

## APPLICATION AND CERTIFICATE FOR PAYMENT

AIA DOCUMENT G 702

(Instructions on reverse side)

## TO (OWNER):

Hidalgo County sheriff's Office  
701 El Cibolo Rd.  
Edinburg, Texas 78542

## PROJECT:

Hidalgo County Adult Detention Center and  
Law Enforcement Facility Repairs and/or  
Replacement  
Edinburg, Texas 78542

APPLICATION NO:

6

Distribution to:

|                                     |            |
|-------------------------------------|------------|
| <input type="checkbox"/>            | OWNER      |
| <input checked="" type="checkbox"/> | Engineer   |
| <input type="checkbox"/>            | CONTRACTOR |
| <input type="checkbox"/>            |            |
| <input type="checkbox"/>            |            |

PERIOD TO:

7/8/2015

## FROM (CONTRACTOR):

Central Air & Heating Service, Inc.  
3008 Spur 54 Harlingen Texas  
Harlingen Texas 78550

## VIA (ARCHITECT):

Chanin Engineering  
400 Nolana, Suite N-2  
McAllen, Texas 78504  
956-687-9421

ARCHITECT'S

PROJECT NO:

CONTRACT FOR: HVAC

CONTRACT DATE:

2.10. 2015

## CONTRACTOR'S APPLICATION FOR PAYMENT

## CHANGE ORDER SUMMARY

| Change Orders approved in previous months by owner |               | ADDITIONS    | DEDUCTIONS     |
|----------------------------------------------------|---------------|--------------|----------------|
| TOTAL                                              |               | \$0.00       | \$0.00         |
| Approved this Month                                |               | \$106,500.00 | \$0.00         |
| Number                                             | Date Approved |              |                |
| C.O. 1                                             |               |              |                |
| Cont. F                                            |               |              | (\$106,500.00) |
| TOTALS                                             |               | \$106,500.00 | (\$106,500.00) |
| Net change by Change Orders                        |               | \$0.00       |                |

The undersigned Contractor certifies that to the best of the Contractor's knowledge and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the owner, and that current payment shown herein is now due.

CONTRACTOR:

By: Sorin Muleh Date: 7/8/15

Application is made for Payment, as shown below, in connection with the Contract.  
Continuation Sheet, AIA Document G703, is attached.

|                                               |                 |
|-----------------------------------------------|-----------------|
| 1. ORIGINAL CONTRACT SUM .....                | 5,990,000.00    |
| 2. Net change by Change Orders .....          | \$ 0.00         |
| 3. CONTRACT SUM TO DATE (Line 1+/-2) .....    | \$ 5,990,000.00 |
| 4. TOTAL COMPLETED & STORED TO DATE .....     | \$ 4,117,211.00 |
| (Column G on G703)                            |                 |
| 5. RETAINAGE:                                 |                 |
| a. 5% of Completed Work .....                 | \$ 190,546.65   |
| (Column D+E on G703)                          |                 |
| b. 5% of Stored Material .....                | \$ 15,313.90    |
| (Column F on G703)                            |                 |
| Total Retainage (Line 5a+5b or                |                 |
| Total in Column I of G703 .....               | \$ 205,860.55   |
| 6. TOTAL EARNED LESS RETAINAGE .....          | \$ 3,911,350.45 |
| (Line 4 less Line 5 Total)                    |                 |
| 7. LESS PREVIOUS CERTIFICATES FOR             |                 |
| PAYMENT (Line 6 from prior Certificate) ..... | \$ 2,913,176.90 |
| 8. CURRENT PAYMENT DUE .....                  | \$ 998,173.55   |
| 9. BALANCE TO FINISH, PLUS RETAINAGE .....    | \$ 2,078,649.55 |
| (Line 3 less Line 6)                          |                 |

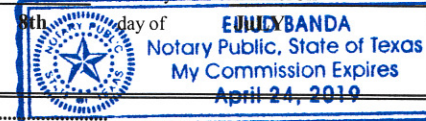
State of: Texas

County of: Cameron

Subscribed and sworn to before me this

Notary Public:

My Commission expires:



AMOUNT CERTIFIED .....

(Attach explanation if amount certified differs from the amount applied for.)

## ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents based on on-site observations and the data comprising the above application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

ARCHITECT:

By: \_\_\_\_\_ Date: \_\_\_\_\_

This certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

# SCHEDULE OF VALUES

Hidalgo County ADC & LEF

Repairs and/or Replacement

APPLICATION NO.: 6

APPLICATION DATE: 7/8/2015

PERIOD DATE: 5/21/2015-7/08/2015

CONTRACTOR PROJECT NO.:

Signed

| A<br># | B<br>DESCRIPTION          | C<br>SCH. VALUES | D<br>PREVIOUS | E<br>THIS PERIOD | F<br>STORED MTL | G<br>TOTAL  | %<br>COMPLETE | H<br>BALANCE | I<br>RETAINAGE |
|--------|---------------------------|------------------|---------------|------------------|-----------------|-------------|---------------|--------------|----------------|
|        | ADC AdultDetention Center |                  |               |                  |                 |             |               |              | 5%             |
| 1      | Maintenance/Kitchen Area  |                  |               |                  |                 |             |               |              |                |
|        | Roofing                   |                  |               |                  |                 |             |               |              |                |
| a      | Material                  | \$160,100.00     |               |                  | \$75,840.00     | \$75,840.00 | 47%           | \$84,260.00  | \$3,792.00     |
| b      | Preparation Labor         | \$29,390.00      | \$29,390.00   |                  |                 | \$29,390.00 | 100%          | \$0.00       | \$1,469.50     |
| c      | Installation Labor        | \$59,300.00      |               |                  |                 | \$0.00      | 0%            | \$59,300.00  | \$0.00         |
|        | HVAC                      |                  |               |                  |                 |             |               |              |                |
| d      | Material/Equipment        | \$77,200.00      | \$75,200.00   | \$2,000.00       |                 | \$77,200.00 | 100%          | \$0.00       | \$3,860.00     |
| e      | Curb Adapters             | \$4,800.00       | \$4,800.00    |                  |                 | \$4,800.00  | 100%          | \$0.00       | \$240.00       |
| f      | Fan/Duct Modificaitons    | \$4,300.00       |               | \$430.00         |                 | \$430.00    | 10%           | \$3,870.00   | \$21.50        |
| g      | RTU Installation          | \$7,300.00       |               |                  |                 | \$0.00      | 0%            | \$7,300.00   | \$0.00         |
|        | Electrical                |                  |               |                  |                 |             |               |              |                |
| h      | Material                  | \$20,700.00      | \$3,519.00    |                  | \$4,000.00      | \$7,519.00  | 36%           | \$13,181.00  | \$375.95       |
| i      | Labor                     | \$14,200.00      | \$1,800.00    |                  |                 | \$1,800.00  | 13%           | \$12,400.00  | \$90.00        |
|        | Fire Alarm                | \$0.00           |               |                  |                 |             |               |              |                |
| j      | Material                  | \$19,600.00      | \$5,880.00    | \$7,840.00       |                 | \$13,720.00 | 70%           | \$5,880.00   | \$686.00       |
| k      | Labor                     | \$8,400.00       | \$2,520.00    | \$3,360.00       |                 | \$5,880.00  | 70%           | \$2,520.00   | \$294.00       |
|        | Ceiling                   |                  |               |                  |                 |             |               |              |                |
| l      | Material                  | \$6,200.00       |               |                  |                 | \$0.00      | 0%            | \$6,200.00   | \$0.00         |
| m      | Labor                     | \$12,300.00      |               |                  |                 | \$0.00      | 0%            | \$12,300.00  | \$0.00         |
|        | Flooring                  |                  |               |                  |                 |             |               |              |                |
| n      | Material                  | \$37,000.00      |               |                  | \$24,286.00     | \$24,286.00 | 66%           | \$12,714.00  | \$1,214.30     |
| o      | Labor                     | \$18,500.00      |               |                  |                 | \$0.00      | 0%            | \$18,500.00  | \$0.00         |
|        | Plumbing                  |                  |               |                  |                 |             |               |              |                |
| p      | Material                  | \$18,500.00      |               |                  | \$15,200.00     | \$15,200.00 | 82%           | \$3,300.00   | \$760.00       |
| q      | Labor                     | \$6,200.00       |               |                  |                 | \$0.00      | 0%            | \$6,200.00   | \$0.00         |

[illegible]

| A<br># | B<br>DESCRIPTION              | C<br>SCH. VALUES | D<br>PREVIOUS | E<br>THIS PERIOD | F<br>STORED MTL | G<br>TOTAL   | %<br>COMPLETE | H<br>BALANCE | I<br>RETAINAGE |
|--------|-------------------------------|------------------|---------------|------------------|-----------------|--------------|---------------|--------------|----------------|
| 4      | <b>Cellblock Charlie Area</b> |                  |               |                  |                 |              |               |              |                |
|        | Roofing                       |                  |               |                  |                 |              |               |              |                |
| a      | Material                      | \$192,100.00     | \$105,655.00  | \$86,445.00      |                 | \$192,100.00 | 100%          | \$0.00       | \$9,605.00     |
| b      | Preparation Labor             | \$33,290.00      | \$33,290.00   |                  |                 | \$33,290.00  | 100%          | \$0.00       | \$1,664.50     |
| c      | Installation Labor            | \$71,100.00      | \$25,596.00   | \$31,200.00      |                 | \$56,796.00  | 80%           | \$14,304.00  | \$2,839.80     |
|        | HVAC                          |                  |               |                  |                 |              |               |              |                |
| d      | Material/Equipment            | \$70,700.00      | \$70,700.00   |                  |                 | \$70,700.00  | 100%          | \$0.00       | \$3,535.00     |
| e      | Curb Adapters                 | \$4,800.00       | \$4,800.00    |                  |                 | \$4,800.00   | 100%          | \$0.00       | \$240.00       |
| f      | Fan/Duct Modificaitons        | \$19,100.00      |               | \$1,910.00       |                 | \$1,910.00   | 10%           | \$17,190.00  | \$95.50        |
| g      | RTU Installation              | \$4,800.00       |               |                  |                 | \$0.00       | 0%            | \$4,800.00   | \$0.00         |
|        | Electrical                    |                  |               |                  |                 |              |               |              |                |
| h      | Material                      | \$14,200.00      | \$5,600.00    |                  |                 | \$5,600.00   | 39%           | \$8,600.00   | \$280.00       |
| i      | Labor                         | \$9,300.00       | \$2,550.00    |                  |                 | \$2,550.00   | 27%           | \$6,750.00   | \$127.50       |
|        | Fire Alarm                    |                  |               |                  |                 |              |               |              |                |
| j      | Material                      | \$65,300.00      | \$19,590.00   | \$26,120.00      |                 | \$45,710.00  | 70%           | \$19,590.00  | \$2,285.50     |
| k      | Labor                         | \$28,000.00      | \$8,400.00    | \$11,200.00      |                 | \$19,600.00  | 70%           | \$8,400.00   | \$980.00       |
| 5      | <b>Cellblock Fox Area</b>     |                  |               |                  |                 |              |               |              |                |
|        | Roofing                       |                  |               |                  |                 |              |               |              |                |
| a      | Material                      | \$160,100.00     |               |                  | \$70,720.00     | \$70,720.00  | 44%           | \$89,380.00  | \$3,536.00     |
| b      | Preparation Labor             | \$29,390.00      | \$29,390.00   |                  |                 | \$29,390.00  | 100%          | \$0.00       | \$1,469.50     |
| c      | Installation Labor            | \$59,300.00      |               |                  |                 | \$0.00       | 0%            | \$59,300.00  | \$0.00         |
|        | HVAC                          |                  |               |                  |                 |              |               |              |                |
| d      | Material/Equipment            | \$164,900.00     | \$164,900.00  |                  |                 | \$164,900.00 | 100%          | \$0.00       | \$8,245.00     |
| e      | Curb Adapters                 | \$11,200.00      | \$11,200.00   |                  |                 | \$11,200.00  | 100%          | \$0.00       | \$560.00       |
| f      | Fan/Duct Modificaitons        | \$15,300.00      |               | \$7,650.00       |                 | \$7,650.00   | 50%           | \$7,650.00   | \$382.50       |
| g      | RTU Installation              | \$19,900.00      |               | \$15,920.00      |                 | \$15,920.00  | 80%           | \$3,980.00   | \$796.00       |
|        | Electrical                    |                  |               |                  |                 |              |               |              |                |
| h      | Material                      | \$14,200.00      | \$3,600.00    | \$1,280.00       | \$4,000.00      | \$8,880.00   | 63%           | \$5,320.00   | \$444.00       |
| i      | Labor                         | \$9,300.00       | \$1,200.00    | \$800.00         |                 | \$2,000.00   | 22%           | \$7,300.00   | \$100.00       |
|        | Fire Alarm                    |                  |               |                  |                 |              |               |              |                |
| j      | Material                      | \$41,000.00      | \$12,300.00   | \$16,400.00      |                 | \$28,700.00  | 70%           | \$12,300.00  | \$1,435.00     |
| k      | Labor                         | \$17,600.00      | \$5,280.00    | \$7,040.00       |                 | \$12,320.00  | 70%           | \$5,280.00   | \$616.00       |

| A<br># | B<br>DESCRIPTION            | C<br>SCH. VALUES | D<br>PREVIOUS | E<br>THIS PERIOD | F<br>STORED MTL | G<br>TOTAL   | %<br>COMPLETE | H<br>BALANCE | I<br>RETAINAGE |
|--------|-----------------------------|------------------|---------------|------------------|-----------------|--------------|---------------|--------------|----------------|
| 6      | <b>Administration Area</b>  |                  |               |                  |                 |              |               |              |                |
|        | Roofing                     |                  |               |                  |                 |              |               |              |                |
| a      | Material                    | \$112,100.00     | \$61,655.00   | \$50,445.00      |                 | \$112,100.00 | 100%          | \$0.00       | \$5,605.00     |
| b      | Preparation Labor           | \$23,390.00      | \$23,390.00   |                  |                 | \$23,390.00  | 100%          | \$0.00       | \$1,169.50     |
| c      | Installation Labor          | \$41,500.00      | \$15,355.00   | \$17,800.00      |                 | \$33,155.00  | 80%           | \$8,345.00   | \$1,657.75     |
|        | HVAC                        |                  |               |                  |                 |              |               |              |                |
| d      | Material/Equipment          | \$47,100.00      | \$47,100.00   |                  |                 | \$47,100.00  | 100%          | \$0.00       | \$2,355.00     |
| e      | Curb Adapters               | \$3,200.00       | \$3,200.00    |                  |                 | \$3,200.00   | 100%          | \$0.00       | \$160.00       |
| f      | Fan/Duct Modifications      | \$600.00         |               | \$60.00          |                 | \$60.00      | 10%           | \$540.00     | \$3.00         |
| g      | RTU Installation            | \$5,700.00       |               |                  |                 | \$0.00       | 0%            | \$5,700.00   | \$0.00         |
|        | Electrical                  |                  |               |                  |                 |              |               |              |                |
| h      | Material                    | \$7,100.00       | \$1,200.00    |                  | \$2,000.00      | \$3,200.00   | 45%           | \$3,900.00   | \$160.00       |
| i      | Labor                       | \$4,600.00       | \$750.00      |                  |                 | \$750.00     | 16%           | \$3,850.00   | \$37.50        |
|        | Fire Alarm                  |                  |               |                  |                 |              |               |              |                |
| j      | Material                    | \$24,100.00      | \$7,230.00    | \$9,640.00       |                 | \$16,870.00  | 70%           | \$7,230.00   | \$843.50       |
| k      | Labor                       | \$10,300.00      | \$3,090.00    | \$4,120.00       |                 | \$7,210.00   | 70%           | \$3,090.00   | \$360.50       |
| 7      | <b>Cellblock Bravo Area</b> |                  |               |                  |                 |              |               |              |                |
|        | Roofing                     |                  |               |                  |                 |              |               |              |                |
| a      | Material                    | \$128,100.00     | \$69,174.00   | \$58,926.00      |                 | \$128,100.00 | 100%          | \$0.00       | \$6,405.00     |
| b      | Preparation Labor           | \$25,390.00      | \$25,390.00   |                  |                 | \$25,390.00  | 100%          | \$0.00       | \$1,269.50     |
| c      | Installation Labor          | \$47,400.00      | \$17,064.00   | \$21,000.00      |                 | \$38,064.00  | 80%           | \$9,336.00   | \$1,903.20     |
|        | HVAC                        |                  |               |                  |                 |              |               |              |                |
| d      | Material/Equipment          | \$71,500.00      | \$71,500.00   |                  |                 | \$71,500.00  | 100%          | \$0.00       | \$3,575.00     |
| e      | Curb Adapters               | \$4,800.00       | \$4,800.00    |                  |                 | \$4,800.00   | 100%          | \$0.00       | \$240.00       |
| f      | Fan/Duct Modifications      | \$17,200.00      |               | \$1,720.00       |                 | \$1,720.00   | 10%           | \$15,480.00  | \$86.00        |
| g      | RTU Installation            | \$4,800.00       |               | \$960.00         |                 | \$960.00     | 20%           | \$3,840.00   | \$48.00        |
|        | Electrical                  |                  |               |                  |                 |              |               |              |                |
| h      | Material                    | \$14,200.00      | \$5,750.00    | \$7,150.00       |                 | \$12,900.00  | 91%           | \$1,300.00   | \$645.00       |
| i      | Labor                       | \$9,300.00       | \$2,550.00    | \$5,400.00       |                 | \$7,950.00   | 85%           | \$1,350.00   | \$397.50       |
|        | Fire Alarm                  |                  |               |                  |                 |              |               |              |                |
| j      | Material                    | \$53,500.00      | \$16,050.00   | \$21,400.00      |                 | \$37,450.00  | 70%           | \$16,050.00  | \$1,872.50     |
| k      | Labor                       | \$22,900.00      | \$6,870.00    | \$9,160.00       |                 | \$16,030.00  | 70%           | \$6,870.00   | \$801.50       |

| A<br># | B<br>DESCRIPTION            | C<br>SCH. VALUES | D<br>PREVIOUS | E<br>THIS PERIOD | F<br>STORED MTL | G<br>TOTAL   | %<br>COMPLETE | H<br>BALANCE | I<br>RETAINAGE |
|--------|-----------------------------|------------------|---------------|------------------|-----------------|--------------|---------------|--------------|----------------|
| 8      | <b>Cellblock Alpha Area</b> |                  |               |                  |                 |              |               |              |                |
|        | Roofing                     |                  |               |                  |                 |              |               |              |                |
| a      | Material                    | \$96,100.00      | \$52,855.00   | \$43,245.00      |                 | \$96,100.00  | 100%          | \$0.00       | \$4,805.00     |
| b      | Preparation Labor           | \$21,490.00      | \$21,490.00   |                  |                 | \$21,490.00  | 100%          | \$0.00       | \$1,074.50     |
| c      | Installation Labor          | \$35,600.00      | \$12,816.00   | \$15,600.00      |                 | \$28,416.00  | 80%           | \$7,184.00   | \$1,420.80     |
|        | HVAC                        |                  |               |                  |                 |              |               |              |                |
| d      | Material/Equipment          | \$94,200.00      | \$94,200.00   |                  |                 | \$94,200.00  | 100%          | \$0.00       | \$4,710.00     |
| e      | Curb Adapters               | \$6,400.00       | \$6,400.00    |                  |                 | \$6,400.00   | 100%          | \$0.00       | \$320.00       |
| f      | Fan/Duct Modificaitons      | \$5,700.00       |               | \$570.00         |                 | \$570.00     | 10%           | \$5,130.00   | \$28.50        |
| g      | RTU Installation            | \$11,400.00      |               | \$9,120.00       |                 | \$9,120.00   | 80%           | \$2,280.00   | \$456.00       |
|        | Electrical                  |                  |               |                  |                 |              |               |              |                |
| h      | Material                    | \$7,100.00       | \$5,850.00    | \$700.00         |                 | \$6,550.00   | 92%           | \$550.00     | \$327.50       |
| i      | Labor                       | \$4,600.00       | \$3,450.00    | \$600.00         |                 | \$4,050.00   | 88%           | \$550.00     | \$202.50       |
|        | Fire Alarm                  |                  |               |                  |                 |              |               |              |                |
| j      | Material                    | \$38,200.00      | \$11,460.00   | \$15,280.00      |                 | \$26,740.00  | 70%           | \$11,460.00  | \$1,337.00     |
| k      | Labor                       | \$16,400.00      | \$4,920.00    | \$6,560.00       |                 | \$11,480.00  | 70%           | \$4,920.00   | \$574.00       |
| 9      | <b>Infirmiry Area</b>       |                  |               |                  |                 |              |               |              |                |
|        | Roofing                     |                  |               |                  |                 |              |               |              |                |
| a      | Material                    | \$240,200.00     | \$240,200.00  |                  |                 | \$240,200.00 | 100%          | \$0.00       | \$12,010.00    |
| b      | Preparation Labor           | \$39,190.00      | \$39,190.00   |                  |                 | \$39,190.00  | 100%          | \$0.00       | \$1,959.50     |
| c      | Installation Labor          | \$88,900.00      | \$71,120.00   |                  |                 | \$71,120.00  | 80%           | \$17,780.00  | \$3,556.00     |
|        | HVAC                        |                  |               |                  |                 |              |               |              |                |
| d      | Material/Equipment          | \$153,100.00     | \$153,100.00  |                  |                 | \$153,100.00 | 100%          | \$0.00       | \$7,655.00     |
| e      | Curb Adapters               | \$10,400.00      | \$10,400.00   |                  |                 | \$10,400.00  | 100%          | \$0.00       | \$520.00       |
| f      | Fan/Duct Modificaitons      | \$19,100.00      |               | \$1,910.00       |                 | \$1,910.00   | 10%           | \$17,190.00  | \$95.50        |
| g      | RTU Installation            | \$26,500.00      |               |                  |                 | \$0.00       | 0%            | \$26,500.00  | \$0.00         |
|        | Electrical                  |                  |               |                  |                 |              |               |              |                |
| h      | Material                    | \$21,300.00      | \$3,600.00    |                  | \$2,000.00      | \$5,600.00   | 26%           | \$15,700.00  | \$280.00       |
| i      | Labor                       | \$13,900.00      | \$1,200.00    |                  |                 | \$1,200.00   | 9%            | \$12,700.00  | \$60.00        |
|        | Fire Alarm                  |                  |               |                  |                 |              |               |              |                |
| j      | Material                    | \$80,300.00      | \$24,090.00   | \$32,120.00      |                 | \$56,210.00  | 70%           | \$24,090.00  | \$2,810.50     |
| k      | Labor                       | \$34,400.00      | \$10,320.00   | \$13,760.00      |                 | \$24,080.00  | 70%           | \$10,320.00  | \$1,204.00     |

[illegible]

| A<br># | B<br>DESCRIPTION        | C<br>SCH. VALUES | D<br>PREVIOUS  | E<br>THIS PERIOD | F<br>STORED MTL | G<br>TOTAL     | %<br>COMPLETE | H<br>BALANCE   | I<br>RETAINAGE |
|--------|-------------------------|------------------|----------------|------------------|-----------------|----------------|---------------|----------------|----------------|
|        | <b>LEC Light Poles</b>  |                  |                |                  |                 |                |               |                |                |
|        | Materials               | \$28,400.00      |                |                  | \$13,192.00     | \$13,192.00    | 46%           | \$15,208.00    | \$659.60       |
|        | Installation            | \$22,200.00      |                |                  |                 | \$0.00         | 0%            | \$22,200.00    | \$0.00         |
|        |                         |                  |                |                  |                 |                |               |                |                |
|        | <b>Allowances</b>       |                  |                |                  |                 |                |               |                |                |
|        | Steel                   | \$25,000.00      |                |                  |                 | \$0.00         | 0%            | \$25,000.00    | \$0.00         |
|        | Grout Repair            | \$5,000.00       |                |                  |                 | \$0.00         | 0%            | \$5,000.00     | \$0.00         |
|        | Freezer Doors           | \$7,500.00       |                |                  |                 | \$0.00         | 0%            | \$7,500.00     | \$0.00         |
|        | Cond. Unit Freezer/Cool | \$19,000.00      |                |                  |                 | \$0.00         | 0%            | \$19,000.00    | \$0.00         |
|        | Testing                 | \$10,000.00      |                |                  |                 | \$0.00         | 0%            | \$10,000.00    | \$0.00         |
|        |                         |                  |                |                  |                 |                |               |                |                |
|        | <b>Contingency Fund</b> | \$23,500.00      |                |                  |                 | \$0.00         | 0%            | \$23,500.00    | \$0.00         |
|        | C.O.D. #1 canopy roof   | \$90,000.00      |                |                  |                 | \$0.00         | 0%            | \$90,000.00    | \$0.00         |
|        | C.O.D. #1 ref systems   | \$6,500.00       |                |                  |                 | \$0.00         | 0%            | \$6,500.00     | \$0.00         |
|        | C.O.D. #1 ref doors     | \$10,000.00      |                |                  |                 | \$0.00         | 0%            | \$10,000.00    | \$0.00         |
|        |                         |                  |                |                  |                 | \$0.00         |               | \$0.00         | \$0.00         |
|        |                         |                  |                |                  |                 | \$0.00         |               | \$0.00         | \$0.00         |
|        |                         |                  |                |                  |                 |                |               |                |                |
|        |                         |                  |                |                  |                 | \$0.00         |               | \$0.00         | \$0.00         |
|        | <b>TOTAL</b>            | \$5,990,000.00   | \$3,066,502.00 | \$744,431.00     | \$306,278.00    | \$4,117,211.00 | 69%           | \$1,872,789.00 | \$205,860.55   |



Hidalgo County Purchasing Department  
2812 S. Business Highway 281  
New Administration Building  
Edinburg, Texas 78539  
(956) 318-2626/ Fax: (956) 318-2629

November 13, 2014

Central Air & Heating Service, Inc.  
Attn: Frank Matz, President  
3008 West Spur 54  
Harlingen, TX 78552

via email: [f.matz@cahsinc.com](mailto:f.matz@cahsinc.com)

Re: Bid No. 2014-047-09-17-YSS

Notice of Bid Award for: "Hidalgo County Adult Detention Center & Law Enforcement Facility Repairs and/or Replacement" – Hidalgo County Sheriff's Office

Dear Mr. Matz,

Congratulations! This is to notify you that pursuant to action taken at the Hidalgo County Commissioners' Court meeting held on October 28, 2014 the bid for the above mentioned project was awarded to your company in the amount of \$5,990,000.00.

