/16/2026
Department: Weekly Meals Billing

Bill To: Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

Remit To: Trinity Services Group, Inc.
P.O. Box 748399
Los Angeles, CA 90074-8399

Event ID	Transaction ID	Customer Number	Event	Location
3025200453	2677479	F302520000	Weekly Meals Billing	Columbia County Jail OR

Notes:

Description	Quantity	Unit Price	Amount
Staff Meals Thursday 04/16/26	40	4.371000	174.84

Sub-Total	$12,196.06
Sales Tax	$0.00
Total	$12,196.06
Advanced Deposit Used	$0.00
Cash Payment	$0.00
Credit Card	$0.00
Balance	$12,196.06

Please send a copy of your invoice with your payment.

TKC Holdings, Inc.

Columbia County Jail OR

Date	Inmate Meals	Staff Meals	Sack Meals
04/10/26	436	40	
04/11/26	439	40	
04/12/26	443	40	
04/13/26	441	40	
04/14/26	429	40	
04/15/26	445	40	
04/16/26	437	40	
Total Count	3,070	280	
Price/Meal	$3.57400	$4.37100	
Total Cost	$10,972.18	$1,223.88	

Date	Total Meals	Total NonMeals
04/10/26	476	0.00
04/11/26	479	0.00
04/12/26	483	0.00
04/13/26	481	0.00
04/14/26	469	0.00
04/15/26	485	0.00
04/16/26	477	0.00
Total	3,350	0.00
Average Price	$3.64061	$.00000
Total Amount	$12,196.06	$.00

Total Due $12,196.06

TRINITY SERVICES GROUP, INC.

RECEIVED
APR 2 3 2026
COLUMBIA COUNTY SHERIFF'S OFFICE

Invoice

Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

Invoice Number: 3025200455
Invoice Date: 04/23/2026
Effective Date: 04/23/2026
Department: Weekly Meals Billing

Bill To: Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

Remit To: Trinity Services Group, Inc.
P.O. Box 748399
Los Angeles, CA 90074-8399

Event ID	Transaction ID	Customer Number	Event	Location
3025200455	2677841	F302520000	Weekly Meals Billing 04/17-04/23/2026	Columbia County Jail OR

Notes:

Description	Quantity	Unit Price	Amount
Inmate Meals Friday 04/17/26	440	3.574000	1,572.56
Inmate Meals Saturday 04/18/26	447	3.574000	1,597.58
Inmate Meals Sunday 04/19/26	446	3.574000	1,594.00
Inmate Meals Monday 04/20/26	444	3.574000	1,586.86
Inmate Meals Tuesday 04/21/26	446	3.574000	1,594.00
Inmate Meals Wednesday 04/22/26	444	3.574000	1,586.86
Inmate Meals Thursday 04/23/26	432	3.574000	1,543.97
Staff Meals Friday 04/17/26	40	4.371000	174.84
Staff Meals Saturday 04/18/26	40	4.371000	174.84
Staff Meals Sunday 04/19/26	40	4.371000	174.84
Staff Meals Monday 04/20/26	40	4.371000	174.84
Staff Meals Tuesday 04/21/26	40	4.371000	174.84
Staff Meals Wednesday 04/22/26	40	4.371000	174.84

RECEIVED
APR 27 2026
FINANCE DEPT

Date: 4.23.26
Acct. # 220-408.04-490.00-305-32
& Amt. 12,299.71 Trinity Services Group

I certify that this invoice is for goods/services furnished to Columbia County and funds are budgeted for this expense.

Christina Chapman
Dept. Head or authorized person

TRINITY SERVICES GROUP, INC.

Invoice

Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

Invoice Number: 3025200455
Invoice Date: 04/23/2026
Effective Date: 04/23/2026
Department: Weekly Meals Billing

Bill To: Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

Remit To: Trinity Services Group, Inc.
P.O. Box 748399
Los Angeles, CA 90074-8399

Event ID	Transaction ID	Customer Number	Event	Location
3025200455	2677841	F302520000	Weekly Meals Billing 04/17-04/23/2026	Columbia County Jail OR

Notes:

Description	Quantity	Unit Price	Amount
Staff Meals Thursday 04/23/26	40	4.371000	174.84

Sub-Total	$12,299.71
Sales Tax	$0.00
Total	$12,299.71
Advanced Deposit Used	$0.00
Cash Payment	$0.00
Credit Card	$0.00
Balance	$12,299.71

Please send a copy of your invoice with your payment.

TKC Holdings, Inc.

Columbia County Jail OR

Date	Inmate Meals	Staff Meals	Sack Meals
04/17/26	440	40	
04/18/26	447	40	
04/19/26	446	40	
04/20/26	444	40	
04/21/26	446	40	
04/22/26	444	40	
04/23/26	432	40	
Total Count	3,099	280	
Price/Meal	$3.57400	$4.37100	
Total Cost	$11,075.83	$1,223.88	

Date	Total Meals	Total NonMeals
04/17/26	480	0.00
04/18/26	487	0.00
04/19/26	486	0.00
04/20/26	484	0.00
04/21/26	486	0.00
04/22/26	484	0.00
04/23/26	472	0.00
Total	3,379	0.00
Average Price	$3.64004	$.00000
Total Amount	$12,299.71	$.00

Total Due $12,299.71

BACK OF THIS DOCUMENT INCLUDES A TAMPER EVIDENT CHEMICAL WASH WARNING BOX

COLUMBIA COUNTY
230 STRAND ST.
ST. HELENS, OR 97051
503-397-0060

U.S. BANK

24-22/019
1230

165915

CHECK NO. 165915

Twelve Thousand Eight Hundred Eighty and 73/100 Dollars

DATE 5/13/2026

AMOUNT **12,880.73**

PAY
TO THE
ORDER OF

Trinity Services Group Inc
PO BOX 748399
LOS ANGELES CA 90074-8399

COLUMBIA COUNTY OF OREGON

VOID AFTER 180 DAYS

HEAT SENSITIVE COLOR FADES WITH HEAT

⑈165915⑈ ⑆123000220⑆ 153600524968⑈

COLUMBIA COUNTY OF OREGON - 230 STRAND ST., ST HELENS, OR 97051

165915

Vendor: 2420 Trinity Services Group Inc

5/13/2026

Check No:

INVOICE #	INV DATE	DESCRIPTION	INV AMOUNT
3025200457	4/30/2026	CCSO-Inmate & Staff meals - 04/24 - 04/30 26	12,255.63
3025200458	4/30/2026	DCJ-Sack Meals - 4/24 - 4/30 26	125.10
3025200459	5/01/2026	CCSO-Special Function	500.00

TOTAL AMOUNT 12,880.73

TRINITY SERVICES GROUP, INC.

RECEIVED
MAY 05 2026
COLUMBIA COUNTY
SHERIFF'S OFFICE

Invoice

Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

Invoice Number: 3025200457
Invoice Date: 04/30/2026
Effective Date: 04/30/2026
Department: Weekly Meals Billing

Bill To: Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

Remit To: Trinity Services Group, Inc.
P.O. Box 748399
Los Angeles, CA 90074-8399

Event ID	Transaction ID	Customer Number	Event	Location
3025200457	2678401	F302520000	Weekly Meals Billing 04/24-04/30/2026	Columbia County Jail OR

Notes:

Description	Quantity	Unit Price	Amount
Inmate Meals Friday 04/24/26	442	3.574000	1,579.71
Inmate Meals Saturday 04/25/26	448	3.574000	1,601.15
Inmate Meals Sunday 04/26/26	444	3.574000	1,586.86
Inmate Meals Monday 04/27/26	451	3.397000	1,532.05
Inmate Meals Tuesday 04/28/26	445	3.574000	1,590.43
Inmate Meals Wednesday 04/29/26	440	3.574000	1,572.56
Inmate Meals Thursday 04/30/26	439	3.574000	1,568.99
Staff Meals Friday 04/24/26	40	4.371000	174.84
Staff Meals Saturday 04/25/26	40	4.371000	174.84
Staff Meals Sunday 04/26/26	40	4.371000	174.84
Staff Meals Monday 04/27/26	40	4.371000	174.84
Staff Meals Tuesday 04/28/26	40	4.371000	174.84
Staff Meals Wednesday 04/29/26	40	4.371000	174.84

RECEIVED
MAY 08 2026
FINANCE DEPT

Date: 5.8.26
Acct. # 220-408.04-490.00-305-32
& Amt. 12,255.63 Trinity Services Group
I certify that this invoice is for goods/services furnished to Columbia County and funds are budgeted for this expense.
Christina Chapman
Dept. Head or authorized person

TRINITY SERVICES GROUP, INC.

Invoice

Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

Invoice Number: 3025200457
Invoice Date: 04/30/2026
Effective Date: 04/30/2026
Department: Weekly Meals Billing

Bill To: Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

Remit To: Trinity Services Group, Inc.
P.O. Box 748399
Los Angeles, CA 90074-8399

Event ID	Transaction ID	Customer Number	Event	Location
3025200457	2678401	F302520000	Weekly Meals Billing 04/24-04/30/2026	Columbia County Jail OR

Notes:

Description	Quantity	Unit Price	Amount
Staff Meals Thursday 04/30/26	40	4.371000	174.84

Sub-Total	$12,255.63
Sales Tax	$0.00
Total	$12,255.63
Advanced Deposit Used	$0.00
Cash Payment	$0.00
Credit Card	$0.00
Balance	$12,255.63

Please send a copy of your invoice with your payment.