Our next step will be to complete a contract to present to Commissioners' Court for approval. For this purpose five original copies of the contract will have to be distributed; therefore we are requesting you provide Payment and Performance Bonds in five original sealed duplicates and your accord certificates of insurance with required coverage.

We'd like to proceed with this project as soon as possible, therefore, we are requesting for you to contact the project engineer Mr. Miguel Chanin, P. E., at Chanin Engineering LLC at 956-655-4672 at your earliest convenience for additional forms and information and required.

We sincerely appreciate your time and interest in submitting bids and we extend an invitation to you on future bids. If you have any questions please call me at 956-318-2626 or contact me via e-mail @ [yvette.salinas@co.hidalgo.tx.us](mailto:yvette.salinas@co.hidalgo.tx.us).

Sincerely,

Yvette Salinas, Buyer III  
Hidalgo County Purchasing Department



February 11, 2015

Frank Matz  
General Manager  
Central Air & Heating Service, Inc.  
3008 West Spur 54, Harlingen Texas 78552  
Phone: 956-428-4509  
Fax: 956-423-9822  
f.matz@cahsinc.com

Subject: Notice to Proceed- "Hidalgo County Adult Detention Center and Law Enforcement Facility Repairs and/or Replacement" Contract No. C-14-047-01-20, PO No. 721107 dated 2/11/15

Dear Frank Matz:

This shall serve as the Notice to Proceed for the subject contract effective February 11, 2015 with 290 calendar days as agreed in contract, completion date will be November 27, 2015. Please contact me at 956-687-9421 to make arrangements to start work or if you have any concerns regarding the agreement for the Hidalgo County Adult Detention Center and Law Enforcement Facility Repairs and/or Replacement.

With the submission of each invoice all the supporting documentation is required.

Sincerely,

A handwritten signature in black ink, appearing to read "Miguel", is written over a horizontal line.

Miguel Chanin  
Professional Engineer

Cc: Alex Palacios, apalacios@prodigycompany.com  
Rocio Villarreal, rocio.villarreal@co.hidalgo.tx.us  
Juan Tapia, juan.tapia@hidalgoso.org

**Chanin Engineering, LLC**  
400 Nolana, Suite N2  
McAllen, Texas 78504  
Phone: (956) 687-9421 | Fax: (956) 687-3211  
TBPE FIRM REG. Number F-9369

**CONDITIONAL WAIVER AND RELEASE ON PROGRESS PAYMENT**

Project Hidalgo Cty. ADC & LBF Repairs/Replacements

Job No. 90351

On receipt by the signer of this document of a check from CAHS, INC (maker of check) in the sum of \$ 14,440.00 payable to CTO, INC. (payee or payees of check) and when the check has been properly endorsed and has been paid by the bank on which it is drawn, this document becomes effective to release any mechanic's lien right, any right arising from a payment bond that complies with a state or federal statute, any common law payment bond right, any claim for payment, and any rights under any similar ordinance, rule, or statute related to claim or payment rights for persons in the signer's position that the signer has on the property of Hidalgo County (owner) located at 701 El Cibolo Rd. (location) to the following extent: Hidalgo Cnty. Detention Center (job description).

This release covers a progress payment for all labor, services, equipment, or materials furnished to the property or to Hidalgo County (person with whom signer contracted) as indicated in the attached statement(s) or progress payment request(s), except for unpaid retention, pending modifications and changes, or other items furnished.

Before any recipient of this document relies on this document, the recipient should verify evidence of payment to the signer.

The signer warrants that the signer has already paid or will use the funds received from this progress payment to promptly pay in full all of the signer's laborers, subcontractors, materialmen, and suppliers for all work, materials, equipment, or services provided for or to the above referenced project in regard to the attached statement(s) or progress payment request(s).

Date June 30, 2015

CTO, Inc. (Company name)

By [Signature] (Signature)

Vice President (Title)

STATE OF TEXAS

COUNTY OF Cameron

This instrument was acknowledged before me on this 30 day of June, 20 15, by Todd Aune (name), Vice President (job title) of CTO, Inc. (company name).



Brenda Stokes  
NOTARY PUBLIC, STATE OF TEXAS

# MORRISON SUPPLY COMPANY

GENERAL OFFICES  
P.O. BOX 70  
FORT WORTH, TEXAS 76101

1101 N. 23rd Street  
McAllen, Texas 78501

SOLD TO: 045CT01

CTO INC  
4901 E GRIMES

HARLINGEN

TX 78550

SHIP TO:

HIDALGO DETENTION CENTER

DATE SHIP 06/11/2015

## INVOICE

|                 |            |
|-----------------|------------|
| INVOICE NO.     | 045358544  |
| PAGE NO.        | 1 of 1     |
| INVOICE DATE    | 06/11/2015 |
| PAYMENT DUE     | 07/10/2015 |
| QUOTATION NO.   | Q04578506  |
| DELIVERY TICKET | S00385339  |

INTEREST AT THE HIGHEST LEGAL RATE  
WILL BE CHARGED TO CUSTOMERS, AS AN  
INDIVIDUAL OR CORPORATION, AS THE CASE  
MAY BE, AND PERMITTED BY STATE LAW,  
ON ALL BALANCES UNPAID AFTER A 30  
DAY PERIOD. ALL BILLS DUE AND PAYABLE  
IN FT. WORTH, TARRANT COUNTY, TEXAS

|                      |            |
|----------------------|------------|
| CUSTOMER<br>P.O. NO. | 798 102    |
| RECEIVED BY          | 6/11/15    |
| SHIPPED FROM         | MCALLEN TX |
| SHIPPED VIA          | OT         |

| QUANTITIES              |         |           | MORSCO<br>P/N | DESCRIPTION           | U/M             | UNIT PRICE | EXTENSION | DISC.<br>% | NET      |
|-------------------------|---------|-----------|---------------|-----------------------|-----------------|------------|-----------|------------|----------|
| ORDERED                 | SHIPPED | BACK ORD. |               |                       |                 |            |           |            |          |
| 1                       | 1       | 1         | XX            | MADE STAINLESS TRENCH | EA              | 15200.0000 | 15200.00  | 0.00       | 15200.00 |
| 814-59                  |         |           |               |                       |                 |            |           |            |          |
|                         |         |           |               |                       |                 |            |           |            |          |
|                         |         |           |               |                       |                 |            |           |            |          |
|                         |         |           |               |                       |                 |            |           |            |          |
| REMIT TO:               |         |           |               |                       | SUBTOTAL        |            |           |            |          |
| P.O. Box 70             |         |           |               |                       | 15200.00        |            |           |            |          |
| Fort Worth, Texas 76101 |         |           |               |                       | 0.00            |            |           |            |          |
|                         |         |           |               |                       | 0.00            |            |           |            |          |
|                         |         |           |               |                       | 0.00            |            |           |            |          |
|                         |         |           |               |                       | PAY THIS AMOUNT |            |           |            |          |
|                         |         |           |               |                       | 15200.00        |            |           |            |          |

THIS TRANSACTION IS GOVERNED BY MORRISON SUPPLY COMPANY'S CONDITIONS OF SALE

15% Overhead  
17,480.00

=====

**CONDITIONAL WAIVER AND RELEASE ON PROGRESS PAYMENT**

Project Hidalgo County Adult Det Ctr & Law Enforcement

Job No. 21191 / 90351

On receipt by the signer of this document of a check from Central Air & Heating Service, Inc. in the sum of \$126,349.94 payable to Superior Alarms and when the check has been properly endorsed and has been paid by the bank on which it is drawn, this document becomes effective to release any mechanic's lien right, any right arising from a payment bond that complies with a state or federal statute, any common law payment bond right, any claim for payment, and any rights under any similar ordinance, rule, or statute related to claim or payment rights for persons in the signer's position that the signer has on the property of Hidalgo County ADC & LEF located at 701 El Cibolo Rd, Edinburg, Texas 78541 to the following extent: Fire Alarm.

This release covers the progress payment for all labor, services, equipment, or materials furnished to the property or to Hidalgo County as indicated in the attached statement(s) or progress payment request(s), except for unpaid retention, pending modifications and changes, or other items furnished.

Before any recipient of this document relies on this document, the recipient should verify evidence of payment to the signer.

The signer warrants that the signer has already paid or will use the funds received from this progress payment to promptly pay in full all of the signer's laborers, subcontractors, materialmen, and suppliers for all work, materials, equipment, or services provided for or to the above referenced project in regard to the attached statement(s) or progress payment request(s).

Date: June 4, 2015

Company Name: Superior Alarms

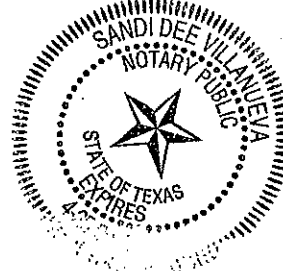
By [Signature] (Auth. Signature)  
President (Title)

State of Texas County of Hidalgo

Subscribed and Sworn to before me this 4th day of July, 2015

[Signature] Notary Public, State of Texas

My Commission Expires 4/25/2016



=====

**CONDITIONAL WAIVER AND RELEASE ON PROGRESS PAYMENT**

Project Hidalgo County Adult Det Ctr & Law Enforcement

Job No. 21191 / 90351

On receipt by the signer of this document of a check from Central Air & Heating Service, Inc. in the sum of \$126,349.94 payable to Superior Alarms and when the check has been properly endorsed and has been paid by the bank on which it is drawn, this document becomes effective to release any mechanic's lien right, any right arising from a payment bond that complies with a state or federal statute, any common law payment bond right, any claim for payment, and any rights under any similar ordinance, rule, or statute related to claim or payment rights for persons in the signer's position that the signer has on the property of Hidalgo County ADC & LEF located at 701 El Cibolo Rd, Edinburg, Texas 78541 to the following extent: Fire Alarm.

This release covers the progress payment for all labor, services, equipment, or materials furnished to the property or to Hidalgo County as indicated in the attached statement(s) or progress payment request(s), except for unpaid retention, pending modifications and changes, or other items furnished.

Before any recipient of this document relies on this document, the recipient should verify evidence of payment to the signer.

The signer warrants that the signer has already paid or will use the funds received from this progress payment to promptly pay in full all of the signer's laborers, subcontractors, materialmen, and suppliers for all work, materials, equipment, or services provided for or to the above referenced project in regard to the attached statement(s) or progress payment request(s).

Date: June 16, 2015

Company Name: Superior Alarms

By [Signature] (Auth. Signature)

President (Title)

State of Texas County of Hidalgo

Subscribed and Sworn to before me this 16 day of June, 2015

Delia M. Alonzo Notary Public, State of Texas

My Commission Expires April 22, 2018



NOTICE:

This document waives rights unconditionally and states that you have been paid for giving up those rights. It is prohibited for a person to require you to sign this document if you have not been paid the payment amount set forth below. If you have not been paid, use a conditional release form.

**UNCONDITIONAL WAIVER AND RELEASE ON PROGRESS PAYMENT**

Project Hidalgo Cty. ADC & LEF Repairs/Replacements

Job No. 90351

The signer of this document has been paid and has received a progress payment in the sum of \$ 27,075.00 for all labor, services, equipment, or materials furnished to the property or to Central Air & Heating Service, INC (person with whom signer contracted) on the property of Hidalgo County (owner) located at 701 El Cibolo Rd (location) to the following extent: facility & HVAC repairs (job description). The signer therefore waives and releases any mechanic's lien right, any right arising from a payment bond that complies with a state or federal statute, any common law payment bond right, any claim for payment, and any rights under any similar ordinance, rule, or statute related to claim or payment rights for persons in the signer's position that the signer has on the above referenced project to the following extent:

This release covers a progress payment for all labor, services, equipment, or materials furnished to the property or to Central Air & Heating Service, INC (person with whom signer contracted) as indicated in the attached statement(s) or progress payment request(s), except for unpaid retention, pending modifications and changes, or other items furnished.

The signer warrants that the signer has already paid or will use the funds received from this progress payment to promptly pay in full all of the signer's laborers, subcontractors, materialmen, and suppliers for all work, materials, equipment, or services provided for or to the above referenced project in regard to the attached statement(s) or progress payment request(s).

Date June 15, 2015

Pete's Electric (Company name)

By Pedro Delguero (Signature)

President / Owner (Title)

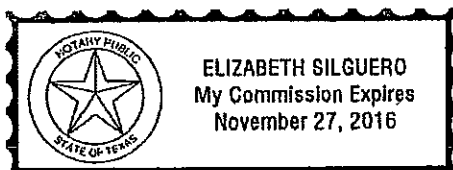
STATE OF TEXAS

COUNTY OF Texas

§  
§  
§

This instrument was acknowledged before me on this 15th day of June, 20 15, by Pedro Silguero (name), President / Owner (job title) of Pete's Electric (company name).

Elizabeth Silguero  
NOTARY PUBLIC, STATE OF TEXAS



NOTICE:

This document waives rights unconditionally and states that you have been paid for giving up those rights. It is prohibited for a person to require you to sign this document if you have not been paid the payment amount set forth below. If you have not been paid, use a conditional release form.

UNCONDITIONAL WAIVER AND RELEASE ON PROGRESS PAYMENT

Project Hidalgo Cty. ADC & LEF Repairs/Replacements

Job No. 90351

The signer of this document has been paid and has received a progress payment in the sum of \$2,090.44 for all labor, services, equipment, or materials furnished to the property or to Petes Electric (person with whom signer contracted) on the property of Hidalgo County (owner) located at 701 El Cibolo Rd (location) to the following extent: facility & HVAC repairs (job description). The signer therefore waives and releases any mechanic's lien right, any right arising from a payment bond that complies with a state or federal statute, any common law payment bond right, any claim for payment, and any rights under any similar ordinance, rule, or statute related to claim or payment rights for persons in the signer's position that the signer has on the above referenced project to the following extent:

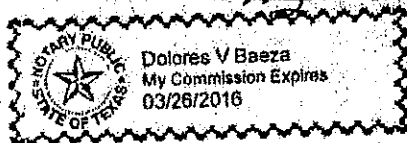
This release covers a progress payment for all labor, services, equipment, or materials furnished to the property or to Petes Electric (person with whom signer contracted) as indicated in the attached statement(s) or progress payment request(s), except for unpaid retention, pending modifications and changes, or other items furnished.

The signer warrants that the signer has already paid or will use the funds received from this progress payment to promptly pay in full all of the signer's laborers, subcontractors, materialmen, and suppliers for all work, materials, equipment, or services provided for or to the above referenced project in regard to the attached statement(s) or progress payment request(s).

Date 6-18-15  
Crawford Electric Supply (Company name)  
By Chris Kemp (Signature)  
Credit manager (Title)

STATE OF TEXAS §  
COUNTY OF Wheeler §

This instrument was acknowledged before me on this 18 day of June, 2015, by Chris Kemp (name), Credit manager (job title) of Crawford Electric Supply (company name).



Dolores V Baeza  
NOTARY PUBLIC, STATE OF TEXAS

**CONDITIONAL WAIVER AND RELEASE ON PROGRESS PAYMENT**

Project Hidalgo County Adult Detention Center, Edinburg TX

Job No. \_\_\_\_\_

On receipt by the signer of this document of a check from Central Air & Heating Services (maker of check) in the sum of \$ 25,175.00 payable to Pete's Electric (payee or payees of check) and when the check has been properly endorsed and has been paid by the bank on which it is drawn, this document becomes effective to release any mechanic's lien right, any right arising from a payment bond that complies with a state or federal statute, any common law payment bond right, any claim for payment, and any rights under any similar ordinance, rule, or statute related to claim or payment rights for persons in the signer's position that the signer has on the property of Hidalgo County (owner) located at 701 Cibola, Edinburg, TX (location) to the following extent: Hidalgo County ADC & LEF Repairs & Replacement (job description).

This release covers a progress payment for all labor, services, equipment, or materials furnished to the property or to Pete's Electric (person with whom signer contracted) as indicated in the attached statement(s) or progress payment request(s), except for unpaid retention, pending modifications and changes, or other items furnished.

Before any recipient of this document relies on this document, the recipient should verify evidence of payment to the signer.

The signer warrants that the signer has already paid or will use the funds received from this progress payment to promptly pay in full all of the signer's laborers, subcontractors, materialmen, and suppliers for all work, materials, equipment, or services provided for or to the above referenced project in regard to the attached statement(s) or progress payment request(s).

Date June 30, 2015

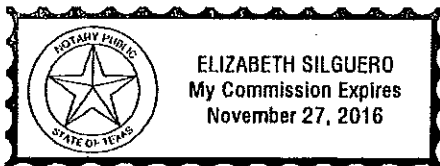
Pete's Electric (Company name)

By Pedro Silguero (Signature)

President (Title)

STATE OF TEXAS           §  
                                      §  
COUNTY OF TX           §

This instrument was acknowledged before me on this 30th day of June, 2015, by Pedro Silguero (name), President (job title) of Pete's Electric (company name).



Elizabeth Silguero  
NOTARY PUBLIC, STATE OF TEXAS



CRAWFORD ELECTRIC SUPPLY  
1201 BUSINESS PARK DR  
MISSION TX 78572-6081  
956-519-1422 Fax 956-519-1455

# INVOICE

| INVOICE DATE                                                        | ACCOUNT NUMBER |
|---------------------------------------------------------------------|----------------|
| 05/11/15                                                            | 45540          |
| INVOICE NUMBER                                                      |                |
| S004245883.001                                                      |                |
| PLEASE REMIT PAYMENT TO:                                            |                |
| CRAWFORD ELECTRIC SUPPLY<br>P.O. BOX 847160<br>DALLAS TX 75284-7160 |                |

With more than 20 branches in Texas and Southeast Louisiana, Crawford does "Whatever It Takes" to service our customers. For a full listing of our branches, visit [www.crawfordelectricsupply.com](http://www.crawfordelectricsupply.com)

## SOLD TO:

PETE'S ELECTRIC  
28115 BEAN RD  
SAN BENITO TX 78586-8236

## SHIPPED TO: 113047

HIDALGO COUNTY ADULT DETENTION CNTR  
701 EL CIBOLO RD  
PETES ELECTRIC  
EDINBURG TX 78541

| ACCOUNT NUMBER |                           | CUSTOMER PO NUMBER |          | RELEASE NUMBER  |     | ORDERED BY |              |
|----------------|---------------------------|--------------------|----------|-----------------|-----|------------|--------------|
| 45540          |                           | Aaron              |          |                 |     | Aaron      |              |
| SALESMAN       |                           | INVOICE NUMBER     |          | SHIPPING BRANCH |     | SHIP DATE  | SHIP VIA     |
| DANNY LUERA    |                           | S004245883.001     |          | RMIS            |     | 05/11/2015 | OT OUR-TRUCK |
| SKU            | DESCRIPTION               | ORDER QTY          | SHIP QTY | UNIT PRICE      | UOM | EXT PRICE  |              |
| 98010023202    | WIC THHN 4 STR BLK 1000R  | 2,000              | 2,000    | 574.31          | m   | 1,148.62   |              |
| 98010023200    | WIC. THHN 4 STR BLK 500R  | 500                | 500      | 574.31          | m   | 287.16     |              |
| 98010023101    | WIC THHN 8 STR BLK 1000R  | 6,000              | 6,000    | 248.83          | m   | 1,492.98   |              |
| 980100S5579    | WIC. THHN 8 STR BLK 500R  | 500                | 500      | 248.83          | m   | 124.42     |              |
| 98010022540    | WIC. THHN 10 SOL GRN 500R | 2,000              | 2,000    | 148.70          | m   | 297.40     |              |
| 98010022450    | WIC. THHN 12 SOL BRN 500R | 2,000              | 2,000    | 94.05           | m   | 188.10     |              |
| 98010022445    | WIC. THHN 12 SOL ORG 500R | 2,000              | 2,000    | 94.05           | m   | 188.10     |              |
| 98010022435    | WIC. THHN 12 SOL YEL 500R | 2,000              | 2,000    | 94.05           | m   | 188.10     |              |

THANK YOU FOR YOUR BUSINESS!

All payments are due by 06/25/15.

For complete terms and conditions please visit  
<http://www.crawfordelectricsupply.com/Customers/>

*Hann* 05/11/15  
Signature Date  
Printed Name

|               |          |
|---------------|----------|
| SUBTOTAL      | 3,914.88 |
| S & H CHARGES |          |
| SALES TAX     | 0.00     |
| TOTAL DUE     | 3,914.88 |





CRAWFORD ELECTRIC SUPPLY  
1201 BUSINESS PARK DR  
MISSION TX 78572-6081  
956-519-1422 Fax 956-519-1455

# INVOICE

| INVOICE DATE                                                        | ACCOUNT NUMBER |
|---------------------------------------------------------------------|----------------|
| 05/12/15                                                            | 45540          |
| INVOICE NUMBER                                                      |                |
| S004250408.001                                                      |                |
| PLEASE REMIT PAYMENT TO:                                            |                |
| CRAWFORD ELECTRIC SUPPLY<br>P.O. BOX 847160<br>DALLAS TX 75284-7160 |                |

With more than 20 branches in Texas and Southeast Louisiana, Crawford does "Whatever it Takes" to service our customers. For a full listing of our branches, visit [www.crawfordelectricsupply.com](http://www.crawfordelectricsupply.com)

## SOLD TO:

PETE'S ELECTRIC  
28115 BEAN RD  
SAN BENITO TX 78586-8236

## SHIPPED TO: 113047

HIDALGO COUNTY ADULT DETENTION CNTR  
701 EL CIBOLO RD  
PETES ELECTRIC  
EDINBURG TX 78541

| ACCOUNT NUMBER               |                                           | CUSTOMER PO NUMBER |  | RELEASE NUMBER  |          | ORDERED BY |  |              |           |
|------------------------------|-------------------------------------------|--------------------|--|-----------------|----------|------------|--|--------------|-----------|
| 45540                        |                                           | Aaron              |  |                 |          | Aaron      |  |              |           |
| SALESMAN                     |                                           | INVOICE NUMBER     |  | SHIPPING BRANCH |          | SHIP DATE  |  | SHIP VIA     |           |
| DANNY LUERA                  |                                           | S004250408.001     |  | RMIS            |          | 05/12/2015 |  | OT OUR-TRUCK |           |
| SKU                          | DESCRIPTION                               |                    |  | ORDER QTY       | SHIP QTY | UNIT PRICE |  | UOM          | EXT PRICE |
| 05400750653                  | 3M 1700C-RED<br>3/4X66FT VIN CODE TAPE    |                    |  | 1               | 1        | 1.01       |  | ea           | 1.01      |
| 05400750648                  | 3M 1700C-BLUE<br>3/4X66FT VIN CODE TAPE   |                    |  | 1               | 1        | 1.01       |  | ea           | 1.01      |
| 05400750651                  | 3M 1700C-GREEN<br>3/4X66FT VIN CODE TAPE  |                    |  | 1               | 1        | 1.01       |  | ea           | 1.01      |
| 05400750649                  | 3M 1700C-BROWN<br>3/4X66FT VIN CODE TAPE  |                    |  | 1               | 1        | 1.01       |  | ea           | 1.01      |
| 05400750652                  | 3M 1700C-ORANGE<br>3/4X66FT VIN CODE TAPE |                    |  | 1               | 1        | 1.01       |  | ea           | 1.01      |
| 05400750654                  | 3M 1700C-YELLOW<br>3/4X66FT VIN CODE TAPE |                    |  | 1               | 1        | 1.01       |  | ea           | 1.01      |
| 05400750650                  | 3M 1700C-GRAY<br>3/4X66FT VIN CODE TAPE   |                    |  | 1               | 1        | 1.01       |  | ea           | 1.01      |
| THANK YOU FOR YOUR BUSINESS! |                                           |                    |  |                 |          |            |  |              |           |

All payments are due by 06/25/15.

For complete terms and conditions please visit  
<http://www.crawfordelectricsupply.com/Customers/>

*George Elliott* 05/12/15  
Signature Date  
Printed Name

|               |      |
|---------------|------|
| SUBTOTAL      | 7.07 |
| S & H CHARGES |      |
| SALES TAX     | 0.00 |
| TOTAL DUE     | 7.07 |





CRAWFORD ELECTRIC SUPPLY  
1201 BUSINESS PARK DR  
MISSION TX 78572-6081  
956-519-1422 Fax 956-519-1455

With more than 20 branches in Texas and Southeast Louisiana, Crawford does "Whatever it Takes" to service our customers. For a full listing of our branches, visit [www.crawfordelectricsupply.com](http://www.crawfordelectricsupply.com)

## INVOICE

| INVOICE DATE                                                        | ACCOUNT NUMBER |
|---------------------------------------------------------------------|----------------|
| 05/26/15                                                            | 45540          |
| INVOICE NUMBER                                                      |                |
| S004255249.001                                                      |                |
| PLEASE REMIT PAYMENT TO:                                            |                |
| CRAWFORD ELECTRIC SUPPLY<br>P.O. BOX 847160<br>DALLAS TX 75284-7160 |                |

### SOLD TO:

PETE'S ELECTRIC  
28115 BEAN RD  
SAN BENITO TX 78586-8236

### SHIPPED TO: 113047

HIDALGO COUNTY ADULT DETENTION CNTR  
18635 PRIMERA ROAD, UNIT 3  
PETES ELECTRIC  
HARLINGEN TX 78550

| ACCOUNT NUMBER |                                | CUSTOMER PO NUMBER |          | RELEASE NUMBER  |     | ORDERED BY |          |
|----------------|--------------------------------|--------------------|----------|-----------------|-----|------------|----------|
| 45540          |                                | JUAN G             |          |                 |     | JUAN G     |          |
| SALESMAN       |                                | INVOICE NUMBER     |          | SHIPPING BRANCH |     | SHIP DATE  | SHIP VIA |
| DANNY LUERA    |                                | S004255249.001     |          | RMIS            |     | 05/24/2015 | DIRECT   |
| SKU            | DESCRIPTION                    | ORDER QTY          | SHIP QTY | UNIT PRICE      | UOM | EXT PRICE  |          |
|                | ^LOT BILLING THOMASDB          | 1                  | 1        | 1,818.61        | ea  | 1,818.61   |          |
| Type           | This Lot consists of:          |                    | Ship Qty |                 |     |            |          |
|                | Description                    |                    |          |                 |     |            |          |
| SA             | DAY-BRITE FLUORESCENT/HID/EMER |                    |          |                 |     |            |          |
| SB             | MCL3400PMA-8                   |                    | 5        |                 |     |            |          |
|                | MCL3400PMA-8                   |                    | 3        |                 |     |            |          |

THANK YOU FOR YOUR BUSINESS!

All payments are due by 07/25/15.

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<http://www.crawfordelectricsupply.com/Customers/>

|               |          |
|---------------|----------|
| SUBTOTAL      | 1,818.61 |
| S & H CHARGES |          |
| SALES TAX     | 0.00     |
| TOTAL DUE     | 1,818.61 |





CRAWFORD ELECTRIC SUPPLY  
1201 BUSINESS PARK DR  
MISSION TX 78572-6081  
956-519-1422 Fax 956-519-1455

# INVOICE

| INVOICE DATE                                                        | ACCOUNT NUMBER |
|---------------------------------------------------------------------|----------------|
| 05/27/15                                                            | 45540          |
| INVOICE NUMBER                                                      |                |
| S004278131.001                                                      |                |
| PLEASE REMIT PAYMENT TO:                                            |                |
| CRAWFORD ELECTRIC SUPPLY<br>P.O. BOX 847160<br>DALLAS TX 75284-7160 |                |

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## SOLD TO:

PETE'S ELECTRIC  
28115 BEAN RD  
SAN BENITO TX 78586-8236

## SHIPPED TO: 113047

HIDALGO COUNTY ADULT DETENTION CNTR  
701 EL CIBOLO RD  
PETES ELECTRIC  
EDINBURG TX 78541

| ACCOUNT NUMBER | CUSTOMER PO NUMBER                         | RELEASE NUMBER  | ORDERED BY |              |     |           |
|----------------|--------------------------------------------|-----------------|------------|--------------|-----|-----------|
| 45540          | Juan G                                     |                 | Juan G     |              |     |           |
| SALESMAN       | INVOICE NUMBER                             | SHIPPING BRANCH | SHIP DATE  | SHIP VIA     |     |           |
| DANNY LUERA    | S004278131.001                             | RMIS            | 05/27/2015 | OT OUR-TRUCK |     |           |
| SKU            | DESCRIPTION                                | ORDER QTY       | SHIP QTY   | UNIT PRICE   | UOM | EXT PRICE |
| 78364327776    | ITE CQD330<br>3P 30A CB<br>*Procured Item* | 2               | 2          | 160.00       | ea  | 320.00    |

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|              |          |
|--------------|----------|
|              | 05/27/15 |
| Signature    | Date     |
| Printed Name |          |

|               |        |
|---------------|--------|
| SUBTOTAL      | 320.00 |
| S & H CHARGES |        |
| SALES TAX     | 0.00   |
| TOTAL DUE     | 320.00 |





CRAWFORD ELECTRIC SUPPLY  
1201 BUSINESS PARK DR  
MISSION TX 78572-6081  
956-519-1422 Fax 956-519-1455

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## INVOICE

|                          |                |
|--------------------------|----------------|
| INVOICE DATE             | ACCOUNT NUMBER |
| 05/28/15                 | 45540          |
| INVOICE NUMBER           |                |
| S004278066.001           |                |
| PLEASE REMIT PAYMENT TO: |                |
| CRAWFORD ELECTRIC SUPPLY |                |
| P.O. BOX 847160          |                |
| DALLAS TX 75284-7160     |                |

### SOLD TO:

PETE'S ELECTRIC  
28115 BEAN RD  
SAN BENITO TX 78586-8236

### SHIPPED TO: 113047

HIDALGO COUNTY ADULT DETENTION CNTR  
701 EL CIBOLO RD  
PETES ELECTRIC  
EDINBURG TX 78541

| ACCOUNT NUMBER               | CUSTOMER PO NUMBER          | RELEASE NUMBER  | ORDERED BY |              |     |           |
|------------------------------|-----------------------------|-----------------|------------|--------------|-----|-----------|
| 45540                        | Juan G                      |                 | Juan G     |              |     |           |
| SALESMAN                     | INVOICE NUMBER              | SHIPPING BRANCH | SHIP DATE  | SHIP VIA     |     |           |
| DANNY LUERA                  | S004278066.001              | RMIS            | 05/28/2015 | OT OUR-TRUCK |     |           |
| SKU                          | DESCRIPTION                 | ORDER QTY       | SHIP QTY   | UNIT PRICE   | UOM | EXT PRICE |
| 78364326360                  | ITE B260<br>2P 60A CKT BRKR | 5               | 5          | 17.78        | ea  | 88.90     |
| THANK YOU FOR YOUR BUSINESS! |                             |                 |            |              |     |           |

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<http://www.crawfordelectricsupply.com/Customers/>

*Borge Elliott* 05/28/15  
Signature Date  
Printed Name

|               |       |
|---------------|-------|
| SUBTOTAL      | 88.90 |
| S & H CHARGES |       |
| SALES TAX     | 0.00  |
| TOTAL DUE     | 88.90 |





**CRAWFORD ELECTRIC SUPPLY**  
**1201 BUSINESS PARK DR**  
**MISSION TX 78572-6081**  
**956-519-1422 Fax 956-519-1455**

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## INVOICE

| INVOICE DATE                                                        | ACCOUNT NUMBER |
|---------------------------------------------------------------------|----------------|
| 05/28/15                                                            | 45540          |
| INVOICE NUMBER                                                      |                |
| S004296256.001                                                      |                |
| PLEASE REMIT PAYMENT TO:                                            |                |
| CRAWFORD ELECTRIC SUPPLY<br>P.O. BOX 847160<br>DALLAS TX 75284-7160 |                |

**SOLD TO:**

**PETE'S ELECTRIC**  
**28115 BEAN RD**  
**SAN BENITO TX 78586-8236**

**SHIPPED TO: 113047**

**HIDALGO COUNTY ADULT DETENTION CNTR**  
**701 EL CIBOLO RD**  
**PETES ELECTRIC**  
**EDINBURG TX 78541**

| ACCOUNT NUMBER | CUSTOMER PO NUMBER                                      | RELEASE NUMBER  | ORDERED BY |              |     |           |
|----------------|---------------------------------------------------------|-----------------|------------|--------------|-----|-----------|
| 45540          | Aaron                                                   |                 | Aaron      |              |     |           |
| SALESMAN       | INVOICE NUMBER                                          | SHIPPING BRANCH | SHIP DATE  | SHIP VIA     |     |           |
| DANNY LUERA    | S004296256.001                                          | RMIS            | 05/28/2015 | OT OUR-TRUCK |     |           |
| SKU            | DESCRIPTION                                             | ORDER QTY       | SHIP QTY   | UNIT PRICE   | UOM | EXT PRICE |
| 78618910563    | THEP TP563<br>4-11/16 2-1/8 DP OUTLET BOX 1/2&3/4<br>KO | 10              | 10         | 128.40       | c   | 12.84     |
| 78618910568    | THEP TP568<br>4 11/16 SQ FLT BLNK CVR                   | 10              | 10         | 40.65        | c   | 4.07      |
| 78618910472    | THEP TP472<br>4 SQ BOX CVR FLT BLNK                     | 100             | 100        | 26.22        | c   | 26.22     |
| 98005002104    | FLEX 100GFS-50CL<br>1IN STEEL FLEX 50FT COIL            | 100             | 100        | 120.39       | c   | 120.39    |
| 78456400335    | CRS 710DC<br>1IN FLX SQZ CONN                           | 16              | 16         | 198.62       | c   | 31.78     |
| 98005002103    | FLEX 034GFS-100CL<br>3/4 STEEL FLEX UL COND 100FT COIL  | 200             | 200        | 66.32        | c   | 132.64    |
| 78456400334    | CRS 709DC<br>3/4IN FLX SQZ CONN                         | 179             | 175        | 74.55        | c   | 130.46    |
| 05400769764    | 3M 1700-BLACK<br>3/4 X 60 FT VNL TAPE                   | 10              | 10         | 0.90         | ea  | 9.00      |
| 05400708162    | 3M 512-BULK<br>RED SPRING CONNECTOR BAG                 | 500             | 500        | 57.50        | m   | 28.75     |
| 05400708160    | 3M 312-BULK<br>YELLOW SPRING CONNECTOR BAG              | 500             | 500        | 50.32        | m   | 25.16     |
| 63972080354    | M-TAL JTEKD6<br>10X3/4 HEX TEK SCREW                    | 100             | 100        | 4.07         | c   | 4.07      |
| 07535287323    | PWF J04243<br>1/4X4 CSTL MHD ANC                        | 100             | 100        | 25.40        | c   | 25.40     |
| 63972020207    | M-TAL WAK14H<br>RED PLSTC ANCH KIT                      | 1               | 1          | 12.58        | ea  | 12.58     |

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|              |          |
|--------------|----------|
| Signature    | 05/28/15 |
| Printed Name | Date     |

|                          |               |
|--------------------------|---------------|
| <b>SUBTOTAL</b>          | <b>563.36</b> |
| <b>S &amp; H CHARGES</b> |               |
| <b>SALES TAX</b>         | <b>0.00</b>   |
| <b>TOTAL DUE</b>         | <b>563.36</b> |





**CRAWFORD ELECTRIC SUPPLY**  
**1105 BUSINESS PARK DR**  
**MISSION TX 78572**  
**956-519-1422 Fax 956-519-1455**

# INVOICE

| INVOICE DATE                                                        | ACCOUNT NUMBER |
|---------------------------------------------------------------------|----------------|
| 06/08/15                                                            | 45540          |
| INVOICE NUMBER                                                      |                |
| S004328797.001                                                      |                |
| PLEASE REMIT PAYMENT TO:                                            |                |
| CRAWFORD ELECTRIC SUPPLY<br>P.O. BOX 847160<br>DALLAS TX 75284-7160 |                |

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## SOLD TO:

**PETE'S ELECTRIC**  
**28115 BEAN RD**  
**SAN BENITO TX 78586-8236**

## SHIPPED TO: 113047

**HIDALGO COUNTY ADULT DETENTION CNTR**  
**701 EL CIBOLO RD**  
**PETES ELECTRIC**  
**EDINBURG TX 78541**

| ACCOUNT NUMBER |                                 | CUSTOMER PO NUMBER |          | RELEASE NUMBER  |     | ORDERED BY |              |
|----------------|---------------------------------|--------------------|----------|-----------------|-----|------------|--------------|
| 45540          |                                 | Aaron              |          |                 |     | Aaron      |              |
| SALESMAN       |                                 | INVOICE NUMBER     |          | SHIPPING BRANCH |     | SHIP DATE  | SHIP VIA     |
| DANNY LUERA    |                                 | S004328797.001     |          | RMIS            |     | 06/08/2015 | OT OUR-TRUCK |
| SKU            | DESCRIPTION                     | ORDER QTY          | SHIP QTY | UNIT PRICE      | UOM | EXT PRICE  |              |
| 98010034702    | WIC MCA 12/2 SOL 250C           | 750                | 750      | 387.68          | m   | 290.76     |              |
| 66227700651    | ALU ARM BLK WHT GRN             |                    |          |                 |     |            |              |
|                | CRS BX38                        | 200                | 200      | 68.61           | c   | 137.22     |              |
| 98001002001    | 3/8 BX SQ CONNECTOR             |                    |          |                 |     |            |              |
|                | EMT 012E 1/2IN EMT CONDUIT 10FT | 200                | 200      | 24.77           | c   | 49.54      |              |
| 78456410460    | CRS 460                         | 100                | 100      | 14.70           | c   | 14.70      |              |
|                | 1/2 EMT SS CPL                  |                    |          |                 |     |            |              |
| 98010022550    | WIC. THHN 10 SOL BRN 500R       | 500                | 500      | 153.94          | m   | 76.97      |              |
| 98010022545    | WIC. THHN 10 SOL ORG 500R       | 500                | 500      | 153.94          | m   | 76.97      |              |
| 98010022535    | WIC. THHN 10 SOL YEL 500R       | 500                | 500      | 153.94          | m   | 76.97      |              |
| 98010022540    | WIC. THHN 10 SOL GRN 500R       | 500                | 500      | 153.94          | m   | 76.97      |              |
| 04524208287    | MILW 48-00-5186                 | 1                  | 1 *      | 12.99           | ea  | 12.99      |              |
|                | 24T 6L BLADE /PK                |                    |          |                 |     |            |              |
|                | SAWZALL BL 6LG 24T FOR METAL    |                    |          |                 |     |            |              |
|                | QTY 1 = PKG OF 5                |                    |          |                 |     |            |              |

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\* denotes that item is taxable

|                                                                                                  |          |
|--------------------------------------------------------------------------------------------------|----------|
| <br>Signature | 06/08/15 |
|                                                                                                  | Date     |
| Printed Name                                                                                     |          |

|                          |               |
|--------------------------|---------------|
| <b>SUBTOTAL</b>          | <b>813.09</b> |
| <b>S &amp; H CHARGES</b> |               |
| <b>SALES TAX</b>         | <b>1.07</b>   |
| <b>TOTAL DUE</b>         | <b>814.16</b> |





CRAWFORD ELECTRIC SUPPLY  
1105 BUSINESS PARK DR  
MISSION TX 78572  
956-519-1422 Fax 956-519-1455

# INVOICE

| INVOICE DATE                                                        | ACCOUNT NUMBER |
|---------------------------------------------------------------------|----------------|
| 06/17/15                                                            | 45540          |
| INVOICE NUMBER                                                      |                |
| S004255249.003                                                      |                |
| PLEASE REMIT PAYMENT TO:                                            |                |
| CRAWFORD ELECTRIC SUPPLY<br>P.O. BOX 847160<br>DALLAS TX 75284-7160 |                |

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## SOLD TO:

PETE'S ELECTRIC  
28115 BEAN RD  
SAN BENITO TX 78586-8236

## SHIPPED TO: 113047

HIDALGO COUNTY ADULT DETENTION CNTR  
18635 PRIMERA ROAD, UNIT 3  
PETES ELECTRIC  
HARLINGEN TX 78550

| ACCOUNT NUMBER               |                                                                                                                                             | CUSTOMER PO NUMBER |  | RELEASE NUMBER  |               | ORDERED BY    |  |          |           |
|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--|-----------------|---------------|---------------|--|----------|-----------|
| 45540                        |                                                                                                                                             | JUAN G             |  |                 |               | JUAN G        |  |          |           |
| SALESMAN                     |                                                                                                                                             | INVOICE NUMBER     |  | SHIPPING BRANCH |               | SHIP DATE     |  | SHIP VIA |           |
| DANNY LUERA                  |                                                                                                                                             | S004255249.003     |  | RMIS            |               | 06/16/2015    |  | DIRECT   |           |
| SKU                          | DESCRIPTION                                                                                                                                 |                    |  | ORDER QTY       | SHIP QTY      | UNIT PRICE    |  | UOM      | EXT PRICE |
| Type                         | ^LOT BILLING THOMASDB<br>This Lot consists of:<br>Description<br>DAY-BRITE FLUORESCENT/HID/EMER<br>2SPG332-FS21-277-1/21-EB-INVLS-E5-3<br>W |                    |  | 1               | 1             | 1,720.91      |  | ea       | 1,720.91  |
| KE                           |                                                                                                                                             |                    |  |                 | Ship Qty<br>9 |               |  |          |           |
| THANK YOU FOR YOUR BUSINESS! |                                                                                                                                             |                    |  |                 |               |               |  |          |           |
|                              |                                                                                                                                             |                    |  |                 |               | SUBTOTAL      |  |          | 1,720.91  |
|                              |                                                                                                                                             |                    |  |                 |               | S & H CHARGES |  |          |           |
|                              |                                                                                                                                             |                    |  |                 |               | SALES TAX     |  |          | 0.00      |
|                              |                                                                                                                                             |                    |  |                 |               | TOTAL DUE     |  |          | 1,720.91  |

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CRAWFORD ELECTRIC SUPPLY  
1105 BUSINESS PARK DR  
MISSION TX 78572  
956-519-1422 Fax 956-519-1455

# INVOICE

| INVOICE DATE                                                        | ACCOUNT NUMBER |
|---------------------------------------------------------------------|----------------|
| 06/17/15                                                            | 45540          |
| INVOICE NUMBER                                                      |                |
| S004356117.001                                                      |                |
| PLEASE REMIT PAYMENT TO:                                            |                |
| CRAWFORD ELECTRIC SUPPLY<br>P.O. BOX 847160<br>DALLAS TX 75284-7160 |                |

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## SOLD TO:

PETE'S ELECTRIC  
28115 BEAN RD  
SAN BENITO TX 78586-8236

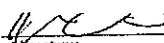
## SHIPPED TO: 113047

HIDALGO COUNTY ADULT DETENTION CNTR  
701 EL CIBOLO RD  
PETES ELECTRIC  
EDINBURG TX 78541

| ACCOUNT NUMBER               |                             | CUSTOMER PO NUMBER |          | RELEASE NUMBER  |     | ORDERED BY |              |
|------------------------------|-----------------------------|--------------------|----------|-----------------|-----|------------|--------------|
| 45540                        |                             | Aaron              |          |                 |     | Aaron      |              |
| SALESMAN                     |                             | INVOICE NUMBER     |          | SHIPPING BRANCH |     | SHIP DATE  | SHIP VIA     |
| DANNY LUERA                  |                             | S004356117.001     |          | RMIS            |     | 06/17/2015 | OT OUR-TRUCK |
| SKU                          | DESCRIPTION                 | ORDER QTY          | SHIP QTY | UNIT PRICE      | UOM | EXT PRICE  |              |
| 78364326369                  | ITE B320<br>3P 20A CKT BRKR | 1                  | 1        | 62.75           | ea  | 62.75      |              |
| THANK YOU FOR YOUR BUSINESS! |                             |                    |          |                 |     |            |              |

All payments are due by 07/25/15.

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<http://www.crawfordelectricsupply.com/Customers/>

|                                                                                     |          |
|-------------------------------------------------------------------------------------|----------|
|  | 06/17/15 |
| Signature                                                                           | Date     |
| Printed Name                                                                        |          |

|               |       |
|---------------|-------|
| SUBTOTAL      | 62.75 |
| S & H CHARGES |       |
| SALES TAX     | 0.00  |
| TOTAL DUE     | 62.75 |





CRAWFORD ELECTRIC SUPPLY  
1105 BUSINESS PARK DR  
MISSION TX 78572  
956-519-1422 Fax 956-519-1455

# INVOICE

| INVOICE DATE                                                        | ACCOUNT NUMBER |
|---------------------------------------------------------------------|----------------|
| 06/22/15                                                            | 45540          |
| INVOICE NUMBER                                                      |                |
| S004255249.005                                                      |                |
| PLEASE REMIT PAYMENT TO:                                            |                |
| CRAWFORD ELECTRIC SUPPLY<br>P.O. BOX 847160<br>DALLAS TX 75284-7160 |                |

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## SOLD TO:

PETE'S ELECTRIC  
28115 BEAN RD  
SAN BENITO TX 78586-8236

## SHIPPED TO: 113047

HIDALGO COUNTY ADULT DETENTION CNTR  
18635 PRIMERA ROAD, UNIT 3  
PETES ELECTRIC  
HARLINGEN TX 78550

| ACCOUNT NUMBER               |                                   | CUSTOMER PO NUMBER |  | RELEASE NUMBER  |          | ORDERED BY |          |           |
|------------------------------|-----------------------------------|--------------------|--|-----------------|----------|------------|----------|-----------|
| 45540                        |                                   | JUAN G             |  |                 |          | JUAN G     |          |           |
| SALESMAN                     |                                   | INVOICE NUMBER     |  | SHIPPING BRANCH |          | SHIP DATE  | SHIP VIA |           |
| DANNY LUERA                  |                                   | S004255249.005     |  | RMIS            |          | 06/20/2015 | DIRECT   |           |
| SKU                          | DESCRIPTION                       |                    |  | ORDER QTY       | SHIP QTY | UNIT PRICE | UOM      | EXT PRICE |
| Type<br><br>K<br>K/KE        | ^LOT BILLING THOMASDB             |                    |  | 1               | 1        | 3,938.48   | ea       | 3,938.48  |
|                              | This Lot consists of:             |                    |  |                 |          |            |          |           |
|                              | Description                       |                    |  |                 | Ship Qty |            |          |           |
|                              | DAY-BRITE FLUORESCENT/HID/EMER    |                    |  |                 | 47       |            |          |           |
|                              | 2SPG332-FS21-UNV-1/21-EB-INVLS-3W |                    |  |                 | 200      |            |          |           |
|                              | LLPHL735/ALTO-32                  |                    |  |                 |          |            |          |           |
| THANK YOU FOR YOUR BUSINESS! |                                   |                    |  |                 |          |            |          |           |

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|               |          |
|---------------|----------|
| SUBTOTAL      | 3,938.48 |
| S & H CHARGES |          |
| SALES TAX     | 0.00     |
| TOTAL DUE     | 3,938.48 |





CRAWFORD ELECTRIC SUPPLY  
1105 BUSINESS PARK DR  
MISSION TX 78572  
956-519-1422 Fax 956-519-1455

# INVOICE

| INVOICE DATE                                                        | ACCOUNT NUMBER |
|---------------------------------------------------------------------|----------------|
| 06/22/15                                                            | 45540          |
| INVOICE NUMBER                                                      |                |
| S004255260.001                                                      |                |
| PLEASE REMIT PAYMENT TO:                                            |                |
| CRAWFORD ELECTRIC SUPPLY<br>P.O. BOX 847160<br>DALLAS TX 75284-7160 |                |

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## SOLD TO:

PETE'S ELECTRIC  
28115 BEAN RD  
SAN BENITO TX 78586-8236

## SHIPPED TO: 113047

HIDALGO COUNTY ADULT DETENTION CNTR  
18635 PRIMERA ROAD, UNIT 3  
PETES ELECTRIC  
HARLINGEN TX 78550

| ACCOUNT NUMBER                                                                                                  |                       | CUSTOMER PO NUMBER |  | RELEASE NUMBER  |          | ORDERED BY    |  |          |           |
|-----------------------------------------------------------------------------------------------------------------|-----------------------|--------------------|--|-----------------|----------|---------------|--|----------|-----------|
| 45540                                                                                                           |                       | JUAN G             |  |                 |          | JUAN G        |  |          |           |
| SALESMAN                                                                                                        |                       | INVOICE NUMBER     |  | SHIPPING BRANCH |          | SHIP DATE     |  | SHIP VIA |           |
| DANNY LUERA                                                                                                     |                       | S004255260.001     |  | RMIS            |          | 06/15/2015    |  | DIRECT   |           |
| SKU                                                                                                             | DESCRIPTION           |                    |  | ORDER QTY       | SHIP QTY | UNIT PRICE    |  | UOM      | EXT PRICE |
| Type<br>SA<br>SB                                                                                                | ^LOT BILLING HAPCO    |                    |  | 1               | 1        | 5,492.00      |  | ea       | 5,492.00  |
|                                                                                                                 | This Lot consists of: |                    |  |                 |          |               |  |          |           |
|                                                                                                                 | Description           |                    |  |                 |          |               |  |          |           |
|                                                                                                                 | SSS30D5-4-BM-D1       |                    |  |                 |          |               |  |          |           |
|                                                                                                                 | SSS30D5-4-BM-D3       |                    |  |                 |          |               |  |          |           |
| THANK YOU FOR YOUR BUSINESS!                                                                                    |                       |                    |  |                 |          |               |  |          |           |
| All payments are due by 07/25/15.                                                                               |                       |                    |  |                 |          | SUBTOTAL      |  | 5,492.00 |           |
| For complete terms and conditions please visit                                                                  |                       |                    |  |                 |          | S & H CHARGES |  |          |           |
| <a href="http://www.crawfordelectricsupply.com/Customers/">http://www.crawfordelectricsupply.com/Customers/</a> |                       |                    |  |                 |          | SALES TAX     |  | 0.00     |           |
|                                                                                                                 |                       |                    |  |                 |          | TOTAL DUE     |  | 5,492.00 |           |

All payments are due by 07/25/15.

For complete terms and conditions please visit  
<http://www.crawfordelectricsupply.com/Customers/>





CRAWFORD ELECTRIC SUPPLY  
1105 BUSINESS PARK DR  
MISSION TX 78572  
956-519-1422 Fax 956-519-1455

# INVOICE

| INVOICE DATE                                                        | ACCOUNT NUMBER |
|---------------------------------------------------------------------|----------------|
| 06/22/15                                                            | 45540          |
| INVOICE NUMBER                                                      |                |
| S004269113.004                                                      |                |
| PLEASE REMIT PAYMENT TO:                                            |                |
| CRAWFORD ELECTRIC SUPPLY<br>P.O. BOX 847160<br>DALLAS TX 75284-7160 |                |

With more than 20 branches in Texas and Southeast Louisiana, Crawford does "Whatever it Takes" to service our customers. For a full listing of our branches, visit [www.crawfordelectricsupply.com](http://www.crawfordelectricsupply.com)

## SOLD TO:

PETE'S ELECTRIC  
28115 BEAN RD  
SAN BENITO TX 78586-8236

## SHIPPED TO: 113047

HIDALGO COUNTY ADULT DETENTION CNTR  
Petes Electric  
701 El Cibolo Rd  
EDINBURG TX 78541

| ACCOUNT NUMBER               |                       | CUSTOMER PO NUMBER |          | RELEASE NUMBER  |     | ORDERED BY |          |
|------------------------------|-----------------------|--------------------|----------|-----------------|-----|------------|----------|
| 45540                        |                       | JUAN G             |          |                 |     | JUAN G     |          |
| SALESMAN                     |                       | INVOICE NUMBER     |          | SHIPPING BRANCH |     | SHIP DATE  | SHIP VIA |
| DANNY LUERA                  |                       | S004269113.004     |          | RMIS            |     | 06/19/2015 | DIRECT   |
| SKU                          | DESCRIPTION           | ORDER QTY          | SHIP QTY | UNIT PRICE      | UOM | EXT PRICE  |          |
|                              | ALOT BILLING SIEMENS  | 1                  | 1        | 5,757.00        | ea  | 5,757.00   |          |
| Type                         | This Lot consists of: |                    | Ship Qty |                 |     |            |          |
| A                            | Description           |                    | 1        |                 |     |            |          |
| A                            | P2E90ML250ATS         |                    | 1        |                 |     |            |          |
|                              | S74B                  |                    |          |                 |     |            |          |
| THANK YOU FOR YOUR BUSINESS! |                       |                    |          |                 |     |            |          |

All payments are due by 07/25/15.