TKC Holdings, Inc.

Columbia County Jail OR

Date	Inmate Meals	Staff Meals	Sack Meals
04/24/26	442	40	
04/25/26	448	40	
04/26/26	444	40	
04/27/26	451	40	
04/28/26	445	40	
04/29/26	440	40	
04/30/26	439	40	
Total Count	3,109	280	
Price/Meal	$3.54832	$4.37100	
Total Cost	$11,031.74	$1,223.88	

Date	Total Meals	Total NonMeals
04/24/26	482	0.00
04/25/26	488	0.00
04/26/26	484	0.00
04/27/26	491	0.00
04/28/26	485	0.00
04/29/26	480	0.00
04/30/26	479	0.00
Total	3,389	0.00
Average Price	$3.61629	$.00000
Total Amount	$12,255.62	$.00

Total Due $12,255.62

COLUMBIA COUNTY
230 STRAND ST.
ST. HELENS, OR 97051
503-397-0060

U.S. BANK

24-22/019
1230

166071

CHECK NO. 166071

Thirty-six Thousand Five Hundred Ninety-eight and 92/100 Dollars

DATE 5/28/2026

AMOUNT **36,598.92**

PAY
TO THE
ORDER OF

Trinity Services Group Inc
PO BOX 748399
LOS ANGELES CA 90074-8399

COLUMBIA COUNTY OF OREGON
VOID AFTER 180 DAYS

MP

⑈166071⑈ ⑆123000220⑆ 153600524968⑈

166071

COLUMBIA COUNTY OF OREGON - 230 STRAND ST., ST HELENS, OR 97051

5/28/2026

Vendor: 2420 Trinity Services Group Inc

Check No:

INVOICE #	INV DATE	DESCRIPTION	INV AMOUNT
3025200460	5/08/2026	CCSO-Inmate & Staff meals - 05/01 - 05/07 26	12,056.68
3025200462	5/14/2026	CCSO-Inmate & Staff meals - 05/08 - 05/14 26	12,285.42
3025200464	5/21/2026	CCSO-Inmate & Staff meals - 05/15 - 05/21 26	12,256.82

TOTAL AMOUNT 36,598.92

TRINITY SERVICES GROUP, INC.

RECEIVED
MAY 2 1 2026
COLUMBIA COUNTY
SHERIFF'S OFFICE

Invoice

Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

Invoice Number: 3025200460
Invoice Date: 05/08/2026
Effective Date: 05/07/2026
Department: Weekly Meals Billing

Bill To: Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

Remit To: Trinity Services Group, Inc.
P.O. Box 748399
Los Angeles, CA 90074-8399

Event ID	Transaction ID	Customer Number	Event	Location
3025200460	2679453	F302520000	Weekly Meals Billing 05/01-05/07/2026	Columbia County Jail OR

Notes:

Description	Quantity	Unit Price	Amount
Inmate Meals Friday 05/01/26	430	3.574000	1,536.82
Inmate Meals Saturday 05/02/26	425	3.574000	1,518.95
Inmate Meals Sunday 05/03/26	423	3.574000	1,511.80
Inmate Meals Monday 05/04/26	429	3.574000	1,533.25
Inmate Meals Tuesday 05/05/26	438	3.574000	1,565.41
Inmate Meals Wednesday 05/06/26	439	3.574000	1,568.99
Inmate Meals Thursday 05/07/26	447	3.574000	1,597.58
Staff Meals Friday 05/01/26	40	4.371000	174.84
Staff Meals Saturday 05/02/26	40	4.371000	174.84
Staff Meals Sunday 05/03/26	40	4.371000	174.84
Staff Meals Monday 05/04/26	40	4.371000	174.84
Staff Meals Tuesday 05/05/26	40	4.371000	174.84
Staff Meals Wednesday 05/06/26	40	4.371000	174.84

Date: 5.22.26
Acct. # 220-408.04-490.00-305-32
& Amt. 12,056.68 Trinity Services Group

I certify that this invoice is for goods/services furnished to Columbia County and funds are budgeted for this expense.

Christina Chapman
Dept. Head or authorized person

RECEIVED
MAY 26 2026
FINANCE DEPT

TRINITY SERVICES GROUP, INC.

Invoice

Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

Invoice Number: 3025200460
Invoice Date: 05/08/2026
Effective Date: 05/07/2026
Department: Weekly Meals Billing

Bill To: Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

Remit To: Trinity Services Group, Inc.
P.O. Box 748399
Los Angeles, CA 90074-8399

Event ID	Transaction ID	Customer Number	Event	Location
3025200460	2679453	F302520000	Weekly Meals Billing 05/01-05/07/2026	Columbia County Jail OR

Notes:

Description	Quantity	Unit Price	Amount
Staff Meals Thursday 05/07/26	40	4.371000	174.84

Sub-Total	$12,056.68
Sales Tax	$0.00
Total	$12,056.68
Advanced Deposit Used	$0.00
Cash Payment	$0.00
Credit Card	$0.00
Balance	$12,056.68

Please send a copy of your invoice with your payment.

TKC Holdings, Inc.

Columbia County Jail OR

Date	Inmate Meals	Staff Meals	Sack Meals
05/01/26	430	40	
05/02/26	425	40	
05/03/26	423	40	
05/04/26	429	40	
05/05/26	438	40	
05/06/26	439	40	
05/07/26	447	40	
Total Count	3,031	280	
Price/Meal	$3.57400	$4.37100	
Total Cost	$10,832.79	$1,223.88	

Date	Total Meals	Total NonMeals
05/01/26	470	0.00
05/02/26	465	0.00
05/03/26	463	0.00
05/04/26	469	0.00
05/05/26	478	0.00
05/06/26	479	0.00
05/07/26	487	0.00
Total	3,311	0.00
Average Price	$3.64140	$.00000
Total Amount	$12,056.67	$.00

Total Due $12,056.67

TRINITY SERVICES GROUP, INC.

Invoice

Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

Invoice Number: 3025200462
Invoice Date: 05/14/2026
Effective Date: 05/14/2026
Department: Weekly Meals Billing

Bill To: Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

Remit To: Trinity Services Group, Inc.
P.O. Box 748399
Los Angeles, CA 90074-8399

Event ID	Transaction ID	Customer Number	Event	Location
3025200462	2679880	F302520000	Weekly Meals Billing 05/08-05/14/2026	Columbia County Jail OR

Notes:

Description	Quantity	Unit Price	Amount
Inmate Meals Friday 05/08/26	449	3.574000	1,604.73
Inmate Meals Saturday 05/09/26	447	3.574000	1,597.58
Inmate Meals Sunday 05/10/26	449	3.574000	1,604.73
Inmate Meals Monday 05/11/26	446	3.574000	1,594.00
Inmate Meals Tuesday 05/12/26	432	3.574000	1,543.97
Inmate Meals Wednesday 05/13/26	433	3.574000	1,547.54
Inmate Meals Thursday 05/14/26	439	3.574000	1,568.99
Staff Meals Friday 05/08/26	40	4.371000	174.84
Staff Meals Saturday 05/09/26	40	4.371000	174.84
Staff Meals Sunday 05/10/26	40	4.371000	174.84
Staff Meals Monday 05/11/26	40	4.371000	174.84
Staff Meals Tuesday 05/12/26	40	4.371000	174.84
Staff Meals Wednesday 05/13/26	40	4.371000	174.84

RECEIVED
MAY 26 2026
FINANCE DEPT

Date: 5.22.26
Acct. # & Amt. 220-408.04-490.00-305-32 Trinity Services Group 12,285.42
I certify that this invoice is for goods/services furnished to Columbia County and funds are budgeted for this expense.
Christina Chapman
Dept. Head or authorized person

TRINITY SERVICES GROUP, INC.

RECEIVED
MAY 2 1 2026
COLUMBIA COUNTY
SHERIFF'S OFFICE

Invoice

Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

Invoice Number: 3025200462
Invoice Date: 05/14/2026
Effective Date: 05/14/2026
Department: Weekly Meals Billing

Bill To: Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

Remit To: Trinity Services Group, Inc.
P.O. Box 748399
Los Angeles, CA 90074-8399

Event ID	Transaction ID	Customer Number	Event	Location
3025200462	2679880	F302520000	Weekly Meals Billing 05/08-05/14/2026	Columbia County Jail OR

Notes:

Description	Quantity	Unit Price	Amount
Staff Meals Thursday 05/14/26	40	4.371000	174.84

Sub-Total	$12,285.42
Sales Tax	$0.00
Total	$12,285.42
Advanced Deposit Used	$0.00
Cash Payment	$0.00
Credit Card	$0.00
Balance	$12,285.42

Please send a copy of your invoice with your payment.

TKC Holdings, Inc.