For complete terms and conditions please visit  
<http://www.crawfordelectricsupply.com/Customers/>

|               |          |
|---------------|----------|
| SUBTOTAL      | 5,757.00 |
| S & H CHARGES |          |
| SALES TAX     | 0.00     |
| TOTAL DUE     | 5,757.00 |





CRAWFORD ELECTRIC SUPPLY  
1105 BUSINESS PARK DR  
MISSION TX 78572  
956-519-1422 Fax 956-519-1455

# INVOICE

| INVOICE DATE                                                        | ACCOUNT NUMBER |
|---------------------------------------------------------------------|----------------|
| 06/23/15                                                            | 45540          |
| INVOICE NUMBER                                                      |                |
| S004377677.001                                                      |                |
| PLEASE REMIT PAYMENT TO:                                            |                |
| CRAWFORD ELECTRIC SUPPLY<br>P.O. BOX 847160<br>DALLAS TX 75284-7160 |                |

With more than 20 branches in Texas and Southeast Louisiana, Crawford does "Whatever it Takes" to service our customers. For a full listing of our branches, visit [www.crawfordelectricsupply.com](http://www.crawfordelectricsupply.com)

## SOLD TO:

PETE'S ELECTRIC  
28115 BEAN RD  
SAN BENITO TX 78586-8236

## SHIPPED TO: 113047

HIDALGO COUNTY ADULT DETENTION CNTR  
701 EL CIBOLO RD  
PETES ELECTRIC  
EDINBURG TX 78541

| ACCOUNT NUMBER |                                                                            | CUSTOMER PO NUMBER |          | RELEASE NUMBER  |     | ORDERED BY |              |
|----------------|----------------------------------------------------------------------------|--------------------|----------|-----------------|-----|------------|--------------|
| 45540          |                                                                            | Aaron              |          |                 |     | Aaron      |              |
| SALESMAN       |                                                                            | INVOICE NUMBER     |          | SHIPPING BRANCH |     | SHIP DATE  | SHIP VIA     |
| DANNY LUERA    |                                                                            | S004377677.001     |          | RMIS            |     | 06/23/2015 | OT OUR-TRUCK |
| SKU            | DESCRIPTION                                                                | ORDER QTY          | SHIP QTY | UNIT PRICE      | UOM | EXT PRICE  |              |
| 78618910563    | THEP TP563<br>4-11/16 2-1/8 DP OUTLET BOX 1/2&3/4<br>KO                    | 20                 | 20       | 128.40          | c   | 25.68      |              |
| 98005002103    | FLEX 034GFS-100CL<br>3/4 STEEL FLEX UL COND 100FT COIL                     | 200                | 200      | 66.32           | c   | 132.64     |              |
| 78456400334    | CRS 709DC<br>3/4IN FLX SQZ CONN                                            | 100                | 100      | 74.55           | c   | 74.55      |              |
| 98005002104    | FLEX 100GFS-50CL<br>1IN STEEL FLEX 50FT COIL                               | 100                | 100      | 120.39          | c   | 120.39     |              |
| 78456400335    | CRS 710DC<br>1IN FLX SQZ CONN                                              | 50                 | 50       | 198.62          | c   | 99.31      |              |
| 78618910403    | THEP TP403<br>4 SQ OUTLET BOX 2 1/8 DP 1/2 AND<br>3/4 KO                   | 100                | 100      | 86.14           | c   | 86.14      |              |
| 78456420759    | CRS 759DC<br>3/8" ROMEX CONN                                               | 100                | 100      | 31.25           | c   | 31.25      |              |
| 98005002102    | FLEX 012GFS-100CL<br>1/2IN STEEL FLEX UL 100FT COIL                        | 100                | 100      | 48.74           | c   | 48.74      |              |
| 78456400333    | CRS 708DC<br>1/2 FLX SQZ CONN                                              | 50                 | 50       | 62.82           | c   | 31.41      |              |
| 05400743150    | 3M B/G+BOX<br>SPRING CONNECTOR BLUE/GRAY BOXED                             | 50                 | 50       | 30.08           | c   | 15.04      |              |
| 08247230022    | LEN 3002222L<br>1-3/8IN HOLE SAW - CONDUIT SIZE 1IN<br>FITS ARBOR 2L 3L 6L | 1                  | 1 *      | 13.89           | ea  | 13.89      |              |
| 08247230018    | LEN 3001818L<br>1-1/8IN HOLE SAW CONDUIT SIZE 3/4IN<br>FITS ARBOR 1L 4L 5L | 1                  | 1 *      | 13.20           | ea  | 13.20      |              |

All payments are due by 07/25/15.

For complete terms and conditions please visit  
<http://www.crawfordelectricsupply.com/Customers/>

\* denotes that item is taxable

*George Elbert*  
Signature Date 06/23/15  
Printed Name

|                  |               |
|------------------|---------------|
| SUBTOTAL         | 692.24        |
| S & H CHARGES    |               |
| SALES TAX        | 2.23          |
| <b>TOTAL DUE</b> | <b>694.47</b> |



**CONDITIONAL WAIVER AND RELEASE ON PROGRESS PAYMENT**

Project Hidalgo Cty. ADC & LEF Repairs/Replacements

Job No. 90351

On receipt by the signer of this document of a check from Hidalgo County (maker of check) in the sum of \$ 25,563.58 payable to Vintage Tile & Stone, LLC (payee or payees of check) and when the check has been properly endorsed and has been paid by the bank on which it is drawn, this document becomes effective to release any mechanic's lien right, any right arising from a payment bond that complies with a state or federal statute, any common law payment bond right, any claim for payment, and any rights under any similar ordinance, rule, or statute related to claim or payment rights for persons in the signer's position that the signer has on the property of Hidalgo County (owner) located at 701 El Cíbolo Rd. (location) to the following extent: Flooring Materials & Labor (job description).

This release covers a progress payment for all labor, services, equipment, or materials furnished to the property or to Hidalgo County (person with whom signer contracted) as indicated in the attached statement(s) or progress payment request(s), except for unpaid retention, pending modifications and changes, or other items furnished.

Before any recipient of this document relies on this document, the recipient should verify evidence of payment to the signer.

The signer warrants that the signer has already paid or will use the funds received from this progress payment to promptly pay in full all of the signer's laborers, subcontractors, materialmen, and suppliers for all work, materials, equipment, or services provided for or to the above referenced project in regard to the attached statement(s) or progress payment request(s).

Date 06.25.2015

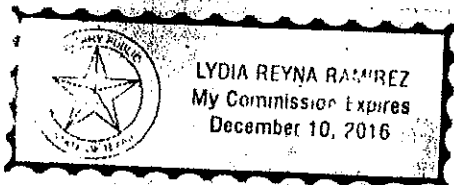
Vintage Tile & Stone LLC (Company name)

By [Signature] (Signature)

Member (Title)

STATE OF TEXAS        §  
                                 §  
COUNTY OF Hidalgo    §

This instrument was acknowledged before me on this 25 day of June, 2015, by Elizabeth R. Govea (name), Member (job title) of Vintage Tile & Stone LLC (company name).



[Signature]  
NOTARY PUBLIC, STATE OF TEXAS



# ORDER ACCEPTANCE

\*THIS IS NOT AN INVOICE\*

Order No. Y113700416B

PAGE 1



**SOLD**  
VINAGE TILE & STONE  
1215 E HACKBERRY AVE  
MCALLEN, TX 78501  
Phone: 956-631-8528  
Fax: 956-631-8526  
CONTACT: ELIZABETH NOE

CUSTOMER PICKUP AT SSC

**SHT  
IO  
P**

**SSC #: 278**

**SF** SSC MCALLEN  
**HR** 1201 N JACKSON STE 100  
**IO** MCALLEN, TX, 78501  
**PM** 956 618 3267  
956 618 3268

|                                              |                 |                                     |           |                                                                                                                                                                                                                                                                                                                                                                                                            |                              |                        |                                                                                                                                                  |                         |                       |
|----------------------------------------------|-----------------|-------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------|
| ACCOUNT NUMBER<br>412724 001                 |                 | CUSTOMER PO#<br>46                  |           | SALESMAN NUMBER<br>313                                                                                                                                                                                                                                                                                                                                                                                     |                              | ORDER DATE<br>06/17/15 |                                                                                                                                                  |                         |                       |
| JOB NAME<br>HIDALGO CO JAIL                  |                 | ORDER TYPE<br>REGULAR               |           | CUSTOMER CLASS<br>51L                                                                                                                                                                                                                                                                                                                                                                                      |                              |                        |                                                                                                                                                  |                         |                       |
| LINE #                                       | QUANTITY<br>UOM | ITEM NUMBER<br>DESCRIPTION          | PRICE     | DISCOUNT %<br>Price Record                                                                                                                                                                                                                                                                                                                                                                                 | SHIPPED VIA<br>Freight Terms | NET PRICE              | EXTENDED AMOUNT                                                                                                                                  | CARTONS<br>FULL PARTIAL | WEIGHT<br>REQUESTED   |
| 1                                            | 3,804.00<br>SF  | 0Q81G61PB<br>6X6 Q81 RED STD        | \$5.53    |                                                                                                                                                                                                                                                                                                                                                                                                            | Pickup                       | \$2.39                 | \$9,091.56                                                                                                                                       | 317 0                   | 18,183.12<br>06/17/15 |
| 2                                            | 400.00<br>PC    | 0Q81P3665F1PB<br>P3665 Q81 RED STD  | \$2.63    |                                                                                                                                                                                                                                                                                                                                                                                                            | Pickup                       | \$1.51                 | \$604.00                                                                                                                                         | 8 16                    | 564.00<br>06/17/15    |
| 3                                            | 12.00<br>PC     | 0Q81PB36651PB<br>PB3665 Q81 RED STD | \$9.99    |                                                                                                                                                                                                                                                                                                                                                                                                            | Pickup                       | \$5.73                 | \$68.76                                                                                                                                          | 0 12                    | 6.00<br>06/17/15      |
|                                              |                 |                                     |           |                                                                                                                                                                                                                                                                                                                                                                                                            |                              |                        | SUBTOTAL:<br>\$9,764.32<br>TAXES (Total):<br>\$0.00<br>Energy Surcharge<br>\$292.93<br>TOTAL CHARGES:<br>\$292.93<br>GRAND TOTAL:<br>\$10,057.25 |                         |                       |
| * DENOTES LINES IN AN OUT-OF-STOCK CONDITION |                 |                                     |           |                                                                                                                                                                                                                                                                                                                                                                                                            |                              |                        |                                                                                                                                                  |                         |                       |
|                                              |                 |                                     |           |                                                                                                                                                                                                                                                                                                                                                                                                            |                              | TOTAL WEIGHT (LBS)     | 18,753.12                                                                                                                                        |                         |                       |
| ENTERED<br>BY                                | PACKED BY       | CHECKED BY                          | LOADED BY | We hereby accept your order for the items set forth herein, subject to our published Prices, Terms and Conditions of Sale, now in effect, which are hereby made part hereof and incorporated herein by reference with the understanding that the prices stated herein may be changed under certain conditions as therein set forth to conform with our published prices in effect at the time of shipment. |                              |                        |                                                                                                                                                  |                         |                       |
| XACHETAMAR                                   |                 |                                     |           |                                                                                                                                                                                                                                                                                                                                                                                                            |                              |                        |                                                                                                                                                  |                         |                       |

PAST DUE CHARGES ARE SUBJECT TO A SERVICE CHARGE OF 1% PER MONTH (1% ANNUAL RATE) OR MAXIMUM LEGAL UNDER APPLICABLE STATE LAWS, WHICH EVER IS LESS.

AUSTIN • HOUSTON • SAN ANTONIO • WACO  
 DALLAS • PLANO • MESQUITE • FORT WORTH • LONGVIEW • TYLER • SHREVEPORT • TULSA  
 HARLINGEN • NEW ORLEANS • OKLAHOMA CITY

\*\*\* RE-PRINT \*\*\*

LO VINTAGE TILE & STONE  
 2020 W NOLANA  
 MCALLEN TX  
 78504-0000

TX  
 78504-0000

CUSTOMER NUMBER  
 VINT121MCA 44  
 PO NUMBER  
 955-631-8520

BRANCHES  
 SALE: 53 INV: 53  
 6-09-2015 13:36  
 DATE-ORDERED-TIME

ORDER CONFIRMED BY:  
 762530UEQ  
 QTY ITEM NUMBER DESCRIPTION  
 7.00 EA

CMMAQUADE  
 7.00 EA  
 MAPELASTIC AQUADENSE 5 GAL.  
 5G-36/PLT 03042015 227.060 1589.42

CMMAQUADE  
 3.00 EA  
 MAPELASTIC AQUADENSE 5 GAL.  
 5G-36/PLT 11352014 227.060 681.18

CMMAQUADE  
 7.00 EA  
 MAPELASTIC AQUADENSE 5 GAL.  
 5G-36/PLT 06152015 227.060 1589.42

\*\*\*\*\* END OF ORDER \*\*\*\*\*  
 76253

\* OVER CREDIT LIMIT \*

If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carriage or shipment" or "carriage and shipment". This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation, according to the applicable regulations of the Department of Transportation.

For Chemical Emergency Spill, Leak, Fire, Exposure or Accident call CURA - Day or Night 800-855-3924

| TERMS       | WEIGHT OF ORDER | MERCHANDISE | TAX | FREIGHT | OTHER | TOTAL   |
|-------------|-----------------|-------------|-----|---------|-------|---------|
| NET 30 DAYS | 996 LBS         | 3850.02     |     |         |       | 3850.02 |

RECEIVED BY:

ORIGINAL

ORDER FILLED BY:

SALES ORDER



10



SALES ORDER

ALL BILLS ARE PAYABLE AT THE ADDRESS  
11040 GRIFFIN LANE • DALLAS, TEXAS 75228-3507  
(972) 241-0633 • TX. WARE: (800) 296-6565  
www.cwholesale.com

PAGE 1 53-037656-01  
S VINTAGE TILE & STONE  
D 2020 W NOLANA  
I MCALLEN  
O 76504-0000  
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\*\*\* RE-PRINT \*\*\*

S VINTAGE TILE & STONE  
D 2020 W NOLANA  
I MCALLEN  
O 76504-0000  
TX

CUSTOMER NUMBER  
VINT121MCA 44  
PO NUMBER

BRANCHES  
SALE: 53 INV: 53  
DATE-ORDERED-TIME 6-09-2015 13:36  
DATE-FILED-TIME 6-15-2015

ORDER CONFIRMED BY  
LIZ GOVER

QTY SHIPPED  
ITEM NUMBER  
DESCRIPTION

CMAGUADE 1.00 EA

MAPELASTIC AQUADENSE 5 GAL. 56-36/PLT 06152015 227.06

CMUFRS050 56.00 BAGS 50 LB/56 P 06152015 1237.60

ULTRAFLEX RS RAPID SET GRAY 50 50 LB/56 P 06152015

STOCK

\*\*\*\*\* END OF ORDER \*\*\*\*\*

79801

SHIP VIA W/C MCALLEN  
SIDEMARK STOCK  
ORDER TAKEN BY WILLIE  
UNIT PRICE EXTENDED PRICE  
SERIAL#

CMAGUADE 1.00 EA 227.06 227.06

MAPELASTIC AQUADENSE 5 GAL. 56-36/PLT 06152015 227.06

CMUFRS050 56.00 BAGS 50 LB/56 P 06152015 1237.60

ULTRAFLEX RS RAPID SET GRAY 50 50 LB/56 P 06152015

STOCK

\*\*\*\*\* END OF ORDER \*\*\*\*\*

79801

\*\*\*\*\* OVER CREDIT LIMIT \*\*\*\*\*

\*\*\*\*\* OVER CREDIT LIMIT \*\*\*\*\*

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ORDER PULLED BY: ORIGINAL  
RECEIVED BY:

|       |             |                 |         |             |         |     |  |         |  |       |  |       |         |
|-------|-------------|-----------------|---------|-------------|---------|-----|--|---------|--|-------|--|-------|---------|
| TERMS | NET 30 DAYS | WEIGHT OF ORDER | 2858 LB | MERCHANDISE | 1464.66 | TAX |  | FREIGHT |  | OTHER |  | TOTAL | 1464.66 |
|-------|-------------|-----------------|---------|-------------|---------|-----|--|---------|--|-------|--|-------|---------|

If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "tare" or "gross" weight. This is to certify that the above-stated materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation, according to the applicable regulations of the Department of Transportation. For Chemical Emergency Spill, Leak, Fire, Exposure or Accident call CUPRA - Day or Night 800-255-3924



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NEW ORLEANS • DALLAS • OKLAHOMA CITY • TULSA

# SALES ORDER

ALL BILLS DUE AND PAYABLE AT THIS ADDRESS  
11048 GRISBOM LANE • DALLAS, TEXAS 75229-3507  
(972) 241-0833 • TX. WATS: (800) 288-8565  
www.ccwholesale.com

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956-631-8528

CUSTOMER NUMBER  
VINT121MCA 44  
PO NUMBER

SIDEMARK  
MC ALLEN  
SHIP VIA  
W/C MCALLEN

BRANCHES  
DATE ORDERED TIME  
DATE FILLED TIME  
FAX NUMBER

ORDER CONFIRMED BY:  
LIZ BOVER  
ORDER TAKEN BY:  
W/C

QTY  
ITEM NUMBER  
DESCRIPTION  
QTY  
UNIT  
UNIT  
QTY  
UNIT  
PACKAGING  
BIN  
UNIT PRICE  
EXTENDED PRICE  
SHIP ID

ERAZINE, 8, UN1760, PG111  
PART B: AMINES, LIQUID, CORROSIVE N.O.S. (ISOPHORE DIAMINE), 8, UN2735  
18.00 EACH CMKPCQ47C  
CHARCOAL 1 GL 1 GAL

\* BACK ORDERED  
HERAPOXY CO #47

MC ALLEN

\*\*\*\*\* END OF ORDER \*\*\*\*\*

86766

\* OVER CREDIT LIMIT \*

If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carriage or shipment weight". This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation, according to the applicable regulations of the Department of Transportation.

For Chemical Emergency Spill, Leak, Fire, Exposure or Accident call CURA - Day or Night 800-285-9924

| TERMS       | WEIGHT OF ORDER | LB'S | MERCHANDISE | TAX | FREIGHT | OTHER | TOTAL  |
|-------------|-----------------|------|-------------|-----|---------|-------|--------|
| NET 30 DAYS |                 |      | 948.60      |     |         |       | 948.60 |

ORDER PULLED BY

RECEIVED BY

**CONDITIONAL WAIVER AND RELEASE ON PROGRESS PAYMENT**

Project Hidalgo County Adult Detention Center & Law Enforcement Facility

Job No. 90351

On receipt by the signer of this document of a check from CAHS, Inc. (maker of check) in the sum of \$ 479,854.50 payable to Rio Roofing, Inc. (payee or payees of check) and when the check has been properly endorsed and has been paid by the bank on which it is drawn, this document becomes effective to release any mechanic's lien right, any right arising from a payment bond that complies with a state or federal statute, any common law payment bond right, any claim for payment, and any rights under any similar ordinance, rule, or statute related to claim or payment rights for persons in the signer's position that the signer has on the property of Hidalgo County (owner) located at 701 El Cibalo Road, Edinburg, TX (location) to the following extent: \_\_\_\_\_ (job description).

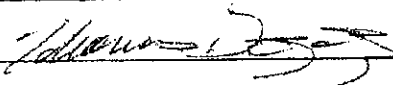
This release covers a progress payment for all labor, services, equipment, or materials furnished to the property or to CAHS, Inc. (person with whom signer contracted) as indicated in the attached statement(s) or progress payment request(s), except for unpaid retention, pending modifications and changes, or other items furnished.

Before any recipient of this document relies on this document, the recipient should verify evidence of payment to the signer.

The signer warrants that the signer has already paid or will use the funds received from this progress payment to promptly pay in full all of the signer's laborers, subcontractors, materialmen, and suppliers for all work, materials, equipment, or services provided for or to the above referenced project in regard to the attached statement(s) or progress payment request(s).

Date 6/4/2015

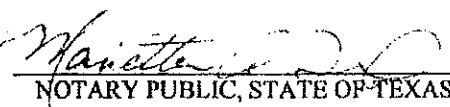
Rio Roofing, Inc. (Company name)

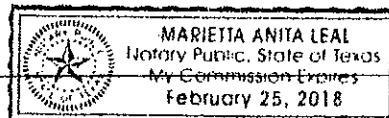
By  (Signature)

Thomas Gonzalez/ Vice President (Title)

STATE OF TEXAS        §  
                                 §  
COUNTY OF Cameron    §

This instrument was acknowledged before me on this 4th day of June, 2015, by Thomas Gonzalez (name), Vice President (job title) of Rio Roofing, Inc. (company name).

  
NOTARY PUBLIC, STATE OF TEXAS



NOTICE:

This document waives rights unconditionally and states that you have been paid for giving up those rights. It is prohibited for a person to require you to sign this document if you have not been paid the payment amount set forth below. If you have not been paid, use a conditional release form.

**UNCONDITIONAL WAIVER AND RELEASE ON PROGRESS PAYMENT**

Project Hidalgo Cty. ADC & LEF Repairs/Replacements

Job No. 90351

The signer of this document has been paid and has received a progress payment in the sum of \$ 392,255.00 for all labor, services, equipment, or materials furnished to the property or to CAHS, INC. (person with whom signer contracted) on the property of Hidalgo County (owner) located at 701 El Cibolo Rd (location) to the following extent: roofing (job description). The signer therefore waives and releases any mechanic's lien right, any right arising from a payment bond that complies with a state or federal statute, any common law payment bond right, any claim for payment, and any rights under any similar ordinance, rule, or statute related to claim or payment rights for persons in the signer's position that the signer has on the above referenced project to the following extent:

This release covers a progress payment for all labor, services, equipment, or materials furnished to the property or to CAHS, INC. (person with whom signer contracted) as indicated in the attached statement(s) or progress payment request(s), except for unpaid retention, pending modifications and changes, or other items furnished.

The signer warrants that the signer has already paid or will use the funds received from this progress payment to promptly pay in full all of the signer's laborers, subcontractors, materialmen, and suppliers for all work, materials, equipment, or services provided for or to the above referenced project in regard to the attached statement(s) or progress payment request(s).

Date June 29, 2015

Rio Roofing (Company name)

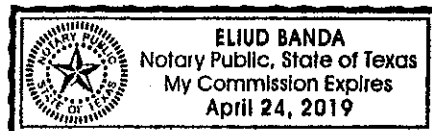
By [Signature] (Signature)

Vice President (Title)

STATE OF TEXAS

COUNTY OF Cameron

This instrument was acknowledged before me on this 29th day of June, 20 15, by Thomas Gonzalez (name), Vice-President (job title) of Rio Roofing (company name).



[Signature]  
NOTARY PUBLIC, STATE OF TEXAS

NOTICE:

This document waives rights unconditionally and states that you have been paid for giving up those rights. It is prohibited for a person to require you to sign this document if you have not been paid the payment amount set forth below. If you have not been paid, use a conditional release form.

**UNCONDITIONAL WAIVER AND RELEASE ON PROGRESS PAYMENT**

Project Hidalgo Cty. ADC & LEF Repairs/Replacements

Job No. 90351

The signer of this document has been paid and has received a progress payment in the sum of \$ 36,290.00 for all labor, services, equipment, or materials furnished to the property or to CAHS, Inc. (person with whom signer contracted) on the property of Hidalgo County (owner) located at 701 El Cibolo Rd (location) to the following extent: Roofing Repairs (job description). The signer therefore waives and releases any mechanic's lien right, any right arising from a payment bond that complies with a state or federal statute, any common law payment bond right, any claim for payment, and any rights under any similar ordinance, rule, or statute related to claim or payment rights for persons in the signer's position that the signer has on the above referenced project to the following extent:

This release covers a progress payment for all labor, services, equipment, or materials furnished to the property or to CAHS, Inc (person with whom signer contracted) as indicated in the attached statement(s) or progress payment request(s), except for unpaid retention, pending modifications and changes, or other items furnished.

The signer warrants that the signer has already paid or will use the funds received from this progress payment to promptly pay in full all of the signer's laborers, subcontractors, materialmen, and suppliers for all work, materials, equipment, or services provided for or to the above referenced project in regard to the attached statement(s) or progress payment request(s).

Date June 05, 2015

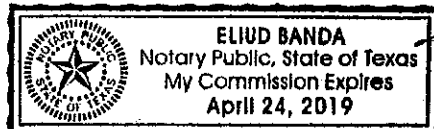
Rio Roofing (Company name)

By [Signature] (Signature)

President (Title)

STATE OF TEXAS §  
COUNTY OF Cameron §

This instrument was acknowledged before me on this 5<sup>th</sup> day of June, 2015, by Thomas Gonzalez (name), President (job title) of Rio Roofing (company name).



[Signature] NOTARY PUBLIC, STATE OF TEXAS

NOTICE:

This document waives rights unconditionally and states that you have been paid for giving up those rights. It is prohibited for a person to require you to sign this document if you have not been paid the payment amount set forth below. If you have not been paid, use a conditional release form.

**UNCONDITIONAL WAIVER AND RELEASE ON PROGRESS PAYMENT**

Project Hidalgo Cty. ADC & LEF Repairs/Replacements

Job No. 90351

The signer of this document has been paid and has received a progress payment in the sum of \$ 38,000.00 for all labor, services, equipment, or materials furnished to the property or to CAHS, Inc. (person with whom signer contracted) on the property of Hidalgo County (owner) located at 701 El Cibolo Rd (location) to the following extent: Roofing Repairs (job description). The signer therefore waives and releases any mechanic's lien right, any right arising from a payment bond that complies with a state or federal statute, any common law payment bond right, any claim for payment, and any rights under any similar ordinance, rule, or statute related to claim or payment rights for persons in the signer's position that the signer has on the above referenced project to the following extent:

This release covers a progress payment for all labor, services, equipment, or materials furnished to the property or to CAHS, Inc (person with whom signer contracted) as indicated in the attached statement(s) or progress payment request(s), except for unpaid retention, pending modifications and changes, or other items furnished.

The signer warrants that the signer has already paid or will use the funds received from this progress payment to promptly pay in full all of the signer's laborers, subcontractors, materialmen, and suppliers for all work, materials, equipment, or services provided for or to the above referenced project in regard to the attached statement(s) or progress payment request(s).

Date June 05, 2015

Rio Roofing (Company name)

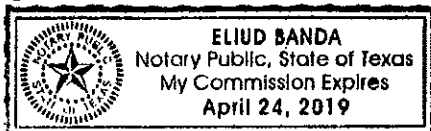
By [Signature] (Signature)

President (Title)

STATE OF TEXAS

COUNTY OF Cameron

This instrument was acknowledged before me on this 5<sup>th</sup> day of June, 2015, by Thomas Gonzalez (name), President (job title) of Rio Roofing (company name).



[Signature]  
NOTARY PUBLIC, STATE OF TEXAS



3735 Green Road  
Beachwood, OH 44122  
Phone: (800) 362-1063  
Fax (216) 292-5161

**UNCONDITIONAL**

**WAIVER OF LIEN**

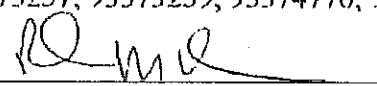
**ISSUED TO: Rio Roofing Inc.**

**TO WHOM IT MAY CONCERN:**

In consideration of the sum of \$720,983.00 or payment of invoices below, the receipt whereof is hereby acknowledged, the undersigned does hereby waive, release, and relinquish any and all liens or claims, or right to lien or claim, for labor or materials, or both, furnished to date hereof, for premises known and described as:

Job Name: Hidalgo County#161127

Invoice (s): 9335726, 93359783 93360446, 93361385, 93365673, 93365675, 93367794, 93370143, 93370146, 93371955, 93373257, 93373259, 93374776, 93374777, 93376583

By: 

Rob Harding  
Title: Credit Supervisor

Sworn and subscribed before me this 16<sup>th</sup> day of June, 2015  
City of Beachwood                      State of Ohio

  
Notary Public



June Kirker  
Resident Summit County  
Notary Public, State of Ohio  
My Commission Expires: 02/23/2019

**TREMCO**

3735 Green Road  
Beachwood, OH 44122  
Phone: (800) 362-1063  
Fax (216) 292-5161

**UNCONDITIONAL**

**WAIVER OF LIEN**

**ISSUED TO: Rio Roofing Inc**

**TO WHOM IT MAY CONCERN:**

In consideration of the sum of \$24,660.00, or payment of invoices below, the receipt whereof is hereby acknowledged, the undersigned does hereby waive, release, and relinquish any and all liens or claims, or right to lien or claim, for labor or materials, or both, furnished to date hereof, for premises known and described as:

Job Name: Hidalgo County #161127

Invoice (s): 93306805

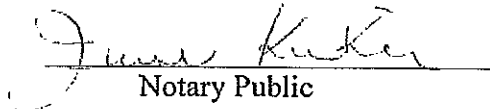
By: \_\_\_\_\_



Rob Harding  
Title: Credit Supervisor

Sworn and subscribed before me this 6<sup>th</sup> day of May, 2015  
City of Beachwood                      State of Ohio

\_\_\_\_\_  
Notary Public



June Kirker  
Resident Summit County  
Notary Public, State of Ohio  
My Commission Expires: 02/23/2019

## Tremco

3735 Green Road  
Beachwood, OH 44122  
Phone: (800)362-1063 x7445  
Fax (216)292-5161

May 6, 2015

Rio roofing Inc .  
310 Hannmore Industrial  
Harlingen, TX 78550

Re: Hidalgo County

To whom it may concern:

This will serve as our Conditional Progress Waiver(s) of Lien for the Hidalgo County Project #161127. This waiver is for invoices 93346799,93348860, 93348864,93352352,93353771 in the amount of \$177,032.00 for materials and/or services furnished, we have issued waiver of lien for a progress payment..

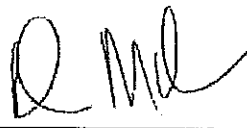
The balance on your project for invoice(s) upon receipt of payment and clearance from the bank for all of the invoice(s) pertaining to the above projects, a further Waiver of Lien will then be issued. This release does not cover any material or labor provided after the date of this release.

Thank you for your cooperation in this matter.

Respectfully,

By: Tremco Inc.

Rob Harding



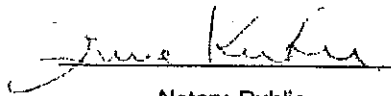
Title: Credit Supervisor

Tremco Inc.

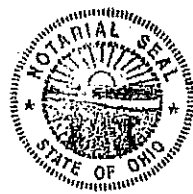
Sworn and subscribed before me this 6th Day of May, 2015.

City of Beachwood

State of Ohio



Notary Public



June Kirker  
Resident Summit County  
Notary Public, State of Ohio  
My Commission Expires: 02/23/2019

## ORDER ACKNOWLEDGEMENT

**TREMCO**TREMCO ROOFING  
3735 GREEN ROAD, BEACHWOOD, OH 44122-5730 (216)292-5000

ACCOUNT NUMBER 6006891

SHIP  
TORIO ROOFING INC.  
CUSTOMER PICK UP  
EUCLID OH 44117

|                                       |                              |
|---------------------------------------|------------------------------|
| ORDER NO<br>2037534                   | INVOICE DATE<br>05/28/2015   |
| COST. P.O.<br>36 / HIDALGO COUNTY     |                              |
| CUST. JOB<br>161127-COUNTY OF HIDALGO |                              |
| TERMS<br>2% 20 days, net 30 days      |                              |
| SHIPPED FROM<br>EUCLID, OH            | EST. SHIP DATE<br>05/29/2015 |
| ROUTING - IF SPECIFIED                |                              |

CHARGE  
TORIO ROOFING INC.  
310 HANMORE INDUSTRIAL  
HARLINGEN TX 78550

REPRESENTATIVES Garcia, Richard; Linsteadt, Steve

FREIGHT (P.O.B.: SHIPPING POINT)  
CPU CUSTOMER PICK UP

| QTY | FORMULA NO. AND DESCRIPTION                      | UNIT QTY | PRICE  | AMOUNT    |
|-----|--------------------------------------------------|----------|--------|-----------|
| 84  | 004154U503 BURMESH 4 X 300' ROLL                 | 84 ROL   | 45.70  | 3,838.80  |
| 36  | 361590 805 POLYROOF LV 5 GL.                     | 180 GAL  | 58.50  | 10,530.00 |
| 1   | 005170 503 RAPID SET REINFORCING FABRIC- 10SQ    | 1 ROL    | 562.20 | 562.20    |
| 72  | 344640 805 TREMLASTIC SP 5 GAL                   | 360 GAL  | 18.20  | 6,552.00  |
| 30  | 036SABAS601 POWERPLY SA BASE SHEET - 2.0 SQ ROLL | 30 ROL   | 240.80 | 7,224.00  |
| 1   | PALLETIZE /PALLETIZATION CHARGE                  | 1 EA     | 100.00 | 100.00    |

Delivery Instructions:  
CALL 24 HOURS B/4 DELIVERY (956)423-3359  
DO NOT USE N W TRANSPORT

This acknowledgement represents the details of your recent order, and confirms your order requirements. Upon review, should you note any changes which need to be made please contact your customer service representative, Kelly Hager at 1-800-852-6013 (Fax 1-800-760-3070).  
No response indicates your acceptance of this acknowledgement as reviewed.

NOTE: IF TAX DOLLARS ARE DISPLAYED, TAX WILL BE APPLIED TO INVOICE  
UNLESS WE ARE PROVIDED WITH TAX EXEMPT CERTIFICATE.

Thank you for your order.

|           |      |            |             |           |      |
|-----------|------|------------|-------------|-----------|------|
|           |      |            | SUBTOTAL    | 28,807.00 |      |
| LOCAL TAX | 0.00 | COUNTY TAX | 0.00        | STATE TAX | 0.00 |
|           |      |            | SALES TAX   | 0.00      |      |
|           |      |            | SHIPPING    | TBD       |      |
|           |      |            | ORDER TOTAL | 28,807.00 |      |

USD

## ORDER ACKNOWLEDGEMENT

**TREMCO**<sup>®</sup>TREMCO ROOFING  
3735 GREEN ROAD, BEACHWOOD, OH 44122-5730 (216)292-5000

ACCOUNT NUMBER 6006891

**SHIP  
TO**RIO ROOFING INC.  
CUSTOMER PICK UP  
MACON GA 31217**CHARGE  
TO**RIO ROOFING INC.  
310 HANMORE INDUSTRIAL  
HARLINGEN TX 78550

|                                       |                              |
|---------------------------------------|------------------------------|
| ORDER NO<br>2037418                   | INVOICE DATE<br>05/28/2015   |
| CUST. P.O.<br>36 / HIDALGO COUNTY     |                              |
| CUST. JOB<br>161127-COUNTY OF HIDALGO |                              |
| TERMS<br>2% 20 days, net 30 days      |                              |
| SHIPPED FROM<br>EUCLID, OH            | EST. SHIP DATE<br>05/28/2015 |
| ROUTING - IF SPECIFIED                |                              |

REPRESENTATIVES Garcia, Richard; Linsteadt, Steve

FREIGHT (P.O.B.: SHIPPING POINT)  
CPU CUSTOMER PICK UP

| QTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | FORMULA NO. AND DESCRIPTION              | UNIT QTY | PRICE  | AMOUNT    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------|--------|-----------|
| 300                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 036APFR601 POWERPLY APP FR - 1.0 SQ ROLL | 300 ROL  | 171.00 | 51,300.00 |
| <p>Delivery Instructions:<br/>CALL 24 HOURS B/4 DELIVERY (956)423-3359<br/>DO NOT USE N W TRANSPORT</p> <p>This acknowledgement represents the details of your recent order, and confirms your order requirements. Upon review, should you note any changes which need to be made please contact your customer service representative, Kelly Hager at 1-800-852-6013 (Fax 1-800-760-3070). No response indicates your acceptance of this acknowledgement as reviewed.</p> <p>NOTE: IF TAX DOLLARS ARE DISPLAYED, TAX WILL BE APPLIED TO INVOICE UNLESS WE ARE PROVIDED WITH TAX EXEMPT CERTIFICATE.</p> <p>Thank you for your order.</p> |                                          |          |        |           |
| SUBTOTAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                          |          |        | 51,300.00 |
| LOCAL TAX 0.00 COUNTY TAX 0.00 STATE TAX 0.00 SALES TAX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |          |        | 0.00      |
| SHIPPING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                          |          |        | TBD       |
| ORDER TOTAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          |          |        | 51,300.00 |

USD

# TREMCO®

TREMCO ROOFING  
3735 GREEN ROAD, BEACHWOOD, OH 44122-5730 (216)292-5000

RECEIPT OF THIS ORDER SHALL BE ACCEPTANCE OF ALL TERMS AND CONDITIONS CONTAINED ON THE FRONT AND BACK HEREOF. (7-6-2011)

ACCOUNT NUMBER 6006891

SHIP  
TO

RIO ROOFING INC.  
CUSTOMER PICK UP  
MACON GA 31217

|                         |                            |                        |
|-------------------------|----------------------------|------------------------|
| INVOICE NO.<br>93374777 | INVOICE DATE<br>05/28/2015 | DUE DATE<br>06/27/2015 |
|-------------------------|----------------------------|------------------------|

CUST. P.O.  
36 / HIDALGO COUNTY

ORDER NUMBER  
2035599

TERMS  
2% 20 days, net 30 days

|              |                         |
|--------------|-------------------------|
| SHIPPED FROM | SHIP DATE<br>05/28/2015 |
|--------------|-------------------------|

|                        |              |
|------------------------|--------------|
| ROUTING - IF SPECIFIED | DELIVERY NO. |
|------------------------|--------------|

CHARGE  
TO

RIO ROOFING INC.  
310 HANMORE INDUSTRIAL  
HARLINGEN TX 78550

*Copy*

(PLEASE MAKE ANY CORRECTIONS TO ABOVE INFORMATION)  
NO RETURN MERCHANDISE UNLESS AUTHORIZED BY OUR REPRESENTATIVE

REPRESENTATIVES Garcia, Richard; Linsteadt, Steve

FREIGHT (P.O.B.: SHIPPING POINT)

PPA Prepaid and add

| QTY | FORMULA NO. AND DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | UNIT QTY | PRICE  | AMOUNT    |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------|-----------|
| 360 | 036APFR601 POWERPLY APP FR - 1.0 SQ ROLL<br><br>COUNTY OF HIDALGO-161127<br>Original Order:1986197<br>DISCOUNT AMT IF PAID BY 06/17/2015 \$1,175.83<br><br>If you would prefer to receive your invoices by email or fax,<br>please contact Customer Service.<br><br>ALL DAMAGED GOODS MUST BE IDENTIFIED TO THE CARRIER AND DOCUMENTED PRIOR TO ACCEPTING<br>RECEIPT OF SHIPMENT. ONCE THE BILL OF LADING/DELIVERY RECEIPT IS SIGNED, TREMCO HAS NO<br>RECOURSE WITH THE CARRIER AND WILL NOT ACCEPT ANY DAMAGED RETURNS<br><br>UPDATED FREIGHT POLICY - EFFECTIVE NOVEMBER 17, 2014<br>SHIP IN 10 BUSINESS DAYS OR MORE - 5% FREIGHT DISCOUNT<br>SHIP IN 3 BUSINESS DAYS TO 9 BUSINESS DAYS - STANDARD TREMCO RATE<br>SHIP SAME DAY & NEXT DAY - 10% FREIGHT SURCHARGE (SAME DAY UP TO 12:00 PM EST) | 360 ROL  | 163.31 | 58,791.60 |

An **RPM** Company

SUBTOTAL 58,791.60

|                |                 |                |                |
|----------------|-----------------|----------------|----------------|
| LOCAL TAX 0.00 | COUNTY TAX 0.00 | STATE TAX 0.00 | SALES TAX 0.00 |
|----------------|-----------------|----------------|----------------|

NO RETURNS WITHOUT PRIOR REPRESENTATIVE APPROVAL. RE-STOCKING  
CHARGE WILL BE BASED UPON THE AGE AND CONDITION OF THE RETURNED  
GOODS AT THE TIME OF RECEIPT BY TREMCO.

SHIPPING 0.00

TOTAL DUE 58,791.60

PLEASE RETURN THIS PORTION WITH YOUR REMITTANCE

RIO ROOFING INC.  
310 HANMORE INDUSTRIAL  
HARLINGEN TX 78550

ACCOUNT NUMBER: 6006891  
CUST. P.O.: 36 / HIDALGO COUNTY  
TERMS: 2% 20 days, net 30 days

SUBTOTAL 58,791.60  
SALES TAX 0.00  
SHIPPING 0.00  
TOTAL DUE 58,791.60 USD

IF THIS ORDER IS SALES TAX  
EXEMPT AND WE HAVE  
CHARGED SALES TAX,  
MARK BOX AND RETURN  
A COMPLETED, SIGNED  
SALES TAX EXEMPTION  
CERTIFICATE WITH YOUR  
REMITTANCE. THANK YOU.

COMMENTS:

Mail check to address shown or call to pay by ACH.  
Check by Phone, Check by Fax, or wire transfer.  
Credit card accepted at time of purchase.

TREMCO  
P.O. BOX 931111  
CLEVELAND, OH 44193-0511

An **RPM** Company

Thank you for your payment. We appreciate your business.



TREMCO ROOFING  
3735 GREEN ROAD, BEACHWOOD, OH 44122-5730 (216)292-5000

ACCOUNT NUMBER 6006891

SHIP  
TO

RIO ROOFING INC.  
CUSTOMER PICK UP  
MACON GA 31217

CHARGE  
TO

RIO ROOFING INC.  
310 HANMORE INDUSTRIAL  
HARLINGEN TX 78550

*Copy*

(PLEASE MAKE ANY CORRECTIONS TO ABOVE INFORMATION)  
NO RETURN MERCHANDISE UNLESS AUTHORIZED BY OUR REPRESENTATIVE

| INVOICE NO. | INVOICE DATE | DUE DATE   |
|-------------|--------------|------------|
| 93376583    | 05/29/2015   | 06/28/2015 |

CUST. P.O.  
36 / HIDALGO COUNTY

ORDER NUMBER  
2037418

TERMS  
2% 20 days, net 30 days

| SHIPPED FROM | SHIP DATE  |
|--------------|------------|
|              | 05/29/2015 |

| ROUTING - IF SPECIFIED | DELIVERY NO. |
|------------------------|--------------|
|                        |              |

FREIGHT (F.O.B.: SHIPPING POINT)

CPU CUSTOMER PICK UP

REPRESENTATIVES Garcia, Richard; Linsteadt, Steve

| QTY | FORMULA NO. AND DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | UNIT QTY | PRICE  | AMOUNT    |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------|-----------|
| 300 | 036APPFR601 POWERPLY APP FR - 1.0 SQ ROLL<br><br>COUNTY OF HIDALGO-161127<br>Original Order:1986197<br>DISCOUNT AMT IF PAID BY 06/18/2015 \$979.86<br><br>If you would prefer to receive your invoices by email or fax,<br>please contact Customer Service.<br><br>ALL DAMAGED GOODS MUST BE IDENTIFIED TO THE CARRIER AND DOCUMENTED PRIOR TO ACCEPTING<br>RECEIPT OF SHIPMENT. ONCE THE BILL OF LADING/DELIVERY RECEIPT IS SIGNED, TREMCO HAS NO<br>RECOURSE WITH THE CARRIER AND WILL NOT ACCEPT ANY DAMAGED RETURNS<br><br>UPDATED FREIGHT POLICY - EFFECTIVE NOVEMBER 17, 2014<br>SHIP IN 10 BUSINESS DAYS OR MORE - 5% FREIGHT DISCOUNT<br>SHIP IN 3 BUSINESS DAYS TO 9 BUSINESS DAYS - STANDARD TREMCO RATE<br>SHIP SAME DAY & NEXT DAY - 10% FREIGHT SURCHARGE (SAME DAY UP TO 12:00 PM EST) | 300 ROL  | 163.31 | 48,993.00 |

An **RPM** Company

|           |      |            |      |           |      |           |           |
|-----------|------|------------|------|-----------|------|-----------|-----------|
| LOCAL TAX | 0.00 | COUNTY TAX | 0.00 | STATE TAX | 0.00 | SUBTOTAL  | 48,993.00 |
|           |      |            |      |           |      | SALES TAX | 0.00      |
|           |      |            |      |           |      | SHIPPING  | 0.00      |
|           |      |            |      |           |      | TOTAL DUE | 48,993.00 |

NO RETURNS WITHOUT PRIOR REPRESENTATIVE APPROVAL. RE-STOCKING  
CHARGE WILL BE BASED UPON THE AGE AND CONDITION OF THE RETURNED  
GOODS AT THE TIME OF RECEIPT BY TREMCO.

PLEASE RETURN THIS PORTION WITH YOUR REMITTANCE

RIO ROOFING INC.  
310 HANMORE INDUSTRIAL  
HARLINGEN TX 78550

ACCOUNT NUMBER: 6006891  
CUST. P.O.: 36 / HIDALGO COUNTY  
TERMS: 2% 20 days, net 30 days

SUBTOTAL 48,993.00  
SALES TAX 0.00  
SHIPPING 0.00  
TOTAL DUE 48,993.00 USD

| INVOICE NO. | INVOICE DATE |
|-------------|--------------|
| 93376583    | 05/29/2015   |

IF THIS ORDER IS SALES TAX  
EXEMPT AND WE HAVE  
CHARGED SALES TAX,  
MARK BOX AND RETURN  
A COMPLETED, SIGNED  
SALES TAX EXEMPTION  
CERTIFICATE WITH YOUR  
REMITTANCE. THANK YOU.

COMMENTS:

Mail check to address shown or call to pay by ACH,  
Check by Phone, Check by Fax, or wire transfer  
Credit card accepted at time of purchase.

An **RPM** Company

Thank you for your payment. We appreciate your business.

RECEIPT OF THIS ORDER SHALL BE ACCEPTANCE OF ALL TERMS AND CONDITIONS CONTAINED ON THE FRONT AND BACK HEREOF. (V 6.2011)

TREMCO  
P.O. BOX 931111  
CLEVELAND, OH 44193-0511



TREMCO ROOFING  
3735 GREEN ROAD, BEACHWOOD, OH 44122-5730 (216)292-5000

ACCOUNT NUMBER 6006891

SHIP TO  
RIO ROOFING INC.  
310 Hanmore Industrial  
HARLINGEN TX 78550

CHARGE TO  
RIO ROOFING INC.  
310 HANMORE INDUSTRIAL  
HARLINGEN TX 78550

COPY

(PLEASE MAKE ANY CORRECTIONS TO ABOVE INFORMATION)  
NO RETURN MERCHANDISE UNLESS AUTHORIZED BY OUR REPRESENTATIVE

REPRESENTATIVES Garcia, Richard; Linsteadt, Steve

|                                   |                            |                          |
|-----------------------------------|----------------------------|--------------------------|
| INVOICE NO.<br>93378140           | INVOICE DATE<br>05/31/2015 | DUE DATE<br>06/30/2015   |
| CUST. P.O.<br>36 / HIDALGO COUNTY |                            |                          |
| ORDER NUMBER<br>2037534           |                            |                          |
| TERMS<br>2% 20 days, net 30 days  |                            |                          |
| SHIPPED FROM<br>EUCLID, OH        |                            | SHIP DATE<br>05/31/2015  |
| ROUTING - IF SPECIFIED            |                            | DELIVERY NO.<br>82323394 |

FREIGHT (F.O.B.: SHIPPING POINT)

PPA PREPAID and add

| QTY                                         | FORMULA NO. AND DESCRIPTION                      | UNIT    | QTY | PRICE  | AMOUNT    |
|---------------------------------------------|--------------------------------------------------|---------|-----|--------|-----------|
| 84                                          | 004154U503 BURMESH 4 X 300' ROLL                 | 84 ROL  |     | 45.70  | 3,838.80  |
| 36                                          | 361590 805 POLYROOF LV 5 GL.                     | 180 GAL |     | 58.50  | 10,530.00 |
| 1                                           | 005170 503 RAPID SET REINFORCING FABRIC- 10SQ    | 1 ROL   |     | 562.20 | 562.20    |
| 72                                          | 344640 805 TREMLASTIC SP 5 GAL                   | 360 GAL |     | 18.20  | 6,552.00  |
| 30                                          | 036SABAS601 POWERPLY SA BASE SHEET - 2.0 SQ ROLL | 30 ROL  |     | 240.80 | 7,224.00  |
| 1                                           | PALLETIZE /PALLETIZATION CHARGE                  | 1 EA    |     | 100.00 | 100.00    |
| COUNTY OF HIDALGO-161127                    |                                                  |         |     |        |           |
| Original Order:1986197                      |                                                  |         |     |        |           |
| DISCOUNT AMT IF PAID BY 06/20/2015 \$576.14 |                                                  |         |     |        |           |

RECEIPT OF THIS ORDER SHALL BE ACCEPTANCE OF ALL TERMS AND CONDITIONS CONTAINED ON THE FRONT AND BACK HEREOF. (V 6.20A1)

HAGEN

# TREMCO®

TREMCO ROOFING  
3735 GREEN ROAD, BEACHWOOD, OH 44122-5730 (216)292-5000

ACCOUNT NUMBER 6006891

SHIP  
TO

RIO ROOFING INC.  
310 Hanmore Industrial  
HARLINGEN TX 78550

|                         |                            |                        |
|-------------------------|----------------------------|------------------------|
| INVOICE NO.<br>93378140 | INVOICE DATE<br>05/31/2015 | DUE DATE<br>06/30/2015 |
|-------------------------|----------------------------|------------------------|

CUST. P.O.  
36 / HIDALGO COUNTY

ORDER NUMBER  
2037534

TERMS  
2% 20 days, net 30 days

|                            |                         |
|----------------------------|-------------------------|
| SHIPPED FROM<br>EUCLID, OH | SHIP DATE<br>05/31/2015 |
|----------------------------|-------------------------|

|                        |                          |
|------------------------|--------------------------|
| ROUTING - IF SPECIFIED | DELIVERY NO.<br>82323394 |
|------------------------|--------------------------|

CHARGE  
TO

RIO ROOFING INC.  
310 HANMORE INDUSTRIAL  
HARLINGEN TX 78550

Copy

(PLEASE MAKE ANY CORRECTIONS TO ABOVE INFORMATION)  
NO RETURN MERCHANDISE UNLESS AUTHORIZED BY OUR REPRESENTATIVE

REPRESENTATIVES Garcia, Richard; Linsteadt, Steve

FREIGHT (F.O.B.: SHIPPING POINT)

PPA PREPAID and add

| QTY | FORMULA NO. AND DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | UNIT QTY | PRICE | AMOUNT |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------|--------|
|     | <p>If you would prefer to receive your invoices by email or fax,<br/>please contact Customer Service.</p> <p>ALL DAMAGED GOODS MUST BE IDENTIFIED TO THE CARRIER AND DOCUMENTED PRIOR TO ACCEPTING<br/>RECEIPT OF SHIPMENT. ONCE THE BILL OF LADING/DELIVERY RECEIPT IS SIGNED, TREMCO HAS NO<br/>RECOURSE WITH THE CARRIER AND WILL NOT ACCEPT ANY DAMAGED RETURNS</p> <p>UPDATED FREIGHT POLICY - EFFECTIVE NOVEMBER 17, 2014<br/>SHIP IN 10 BUSINESS DAYS OR MORE - 5% FREIGHT DISCOUNT<br/>SHIP IN 3 BUSINESS DAYS TO 9 BUSINESS DAYS - STANDARD TREMCO RATE<br/>SHIP SAME DAY &amp; NEXT DAY - 10% FREIGHT SURCHARGE (SAME DAY UP TO 12:00 PM EST)</p> |          |       |        |

An **RPM** Company

SUBTOTAL 28,807.00

|                |                 |                |
|----------------|-----------------|----------------|
| LOCAL TAX 0.00 | COUNTY TAX 0.00 | STATE TAX 0.00 |
|----------------|-----------------|----------------|

SALES TAX 0.00

NO RETURNS WITHOUT PRIOR REPRESENTATIVE APPROVAL. RE-STOCKING  
CHARGE WILL BE BASED UPON THE AGE AND CONDITION OF THE RETURNED  
GOODS AT THE TIME OF RECEIPT BY TREMCO.