Columbia County Jail OR

Date	Inmate Meals	Staff Meals	Sack Meals
05/08/26	449	40	
05/09/26	447	40	
05/10/26	449	40	
05/11/26	446	40	
05/12/26	432	40	
05/13/26	433	40	
05/14/26	439	40	
Total Count	3,095	280	
Price/Meal	$3.57400	$4.37100	
Total Cost	$11,061.53	$1,223.88	

Date	Total Meals	Total NonMeals
05/08/26	489	0.00
05/09/26	487	0.00
05/10/26	489	0.00
05/11/26	486	0.00
05/12/26	472	0.00
05/13/26	473	0.00
05/14/26	479	0.00
Total	3,375	0.00
Average Price	$3.64012	$.00000
Total Amount	$12,285.41	$.00

Total Due $12,285.41

TRINITY SERVICES GROUP, INC.

RECEIVED
MAY 21 2026
COLUMBIA COUNTY
SHERIFF'S OFFICE

Invoice

Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

Invoice Number: 3025200464
Invoice Date: 05/21/2026
Effective Date: 05/21/2026
Department: Weekly Meals Billing

Bill To: Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

Remit To: Trinity Services Group, Inc.
P.O. Box 748399
Los Angeles, CA 90074-8399

Event ID	Transaction ID	Customer Number	Event	Location
3025200464	2680446	F302520000	Weekly Meals Billing 05/15-05/21/2026	Columbia County Jail OR

Notes:

Description	Quantity	Unit Price	Amount
Inmate Meals Friday 05/15/26	449	3.574000	1,604.73
Inmate Meals Saturday 05/16/26	439	3.574000	1,568.99
Inmate Meals Sunday 05/17/26	442	3.574000	1,579.71
Inmate Meals Monday 05/18/26	445	3.574000	1,590.43
Inmate Meals Tuesday 05/19/26	436	3.574000	1,558.26
Inmate Meals Wednesday 05/20/26	438	3.574000	1,565.41
Inmate Meals Thursday 05/21/26	438	3.574000	1,565.41
Staff Meals Friday 05/15/26	40	4.371000	174.84
Staff Meals Saturday 05/16/26	40	4.371000	174.84
Staff Meals Sunday 05/17/26	40	4.371000	174.84
Staff Meals Monday 05/18/26	40	4.371000	174.84
Staff Meals Tuesday 05/19/26	40	4.371000	174.84
Staff Meals Wednesday 05/20/26	40	4.371000	174.84

RECEIVED
MAY 26 2026
FINANCE DEPT

Date: 5.22.26
Acct. # 220-408.04-490.00-305-32
& Amt. 12,256.82 Trinity Services Group

I certify that this invoice is for goods/services furnished to Columbia County and funds are budgeted for this expense.
Christina Chapman
Dept. Head or authorized person

TRINITY SERVICES GROUP, INC.

Invoice

Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

Invoice Number: 3025200464
Invoice Date: 05/21/2026
Effective Date: 05/21/2026
Department: Weekly Meals Billing

Bill To: Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

Remit To: Trinity Services Group, Inc.
P.O. Box 748399
Los Angeles, CA 90074-8399

Event ID	Transaction ID	Customer Number	Event	Location
3025200464	2680446	F302520000	Weekly Meals Billing 05/15-05/21/2026	Columbia County Jail OR

Notes:

Description	Quantity	Unit Price	Amount
Staff Meals Thursday 05/21/26	40	4.371000	174.84

Sub-Total	$12,256.82
Sales Tax	$0.00
Total	$12,256.82
Advanced Deposit Used	$0.00
Cash Payment	$0.00
Credit Card	$0.00
Balance	$12,256.82

Please send a copy of your invoice with your payment.

TKC Holdings, Inc.

Columbia County Jail OR

Date	Inmate Meals	Staff Meals	Sack Meals
05/15/26	449	40	
05/16/26	439	40	
05/17/26	442	40	
05/18/26	445	40	
05/19/26	436	40	
05/20/26	438	40	
05/21/26	438	40	
Total Count	3,087	280	
Price/Meal	$3.57400	$4.37100	
Total Cost	$11,032.94	$1,223.88	

Date	Total Meals	Total NonMeals
05/15/26	489	0.00
05/16/26	479	0.00
05/17/26	482	0.00
05/18/26	485	0.00
05/19/26	476	0.00
05/20/26	478	0.00
05/21/26	478	0.00
Total	3,367	0.00
Average Price	$3.64028	$.00000
Total Amount	$12,256.82	$.00

Total Due $12,256.82

COLUMBIA COUNTY
230 STRAND ST.
ST. HELENS, OR 97051
503-397-0060

U.S. BANK

24-22/019
1230

166130

CHECK NO. 166130

Twelve Thousand Thirty-eight and 80/100 Dollars

DATE 6/03/2026

AMOUNT **12,038.80**

PAY
TO THE
ORDER OF

Trinity Services Group Inc
PO BOX 748399
LOS ANGELES CA 90074-8399

COLUMBIA COUNTY OF OREGON
VOID AFTER 180 DAYS

⑈166130⑈ ⑆123000220⑆ 153600524968⑈

166130

COLUMBIA COUNTY OF OREGON - 230 STRAND ST., ST HELENS, OR 97051

6/03/2026

Vendor: 2420 Trinity Services Group Inc

Check No:

INVOICE #	INV DATE	DESCRIPTION	INV AMOUNT
3025200466	5/28/2026	CCSO-Inmate & Staff meals - 05/22 - 05/28 26	12,038.80

TOTAL AMOUNT 12,038.80

TRINITY SERVICES GROUP, INC.

Invoice

RECEIVED
MAY 2 8 2026
COLUMBIA COUNTY SHERIFF'S OFFICE

Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

Invoice Number:	3025200466
Invoice Date:	05/28/2026
Effective Date:	05/28/2026
Department:	Weekly Meals Billing

Bill To: Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

Remit To: Trinity Services Group, Inc.
P.O. Box 748399
Los Angeles, CA 90074-8399

Event ID	Transaction ID	Customer Number	Event	Location
3025200466	2681014	F302520000	Weekly Meals Billing 05/22-05/28/2026	Columbia County Jail OR

Notes:

Description	Quantity	Unit Price	Amount
Inmate Meals Friday 05/22/26	433	3.574000	1,547.54
Inmate Meals Saturday 05/23/26	435	3.574000	1,554.69
Inmate Meals Sunday 05/24/26	433	3.574000	1,547.54
Inmate Meals Monday 05/25/26	436	3.574000	1,558.26
Inmate Meals Tuesday 05/26/26	435	3.574000	1,554.69
Inmate Meals Wednesday 05/27/26	427	3.574000	1,526.10
Inmate Meals Thursday 05/28/26	427	3.574000	1,526.10
Staff Meals Friday 05/22/26	40	4.371000	174.84
Staff Meals Saturday 05/23/26	40	4.371000	174.84
Staff Meals Sunday 05/24/26	40	4.371000	174.84
Staff Meals Monday 05/25/26	40	4.371000	174.84
Staff Meals Tuesday 05/26/26	40	4.371000	174.84
Staff Meals Wednesday 05/27/26	40	4.371000	174.84

RECEIVED
MAY 2 9 2026
FINANCE DEPT

Date: 5.29.26
Acct. # 220-408.04-490.00-305-32 Trinity Services Group
& Amt. 12,838.80
I certify that this invoice is for goods/services furnished to Columbia County and funds are budgeted for this expense.
Dept. Head or authorized person

TRINITY SERVICES GROUP, INC.

Invoice

Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

Invoice Number: 3025200466
Invoice Date: 05/28/2026
Effective Date: 05/28/2026
Department: Weekly Meals Billing

Bill To: Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

Remit To: Trinity Services Group, Inc.
P.O. Box 748399
Los Angeles, CA 90074-8399

Event ID	Transaction ID	Customer Number	Event	Location
3025200466	2681014	F302520000	Weekly Meals Billing 05/22-05/28/2026	Columbia County Jail OR

Notes:

Description	Quantity	Unit Price	Amount
Staff Meals Thursday 05/28/26	40	4.371000	174.84

Sub-Total	$12,038.80
Sales Tax	$0.00
Total	$12,038.80
Advanced Deposit Used	$0.00
Cash Payment	$0.00
Credit Card	$0.00
Balance	$12,038.80

Please send a copy of your invoice with your payment.

TKC Holdings, Inc.

Columbia County Jail OR

Date	Inmate Meals	Staff Meals	Sack Meals
05/22/26	433	40	
05/23/26	435	40	
05/24/26	433	40	
05/25/26	436	40	
05/26/26	435	40	
05/27/26	427	40	
05/28/26	427	40	
Total Count	3,026	280	
Price/Meal	$3.57400	$4.37100	
Total Cost	$10,814.92	$1,223.88	

Date	Total Meals	Total NonMeals
05/22/26	473	0.00
05/23/26	475	0.00
05/24/26	473	0.00
05/25/26	476	0.00
05/26/26	475	0.00
05/27/26	467	0.00
05/28/26	467	0.00
Total	3,306	0.00
Average Price	$3.64150	$.00000
Total Amount	$12,038.80	$.00

Total Due $12,038.80

COLUMBIA COUNTY
230 STRAND ST.
ST. HELENS, OR 97051
503-397-0060

U.S. BANK

24-22/019
1230

166301

CHECK NO. 166301

Twelve Thousand Three Hundred Fifteen and 70/100 Dollars

DATE 6/17/2026

AMOUNT **12,315.70**

PAY
TO THE
ORDER OF

Trinity Services Group Inc
PO BOX 748399
LOS ANGELES CA 90074-8399

COLUMBIA COUNTY OF OREGON
VOID AFTER 180 DAYS

⑈166301⑈ ⑆123000220⑆ 153600524968⑈

166301

COLUMBIA COUNTY OF OREGON - 230 STRAND ST., ST HELENS, OR 97051

6/17/2026

Vendor: 2420 Trinity Services Group Inc

Check No:

INVOICE #	INV DATE	DESCRIPTION	INV AMOUNT
3025200472	6/05/2026	CCSO-Inmate & Staff meals - 05/29 - 06/04 26	12,153.10
3025200473	6/05/2026	DCJ-Sack Meals - 5/29 - 6/04 26	162.60

TOTAL AMOUNT 12,315.70

TRINITY SERVICES GROUP, INC.

RECEIVED
JUN 09 2026
COLUMBIA COUNTY
SHERIFF'S OFFICE

Invoice

Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

Invoice Number: 3025200472
Invoice Date: 06/05/2026
Effective Date: 06/04/2026
Department: Weekly Meals Billing

Bill To: Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

Remit To: Trinity Services Group, Inc.
P.O. Box 748399
Los Angeles, CA 90074-8399

Event ID	Transaction ID	Customer Number	Event	Location
3025200472	2682017	F302520000	Weekly Meals Billing 05/29-06/04/2026	Columbia County Jail OR

Notes:

Description	Quantity	Unit Price	Amount
Inmate Meals Friday 05/29/26	433	3.574000	1,547.54
Inmate Meals Saturday 05/30/26	439	3.574000	1,568.99
Inmate Meals Sunday 05/31/26	444	3.574000	1,586.86
Inmate Meals Monday 06/01/26	442	3.574000	1,579.71
Inmate Meals Tuesday 06/02/26	428	3.574000	1,529.67
Inmate Meals Wednesday 06/03/26	414	3.781000	1,565.33
Inmate Meals Thursday 06/04/26	434	3.574000	1,551.12
Staff Meals Friday 05/29/26	40	4.371000	174.84
Staff Meals Saturday 05/30/26	40	4.371000	174.84
Staff Meals Sunday 05/31/26	40	4.371000	174.84
Staff Meals Monday 06/01/26	40	4.371000	174.84
Staff Meals Tuesday 06/02/26	40	4.371000	174.84
Staff Meals Wednesday 06/03/26	40	4.371000	174.84

RECEIVED
JUN 12 2026
FINANCE DEPT

Date: 6.11.26
Acct. # & Amt. 12,153.10
I certify that this invoice is for goods/services furnished to Columbia County and funds are budgeted for this expense.
Cintma Chapman
Dept. Head or authorized person

220-408.04-490.00-305-32
Trinity Services Group

TRINITY SERVICES GROUP, INC.

Invoice

Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

Invoice Number: 3025200472
Invoice Date: 06/05/2026
Effective Date: 06/04/2026
Department: Weekly Meals Billing

Bill To: Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

Remit To: Trinity Services Group, Inc.
P.O. Box 748399
Los Angeles, CA 90074-8399

Event ID	Transaction ID	Customer Number	Event	Location
3025200472	2682017	F302520000	Weekly Meals Billing 05/29-06/04/2026	Columbia County Jail OR

Notes:

Description	Quantity	Unit Price	Amount
Staff Meals Thursday 06/04/26	40	4.371000	174.84

Sub-Total	$12,153.10
Sales Tax	$0.00
Total	$12,153.10
Advanced Deposit Used	$0.00
Cash Payment	$0.00
Credit Card	$0.00
Balance	$12,153.10

Please send a copy of your invoice with your payment.

TKC Holdings, Inc.

Columbia County Jail OR

Date	Inmate Meals	Staff Meals	Sack Meals
05/29/26	433	40	
05/30/26	439	40	
05/31/26	444	40	
06/01/26	442	40	
06/02/26	428	40	
06/03/26	414	40	
06/04/26	434	40	
Total Count	3,034	280	
Price/Meal	$3.60225	$4.37100	
Total Cost	$10,929.21	$1,223.88	

Date	Total Meals	Total NonMeals
05/29/26	473	0.00
05/30/26	479	0.00
05/31/26	484	0.00
06/01/26	482	0.00
06/02/26	468	0.00
06/03/26	454	0.00
06/04/26	474	0.00
Total	3,314	0.00
Average Price	$3.66720	$.00000
Total Amount	$12,153.09	$.00

Total Due $12,153.09

COLUMBIA COUNTY
230 STRAND ST.
ST. HELENS, OR 97051
503-397-0060

U.S. BANK

24-22/019
1230

166518

CHECK NO. 166518

Twenty-three Thousand Nine Hundred Eighty-seven and 79/100 Dollars

DATE 7/08/2026

AMOUNT **23,987.79**

PAY
TO THE
ORDER OF

Trinity Services Group Inc
PO BOX 748399
LOS ANGELES CA 90074-8399

COLUMBIA COUNTY OF OREGON

VOID AFTER 180 DAYS

MP

⑈166518⑈ ⑆123000220⑆ 153600524968⑈

166518

COLUMBIA COUNTY OF OREGON - 230 STRAND ST., ST HELENS, OR 97051

Vendor: 2420 Trinity Services Group Inc

7/08/2026

Check No:

INVOICE #	INV DATE	DESCRIPTION	INV AMOUNT
3025200474	6/12/2026	CCSO-Inmate & Staff meals - 06/05 - 06/11 26	12,082.33
3025200476	6/18/2026	CCSO-Inmate & Staff meals - 06/12 - 06/18 26	11,905.46

TOTAL AMOUNT 23,987.79

TRINITY SERVICES GROUP, INC.

Invoice

RECEIVED
JUN 3 0 2026
COLUMBIA COUNTY SHERIFF'S OFFICE

Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

Invoice Number: 3025200474
Invoice Date: 06/12/2026
Effective Date: 06/11/2026
Department: Weekly Meals Billing

Bill To: Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

Remit To: Trinity Services Group, Inc.
P.O. Box 748399
Los Angeles, CA 90074-8399

Event ID	Transaction ID	Customer Number	Event	Location
3025200474	2682654	F302520000	Weekly Meals Billing 06/05-06/11/2026	Columbia County Jail OR

Notes:

Description	Quantity	Unit Price	Amount
Inmate Meals Friday 06/05/26	423	3.574000	1,511.80
Inmate Meals Saturday 06/06/26	415	3.781000	1,569.12
Inmate Meals Sunday 06/07/26	410	3.781000	1,550.21
Inmate Meals Monday 06/08/26	412	3.781000	1,557.77
Inmate Meals Tuesday 06/09/26	415	3.781000	1,569.12
Inmate Meals Wednesday 06/10/26	415	3.781000	1,569.12
Inmate Meals Thursday 06/11/26	405	3.781000	1,531.31
Staff Meals Friday 06/05/26	40	4.371000	174.84
Staff Meals Saturday 06/06/26	40	4.371000	174.84
Staff Meals Sunday 06/07/26	40	4.371000	174.84
Staff Meals Monday 06/08/26	40	4.371000	174.84
Staff Meals Tuesday 06/09/26	40	4.371000	174.84
Staff Meals Wednesday 06/10/26	40	4.371000	174.84

RECEIVED
JUL 0 3 2026
FINANCE DEPT

Date: 7.1.26
Acct. # & Amt. 12,082.33
I certify that this invoice is for goods/services furnished to Columbia County and funds are budgeted for this expense.
Cristina Chapman
Dept. Head or authorized person

220-408.04-490.00-305-32
Trinity Services Group

TRINITY SERVICES GROUP, INC.

Invoice

Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

Invoice Number: 3025200474
Invoice Date: 06/12/2026
Effective Date: 06/11/2026
Department: Weekly Meals Billing

Bill To: Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

Remit To: Trinity Services Group, Inc.
P.O. Box 748399
Los Angeles, CA 90074-8399

Event ID	Transaction ID	Customer Number	Event	Location
3025200474	2682654	F302520000	Weekly Meals Billing 06/05-06/11/2026	Columbia County Jail OR

Notes:

Description	Quantity	Unit Price	Amount
Staff Meals Thursday 06/11/26	40	4.371000	174.84

Sub-Total	$12,082.33
Sales Tax	$0.00
Total	$12,082.33
Advanced Deposit Used	$0.00
Cash Payment	$0.00
Credit Card	$0.00
Balance	$12,082.33

Please send a copy of your invoice with your payment.

TKC Holdings, Inc.

Columbia County Jail OR

Date	Inmate Meals	Staff Meals	Sack Meals
06/05/26	423	40	
06/06/26	415	40	
06/07/26	410	40	
06/08/26	412	40	
06/09/26	415	40	
06/10/26	415	40	
06/11/26	405	40	
Total Count	2,895	280	
Price/Meal	$3.75075	$4.37100	
Total Cost	$10,858.43	$1,223.88	

Date	Total Meals	Total NonMeals
06/05/26	463	0.00
06/06/26	455	0.00
06/07/26	450	0.00
06/08/26	452	0.00
06/09/26	455	0.00
06/10/26	455	0.00
06/11/26	445	0.00
Total	3,175	0.00
Average Price	$3.80545	$.00000
Total Amount	$12,082.31	$.00

Total Due $12,082.31

TRINITY SERVICES GROUP, INC.