SHIPPING 3,580.80

TOTAL DUE 32,387.80

PLEASE RETURN THIS PORTION WITH YOUR REMITTANCE

RIO ROOFING INC.  
310 HANMORE INDUSTRIAL  
HARLINGEN TX 78550

ACCOUNT NUMBER: 6006891  
CUST. P.O.: 36 / HIDALGO COUNTY  
TERMS: 2% 20 days, net 30 days

SUBTOTAL 28,807.00

SALES TAX 0.00

SHIPPING 3,580.80

TOTAL DUE 32,387.80 USD

|                         |                            |
|-------------------------|----------------------------|
| INVOICE NO.<br>93378140 | INVOICE DATE<br>05/31/2015 |
|-------------------------|----------------------------|

IF THIS ORDER IS SALES TAX  
EXEMPT AND WE HAVE  
CHARGED SALES TAX,  
MARK BOX AND RETURN  
A COMPLETED, SIGNED  
SALES TAX EXEMPTION  
CERTIFICATE WITH YOUR  
REMITTANCE. THANK YOU.

COMMENTS:

Mail check to address shown or call to pay by ACH.  
Check by Phone, Check by Fax, or wire transfer  
Credit card accepted at time of purchase.

An **RPM** Company

Thank you for your payment. We appreciate your business.

RECEIPT OF THIS ORDER SHALL BE ACCEPTANCE OF ALL TERMS AND CONDITIONS CONTAINED ON THE FRONT AND BACK HEREOF. (7/6/2011)

TREMCO  
P.O. BOX 931111  
CLEVELAND, OH 44193-0511



TREMCO ROOFING  
3735 GREEN ROAD, BEACHWOOD, OH 44122-5730 (216)292-5000

ACCOUNT NUMBER 6006891

SHIP  
TO

RIO ROOFING INC.  
HIDALGO COUNTY ADULT DETENTION CENT  
LAW ENFORCEMENT  
701 EL CIBOLO ROAD  
EDINBURG TX 78541

INVOICE NO. 93373257 INVOICE DATE 05/27/2015 DUE DATE 06/28/2015

CUST. P.O. 36 / HIDALGO COUNTY

ORDER NUMBER  
2033198

TERMS  
2% 20 days, net 30 days

SHIPPED FROM SHIP DATE  
05/27/2015

ROUTING - IF SPECIFIED DELIVERY NO.

CHARGE  
TO

RIO ROOFING INC.  
310 HANMORE INDUSTRIAL  
HARLINGEN TX 78550

(PLEASE MAKE ANY CORRECTIONS TO ABOVE INFORMATION)  
NO RETURN MERCHANDISE UNLESS AUTHORIZED BY OUR REPRESENTATIVE

REPRESENTATIVES Garcia, Richard; Linsteadt, Steve

FREIGHT (F.O.B.: SHIPPING POINT)  
PPA-Prepaid and add

| QTY   | FORMULA NO. AND DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | UNIT QTY  | PRICE | AMOUNT   |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------|----------|
| 172.8 | 305650USG550 TREMCO-USG SECURROCK .50 X 4' X 8'<br><br>COUNTY OF HIDALGO-161127<br>Original Order:1986197<br>DISCOUNT AMT IF PAID BY 06/16/2015 \$183.17<br><br>If you would prefer to receive your invoices by email or fax,<br>please contact Customer Service.<br><br>ALL DAMAGED GOODS MUST BE IDENTIFIED TO THE CARRIER AND DOCUMENTED PRIOR TO ACCEPTING<br>RECEIPT OF SHIPMENT. ONCE THE BILL OF LADING/DELIVERY RECEIPT IS SIGNED, TREMCO HAS NO<br>RECOURSE WITH THE CARRIER AND WILL NOT ACCEPT ANY DAMAGED RETURNS<br><br>UPDATED FREIGHT POLICY - EFFECTIVE NOVEMBER 17, 2014<br>SHIP IN 10 BUSINESS DAYS OR MORE - 5% FREIGHT DISCOUNT<br>SHIP IN 3 BUSINESS DAYS TO 9 BUSINESS DAYS - STANDARD TREMCO RATE<br>SHIP SAME DAY & NEXT DAY - 10% FREIGHT SURCHARGE (SAME DAY UP TO 12:00 PM EST) | 172.8 SQS | 53.00 | 9,158.40 |

An **RPM** Company

LOCAL TAX 0.00 COUNTY TAX 0.00 STATE TAX 0.00

SUBTOTAL 9,158.40

SALES TAX 0.00

SHIPPING 0.00

TOTAL DUE 9,158.40

NO RETURNS WITHOUT PRIOR REPRESENTATIVE APPROVAL. RE-STOCKING  
CHARGE WILL BE BASED UPON THE AGE AND CONDITION OF THE RETURNED  
GOODS AT THE TIME OF RECEIPT BY TREMCO.

PLEASE RETURN THIS PORTION WITH YOUR REMITTANCE

RIO ROOFING INC.  
310 HANMORE INDUSTRIAL  
HARLINGEN TX 78550

ACCOUNT NUMBER: 6006891  
CUST. P.O.: 36 / HIDALGO COUNTY  
TERMS: 2% 20 days, net 30 days

SUBTOTAL 9,158.40

SALES TAX 0.00

SHIPPING 0.00

TOTAL DUE 9,158.40 USD

IF THIS ORDER IS SALES TAX  
EXEMPT AND WE HAVE  
CHARGED SALES TAX,  
MARK BOX AND RETURN  
A COMPLETED, SIGNED  
SALES TAX EXEMPTION  
CERTIFICATE WITH YOUR  
REMITTANCE. THANK YOU.

COMMENTS:

Mail check to address shown or call to pay by ACH,  
Check by phone, Check by fax, or wire transfer.  
Credit card accepted at time of purchase.

An **RPM** Company

Thank you for your payment. We appreciate your business.

RECEIPT OF THIS ORDER SHALL BE ACCEPTANCE OF ALL TERMS AND CONDITIONS CONTAINED ON THE FRONT AND BACK HEREOF. (V 6-2001)

HAZARDOUS

TREMCO  
P.O. BOX 93111  
CLEVELAND, OH 44193-0511

TREMCO ROOFING  
3735 GREEN ROAD, BEACHWOOD, OH 44122-5730 (216) 292-5000

# TREMCO®

RECEIPT OF THIS ORDER SHALL BE ACCEPTANCE OF ALL TERMS AND CONDITIONS CONTAINED ON THE FRONT AND BACK HEREOF. (V 6.20A1)

**SHIP TO**

RIO ROOFING INC.  
HIDALGO COUNTY ADULT DETENTION CENT  
LAW ENFORCEMENT  
701 EL CIBOLO ROAD  
EDINBURG TX 78541

**CHARGE TO**

RIO ROOFING INC.  
310 HANMORE INDUSTRIAL  
HARLINGEN TX 78550

*Copy*

ACCOUNT NUMBER 6006891

|                                   |                            |                        |
|-----------------------------------|----------------------------|------------------------|
| INVOICE NO.<br>93373259           | INVOICE DATE<br>05/27/2015 | DUE DATE<br>06/26/2015 |
| CUST. P.O.<br>36 / HIDALGO COUNTY |                            |                        |
| ORDER NUMBER<br>2033202           |                            |                        |
| TERMS<br>2% 20 days, net 30 days  |                            |                        |
| SHIPPED FROM                      | SHIP DATE<br>05/27/2015    |                        |
| ROUTING - IF SPECIFIED            | DELIVERY NO.               |                        |

(PLEASE MAKE ANY CORRECTIONS TO ABOVE INFORMATION)  
NO RETURN MERCHANDISE UNLESS AUTHORIZED BY OUR REPRESENTATIVE

REPRESENTATIVES Garcia, Richard; Linsteadt, Steve

FREIGHT (F.O.B.: SHIPPING POINT)  
PPA Prepaid and add

| QTY   | FORMULA NO. AND DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | UNIT QTY  | PRICE | AMOUNT   |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------|----------|
| 172.8 | 305650USG550 TREMCO-USG SECURROCK .50 X 4' X 8'<br><br>COUNTY OF HIDALGO-161127<br>Original Order:1986197<br>DISCOUNT AMT IF PAID BY 06/16/2015 \$183.17<br><br>If you would prefer to receive your invoices by email or fax,<br>please contact Customer Service.<br><br>ALL DAMAGED GOODS MUST BE IDENTIFIED TO THE CARRIER AND DOCUMENTED PRIOR TO ACCEPTING<br>RECEIPT OF SHIPMENT. ONCE THE BILL OF LADING/DELIVERY RECEIPT IS SIGNED, TREMCO HAS NO<br>RECOURSE WITH THE CARRIER AND WILL NOT ACCEPT ANY DAMAGED RETURNS<br><br>UPDATED FREIGHT POLICY - EFFECTIVE NOVEMBER 17, 2014<br>SHIP IN 10 BUSINESS DAYS OR MORE - 5% FREIGHT DISCOUNT<br>SHIP IN 3 BUSINESS DAYS TO 9 BUSINESS DAYS - STANDARD TREMCO RATE<br>SHIP SAME DAY & NEXT DAY - 10% FREIGHT SURCHARGE (SAME DAY UP TO 12:00 PM EST) | 172.8 SQS | 53.00 | 9,158.40 |

An **RPM** Company

|                |                 |                |           |          |
|----------------|-----------------|----------------|-----------|----------|
| LOCAL TAX 0.00 | COUNTY TAX 0.00 | STATE TAX 0.00 | SUBTOTAL  | 9,158.40 |
|                |                 |                | SALES TAX | 0.00     |
|                |                 |                | SHIPPING  | 0.00     |
|                |                 |                | TOTAL DUE | 9,158.40 |

NO RETURNS WITHOUT PRIOR REPRESENTATIVE APPROVAL. RE-STOCKING  
CHARGE WILL BE BASED UPON THE AGE AND CONDITION OF THE RETURNED  
GOODS AT THE TIME OF RECEIPT BY TREMCO.

**PLEASE RETURN THIS PORTION WITH YOUR REMITTANCE**

RIO ROOFING INC.  
310 HANMORE INDUSTRIAL  
HARLINGEN, TX 78550

ACCOUNT NUMBER: 6006891  
CUST. P.O.: 36 / HIDALGO COUNTY  
TERMS: 2% 20 days, net 30 days

|                         |                            |
|-------------------------|----------------------------|
| INVOICE NO.<br>93373259 | INVOICE DATE<br>05/27/2015 |
|-------------------------|----------------------------|

SUBTOTAL 9,158.40  
SALES TAX 0.00  
SHIPPING 0.00  
TOTAL DUE 9,158.40 USD

IF THIS ORDER IS SALES TAX  
EXEMPT AND WE HAVE  
CHARGED SALES TAX,  
MARK BOX AND RETURN  
A COMPLETED, SIGNED  
SALES TAX EXEMPTION  
CERTIFICATE WITH YOUR  
REMITTANCE. THANK YOU.

COMMENTS:

Mail check to address shown or call to pay by ACH.  
Check-by Phone, Check-by Fax, or wire transfer  
Credit card accepted at time of purchase.

TREMCO  
P.O. BOX 931111  
CLEVELAND, OH 44193-0511

An **RPM** Company

Thank you for your payment. We appreciate your business.

NOTICE:

This document waives rights unconditionally and states that you have been paid for giving up those rights. It is prohibited for a person to require you to sign this document if you have not been paid the payment amount set forth below. If you have not been paid, use a conditional release form.

**UNCONDITIONAL WAIVER AND RELEASE ON PROGRESS PAYMENT**

Project Hidalgo Cty. ADC & LEF Repairs/Replacements

Job No. 90351

The signer of this document has been paid and has received a progress payment in the sum of \$ 86,763.50 for all labor, services, equipment, or materials furnished to the property or to Hidalgo County (person with whom signer contracted) on the property of Hidalgo County (owner) located at 701 El Cibolo Rd (location) to the following extent: facility & HVAC repairs (job description). The signer therefore waives and releases any mechanic's lien right, any right arising from a payment bond that complies with a state or federal statute, any common law payment bond right, any claim for payment, and any rights under any similar ordinance, rule, or statute related to claim or payment rights for persons in the signer's position that the signer has on the above referenced project to the following extent:

This release covers a progress payment for all labor, services, equipment, or materials furnished to the property or to Hidalgo County (person with whom signer contracted) as indicated in the attached statement(s) or progress payment request(s), except for unpaid retention, pending modifications and changes, or other items furnished.

The signer warrants that the signer has already paid or will use the funds received from this progress payment to promptly pay in full all of the signer's laborers, subcontractors, materialmen, and suppliers for all work, materials, equipment, or services provided for or to the above referenced project in regard to the attached statement(s) or progress payment request(s).

Date June 10, 2015

CAHS INC.

(Company name)

By [Signature]

(Signature)

Project Manager

(Title)

STATE OF TEXAS

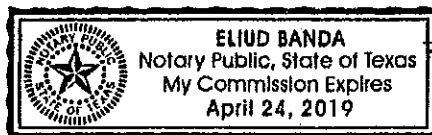
§

COUNTY OF Cameron

§

§

This instrument was acknowledged before me on this 10th day of June, 20 15, by Dennis Caffey (name), Project Manager (job title) of CAHS (company name).



[Signature]  
NOTARY PUBLIC, STATE OF TEXAS

NOTICE:

This document waives rights unconditionally and states that you have been paid for giving up those rights. It is prohibited for a person to require you to sign this document if you have not been paid the payment amount set forth below. If you have not been paid, use a conditional release form.

**UNCONDITIONAL WAIVER AND RELEASE ON PROGRESS PAYMENT**

Project Hidalgo Cty. ADC & LEF Repairs/Replacements

Job No. 90351

The signer of this document has been paid and has received a progress payment in the sum of \$ 474,976.25 for all labor, services, equipment, or materials furnished to the property or to Hidalgo County (person with whom signer contracted) on the property of Hidalgo County (owner) located at 701 El Cibolo Rd (location) to the following extent: facility & HVAC repairs (job description). The signer therefore waives and releases any mechanic's lien right, any right arising from a payment bond that complies with a state or federal statute, any common law payment bond right, any claim for payment, and any rights under any similar ordinance, rule, or statute related to claim or payment rights for persons in the signer's position that the signer has on the above referenced project to the following extent:

This release covers a progress payment for all labor, services, equipment, or materials furnished to the property or to Hidalgo County (person with whom signer contracted) as indicated in the attached statement(s) or progress payment request(s), except for unpaid retention, pending modifications and changes, or other items furnished.

The signer warrants that the signer has already paid or will use the funds received from this progress payment to promptly pay in full all of the signer's laborers, subcontractors, materialmen, and suppliers for all work, materials, equipment, or services provided for or to the above referenced project in regard to the attached statement(s) or progress payment request(s).

Date June 30, 2015

CAHS, INC. (Company name)

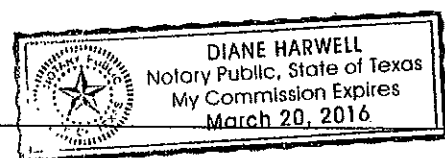
By [Signature] (Signature)

Project Manager (Title)

STATE OF TEXAS §  
COUNTY OF Campan §

This instrument was acknowledged before me on this 30th day of June, 2015, by  
\_\_\_\_\_, (name), \_\_\_\_\_ (job title) of  
\_\_\_\_\_, (company name).

[Signature]  
NOTARY PUBLIC, STATE OF TEXAS



**CONDITIONAL WAIVER AND RELEASE ON PROGRESS PAYMENT**

Project Hidalgo Cty. ADC & LEF Repairs/Replacements

Job No. 90351

On receipt by the signer of this document of a check from Hidalgo County (maker of check) in the sum of \$ 998,170.55 payable to Central Air & Heating Service (payee or payees of check) and when the check has been properly endorsed and has been paid by the bank on which it is drawn, this document becomes effective to release any mechanic's lien right, any right arising from a payment bond that complies with a state or federal statute, any common law payment bond right, any claim for payment, and any rights under any similar ordinance, rule, or statute related to claim or payment rights for persons in the signer's position that the signer has on the property of Hidalgo County (owner) located at 701 El Cibolo Rd. (location) to the following extent: facility & HVAC repairs (job description).

This release covers a progress payment for all labor, services, equipment, or materials furnished to the property or to Hidalgo County (person with whom signer contracted) as indicated in the attached statement(s) or progress payment request(s), except for unpaid retention, pending modifications and changes, or other items furnished.

Before any recipient of this document relies on this document, the recipient should verify evidence of payment to the signer.

The signer warrants that the signer has already paid or will use the funds received from this progress payment to promptly pay in full all of the signer's laborers, subcontractors, materialmen, and suppliers for all work, materials, equipment, or services provided for or to the above referenced project in regard to the attached statement(s) or progress payment request(s).

Date June 30, 2015

Central Air & Heating Service, Inc. (Company name)

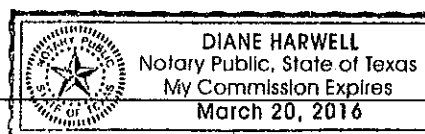
By [Signature] (Signature)

Project Manager (Title)

STATE OF TEXAS §  
COUNTY OF Cameroon §

This instrument was acknowledged before me on this 30<sup>th</sup> day of June, 2015, by \_\_\_\_\_ (name), \_\_\_\_\_ (job title) of \_\_\_\_\_ (company name).

[Signature]  
NOTARY PUBLIC, STATE OF TEXAS



NOTICE:

This document waives rights unconditionally and states that you have been paid for giving up those rights. It is prohibited for a person to require you to sign this document if you have not been paid the payment amount set forth below. If you have not been paid, use a conditional release form.

UNCONDITIONAL WAIVER AND RELEASE ON FINAL PAYMENT

Project DO # 8281

Job No. 90351

The signer of this document has been paid in full for all labor, services, equipment, or materials furnished to the property or to \_\_\_\_\_ (person with whom signer contracted) on the property of \_\_\_\_\_ (owner) located at 1501 El Cibolo Rd (location) to the following extent: cocking joint seal (job description). The signer therefore waives and releases any mechanic's lien right, any right arising from a payment bond that complies with a state or federal statute, any common law payment bond right, any claim for payment, and any rights under any similar ordinance, rule, or statute related to claim or payment rights for persons in the signer's position.

The signer warrants that the signer has already paid or will use the funds received from this final payment to promptly pay in full all of the signer's laborers, subcontractors, materialmen, and suppliers for all work, materials, equipment, or services provided for or to the above referenced project up to the date of this waiver and release.

Date 5-21-15

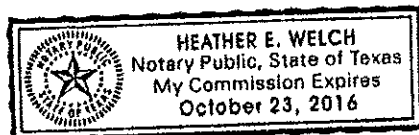
JCF Construction, LLC (Company name)

By [Signature] (Signature)

owner (Title)

STATE OF TEXAS §  
COUNTY OF Cameron §

This instrument was acknowledged before me on this 21 day of May, 2015, by Joseph Filippone (name), owner (job title) of JCF Construction (company name).



Heather E. Welch  
NOTARY PUBLIC, STATE OF TEXAS

**EXHIBIT B****DAVIS-BACON ACT PREVAILING WAGE RATES**

General Decision Number: TX140005 01/03/2014 TX5  
 Superseded General Decision Number: TX20130005

State: Texas

Construction Types: Building and Residential

Counties: Cameron and Hidalgo Counties in Texas.

**BUILDING AND RESIDENTIAL CONSTRUCTION PROJECTS** (including single family homes and garden apartments up to and including 4 stories).

Modification Number

0

Publication Date

01/03/2014

\* SUTX1990-013 05/01/1990

| <b>BUILDING CONSTRUCTION ONLY</b>                                                   | <u>Rates</u> | <u>Fringes</u> |
|-------------------------------------------------------------------------------------|--------------|----------------|
| <b>BOILERMAKER</b>                                                                  |              |                |
| RESIDENTIAL CONSTRUCTION ONLY.....                                                  | \$ 16.35     | 2.315          |
| <b>BRICKLAYER</b>                                                                   |              |                |
| RESIDENTIAL CONSTRUCTION ONLY.....                                                  | \$ 7.25      |                |
| <b>CARPENTER</b> (Including Drywall Hanging<br>and Acoustical Ceiling Installation) |              |                |
| BUILDING CONSTRUCTION ONLY                                                          |              |                |
| Excluding Batt Insulation.....                                                      | \$ 7.25      |                |
| <b>CARPENTER</b>                                                                    |              |                |
| RESIDENTIAL CONSTRUCTION ONLY.....                                                  | \$ 7.25      |                |
| <b>CEMENT MASON/CONCRETE<br/>FINISHER</b> (Excluding Form Setting)                  |              |                |
| BUILDING CONSTRUCTION ONLY.....                                                     | \$ 7.25      |                |
| <b>CEMENT MASON/CONCRETE FINISHER</b>                                               |              |                |
| RESIDENTIAL CONSTRUCTION ONLY.....                                                  | \$ 7.25      |                |
| <b>ELECTRICIAN</b>                                                                  |              |                |
| BUILDING CONSTRUCTION ONLY.....                                                     | \$ 8.30      |                |
| <b>Electricians: (Residential)</b>                                                  |              |                |
| RESIDENTIAL CONSTRUCTION ONLY.....                                                  | \$ 7.25      |                |
| <b>FLOOR LAYER: CARPET (SOFT)<br/>FLOOR</b>                                         |              |                |
| BUILDING CONSTRUCTION ONLY.....                                                     | \$ 7.25      |                |
| RESIDENTIAL CONSTRUCTION ONLY.....                                                  | \$ 7.25      |                |
| <b>Insulation Installer</b>                                                         |              |                |
| RESIDENTIAL CONSTRUCTION ONLY.....                                                  | \$ 7.25      |                |

**EXHIBIT B****IRONWORKER, REINFORCING**

RESIDENTIAL CONSTRUCTION ONLY..... \$ 7.25

**Laborer, common**

BUILDING CONSTRUCTION ONLY..... \$ 7.25

**LABORER**

RESIDENTIAL CONSTRUCTION ONLY

Pipelayer..... \$ 7.25

Unskilled..... \$ 7.25

**PAINTER (Including Drywall Finishing,  
Taping, and Bedding)**

BUILDING CONSTRUCTION ONLY..... \$ 7.25

**PAINTER**

RESIDENTIAL CONSTRUCTION ONLY..... \$ 7.25

**PIPEFITTER (Including HVAC Work)**

BUILDING CONSTRUCTION ONLY..... \$ 7.28 .12

**Plasterer tender**

BUILDING CONSTRUCTION ONLY..... \$ 7.25

**PLASTERER**

BUILDING CONSTRUCTION ONLY..... \$ 8.41

RESIDENTIAL CONSTRUCTION ONLY..... \$ 7.25

**PLUMBER (Excluding HVAC Work)**

BUILDING CONSTRUCTION ONLY..... \$ 7.50 .48

**Plumbers and Pipefitters**

RESIDENTIAL CONSTRUCTION ONLY..... \$ 8.20

**Power equipment operators:**

BUILDING CONSTRUCTION ONLY

Backhoe..... \$ 7.25 .48

RESIDENTIAL CONSTRUCTION ONLY

Backhoe..... \$ 7.25

Grader..... \$ 7.25

Loader..... \$ 7.25

**ROOFER, Including Built Up, Composition  
and Single Ply Roofs**

RESIDENTIAL CONSTRUCTION ONLY..... \$ 7.25

**Sheet metal worker**

RESIDENTIAL CONSTRUCTION ONLY..... \$ 7.25

**Sheet Rock Installer**

RESIDENTIAL CONSTRUCTION ONLY..... \$ 7.25

**EXHIBIT B****SHEETMETAL WORKER (Including  
HVAC duct Work)**

BUILDING CONSTRUCTION ONLY.....\$ 7.25

**TILE SETTER**

BUILDING CONSTRUCTION ONLY.....\$ 7.25

RESIDENTIAL CONSTRUCTION ONLY.....\$ 7.25

**TRUCK DRIVER**

BUILDING CONSTRUCTION ONLY.....\$ 7.25

RESIDENTIAL CONSTRUCTION ONLY.....\$ 7.25

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**WELDERS** - Receive rate prescribed for craft performing operation to which welding is incidental.

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Unlisted classifications needed for work not included within the scope of the classifications listed may be added after award only as provided in the labor standards contract clauses (29CFR 5.5 (a) (1) (ii)).

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The body of each wage determination lists the classification and wage rates that have been found to be prevailing for the cited type(s) of construction in the area covered by the wage determination. The classifications are listed in alphabetical order of "identifiers" that indicate whether the particular rate is union or non-union.

**Union Identifiers**

An identifier enclosed in dotted lines beginning with characters other than "SU" denotes that the union classification and rate have found to be prevailing for that classification. Example: PLUM0198-005 07/01/2011. The first four letters, PLUM, indicate the international union and the four-digit number, 0198, that follows indicates the local union number or district council number where applicable, i.e., Plumbers Local 0198. The next number, 005 in the example, is an internal number used in processing the wage determination. The date, 07/01/2011, following these characters is the effective date of the most current negotiated rate/collective bargaining agreement which would be July 1, 2011 in the above example.

Union prevailing wage rates will be updated to reflect any changes in the collective bargaining agreements governing the rates.

0000/9999: weighted union wage rates will be published annually each January.

**Non-Union Identifiers**

Classifications listed under an "SU" identifier were derived from survey data by computing average rates and are not union rates; however, the data used in computing these rates may include both union and non-union data. Example: SULA2004-007 5/13/2010. SU indicates the rates are not union majority rates, LA indicates the State of Louisiana; 2004 is the year of the survey; and 007 is an internal number used in producing the wage determination. A 1993 or later date, 5/13/2010, indicates the classifications and rates under that identifier were issued as a General Wage Determination on that date.

Survey wage rates will remain in effect and will not change until a new survey is conducted.