Invoice

Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

Invoice Number: 3025200476
Invoice Date: 06/18/2026
Effective Date: 06/18/2026
Department: Weekly Meals Billing

RECEIVED
JUN 3 0 2026
COLUMBIA COUNTY
SHERIFF'S OFFICE

Bill To: Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

Remit To: Trinity Services Group, Inc.
P.O. Box 748399
Los Angeles, CA 90074-8399

Event ID	Transaction ID	Customer Number	Event	Location
3025200476	2683033	F302520000	Weekly Meals Billing 06/12-06/18/2026	Columbia County Jail OR

Notes:

Description	Quantity	Unit Price	Amount
Inmate Meals Friday 06/12/26	405	3.781000	1,531.31
Inmate Meals Saturday 06/13/26	403	3.781000	1,523.74
Inmate Meals Sunday 06/14/26	397	3.781000	1,501.06
Inmate Meals Monday 06/15/26	397	3.781000	1,501.06
Inmate Meals Tuesday 06/16/26	401	3.781000	1,516.18
Inmate Meals Wednesday 06/17/26	389	4.021000	1,564.17
Inmate Meals Thursday 06/18/26	384	4.021000	1,544.06
Staff Meals Friday 06/12/26	40	4.371000	174.84
Staff Meals Saturday 06/13/26	40	4.371000	174.84
Staff Meals Sunday 06/14/26	40	4.371000	174.84
Staff Meals Monday 06/15/26	40	4.371000	174.84
Staff Meals Tuesday 06/16/26	40	4.371000	174.84
Staff Meals Wednesday 06/17/26	40	4.371000	174.84

RECEIVED
JUL 0 3 2026
FINANCE DEPT

Date: 7.1.26
Acct. # 220-408.04-490.00-305-32 Trinity Services Group
& Amt. 11,905.46
I certify that this invoice is for goods/services furnished to Columbia County and funds are budgeted for this expense.
Christina Chapman
Dept. Head or authorized person

TRINITY SERVICES GROUP, INC.

Invoice

Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

Invoice Number: 3025200476
Invoice Date: 06/18/2026
Effective Date: 06/18/2026
Department: Weekly Meals Billing

Bill To: Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

Remit To: Trinity Services Group, Inc.
P.O. Box 748399
Los Angeles, CA 90074-8399

Event ID	Transaction ID	Customer Number	Event	Location
3025200476	2683033	F302520000	Weekly Meals Billing 06/12-06/18/2026	Columbia County Jail OR

Notes:

Description	Quantity	Unit Price	Amount
Staff Meals Thursday 06/18/26	40	4.371000	174.84

Sub-Total	$11,905.46
Sales Tax	$0.00
Total	$11,905.46
Advanced Deposit Used	$0.00
Cash Payment	$0.00
Credit Card	$0.00
Balance	$11,905.46

Please send a copy of your invoice with your payment.

TKC Holdings, Inc.

Columbia County Jail OR

Date	Inmate Meals	Staff Meals	Sack Meals
06/12/26	405	40	
06/13/26	403	40	
06/14/26	397	40	
06/15/26	397	40	
06/16/26	401	40	
06/17/26	389	40	
06/18/26	384	40	
Total Count	2,776	280	
Price/Meal	$3.84783	$4.37100	
Total Cost	$10,681.58	$1,223.88	

Date	Total Meals	Total NonMeals
06/12/26	445	0.00
06/13/26	443	0.00
06/14/26	437	0.00
06/15/26	437	0.00
06/16/26	441	0.00
06/17/26	429	0.00
06/18/26	424	0.00
Total	3,056	0.00
Average Price	$3.89576	$.00000
Total Amount	$11,905.46	$.00

Total Due $11,905.46

COLUMBIA COUNTY
230 STRAND ST.
ST. HELENS, OR 97051
503-397-0060

U.S. BANK

24-22/019
1230

166605

CHECK NO. 166605

Twenty-four Thousand Four Hundred Three and 04/100 Dollars

DATE 7/15/2026

AMOUNT **24,403.04**

PAY
TO THE
ORDER OF

Trinity Services Group Inc
PO BOX 748399
LOS ANGELES CA 90074-8399

COLUMBIA COUNTY OF OREGON
VOID AFTER 180 DAYS

MP

⑈166605⑈ ⑆123000220⑆ 153600524968⑈

COLUMBIA COUNTY OF OREGON - 230 STRAND ST., ST HELENS, OR 97051

166605

Vendor: 2420 Trinity Services Group Inc

7/15/2026

Check No:

INVOICE #	INV DATE	DESCRIPTION	INV AMOUNT
3025200471	6/01/2026	CCSO-Special Function	400.00
3025200478	6/26/2026	CCSO-Inmate & Staff meals - 06/19 - 06/25 26	11,891.61
3025200480	6/26/2026	CCSO-Special Function	400.00
3025200481	7/02/2026	CCSO-Inmate & Staff meals - 06/26 - 07/02 26	11,711.43

TOTAL AMOUNT 24,403.04

TRINITY SERVICES GROUP, INC.

RECEIVED
JUL 07 2026
COLUMBIA COUNTY
SHERIFF'S OFFICE

Invoice

Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

7426

Invoice Number: 3025200478
Invoice Date: 06/26/2026
Effective Date: 06/25/2026
Department: Weekly Meals Billing

Bill To: Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

Remit To: Trinity Services Group, Inc.
P.O. Box 748399
Los Angeles, CA 90074-8399

Event ID	Transaction ID	Customer Number	Event	Location
3025200478	2683873	F302520000	Weekly Meals Billing 06/19-06/25/2026	Columbia County Jail OR

Notes:

Description	Quantity	Unit Price	Amount
Inmate Meals Friday 06/19/26	379	4.021000	1,523.96
Inmate Meals Saturday 06/20/26	385	4.021000	1,548.09
Inmate Meals Sunday 06/21/26	389	4.021000	1,564.17
Inmate Meals Monday 06/22/26	386	4.021000	1,552.11
Inmate Meals Tuesday 06/23/26	376	4.021000	1,511.90
Inmate Meals Wednesday 06/24/26	372	4.021000	1,495.81
Inmate Meals Thursday 06/25/26	366	4.021000	1,471.69
Staff Meals Friday 06/19/26	40	4.371000	174.84
Staff Meals Saturday 06/20/26	40	4.371000	174.84
Staff Meals Sunday 06/21/26	40	4.371000	174.84
Staff Meals Monday 06/22/26	40	4.371000	174.84
Staff Meals Tuesday 06/23/26	40	4.371000	174.84
Staff Meals Wednesday 06/24/26	40	4.371000	174.84

RECEIVED
JUL 10 2026
FINANCE DEPT

Date: 7-9-26
Acct. # 220-408.04-490.00-305-32
& Amt. 11,891.61 Trinity Services Group
I certify that this invoice is for goods/services furnished to Columbia County and funds are budgeted for this expense.
Christina Chapman
Dept. Head or authorized person

TRINITY SERVICES GROUP, INC.

Invoice

Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

Invoice Number: 3025200478
Invoice Date: 06/26/2026
Effective Date: 06/25/2026
Department: Weekly Meals Billing

Bill To: Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

Remit To: Trinity Services Group, Inc.
P.O. Box 748399
Los Angeles, CA 90074-8399

Event ID	Transaction ID	Customer Number	Event	Location
3025200478	2683873	F302520000	Weekly Meals Billing 06/19-06/25/2026	Columbia County Jail OR

Notes:

Description	Quantity	Unit Price	Amount
Staff Meals Thursday 06/25/26	40	4.371000	174.84

Sub-Total	$11,891.61
Sales Tax	$0.00
Total	$11,891.61
Advanced Deposit Used	$0.00
Cash Payment	$0.00
Credit Card	$0.00
Balance	$11,891.61

Please send a copy of your invoice with your payment.

TKC Holdings, Inc.

Columbia County Jail OR

Date	Inmate Meals	Staff Meals	Sack Meals
06/19/26	379	40	
06/20/26	385	40	
06/21/26	389	40	
06/22/26	386	40	
06/23/26	376	40	
06/24/26	372	40	
06/25/26	366	40	
Total Count	2,653	280	
Price/Meal	$4.02100	$4.37100	
Total Cost	$10,667.71	$1,223.88	

Date	Total Meals	Total NonMeals
06/19/26	419	0.00
06/20/26	425	0.00
06/21/26	429	0.00
06/22/26	426	0.00
06/23/26	416	0.00
06/24/26	412	0.00
06/25/26	406	0.00
Total	2,933	0.00
Average Price	$4.05441	$.00000
Total Amount	$11,891.59	$.00

Total Due $11,891.59

TRINITY SERVICES GROUP, INC.

RECEIVED
JUL 07 2026
COLUMBIA COUNTY SHERIFF'S OFFICE

Invoice

Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

7/26

Invoice Number: 3025200481
Invoice Date: 07/02/2026
Effective Date: 07/02/2026
Department: Weekly Meals Billing

Bill To: Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

Remit To: Trinity Services Group, Inc.
P.O. Box 748399
Los Angeles, CA 90074-8399

Event ID	Transaction ID	Customer Number	Event	Location
3025200481	2684382	F302520000	Weekly Meals Billing 06/26-07/02/2026	Columbia County Jail OR

Notes:

Description	Quantity	Unit Price	Amount
Inmate Meals Friday 06/26/26	359	4.306000	1,545.85
Inmate Meals Saturday 06/27/26	358	4.306000	1,541.55
Inmate Meals Sunday 06/28/26	358	4.306000	1,541.55
Inmate Meals Monday 06/29/26	361	4.021000	1,451.58
Inmate Meals Tuesday 06/30/26	367	4.021000	1,475.71
Inmate Meals Wednesday 07/01/26	366	4.021000	1,471.69
Inmate Meals Thursday 07/02/26	363	4.021000	1,459.62
Staff Meals Friday 06/26/26	40	4.371000	174.84
Staff Meals Saturday 06/27/26	40	4.371000	174.84
Staff Meals Sunday 06/28/26	40	4.371000	174.84
Staff Meals Monday 06/29/26	40	4.371000	174.84
Staff Meals Tuesday 06/30/26	40	4.371000	174.84
Staff Meals Wednesday 07/01/26	40	4.371000	174.84

RECEIVED
JUL 10 2026
FINANCE DEPT

Date: 7.9.26
Acct. # 220-408.04-490.00-305-32
& Amt. 11,711.43
Trinity Services Group

I certify that this invoice is for goods/services furnished to Columbia County and funds are budgeted for this expense.

Christina Chapman
Dept. Head or authorized person

TRINITY SERVICES GROUP, INC.

Invoice

Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

Invoice Number: 3025200481
Invoice Date: 07/02/2026
Effective Date: 07/02/2026
Department: Weekly Meals Billing

Bill To: Columbia County Jail OR
901 Port Ave.
SAINT HELENS, OR 97051

Remit To: Trinity Services Group, Inc.
P.O. Box 748399
Los Angeles, CA 90074-8399

Event ID	Transaction ID	Customer Number	Event	Location
3025200481	2684382	F302520000	Weekly Meals Billing 06/26-07/02/2026	Columbia County Jail OR

Notes:

Description	Quantity	Unit Price	Amount
Staff Meals Thursday 07/02/26	40	4.371000	174.84

Sub-Total	$11,711.43
Sales Tax	$0.00
Total	$11,711.43
Advanced Deposit Used	$0.00
Cash Payment	$0.00
Credit Card	$0.00
Balance	$11,711.43

Please send a copy of your invoice with your payment.

TKC Holdings, Inc.

Columbia County Jail OR

Date	Inmate Meals	Staff Meals	Sack Meals
06/26/26	359	40	
06/27/26	358	40	
06/28/26	358	40	
06/29/26	361	40	
06/30/26	367	40	
07/01/26	366	40	
07/02/26	363	40	
Total Count	2,532	280	
Price/Meal	$4.14200	$4.37100	
Total Cost	$10,487.55	$1,223.88	

Date	Total Meals	Total NonMeals
06/26/26	399	0.00
06/27/26	398	0.00
06/28/26	398	0.00
06/29/26	401	0.00
06/30/26	407	0.00
07/01/26	406	0.00
07/02/26	403	0.00
Total	2,812	0.00
Average Price	$4.16480	$.00000
Total Amount	$11,711.43	$.00

Total Due $11,711.43

THIS DOCUMENT INCLUDES A TAMPER EVIDENT CHEMICAL WASH WARNING BOX

COLUMBIA COUNTY
230 STRAND ST.
ST. HELENS, OR 97051
503-397-0060

U.S. BANK

24-22/019
1230

165786

CHECK NO. 165786

One Hundred Fifty-four Thousand Eight Hundred Four and 60/100 Dollars

DATE 5/06/2026

AMOUNT **154,804.60**

PAY
TO THE
ORDER OF

MedTrust LLC
1601 NW EXPRESSWAY STE 850
OKLAHOMA OK 73118

COLUMBIA COUNTY OF OREGON

VOID AFTER 180 DAYS

MP

HEAT SENSITIVE COLOR FADES WITH HEAT

⑈165786⑈ ⑆123000220⑆ 153600524968⑈

COLUMBIA COUNTY OF OREGON - 230 STRAND ST., ST HELENS, OR 97051

165786

Vendor: 3346 MedTrust LLC

5/06/2026

Check No:

INVOICE #	INV DATE	DESCRIPTION	INV AMOUNT
MT-004062	5/01/2026	Jail-Contract C111-2023-Billing Period 4/01/26-4/30/26	154,804.60

TOTAL AMOUNT 154,804.60

RECEIVED
APR 2 1 2026
COLUMBIA COUNTY
SHERIFF'S OFFICE

MedTrust

1601 NW Expwy #850
Oklahoma City, OK 73118

For Services Rendered at:
Columbia County Sheriff's Office
Address:
901 Port Ave
St Helen, OR 97051
United States of America

INVOICE	
Invoice #	**MT-004062**
Invoice Date	5/1/2026
Invoice Period	April 1 - April 30, 2026
Due Date	30 Days after Receipt

	Available Funds	Apr-26	Remaining Balance
Base Compensation	$1,238,436.80	$154,804.60	$1,083,632.20
Cap Remaining	$82,215.57	$3,835.68	$78,379.89

Description	Unit Amount	Current Amount
Base Compensation	$154,804.60	$154,804.60
		$154,804.60

ADP Reimbursement	Inmates	Per Diem	Days/Month	
	136	1.25		**$0.00**

CAP Breakdown	Current Amount
Pharmacy Utilization	$2,653.30
Non Pharmacy Cost	$1,182.38

Reimbursable Supplies			
Office Supplies	Mar-26		$39.99
Pharmacy	Mar-26		$2,653.30
Kashi Labs	Mar-26		$361.07
Medical Supplies	Mar-26		$426.32
X-Ray	Mar-26		$355.00
Medical Waste Disposal			$0.00
Hospital			$0.00
Dental			$0.00
			$3,835.68

RECEIVED
APR 27 2026
FINANCE DEPT

Make Checks Payable to:

MedTrust LLC
1601 NW Expressway, Suite 850
Oklahoma City, OK 73118
Attn: Accounts Receivable

INVOICE TOTAL **$154,804.60**

220-408.04-490.00-305-15
See PSC C111-2023 For Authorized Signature

Date: 4.22.26
Acct. # _____
& Amt. 154,804.60

I certify that this invoice is for goods/services furnished to Columbia County and funds are budgeted for this expense.

See PSC for authorized Signatures
Dept. Head or authorized person

ADP Account #		Account Name		Period												Inception
				Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	To-Date
400-001		Revenues		Final OY Expense	$ 154,804.62	$ 154,804.60	$ 154,804.60	$ 154,804.60	$ 154,804.60	$ 154,804.60	$ 154,804.60	$ 154,804.60	$ 154,804.60	$ 154,804.60	$ 154,804.60	$ 154,804.60	$ 1,857,655.22
545-001		Direct Materials															
	CAP	Office Supplies		22.64	-	-	53.26	39.99									115.89
545-002		**Direct Pharmaceuticals:**															
	CAP	Anuco RX	-	2,702.39	3,564.66	3,110.61	3,406.93	2,653.30									15,437.89
545-003		Direct Labs															
	CAP	Kashi Labs	-	42.89	319.39	897.37	527.35	361.07									2,148.07
545-004		Direct Medical Supplies															
	CAP	Medical Supplies	-	859.07	168.09	251.12	820.65	426.32									2,525.25
545-005		Direct X-Ray															
	CAP	MobileX USA		-	1,245.00	1,095.00	1,975.00	355.00									4,670.00
545-007		Direct Other															
	CAP	Medical Waste Disposal		165.00	-	-	350.00										515.00
545-009		Direct Hospital															
	CAP	Hospitals		1,689.96	-	-											1,689.96
545-010		Direct Dental															
	CAP	Dentistry		-	-	-											-
545-012		Direct Specialty Services															
	CAP																-
		Monthly CAP Expense		5,481.95	5,297.14	5,354.10	7,133.19	3,835.68	-	-	-	-	-	-	-	-	27,102.06
Base Compensation Balance			1,857,655.22		$ 1,702,850.60	1,548,046.00	1,393,241.40	1,238,436.80	1,083,632.20	928,827.60	774,023.00	619,218.40	464,413.80	309,609.20	154,804.60	-	
Offsite and Pharmacy Cap Remaining			100,000.00		94,702.86	89,348.76	82,215.57	78,379.89	78,379.89	78,379.89	78,379.89	78,379.89	78,379.89	78,379.89	78,379.89	78,379.89	
Billed CAP Overage				-	-	-	-	-	-	-	-	-	-	-	-		-
		Non Pharmacy costs		$ 2,779.56	$ 1,732.48	$ 2,243.49	$ 3,726.26	$ 1,182.38	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
		Pharmacy Utilization		$ 2,702.39	$ 3,564.66	$ 3,110.61	$ 3,406.93	$ 2,653.30	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	