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# PAYROLL

(For Contractor's Optional Use; See Instructions at [www.dol.gov/whd/forms/wh347instr.htm](http://www.dol.gov/whd/forms/wh347instr.htm))

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U.S. Wage and Hour Division

Rev. Dec. 2008

OR ☒ SUBCONTRACTOR ☐ **CENTRAL AIR & HEATING SERVICE, INC**  
 ADDRESS 3008 SPUR 54 HARLINGEN TX 78552  
 PROJECT AND LOCATION Hidalgo County Adult Detention Center  
 PROJECT OR CONTRACT NO. 90351  
 OMB No.: 1235-0008  
 Expires: 01/31/2015

| FOR WEEK ENDING                                                              |                                            |                               | 05/31/2015            |      |      |      |      |      |    |                       |                       |                                  | PROJECT AND LOCATION<br>Hidalgo County Adult Detention Center |                         |         | PROJECT OR CONTRACT NO.<br>90351 |                                         |          |                     |
|------------------------------------------------------------------------------|--------------------------------------------|-------------------------------|-----------------------|------|------|------|------|------|----|-----------------------|-----------------------|----------------------------------|---------------------------------------------------------------|-------------------------|---------|----------------------------------|-----------------------------------------|----------|---------------------|
| (1)<br>EQUAL IDENTIFYING NUMBER<br>RIGHTS OF SOCIAL SECURITY<br>ID OF WORKER | (2)<br>NO. OF<br>EXEMPTIONS<br>WITHHOLDING | (3)<br>WORK<br>CLASSIFICATION | (4) DAY AND DATE      |      |      |      |      |      |    | (5)<br>TOTAL<br>HOURS | (6)<br>RATE<br>OF PAY | (7)<br>GROSS<br>AMOUNT<br>EARNED | (8)<br>DEDUCTIONS                                             |                         |         |                                  | (9)<br>NET<br>WAGES<br>PAID<br>FOR WEEK |          |                     |
|                                                                              |                                            |                               | HOURS WORKED EACH DAY |      |      |      |      |      |    |                       |                       |                                  | FICA                                                          | WFTD-<br>HOLDING<br>TAX | Mcare   | Pre-Tax                          |                                         | OTHER    | TOTAL<br>DEDUCTIONS |
|                                                                              |                                            |                               | M                     | T    | W    | Th   | F    | Sa   | Su |                       |                       |                                  |                                                               |                         |         |                                  |                                         |          |                     |
|                                                                              |                                            |                               | 25                    | 26   | 27   | 28   | 29   | 30   | 31 |                       |                       |                                  |                                                               |                         |         |                                  |                                         |          |                     |
|                                                                              | 2                                          | Ductwork                      | O                     |      |      |      |      |      |    |                       |                       |                                  |                                                               |                         |         |                                  |                                         |          |                     |
|                                                                              |                                            |                               | S                     | 8.00 | 8.00 | 8.00 | 8.00 | 8.00 |    | 40.00                 | 9.00                  | \$360.00                         | \$22.32                                                       | \$16.19                 | \$5.22  | \$65.00                          |                                         | \$108.73 | \$251.27            |
|                                                                              |                                            |                               | O                     |      |      |      |      |      |    |                       |                       | \$580.00                         | \$35.96                                                       | \$71.50                 | \$8.41  |                                  |                                         | \$115.87 | \$464.13            |
| 68                                                                           | 1                                          | HVAC                          | S                     | 8.00 | 8.00 | 8.00 | 8.00 | 8.00 |    | 40.00                 | 14.50                 | \$580.00                         |                                                               |                         |         |                                  |                                         |          |                     |
|                                                                              |                                            |                               | O                     |      |      |      |      |      |    |                       |                       | \$1,248.00                       | \$82.21                                                       | \$144.81                | \$19.23 |                                  |                                         | \$246.25 | \$1,079.75          |
|                                                                              |                                            |                               | S                     |      |      | 3.50 | 2.50 | 2.00 |    | 10.00                 |                       |                                  |                                                               |                         |         |                                  |                                         |          |                     |
| 55                                                                           | 0                                          | DUCTWORK                      | O                     |      |      |      |      |      |    |                       |                       | \$1,326.00                       |                                                               |                         |         |                                  |                                         |          |                     |
|                                                                              |                                            |                               | S                     | 8.00 | 8.00 | 8.00 | 0.50 | 8.50 |    | 33.00                 | 8.50                  | \$280.50                         | \$17.39                                                       | \$26.57                 | \$4.06  |                                  |                                         | \$48.02  | \$232.48            |
|                                                                              |                                            |                               | O                     |      |      |      |      |      |    |                       |                       | \$546.75                         |                                                               |                         |         |                                  |                                         |          |                     |
| 7                                                                            | 2                                          | PIPEFITTER                    | O                     |      |      |      |      |      |    |                       |                       | \$546.75                         |                                                               |                         |         |                                  |                                         |          |                     |
|                                                                              |                                            |                               | S                     | 8.00 | 8.00 | 8.00 | 8.50 | 8.00 |    | 40.50                 | 13.50                 | \$546.75                         | \$33.90                                                       | \$22.75                 | \$7.93  |                                  |                                         | \$64.58  | \$482.17            |
|                                                                              |                                            |                               | O                     |      |      |      |      |      |    |                       |                       | \$540.00                         |                                                               |                         |         |                                  |                                         |          |                     |
| 1188                                                                         | 2                                          | PIPEFITTER                    | O                     |      |      |      |      |      |    |                       |                       | \$540.00                         |                                                               |                         |         |                                  |                                         |          |                     |
|                                                                              |                                            |                               | S                     | 8.00 | 8.00 | 8.00 | 8.00 | 8.00 |    | 40.00                 | 13.50                 | \$599.40                         | \$34.49                                                       | \$44.85                 | \$8.06  | \$43.16                          |                                         | \$130.56 | \$468.84            |
|                                                                              |                                            |                               | O                     |      |      |      |      |      |    |                       |                       | \$540.00                         |                                                               |                         |         |                                  |                                         |          |                     |
| 64                                                                           | 0                                          | PIPEFITTER                    | O                     |      |      |      |      |      |    | 3.00                  |                       | \$540.00                         |                                                               |                         |         |                                  |                                         |          |                     |
|                                                                              |                                            |                               | S                     | 8.00 | 8.00 | 8.00 | 8.00 | 8.00 |    | 40.00                 | 13.50                 | \$580.50                         | \$33.32                                                       | \$65.10                 | \$7.79  | \$43.16                          |                                         | \$149.37 | \$431.13            |
|                                                                              |                                            |                               | O                     |      |      |      |      |      |    |                       |                       | \$312.00                         | \$21.33                                                       | \$0.00                  | \$4.99  |                                  |                                         | \$26.32  | \$317.68            |
| 27                                                                           | 3                                          | PIPEFITTER                    | O                     |      |      |      |      |      |    | 4.00                  |                       | \$344.00                         |                                                               |                         |         |                                  |                                         |          |                     |
|                                                                              |                                            |                               | S                     | 8.00 | 8.00 | 7.00 | 8.00 | 8.00 |    | 39.00                 | 8.00                  |                                  |                                                               |                         |         |                                  |                                         |          |                     |
|                                                                              |                                            |                               |                       |      |      |      |      |      |    |                       |                       |                                  |                                                               |                         |         |                                  |                                         |          |                     |

Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act requires contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

I take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information, if you have to send these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room 33502, 200 Constitution Avenue, N.W.

(over)

TRACTOR O R  
N 231 OF TITLE

PAYROLL

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Rev. Dec. 2008

NAME OF CONTRACTOR ☒ OR SUBCONTRACTOR ☐ ADDRESS 3008 SPUR 54 HARLINGEN TX 78552 OMB No.: 1235-0008 Expires: 01/31/2015

PROJECT AND LOCATION PROJECT OR CONTRACT NO. 90351  
Hidalgo Adult Detention Center

| (1)<br><br>NAME AND INDIVIDUAL IDENTIFYING NUMBER<br>(i.e., LAST FOUR DIGITS OF SOCIAL SECURITY<br>NUMBER) OF WORKER | (2)<br><br>NO. OF<br>EXEMPTIONS | (3)<br><br>WORK<br>CLASSIFICATION | (4) DAY AND DATE      |    |    |    |    |    |    | (5)<br><br>TOTAL<br>HOURS | (6)<br><br>RATE<br>OF PAY | (7)<br><br>GROSS<br>AMOUNT<br>EARNED | (8)<br><br>DEDUCTIONS |          |         |  |  | (9)<br><br>NET<br>WAGES<br>PAID<br>FOR WEEK |          |
|----------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------|-----------------------|----|----|----|----|----|----|---------------------------|---------------------------|--------------------------------------|-----------------------|----------|---------|--|--|---------------------------------------------|----------|
|                                                                                                                      |                                 |                                   | HOURS WORKED EACH DAY |    |    |    |    |    |    |                           |                           |                                      |                       |          |         |  |  |                                             |          |
|                                                                                                                      |                                 |                                   | M                     | T  | W  | Th | F  | Sa | Su |                           |                           |                                      |                       |          |         |  |  |                                             |          |
|                                                                                                                      |                                 |                                   | 01                    | 02 | 03 | 04 | 05 | 06 | 07 |                           |                           |                                      |                       |          |         |  |  |                                             |          |
| Arco Avalos-6218                                                                                                     | 0                               | Ductwork                          |                       |    |    |    |    |    |    |                           |                           | \$20.00                              | \$24.80               | \$23.46  | \$5.80  |  |  | \$54.06                                     | \$345.94 |
| Arne De Los Reyes-2977                                                                                               | 0                               | Pipefitter                        |                       |    |    |    |    |    |    | 2.00                      |                           | \$400.00                             | \$48.77               | \$104.71 | \$11.41 |  |  | \$164.89                                    | \$621.74 |
| George Elliott-4568                                                                                                  | 1                               | HVAC                              |                       |    |    |    |    |    |    |                           |                           | \$786.63                             |                       |          |         |  |  |                                             |          |
| Don Herrera-0167                                                                                                     | 2                               | Pipefitter                        |                       |    |    |    |    |    |    |                           |                           | \$988.00                             | \$61.26               | \$94.11  | \$14.32 |  |  | \$169.69                                    | \$818.31 |
| Eliz Llerena-8727                                                                                                    | 3                               | Pipefitter                        |                       |    |    |    |    |    |    |                           |                           | \$540.00                             | \$37.25               | \$28.15  | \$8.71  |  |  | \$74.11                                     | \$526.64 |
| Elis Francisco Martinez-3926                                                                                         | 3                               | Ductwork                          |                       |    |    |    |    |    |    |                           |                           | \$600.75                             | \$26.91               | \$3.78   | \$6.29  |  |  | \$36.98                                     | \$397.02 |
| George Mendez-7093                                                                                                   | 0                               | Ductwork                          |                       |    |    |    |    |    |    |                           |                           | \$434.00                             | \$31.52               | \$11.23  | \$7.38  |  |  | \$50.13                                     | \$458.37 |
| Graciano Mendez-8826                                                                                                 | 0                               | Ductwork                          |                       |    |    |    |    |    |    |                           |                           | \$72.00                              | \$35.03               | \$42.20  | \$8.20  |  |  | \$85.43                                     | \$479.57 |
|                                                                                                                      |                                 |                                   |                       |    |    |    |    |    |    |                           |                           | \$565.00                             | \$23.99               | \$42.55  | \$5.61  |  |  | \$72.15                                     | \$314.85 |

Completion of Form WH-347 is optional. It is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction projects to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (U.S.C. § 3145) requires contractors and subcontractors performing work on Federally financed or assisted construction projects to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

An estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room 33502, 200 Constitution Avenue, N.W., Washington, D.C. 20210



Date 06/07/2015

I, Maribel Martinez Accounting Clerk  
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by  
CENTRAL AIR & HEATING SERVICE, INC. on the  
(Contractor or Subcontractor)

Hidalgo County Adult Detention Center; that during the payroll period commencing on the  
(Building or Work)

01 day of June, 2015, and ending the 07 day of June, 2015  
all persons employed on said project have been paid the full weekly wages earned, that no rebates have  
been or will be made either directly or indirectly to or on behalf of said

CENTRAL AIR & HEATING SERVICE, INC from the full  
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly  
from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part  
3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948,  
63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are  
correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the  
applicable wage rates contained in any wage determination incorporated into the contract; that the  
classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide  
apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of  
Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a  
State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☒ - In addition to the basic hourly wage rates paid to each laborer or mechanic listed in  
the above referenced payroll, payments of fringe benefits as listed in the contract  
have been or will be made to appropriate programs for the benefit of such  
employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ - Each laborer or mechanic listed in the above referenced payroll has been  
as indicated on the payroll, an amount not less than the sum of the app  
basic hourly wage rate plus the amount of the required fringe benefits as  
in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

| EXCEPTION (CRAFT) | EXPLANATION |
|-------------------|-------------|
|                   |             |
|                   |             |
|                   |             |
|                   |             |
|                   |             |
|                   |             |
|                   |             |
|                   |             |

REMARKS:

NAME AND TITLE  
Maribel Martinez  
Accounting Clerk

SIGNATURE

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 23  
31 OF THE UNITED STATES CODE.

PAYROLL

(For Contractor's Optional Use; See Instructions at [www.dol.gov/whd/forms/wh347instr.htm](http://www.dol.gov/whd/forms/wh347instr.htm))

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Rev. Dec. 2008

|                                                                                                  |                                         |                                          |                               |
|--------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------------------------|-------------------------------|
| NAME OF CONTRACTOR <input checked="" type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/> | ADDRESS 3008 SPUR 54 HARLINGEN TX 78552 | OMB No. 1235-0008<br>Expires: 01/31/2015 | PROJECT OR CONTRACT NO. 90351 |
| CENTRAL AIR & HEATING SERVICE, INC                                                               |                                         |                                          |                               |

|                  |                            |                                                        |
|------------------|----------------------------|--------------------------------------------------------|
| PAYROLL NO. 1017 | FOR WEEK ENDING 06/14/2015 | PROJECT AND LOCATION<br>Hidalgo Adult Detention Center |
|------------------|----------------------------|--------------------------------------------------------|

| (1)<br><br>NAME AND INDIVIDUAL IDENTIFYING NUMBER<br>(e.g., LAST FOUR DIGITS OF SOCIAL SECURITY<br>NUMBER) OF WORKER | (2)<br><br>NO. OF<br>EXEMPTIONS | (3)<br><br>WORK<br>CLASSIFICATION | (4) DAY AND DATE      |      |      |      |      |    |    | (5)<br><br>TOTAL<br>HOURS | (6)<br><br>RATE<br>OF PAY | (7)<br><br>GROSS<br>AMOUNT<br>EARNED | (8)<br>DEDUCTIONS |                         |         |         |          | (9)<br><br>NET<br>WAGES<br>PAID<br>FOR WEEK |                     |
|----------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------|-----------------------|------|------|------|------|----|----|---------------------------|---------------------------|--------------------------------------|-------------------|-------------------------|---------|---------|----------|---------------------------------------------|---------------------|
|                                                                                                                      |                                 |                                   | HOURS WORKED EACH DAY |      |      |      |      |    |    |                           |                           |                                      | FICA              | WITH-<br>HOLDING<br>TAX | Meat    | Pre-Tax | OTHER    |                                             | TOTAL<br>DEDUCTIONS |
|                                                                                                                      |                                 |                                   | M                     | T    | W    | Th   | F    | Sa | Su |                           |                           |                                      |                   |                         |         |         |          |                                             |                     |
|                                                                                                                      |                                 |                                   | 08                    | 09   | 10   | 11   | 12   | 13 | 14 |                           |                           |                                      |                   |                         |         |         |          |                                             |                     |
| Juan Silva-5380                                                                                                      | 0                               | Ductwork                          |                       |      |      |      |      |    |    |                           |                           | \$26.25                              | \$24.82           | \$44.57                 | \$5.81  | \$43.16 | \$118.36 | \$325.27                                    |                     |
| Alfredo Valdez-7916                                                                                                  | 3                               | Pipefitter                        |                       | 2.50 |      |      |      |    |    | 2.50                      | 10.50                     | \$443.63                             |                   |                         |         |         |          |                                             |                     |
|                                                                                                                      |                                 |                                   |                       |      |      |      |      |    |    |                           |                           |                                      | \$474.00          | \$32.92                 | \$13.48 | \$7.70  |          | \$54.10                                     | \$476.90            |
| Jorge Luis Gonzalez-4835                                                                                             | 3                               | Pipefitter                        | 9.50                  | 5.50 | 8.50 | 8.00 | 8.00 |    |    | 39.50                     | 12.00                     | \$531.00                             |                   |                         |         |         |          |                                             |                     |
|                                                                                                                      |                                 |                                   |                       |      |      |      |      |    |    |                           |                           |                                      | \$656.00          | \$40.68                 | \$25.98 | \$9.51  |          | \$76.17                                     | \$579.83            |
| Don Herrera-0167                                                                                                     | 2                               | Pipefitter                        | 1.50                  |      |      |      |      |    |    | 1.50                      |                           | \$540.00                             |                   |                         |         |         |          |                                             |                     |
|                                                                                                                      |                                 |                                   | 8.00                  | 8.00 | 8.00 | 8.00 | 8.00 |    |    | 40.00                     | 13.50                     | \$570.38                             | \$35.36           | \$25.11                 | \$8.27  |         | \$68.74  | \$501.64                                    |                     |
| Luis Francisco Martinez-3926                                                                                         | 3                               | Pipefitter                        |                       |      |      |      |      |    |    |                           |                           | \$355.50                             |                   |                         |         |         |          |                                             |                     |
|                                                                                                                      |                                 |                                   | 9.50                  | 5.50 | 8.50 | 8.00 | 8.00 |    |    | 39.50                     | 9.00                      | \$387.00                             | \$24.00           | \$0.00                  | \$5.61  |         | \$29.61  | \$357.39                                    |                     |
| Jorge Mendez-7093                                                                                                    | 0                               | Pipefitter                        |                       |      |      |      |      |    |    |                           |                           | \$240.00                             |                   |                         |         |         |          |                                             |                     |
|                                                                                                                      |                                 |                                   |                       |      |      |      |      |    |    | 24.00                     | 10.00                     | \$400.00                             | \$24.80           | \$23.46                 | \$5.80  |         | \$54.06  | \$345.94                                    |                     |
|                                                                                                                      |                                 |                                   |                       |      |      |      |      |    |    |                           |                           |                                      |                   |                         |         |         |          |                                             |                     |
|                                                                                                                      |                                 |                                   |                       |      |      |      |      |    |    |                           |                           |                                      |                   |                         |         |         |          |                                             |                     |
|                                                                                                                      |                                 |                                   |                       |      |      |      |      |    |    |                           |                           |                                      |                   |                         |         |         |          |                                             |                     |
|                                                                                                                      |                                 |                                   |                       |      |      |      |      |    |    |                           |                           |                                      |                   |                         |         |         |          |                                             |                     |

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) requires contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room 33502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

Date 06/14/2015

I, Maribel Martinez Accounting Clerk  
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by  
CENTRAL AIR & HEATING SERVICE, INC  
(Contractor or Subcontractor) on the

Hidalgo Adult Detention Center; that during the payroll period commencing on the  
(Building or Work)

08 day of June, 2015, and ending the 14 day of June, 2015,  
all persons employed on said project have been paid the full weekly wages earned, that no rebates have  
been or will be made either directly or indirectly to or on behalf of said

CENTRAL AIR & HEATING SERVICE, INC from the full  
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly  
from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part  
3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948,  
63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(2) That any payrolls otherwise under this contract required to be submitted for the above period are  
correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the  
applicable wage rates contained in any wage determination incorporated into the contract; that the  
classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide  
apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of  
Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a  
State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☒ - in addition to the basic hourly wage rates paid to each laborer or mechanic listed in  
the above referenced payroll, payments of fringe benefits as listed in the contract  
have been or will be made to appropriate programs for the benefit of such  
employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ - Each laborer or mechanic listed in the above referenced payroll has been paid,  
as indicated on the payroll, an amount not less than the sum of the applicable  
basic hourly wage rate plus the amount of the required fringe benefits as listed  
in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

| EXCEPTION (CRAFT) | EXPLANATION |
|-------------------|-------------|
|                   |             |
|                   |             |
|                   |             |
|                   |             |
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|                   |             |
|                   |             |

REMARKS:

|                                                                                                                                                                                                                             |                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| NAME AND TITLE                                                                                                                                                                                                              | SIGNATURE                                                                           |
| Maribel Martinez<br>Accounting Clerk                                                                                                                                                                                        |  |
| THE WILLFUL FALSIFICATION OF ANY OFFICIAL STATEMENT MAY SUBJECT THE CONTRACTOR OR<br>SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE<br>31 OF THE UNITED STATES CODE. |                                                                                     |

**PAYROLL**  
(For Contractor's Optional Use; See Instructions at [www.dol.gov/whd/forms/wh347instr.htm](http://www.dol.gov/whd/forms/wh347instr.htm))

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.



NAME OF CONTRACTOR ☒ OR SUBCONTRACTOR ☐ ADDRESS 3008 SPUR 54 HARLINGEN TX 78552  
CENTRAL AIR & HEATING SERVICE, INC. PROJECT AND LOCATION Hidalgo Adult Detention Center  
PAYROLL NO. 18 FOR WEEK ENDING 06/21/2015 PROJECT OR CONTRACT NO. 90351  
OMB No.: 1235-0008 Expires: 01/31/2015

| (1)<br><br>NAME AND INDIVIDUAL IDENTIFYING NUMBER<br>(e.g., LAST FOUR DIGITS OF SOCIAL SECURITY<br>NUMBER) OF WORKER | (2)<br><br>EXEMPTIONS<br>TO<br>MINIMUM<br>WAGE<br>AND<br>OVERTIME<br>PROTECTIONS | (3)<br><br>WORK<br>CLASSIFICATION | (4) DAY AND DATE      |   |    |    |    |    |    | (5)<br><br>TOTAL<br>HOURS | (6)<br><br>RATE<br>OF PAY | (7)<br><br>GROSS<br>AMOUNT<br>EARNED | (8)<br><br>DEDUCTIONS |  |  |  |  | (9)<br><br>NET<br>WAGES<br>PAID<br>FOR WEEK |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|                                                                                                                      |                                                                                  |                                   | HOURS WORKED EACH DAY |   |    |    |    |    |    |                           |                           |                                      |                       |  |  |  |  |                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| M                                                                                                                    | T                                                                                | W                                 | Th                    | F | Sa | Su | 15 | 16 | 17 | 18                        | 19                        | 20                                   | 21                    |  |  |  |  |                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Juan Silva-5380                                                                                                      | 0                                                                                | Ductwork                          |                       |   |    |    |    |    |    |                           |                           |                                      |                       |  |  |  |  |                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) requires contractors and subcontractors performing work on Federally financed or assisted construction contracts to submit weekly a statement with respect to the wages paid each employee during the preceding week. U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

## PAYROLL

(For Contractor's Optional Use; See Instructions at [www.dol.gov/whd/forms/wh347instr.htm](http://www.dol.gov/whd/forms/wh347instr.htm))

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

Rev. Dec. 2008

UK SUBCONTRACTOR

**CENTRAL AIR & HEATING SERVICE, INC.**

**PAYROLL NO.**

814

06/21/2015

**PROJECT AND LOCATION**  
Hidalgo Adult Detention Center

PROJECT OR CONTRACT NO. \_\_\_\_\_

ADDRESS  
3008 SPUR 54 HARLINGEN TX 78552

ING SERVICE, INC

ADDRESS 3008 SPUR 54 HARLINGEN TX 78552

03

OMB No.: 1235-0008  
Expires: 01/31/2015

| (1)<br><br>NAME AND INDIVIDUAL IDENTIFYING NUMBER<br>(e.g., LAST FOUR DIGITS OF SOCIAL SECURITY<br>NUMBER) OF WORKER | (2)<br><br>NO. OF<br>WITHHOLDING<br>EXEMPTIONS | (3)<br><br>WORK<br>CLASSIFICATION | (4) DAY AND DATE      |         |      |    |      |    |    | (5)<br><br>TOTAL<br>HOURS | (6)<br><br>RATE<br>OF PAY | (7)<br><br>GROSS<br>AMOUNT<br>EARNED | (8)<br>DEDUCTIONS |                         |        |         |       | (9)<br><br>NET<br>WAGES<br>PAID<br>FOR WEEK |                     |  |
|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------|-----------------------|---------|------|----|------|----|----|---------------------------|---------------------------|--------------------------------------|-------------------|-------------------------|--------|---------|-------|---------------------------------------------|---------------------|--|
|                                                                                                                      |                                                |                                   | HOURS WORKED EACH DAY |         |      |    |      |    |    |                           |                           |                                      | FICA              | WITH-<br>HOLDING<br>TAX | Meare  | Pre-Tax | OTHER |                                             | TOTAL<br>DEDUCTIONS |  |
|                                                                                                                      |                                                |                                   | M                     | T       | W    | Th | F    | Sa | Su |                           |                           |                                      |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | 15                    | 16      | 17   | 18 | 19   | 20 | 21 |                           |                           |                                      |                   |                         |        |         |       |                                             |                     |  |
| Atilano Vela-6943                                                                                                    | 4                                              | Ductwork                          | O                     | \$ 5.00 | 4.00 |    | 3.50 |    |    | 12.50                     | 11.00                     | \$137.50                             | \$27.79           | \$0.00                  | \$6.50 | \$21.50 |       | \$55.79                                     | \$392.46            |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | S                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |
|                                                                                                                      |                                                |                                   | O                     |         |      |    |      |    |    |                           |                           | /                                    |                   |                         |        |         |       |                                             |                     |  |

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

### Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room 33502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

Date 06/21/2015

I, Maribel Martinez (Name of Signatory Party) Accounting Clerk (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by  
CENTRAL AIR & HEATING SERVICE, INC on the  
(Contractor or Subcontractor)  
Hidalgo Adult Detention Center; that during the payroll period commencing on the  
(Building or Work)  
15 day of June, 2015, and ending the 21 day of June, 2015

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

CENTRAL AIR & HEATING SERVICE, INC from the full  
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:  
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☒ — in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

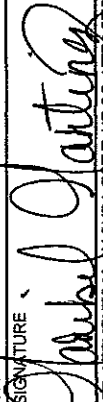
(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ — Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

| EXCEPTION (CRAFT) | EXPLANATION |
|-------------------|-------------|
|                   |             |
|                   |             |
|                   |             |
|                   |             |
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REMARKS:

|                                                                                                                                                                                                                              |                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| NAME AND TITLE<br>Maribel Martinez<br>Accounting Clerk                                                                                                                                                                       | SIGNATURE<br> |
| THE FOLLOWING FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE. |                                                                                                  |

**U. S. Department of Labor**  
Wage and Hour Division

**PAYROLL**

Contractor's Optional Use: See instruction at <http://www.dol.gov/whd/forms/wh347instr>.