COLUMBIA SHERRIFS OFFICE

12/1/24-11/30/25

Oct-25

	31	31	29	31	30	31	30	31	31	30	31	30	366
	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Totals
Contract Services	$ 129,896.85	$ 129,896.85	$ 129,896.85	$ 129,896.85	$ 129,896.85	$ 129,896.85	$ 129,896.85	$ 129,896.85	$ 129,896.85	$ 129,896.85	$ 129,896.85	$ 129,896.90	$ 1,558,762.25
Offsite and Pharmacy													
Compumed (Absorbed)	$ 199.00	$ 199.00	$ 199.00	$ 199.00	$ 199.00	$ 199.00	$ 199.00	$ 199.00	$ 199.00	$ 199.00	$ 199.00	$ 199.00	$2,388
Pharmacy	$ 3,500.72	$ 7,145.34	$ 5,246.98	$ 7,756.87	$ 7,566.75	$ 7,290.86	$ 11,073.65	$ 10,867.26	$ 7,389.62	$ 2,947.41	$ 4,589.79	$ 2,703.68	$78,079
Medical Supplies	$ 175.37	$ 378.94	$ 351.65	$ 256.20	$ 395.60	$ 846.79	$ 474.89	$ 197.94	$ 534.38	$ 101.19	$ 111.75	$ 357.46	$4,182
Office Supplies	$ 238.86	$ 125.41	$ 101.10	$ 359.76	$ 901.80	$ 120.91	$ -	$ -	$ -	$ -	$ -	$ 16.43	$1,864
Labs	$ 1,365.04	$ 657.01	$ 1,491.56	$ 1,640.64	$ 1,552.72	$ 127.58	$ 824.26	$ 254.47	$ 1,190.69	$ 249.04	$ 701.95	$ 70.47	$10,125
X-Ray	$ 370.00		$ 540.00	$ 1,315.00	$ 185.00	$ 740.00	$ 715.00	$ 1,820.00	$ 740.00	$ 1,550.00	$ 995.00	$ 995.00	$9,965
Medical Waste Disposal	$ 165.00	$ 165.00	$ 165.00	$ 165.00	$ 165.00	$ 165.00	$ 165.00	$ 149.00	$ 165.00	$ 165.00	$ 165.00	$ 165.00	$1,964
Dental									$ 600.00	$ 208.00	$ 150.00		$958
Vision			$ 228.00										$228
Hospital	$ 12,391.77	$ 878.00	$ 9,660.48	$ 21,938.51	$ 28,925.39	$ 13,622.34	$ 5,430.28	$ (5,430.28)	$ 65.00	$ -	$ -		$87,481
Total	$ 18,405.76	$ 9,548.70	$ 17,983.77	$ 33,630.98	$ 39,891.26	$ 23,112.48	$ 18,882.08	$ 8,057.39	$ 10,883.69	$ 5,419.64	$ 6,912.49	$ 4,507.04	**$197,235**
Offsite Cap Remaining 100K	$ 81,793.24	$ 72,443.54	$ 54,658.77	$ 21,226.79	$ (18,465.47)	$ (41,378.95)	$ (60,062.03)	$ (67,920.42)	$ (78,605.11)	$ (83,825.75)	$ (90,539.24)	$ (94,847.28)	$ -

Non Pharmacy costs	$ 14,706.04	$ 2,204.36	$ 12,537.79	$ 25,675.11	$ 32,125.51	$ 15,622.62	$ 7,609.43	$ (3,008.87)	$ 3,295.07	$ 2,273.23	$ 2,123.70	$ 1,604.36
Pharmacy Utilization	$ 3,500.72	$ 7,145.34	$ 5,246.98	$ 7,756.87	$ 7,566.75	$ 7,290.86	$ 11,073.65	$ 10,867.26	$ 7,389.62	$ 2,947.41	$ 4,589.79	$ 2,703.68

New Charges

COLUMBIA COUNTY
230 STRAND ST.
ST. HELENS, OR 97051
503-397-0060

U.S. BANK

24-22/019
1230

166489

CHECK NO. 166489

Three Hundred Nine Thousand Six Hundred Nine and 20/100 Dollars

DATE 7/08/2026

AMOUNT **309,609.20**

PAY
TO THE
ORDER OF

MedTrust LLC
1601 NW EXPRESSWAY STE 850
OKLAHOMA OK 73118

COLUMBIA COUNTY OF OREGON

VOID AFTER 180 DAYS

MP

⑈166489⑈ ⑆123000220⑆ 153600524968⑈

166489

COLUMBIA COUNTY OF OREGON - 230 STRAND ST., ST HELENS, OR 97051

7/08/2026

Vendor: 3346 MedTrust LLC

Check No:

INVOICE #	INV DATE	DESCRIPTION	INV AMOUNT
MT-004090	6/01/2026	Jail-Contract C111-2023-Billing Period 5/01/26-5/31/26	154,804.60
MT-004124	7/01/2026	Jail-Contract C111-2023-Billing Period 6/01/26-6/30/26	154,804.60

TOTAL AMOUNT 309,609.20

RECEIVED
JUL 0 2 2026
COLUMBIA COUNTY
SHERIFF'S OFFICE

MedTrust

1601 NW Expwy #850
Oklahoma City, OK 73118

For Services Rendered at:
Columbia County Sheriff's Office
Address:
901 Port Ave
St Helen, OR 97051
United States of America

INVOICE	
Invoice #	**MT-004090**
Invoice Date	6/1/2026
Invoice Period	May 1 - May 31, 2026
Due Date	30 Days after Receipt

	Available Funds	May-26	Remaining Balance
Base Compensation	$1,083,632.20	$154,804.60	$928,827.60
Cap Remaining	$78,379.89	$5,092.09	$73,287.80

Description	**Unit Amount**	**Current Amount**
Base Compensation	$154,804.60	$154,804.60
		$154,804.60

ADP Reimbursement	**Inmates**	**Per Diem**	**Days/Month**	
	134	1.25		**$0.00**

CAP Breakdown		**Current Amount**
Pharmacy Utilization		$2,570.56
Non Pharmacy Cost		$2,521.53
Reimbursable Supplies		
Office Supplies		$0.00
Pharmacy	Apr-26	$2,570.56
Kashi Labs	Apr-26	$619.83
Medical Supplies	Apr-26	$856.70
X-Ray	Apr-26	$1,045.00
Medical Waste Disposal		$0.00
Hospital		$0.00
Dental		$0.00
		$5,092.09

See PSC C111-2023 For Authorized Signature
220-408.04-490.00-305-15

Date: 7.2.26
Acct. # _____
& Amt. 154,804.60
I certify that this invoice is for goods/services furnished to Columbia County and funds are budgeted for this expense.
See PSC for Signature
Dept. Head or authorized person

Make Checks Payable to:
MedTrust LLC
1601 NW Expressway, Suite 850
Oklahoma City, OK 73118
Attn: Accounts Receivable

INVOICE TOTAL **$154,804.60**

RECEIVED
JUL 0 3 2026
FINANCE DEPT

ADP Account #		Account Name		Period												Inception
				Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	To-Date
400-001		Revenues		Final OY Expense	$ 154,804.62	$ 154,804.60	$ 154,804.60	$ 154,804.60	$ 154,804.60	$ 154,804.60	$ 154,804.60	$ 154,804.60	$ 154,804.60	$ 154,804.60	$ 154,804.60	$ 154,804.60	$ 1,857,655.22
545-001		Direct Materials															
	CAP	Office Supplies		22.64	-	-	53.26	39.99									115.89
545-002		Direct Pharmaceuticals:															
	CAP	Anuco RX	-	2,702.39	3,564.66	3,110.61	3,406.93	2,653.30	2,570.56								18,008.45
545-003		Direct Labs															
	CAP	Kashi Labs	-	42.89	319.39	897.37	527.35	361.07	619.83								2,767.90
545-004		Direct Medical Supplies															
	CAP	Medical Supplies	-	859.07	168.09	251.12	820.65	426.32	856.70								3,381.95
545-005		Direct X-Ray															
	CAP	MobileX USA		-	1,245.00	1,095.00	1,975.00	355.00	1,045.00								5,715.00
545-007		Direct Other															
	CAP	Medical Waste Disposal		165.00	-	-	350.00										515.00
545-009		Direct Hospital															
	CAP	Hospitals		1,689.96	-	-											1,689.96
545-010		Direct Dental															
	CAP	Dentistry		-	-	-									-		-
545-012		Direct Specialty Services															
	CAP																-
		Monthly CAP Expense		5,481.95	5,297.14	5,354.10	7,133.19	3,835.68	5,092.09	-	-	-	-	-	-	-	32,194.15
Base Compensation Balance			1,857,655.22		$ 1,702,850.60	1,548,046.00	1,393,241.40	1,238,436.80	1,083,632.20	928,827.60	774,023.00	619,218.40	464,413.80	309,609.20	154,804.60	-	
Offsite and Pharmacy Cap Remaining			100,000.00		94,702.86	89,348.76	82,215.57	78,379.89	73,287.80	73,287.80	73,287.80	73,287.80	73,287.80	73,287.80	73,287.80	73,287.80	
Billed CAP Overage				-	-	-	-	-	-	-	-	-	-	-			-
		Non Pharmacy costs		$ 2,779.56	$ 1,732.48	$ 2,243.49	$ 3,726.26	$ 1,182.38	$ 2,521.53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
		Pharmacy Utilization		$ 2,702.39	$ 3,564.66	$ 3,110.61	$ 3,406.93	$ 2,653.30	$ 2,570.56	$ -	$ -	$ -	$ -	$ -	$ -	$ -	

RECEIVED
JUN 3 0 2026
COLUMBIA COUNTY
SHERIFF'S OFFICE

MedTrust

1601 NW Expwy #850
Oklahoma City, OK 73118

For Services Rendered at:
Columbia County Sheriff's Office
Address:
901 Port Ave
St Helen, OR 97051
United States of America

INVOICE	
Invoice #	**MT-004124**
Invoice Date	7/1/2026
Invoice Period	June 1 - June 30, 2026
Due Date	30 Days after Receipt

	Available Funds	Jun-26	Remaining Balance
Base Compensation	$928,827.60	$154,804.60	$774,023.00
Cap Remaining	$73,287.80	$4,945.81	$68,341.99

Description	**Unit Amount**	**Current Amount**
Base Compensation	$154,804.60	$154,804.60
		$154,804.60

ADP Reimbursement	**Inmates**	**Per Diem**	**Days/Month**	
	136	1.25		**$0.00**

CAP Breakdown	**Current Amount**
Pharmacy Utilization	$4,251.25
Non Pharmacy Cost	$694.56

Reimbursable Supplies			
Office Supplies			$0.00
Pharmacy	May-26		$4,251.25
Kashi Labs	May-26		$89.50
Medical Supplies	May-26		$150.06
X-Ray	May-26		$455.00
Medical Waste Disposal			$0.00
Hospital			$0.00
Dental			$0.00
			$4,945.81

RECEIVED
JUL 0 3 2026
FINANCE DEPT

Make Checks Payable to:
MedTrust LLC
1601 NW Expressway, Suite 850
Oklahoma City, OK 73118
Attn: Accounts Receivable

INVOICE TOTAL **$154,804.60**

220-408.04-490.00-305-15
See PSC C111-2023 For Authorized Signature

Date: 7-1-26
Acct. #
& Amt. 154,804.60
I certify that this invoice is for goods/services furnished to Columbia County and funds are budgeted for this expense.
See PSC for authorized Signature
Dept. Head or authorized person

ADP Account #		Account Name		Period												Inception
				Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	To-Date
400-001		Revenues		Final OY Expense	$ 154,804.62	$ 154,804.60	$ 154,804.60	$ 154,804.60	$ 154,804.60	$ 154,804.60	$ 154,804.60	$ 154,804.60	$ 154,804.60	$ 154,804.60	$ 154,804.60	$ 154,804.60	$ 1,857,655.22
545-001		Direct Materials															
	CAP	Office Supplies		22.64	-	-	53.26	39.99									115.89
545-002		Direct Pharmaceuticals:															
	CAP	Anuco RX	-	2,702.39	3,564.66	3,110.61	3,406.93	2,653.30	2,570.56	4,251.25							22,259.70
545-003		Direct Labs															
	CAP	Kashi Labs	-	42.89	319.39	897.37	527.35	361.07	619.83	89.50							2,857.40
545-004		Direct Medical Supplies															
	CAP	Medical Supplies	-	859.07	168.09	251.12	820.65	426.32	856.70	150.06							3,532.01
545-005		Direct X-Ray															
	CAP	MobileX USA		-	1,245.00	1,095.00	1,975.00	355.00	1,045.00	455.00							6,170.00
545-007		Direct Other															
	CAP	Medical Waste Disposal		165.00	-	-	350.00										515.00
545-009		Direct Hospital															
	CAP	Hospitals		1,689.96	-	-											1,689.96
545-010		Direct Dental															
	CAP	Dentistry		-	-	-											-
545-012		Direct Specialty Services															
	CAP																-
		Monthly CAP Expense		5,481.95	5,297.14	5,354.10	7,133.19	3,835.68	5,092.09	4,945.81	-	-	-	-	-	-	37,139.96
Base Compensation Balance			1,857,655.22		$ 1,702,850.60	1,548,046.00	1,393,241.40	1,238,436.80	1,083,632.20	928,827.60	774,023.00	619,218.40	464,413.80	309,609.20	154,804.60	-	
Offsite and Pharmacy Cap Remaining			100,000.00		94,702.86	89,348.76	82,215.57	78,379.89	73,287.80	68,341.99	68,341.99	68,341.99	68,341.99	68,341.99	68,341.99	68,341.99	
Billed CAP Overage				-	-	-	-	-	-	-	-	-	-	-	-	-	-
		Non Pharmacy costs		$ 2,779.56	$ 1,732.48	$ 2,243.49	$ 3,726.26	$ 1,182.38	$ 2,521.53	$ 694.56	$ -	$ -	$ -	$ -	$ -	$ -	
		Pharmacy Utilization		$ 2,702.39	$ 3,564.66	$ 3,110.61	$ 3,406.93	$ 2,653.30	$ 2,570.56	$ 4,251.25	$ -	$ -	$ -	$ -	$ -	$ -	

COLUMBIA SHERRIFS OFFICE
12/1/24-11/30/25
Oct-25

	31	31	29	31	30	31	30	31	31	30	31	30	366
	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Totals
Contract Services	$ 129,896.85	$ 129,896.85	$ 129,896.85	$ 129,896.85	$ 129,896.85	$ 129,896.85	$ 129,896.85	$ 129,896.85	$ 129,896.85	$ 129,896.85	$ 129,896.85	$ 129,896.90	$ 1,558,762.25
Offsite and Pharmacy													
Compumed (Absorbed)	$ 199.00	$ 199.00	$ 199.00	$ 199.00	$ 199.00	$ 199.00	$ 199.00	$ 199.00	$ 199.00	$ 199.00	$ 199.00	$ 199.00	$2,388
Pharmacy	$ 3,500.72	$ 7,145.34	$ 5,246.98	$ 7,756.87	$ 7,566.75	$ 7,290.86	$ 11,073.65	$ 10,867.26	$ 7,389.62	$ 2,947.41	$ 4,589.79	$ 2,703.68	$78,079
Medical Supplies	$ 175.37	$ 378.94	$ 351.65	$ 256.20	$ 395.60	$ 846.79	$ 474.89	$ 197.94	$ 534.38	$ 101.19	$ 111.75	$ 357.46	$4,182
Office Supplies	$ 238.86	$ 125.41	$ 101.10	$ 359.76	$ 901.80	$ 120.91	$ -	$ -	$ -	$ -	$ -	$ 16.43	$1,864
Labs	$ 1,365.04	$ 657.01	$ 1,491.56	$ 1,640.64	$ 1,552.72	$ 127.58	$ 824.26	$ 254.47	$ 1,190.69	$ 249.04	$ 701.95	$ 70.47	$10,125
X-Ray	$ 370.00		$ 540.00	$ 1,315.00	$ 185.00	$ 740.00	$ 715.00	$ 1,820.00	$ 740.00	$ 1,550.00	$ 995.00	$ 995.00	$9,965
Medical Waste Disposal	$ 165.00	$ 165.00	$ 165.00	$ 165.00	$ 165.00	$ 165.00	$ 165.00	$ 149.00	$ 165.00	$ 165.00	$ 165.00	$ 165.00	$1,964
Dental									$ 600.00	$ 208.00	$ 150.00		$958
Vision			$ 228.00										$228
Hospital	$ 12,391.77	$ 878.00	$ 9,660.48	$ 21,938.51	$ 28,925.39	$ 13,622.34	$ 5,430.28	$ (5,430.28)	$ 65.00	$ -	$ -		$87,481
Total	$ 18,405.76	$ 9,548.70	$ 17,983.77	$ 33,630.98	$ 39,891.26	$ 23,112.48	$ 18,882.08	$ 8,057.39	$ 10,883.69	$ 5,419.64	$ 6,912.49	$ 4,507.04	**$197,235**
Offsite Cap Remaining 100K	$ 81,793.24	$ 72,443.54	$ 54,658.77	$ 21,226.79	$ (18,465.47)	$ (41,378.95)	$ (60,062.03)	$ (67,920.42)	$ (78,605.11)	$ (83,825.75)	$ (90,539.24)	$ (94,847.28)	$ -

Non Pharmacy costs	$ 14,706.04	$ 2,204.36	$ 12,537.79	$ 25,675.11	$ 32,125.51	$ 15,622.62	$ 7,609.43	$ (3,008.87)	$ 3,295.07	$ 2,273.23	$ 2,123.70	$ 1,604.36
Pharmacy Utilization	$ 3,500.72	$ 7,145.34	$ 5,246.98	$ 7,756.87	$ 7,566.75	$ 7,290.86	$ 11,073.65	$ 10,867.26	$ 7,389.62	$ 2,947.41	$ 4,589.79	$ 2,703.68

New Charges