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

Rev. Dec. 2008

OMB No.: 1235-0008

Expires: 02/28/2018

ADDRESS

310 Hammore Industrial Parkway Harding, TX 78550

PROJECT/CONTRACT NO.

FOR WEEK ENDING 05/23/15

PROJECT AND LOCATION

Hidalgo City Adult Det. Ctr. & Law Enf. Facility

Edinburg, TX

| 14                                                                                                                  |                                    | 05/23/15                      |                  | Edinburg, TX          |                                       |                                                      |                                                        |                  |             |             |             |             |             | (9)         |                                      |     |       |      |      |       |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| (1)<br>NAME AND INDIVIDUAL<br>IDENTIFYING NUMBER (e.g., LAST<br>FOUR DIGITS OF SOCIAL SECURITY<br>NUMBER) OF WORKER | (2)<br># Withholding<br>Exemptions | (3)<br>WORK<br>CLASSIFICATION | (4) DAY AND DATE | (5)<br>TOTAL<br>HOURS | (6)<br>RATE OF<br>PAY/CASH<br>FRINGES | (7)<br>GROSS AMOUNT<br>EARNED - THIS<br>JOB/ALL JOBS | (8) DEDUCTIONS - BASED ON GROSS WAGES FOR ALL PROJECTS |                  |             |             |             |             |             |             | (9)<br>NET WAGES<br>PAID FOR<br>WEEK |     |       |      |      |       |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                     |                                    |                               |                  |                       |                                       |                                                      | Straight Time or<br>Overtime                           | (4) DAY AND DATE |             |             |             |             |             |             |                                      | FWH | MCARE | FICA | STWH | OTHER | TOTAL<br>DEDUCTIONS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                     |                                    |                               |                  |                       |                                       |                                                      |                                                        | Sun<br>5/17      | Mon<br>5/18 | Tue<br>5/19 | Wed<br>5/20 | Thu<br>5/21 | Fri<br>5/22 | Sat<br>5/23 |                                      |     |       |      |      |       |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Acosta, Tomas                                                                                                       |                                    |                               |                  |                       |                                       |                                                      |                                                        |                  |             |             |             |             |             |             |                                      |     |       |      |      |       |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**OTHER DEDUCTIONS KEY CODING:**

#1 Child Support

#3 Medical

#4 Garnishments

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5 (a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

**Public Burden Statement**

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room 35502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

**U. S. Department of Labor**  
Wage and Hour Division

**PAYROLL**

Contractor's Optional Use: See instruction at <http://www.dol.gov/whd/forms/wh347instr>.

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

Rev. Dec. 2008

OMB No.: 1235-0008

Expires: 02/28/2018

ADDRESS

310 Hammore Industrial Parkway Hartingen, TX 78550

PROJECT/CONTRACT NO.

FOR WEEK ENDING 05/23/15

PROJECT AND LOCATION

Hidalgo Cty Adult Det. Ctr. & Law Enf. Facility

Edinburg, TX

| Edinburg, TX                                                                                                        |                                    |                               |               |                       |             |             |             |             |             |             |                |                                |                                               |     |       |      |      |                  |    |     |    |                                                        |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
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| 14                                                                                                                  |                                    | 05/23/15                      |               | (4) DAY AND DATE      |             |             |             |             |             |             |                |                                |                                               |     |       | (5)  |      | (6)              |    | (7) |    | (8) DEDUCTIONS - BASED ON GROSS WAGES FOR ALL PROJECTS |  |  |  |  |  |  | (9) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
| (1)<br>NAME AND INDIVIDUAL<br>IDENTIFYING NUMBER (e.g., LAST<br>FOUR DIGITS OF SOCIAL SECURITY<br>NUMBER) OF WORKER | (2)<br># Withholding<br>Exemptions | (3)<br>WORK<br>CLASSIFICATION | Straight Time | HOURS WORKED EACH DAY |             |             |             |             |             |             | TOTAL<br>HOURS | RATE OF<br>PAY/CASH<br>FRINGES | GROSS AMOUNT<br>EARNED - THIS<br>JOB/ALL JOBS | FWH | MCARE | FICA | STWH | TOTAL DEDUCTIONS |    |     |    | NET WAGES<br>PAID FOR<br>WEEK                          |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
|                                                                                                                     |                                    |                               |               | Sun<br>5/17           | Mon<br>5/18 | Tue<br>5/19 | Wed<br>5/20 | Thu<br>5/21 | Fri<br>5/22 | Sat<br>5/23 |                |                                |                                               |     |       |      |      | #1               | #2 | #3  | #4 |                                                        |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
| Frausto, Carlos                                                                                                     |                                    |                               |               |                       |             |             |             |             |             |             |                |                                |                                               |     |       |      |      |                  |    |     |    |                                                        |  |  |  |  |  |  |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | </ |

**OTHER DEDUCTIONS KEY CODING:**

#1 Child Support

#3 Medical

#4 Garnishments

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5 (a)(3)(i) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and Federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

**Public Burden Statement**

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

**U. S. Department of Labor**  
Wage and Hour Division

**PAYROLL**

Contractor's Optional Use: See instruction at <http://www.dol.gov/whd/forms/wh347instr>.

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number

|                                 |                                                      |                                         |                                                                      |                                                                   |
|---------------------------------|------------------------------------------------------|-----------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------|
| NAME OF CONTRACTOR<br><b>14</b> | OR SUBCONTRACTOR <input checked="" type="checkbox"/> | PROJECT AND LOCATION<br><b>05/23/15</b> | ADDRESS<br><b>310 Hanmore Industrial Parkway Harlingen, TX 78550</b> | OMB No.: 1235-0008<br>Expires: 02/28/2018<br>PROJECT/CONTRACT NO. |
|---------------------------------|------------------------------------------------------|-----------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------|

| (1)<br>NAME AND INDIVIDUAL<br>IDENTIFYING NUMBER (e.g., LAST<br>FOUR DIGITS OF SOCIAL SECURITY<br>NUMBER) OF WORKER | (2)<br>Exemptions<br># | (3)<br>WORK<br>CLASSIFICATION | Straight Time<br>or<br>Overtime | (4) DAY AND DATE      |             |             |             |             |             |             | (5)<br>TOTAL<br>HOURS | (6)<br>RATE OF<br>PAY/CASH<br>FRINGES | (7)<br>GROSS AMOUNT<br>EARNED - THIS<br>JOB/ALL JOBS | (8) DEDUCTIONS - BASED ON GROSS WAGES FOR ALL PROJECTS |          |          |      |          |          |          |          | (9)<br>NET WAGES<br>PAID FOR<br>WEEK |           |
|---------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------------|---------------------------------|-----------------------|-------------|-------------|-------------|-------------|-------------|-------------|-----------------------|---------------------------------------|------------------------------------------------------|--------------------------------------------------------|----------|----------|------|----------|----------|----------|----------|--------------------------------------|-----------|
|                                                                                                                     |                        |                               |                                 | HOURS WORKED EACH DAY |             |             |             |             |             |             |                       |                                       |                                                      | TOTAL<br>DEDUCTIONS                                    |          |          |      |          |          |          |          |                                      |           |
|                                                                                                                     |                        |                               |                                 | Sun<br>5/17           | Mon<br>5/18 | Tue<br>5/19 | Wed<br>5/20 | Thu<br>5/21 | Fri<br>5/22 | Sat<br>5/23 |                       |                                       |                                                      | FWH                                                    | MCARE    | FICA     | STWH | OTHER    | TOTAL    |          |          |                                      |           |
|                                                                                                                     |                        |                               |                                 |                       |             |             |             |             |             |             |                       |                                       |                                                      |                                                        |          |          |      | #1<br>\$ | #2<br>\$ | #3<br>\$ | #4<br>\$ |                                      |           |
| Lemus, Juan A.                                                                                                      |                        |                               | OT                              |                       |             |             |             |             |             |             |                       | \$ 391.00                             | \$ 23.00                                             | \$ 5.67                                                | \$ 24.24 | \$ -     | \$ - | \$ -     | \$ -     | \$ 9.81  | \$ 62.72 | \$ 328.28                            |           |
| XXX-XX-8452                                                                                                         | M-2                    | Roof Laborer                  | ST                              | 0                     | 0           | 9.5         | 10.5        | 5.5         | 8.5         | 0           | 34                    | \$ 11.50                              | \$391.00                                             |                                                        |          |          |      |          |          |          |          |                                      |           |
| Macias, Felix R.                                                                                                    |                        |                               | OT                              | 0                     | 0           | 0           | 0           | 0           | 3.5         | 0           | 3.5                   | \$ 12.75                              | \$ 384.63                                            |                                                        |          |          |      |          |          |          |          |                                      |           |
| XXX-XX-8411                                                                                                         | M-4                    | Sheet Metal Laborer           | ST                              | 0                     | 9.5         | 9.5         | 10.5        | 5.5         | 5           | 0           | 40                    | \$ 8.50                               | \$384.63                                             | \$ 22.00                                               | \$ 5.58  | \$ 23.84 | \$ - | \$ -     | \$ -     | \$ -     | \$ 9.81  | \$ 61.23                             | \$ 323.40 |
| Martinez, Salvador                                                                                                  |                        |                               | OT                              | 0                     | 0           | 0           | 0           | 0           | 3.5         | 0           | 3.5                   | \$ 12.75                              | \$ 384.63                                            |                                                        |          |          |      |          |          |          |          |                                      |           |
| XXX-XX-9494                                                                                                         | M-0                    | Roof Laborer                  | ST                              | 0                     | 9.5         | 9.5         | 10.5        | 5.5         | 5           | 0           | 40                    | \$ 8.50                               | \$384.63                                             | \$ 22.00                                               | \$ 5.58  | \$ 23.85 | \$ - | \$ -     | \$ -     | \$ -     | \$ 9.81  | \$ 61.24                             | \$ 323.39 |
| Mendoza, Adelaido                                                                                                   |                        |                               | OT                              | 0                     | 0           | 0           | 0           | 0           | 3.5         | 0           | 3.5                   | \$ 13.50                              | \$ 407.25                                            |                                                        |          |          |      |          |          |          |          |                                      |           |
| XXX-XX-6413                                                                                                         | M-0                    | Sheet Metal Laborer           | ST                              | 0                     | 9.5         | 9.5         | 10.5        | 5.5         | 5           | 0           | 40                    | \$ 9.00                               | \$407.25                                             | \$ 9.00                                                | \$ 5.90  | \$ 25.25 | \$ - | \$ -     | \$ -     | \$ -     | \$ 9.81  | \$ 49.96                             | \$ 357.29 |
| Nunez, Francisco                                                                                                    |                        |                               | OT                              | 0                     | 0           | 0           | 0           | 0           | 3.5         | 0           | 3.5                   | \$ 12.00                              | \$ 362.00                                            |                                                        |          |          |      |          |          |          |          |                                      |           |
| XXX-XX-5263                                                                                                         | S-2                    | Roof Laborer                  | ST                              | 0                     | 9.5         | 9.5         | 10.5        | 5.5         | 5           | 0           | 40                    | \$ 8.00                               | \$362.00                                             | \$ 16.00                                               | \$ 5.24  | \$ 22.44 | \$ - | \$ -     | \$ -     | \$ -     | \$ 2.00  | \$ 134.06                            | \$ 227.94 |
| Paredes, Efran                                                                                                      |                        |                               | OT                              |                       |             |             |             |             |             |             |                       | \$ 65.88                              |                                                      |                                                        |          |          |      |          |          |          |          |                                      |           |
| XXX-XX-8360                                                                                                         | S-0                    | Roof Laborer                  | ST                              | 0                     | 0           | 0           | 0           | 0           | 8.5         | 0           | 8.5                   | \$ 7.75                               | \$275.14                                             | \$ 26.00                                               | \$ 3.99  | \$ 17.06 | \$ - | \$ -     | \$ -     | \$ -     | \$ 9.81  | \$ 56.86                             | \$ 218.28 |
| Perez, Hector M.                                                                                                    |                        |                               | OT                              |                       |             |             |             |             |             |             |                       | \$ 391.00                             |                                                      |                                                        |          |          |      |          |          |          |          |                                      |           |
| XXX-XX-6056                                                                                                         | M-1                    | Roof Laborer                  | ST                              | 0                     | 0           | 9.5         | 10.5        | 5.5         | 8.5         | 0           | 34                    | \$ 11.50                              | \$391.00                                             | \$ 7.00                                                | \$ 5.67  | \$ 24.25 | \$ - | \$ -     | \$ -     | \$ -     | \$ 9.81  | \$ 46.73                             | \$ 344.27 |
| Perez, Jose A.                                                                                                      |                        |                               | OT                              |                       |             |             |             |             |             |             |                       | \$ 346.50                             |                                                      |                                                        |          |          |      |          |          |          |          |                                      |           |
| XXX-XX-1363                                                                                                         | M-2                    | Sheet Metal Laborer           | ST                              | 0                     | 9.5         | 9.5         | 0           | 5.5         | 8.5         | 0           | 33                    | \$ 10.50                              | \$346.50                                             | \$ 18.00                                               | \$ 5.03  | \$ 21.48 | \$ - | \$ -     | \$ -     | \$ -     | \$ 9.81  | \$ 54.32                             | \$ 292.18 |

**OTHER DEDUCTIONS KEY CODING:**

- #1 Child Support
- #3 Medical
- #4 Garnishments

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5 (a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

**Public Burden Statement**

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room 53502, 200 Constitution Avenue, N.W. Washington, D.C. 20210



S/S

amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

Date: 05/27/2015

I, **Molly G. Hichens** (Name of Signatory Party), **Treasurer** (Title) do hereby state:

(1) That I pay or supervise the payment of the persons employed by **Rio Roofing, Inc. (Contractor or Subcontractor)** on the **CAHS Hidalgo Cty Adult Det. Ctr. & Law Enf. Facility (Building or Work)**; that during the payroll period commencing on the **17th** day of **May, 2015**, and ending the **23rd** day of **May, 2015**, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said **Rio Roofing, Inc. (Contractor or Subcontractor)** from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

**Deductions are based on gross wages and include but are not limited to: Federal Withholding, FICA, Medicare, State Withholding, State Disability Insurance, Union Deductions, Child Support or Other Garnishments. Explanations for deductions listed in the "Other" Column are described on the Certified Payroll Report.**

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:  
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☐ - In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH  
☐ - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the

(c) EXCEPTIONS

| EXCEPTION (CRAFT) | EXPLANATION |
|-------------------|-------------|
|                   |             |
|                   |             |
|                   |             |
|                   |             |
|                   |             |
|                   |             |
|                   |             |

REMARKS:

| NAME AND TITLE                                                                                                                                                                                                             | SIGNATURE               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Molly G. Hichens, Treasurer                                                                                                                                                                                                | <i>Molly G. Hichens</i> |
| THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE. |                         |

Revised December 2008, Expires 01/31/2018.

116

**U. S. Department of Labor**  
Wage and Hour Division

**PAYROLL**

Contractor's Optional Use: See instruction at <http://www.dol.gov/wind/forms/wh347instr>.  
Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

|                    |                                     |                                                    |                                                 |                      |
|--------------------|-------------------------------------|----------------------------------------------------|-------------------------------------------------|----------------------|
| NAME OF CONTRACTOR | OR SUBCONTRACTOR                    | ADDRESS                                            | PROJECT AND LOCATION                            | PROJECT/CONTRACT NO. |
| 15                 | <input checked="" type="checkbox"/> | 310 Hammore Industrial Parkway Harlingen, TX 78550 | Hidalgo Cty Adult Det. Ctr. & Law Enf. Facility |                      |
| PAYROLL No.        | FOR WEEK ENDING                     |                                                    |                                                 |                      |
| 15                 | 05/30/15                            |                                                    |                                                 |                      |

Rev. Dec. 2008

OMB No.: 1235-0008  
Expires: 02/28/2018

| Edinburg, TX                                                                                                        |                                    |                               |                              |                       |             |             |             |             |             | (8) DEDUCTIONS - BASED ON GROSS WAGES FOR ALL PROJECTS |                       |                                       |                                                      |  |  |  |  |  |  | (9)                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| (1)<br>NAME AND INDIVIDUAL<br>IDENTIFYING NUMBER (e.g., LAST<br>FOUR DIGITS OF SOCIAL SECURITY<br>NUMBER) OF WORKER | (2)<br># Withholding<br>Exemptions | (3)<br>WORK<br>CLASSIFICATION | Overtime or<br>Straight Time | (4) DAY AND DATE      |             |             |             |             |             |                                                        | (5)<br>TOTAL<br>HOURS | (6)<br>RATE OF<br>PAY/CASH<br>FRINGES | (7)<br>GROSS AMOUNT<br>EARNED - THIS<br>JOB/ALL JOBS |  |  |  |  |  |  | NET WAGES<br>PAID FOR<br>WEEK |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                     |                                    |                               |                              | HOURS WORKED EACH DAY |             |             |             |             |             |                                                        |                       |                                       |                                                      |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                     |                                    |                               |                              | Sun<br>5/24           | Mon<br>5/25 | Tue<br>5/26 | Wed<br>5/27 | Thu<br>5/28 | Fri<br>5/29 | Sat<br>5/30                                            |                       |                                       |                                                      |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Acosta, Tomas                                                                                                       |                                    |                               |                              |                       |             |             |             |             |             |                                                        |                       |                                       |                                                      |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**OTHER DEDUCTIONS KEY CODING:**

- #1 Child Support
- #3 Medical
- #4 Garnishments

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. § 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5 (a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

**Public Burden Statement**

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room 53502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

**U. S. Department of Labor**  
Wage and Hour Division

**PAYROLL**

Contractor's Optional Use: See instruction at <http://www.dol.gov/whd/forms/vh347instr>.

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

|                    |                  |                          |                                                    |                    |
|--------------------|------------------|--------------------------|----------------------------------------------------|--------------------|
| NAME OF CONTRACTOR | OR SUBCONTRACTOR | PROJECT AND LOCATION     | ADDRESS                                            | Rev. Dec. 2008     |
| 15                 | X                | FOR WEEK ENDING 05/30/15 | 310 Hammore Industrial Parkway Harlingen, TX 78550 | OMB No.: 1235-0008 |
| PAYROLL No.        |                  | Expires: 02/28/2018      |                                                    |                    |
|                    |                  | PROJECT/CONTRACT NO.     |                                                    |                    |

| PAYROLL No. 15                                                                                                      |  | FOR WEEK ENDING 05/30/15     |                               |                                |                       |             |             |             |             |             |             | PROJECT AND LOCATION  |                                       |                                                      |                                                        |         |          |      |       |      |      | 310 Hammore Industrial Parkway Harlingen, TX 78550 |                                      |      |      |      |      |      |      |      |      | Hidalgo Cty Adult Det. Ctr. & Law Enf. Facility |      |      |      |      |      |      |      |      |      | PROJECT/CONTRACT NO. |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
|---------------------------------------------------------------------------------------------------------------------|--|------------------------------|-------------------------------|--------------------------------|-----------------------|-------------|-------------|-------------|-------------|-------------|-------------|-----------------------|---------------------------------------|------------------------------------------------------|--------------------------------------------------------|---------|----------|------|-------|------|------|----------------------------------------------------|--------------------------------------|------|------|------|------|------|------|------|------|-------------------------------------------------|------|------|------|------|------|------|------|------|------|----------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------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| (1)<br>NAME AND INDIVIDUAL<br>IDENTIFYING NUMBER (e.g., LAST<br>FOUR DIGITS OF SOCIAL SECURITY<br>NUMBER) OF WORKER |  | (2)<br>WORKING<br>CONDITIONS | (3)<br>WORK<br>CLASSIFICATION | (4)<br>Shift or<br>Permit Time | (4) DAY AND DATE      |             |             |             |             |             |             | (5)<br>TOTAL<br>HOURS | (6)<br>RATE OF<br>PAY/CASH<br>FRINGES | (7)<br>GROSS AMOUNT<br>EARNED - THIS<br>JOB/ALL JOBS | (8) DEDUCTIONS - BASED ON GROSS WAGES FOR ALL PROJECTS |         |          |      |       |      |      |                                                    | (9)<br>NET WAGES<br>PAID FOR<br>WEEK |      |      |      |      |      |      |      |      |                                                 |      |      |      |      |      |      |      |      |      |                      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |
|                                                                                                                     |  |                              |                               |                                | HOURS WORKED EACH DAY |             |             |             |             |             |             |                       |                                       |                                                      | TOTAL DEDUCTIONS                                       |         |          |      |       |      |      |                                                    |                                      |      |      |      |      |      |      |      |      |                                                 |      |      |      |      |      |      |      |      |      |                      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |    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|                                                                                                                     |  |                              |                               |                                | Sun<br>5/24           | Mon<br>5/25 | Tue<br>5/26 | Wed<br>5/27 | Thu<br>5/28 | Fri<br>5/29 | Sat<br>5/30 |                       |                                       |                                                      | FWH                                                    | MCARE   | FICA     | STWH | OTHER | #1   | #2   | #3                                                 |                                      | #4   |      |      |      |      |      |      |      |                                                 |      |      |      |      |      |      |      |      |      |                      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |    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| Chavez, Ricardo                                                                                                     |  | S-0                          |                               | OT                             |                       |             |             |             |             |             |             |                       |                                       | \$ 296.00                                            | \$ 29.00                                               | \$ 4.29 | \$ 18.35 | \$ - | \$ -  | \$ - | \$ - | \$ -                                               | \$ -                                 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ -                                            | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ -                 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - 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**OTHER DEDUCTIONS KEY CODING:**

#1 Child Support  
#3 Medical  
#4 Garnishments

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5 (a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and Federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

**Public Burden Statement**

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

316



**U. S. Department of Labor**  
Wage and Hour Division

**PAYROLL**

Contractor's Optional Use: See instruction at <http://www.dol.gov/whd/forms/wh347Inst>.  
*Parents are not required to respond to the collection of information unless it displays a currently valid OMB control number.*

|                    |                   |                                     |                                                    |                                                |                                           |
|--------------------|-------------------|-------------------------------------|----------------------------------------------------|------------------------------------------------|-------------------------------------------|
| NAME OF CONTRACTOR | OR SUBCONTRACTOR  | <input checked="" type="checkbox"/> | ADDRESS                                            | PROJECT AND LOCATION                           | PROJECT/CONTRACT NO.                      |
| 15                 | Rio Roofing, Inc. |                                     | 310 Hammore Industrial Parkway Harlingen, TX 78550 | Hidalgo Cty Adult Det. Cr. & Law Enf. Facility | OMB No.: 1235-0008<br>Expires: 02/28/2018 |

| PAYROLL No. 15                                                                                                      |  | FOR WEEK ENDING 05/30/15      |  | PROJECT AND LOCATION |             |                  |             |             |             |             |                       |  |                       | 310 Hammore Industrial Parkway Harlingen, TX 78550 |                                       |  |                                                      |  |                                                        |  |         |  |          | Hidalgo Cty Adult Det. Ctr. & Law Enf. Facility |      |  |                                      |  |                     |  |           |  |           | Edinburg, TX |  |  |  |  |  |  |  |  |  | PROJECT/CONTRACT NO. |  |  |  |  |  |  |  |  |  | Expires: 02/28/2018 |  |  |  |  |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------|--|-------------------------------|--|----------------------|-------------|------------------|-------------|-------------|-------------|-------------|-----------------------|--|-----------------------|----------------------------------------------------|---------------------------------------|--|------------------------------------------------------|--|--------------------------------------------------------|--|---------|--|----------|-------------------------------------------------|------|--|--------------------------------------|--|---------------------|--|-----------|--|-----------|--------------|--|--|--|--|--|--|--|--|--|----------------------|--|--|--|--|--|--|--|--|--|---------------------|--|--|--|--|--|--|--|--|--|
| (1)<br>NAME AND INDIVIDUAL<br>IDENTIFYING NUMBER (e.g., LAST<br>FOUR DIGITS OF SOCIAL SECURITY<br>NUMBER) OF WORKER |  | (3)<br>WORK<br>CLASSIFICATION |  | Straight Time        |             | (4) DAY AND DATE |             |             |             |             |                       |  | (5)<br>TOTAL<br>HOURS |                                                    | (6)<br>RATE OF<br>PAY/CASH<br>FRINGES |  | (7)<br>GROSS AMOUNT<br>EARNED - THIS<br>JOB/ALL JOBS |  | (9) DEDUCTIONS - BASED ON GROSS WAGES FOR ALL PROJECTS |  |         |  |          |                                                 |      |  | (9)<br>NET WAGES<br>PAID FOR<br>WEEK |  |                     |  |           |  |           |              |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |
| # Exemptions                                                                                                        |  | # Exemptions                  |  | Sun<br>5/24          | Mon<br>5/25 | Tue<br>5/26      | Wed<br>5/27 | Thu<br>5/28 | Fri<br>5/29 | Sat<br>5/30 | HOURS WORKED EACH DAY |  |                       |                                                    |                                       |  |                                                      |  | FWH                                                    |  | MCARE   |  | FICA     |                                                 | STWH |  | OTHER                                |  | TOTAL<br>DEDUCTIONS |  |           |  |           |              |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |
| Gonzalez, Jose (#2)                                                                                                 |  |                               |  |                      |             |                  |             |             |             |             |                       |  |                       |                                                    |                                       |  | \$ 207.00                                            |  | \$ 27.00                                               |  | \$ 8.48 |  | \$ 36.27 |                                                 | \$ - |  | \$ -                                 |  | \$ 81.56            |  | \$ 503.50 |  |           |              |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |
| XXX-XX-8388<br>Guerrero, Manuel                                                                                     |  | M-2<br>Roof Laborer           |  |                      | 0           | 0                | 0           | 9           | 9           | 0           |                       |  |                       |                                                    | 11.50                                 |  | \$ 585.06                                            |  |                                                        |  |         |  |          |                                                 |      |  |                                      |  | \$ 9.81             |  | \$ 243.31 |  | \$ 438.94 |              |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |
| XXX-XX-5904<br>Guifosa-Soto, Francisco J                                                                            |  | S-3<br>Roof Superintendent    |  |                      |             |                  |             |             |             |             |                       |  |                       |                                                    | 14.25                                 |  | \$ 682.25                                            |  | \$ 87.00                                               |  | \$ 9.89 |  | \$ 42.30 |                                                 | \$ - |  | \$ 92.31                             |  | \$ 243.31           |  | \$ 438.94 |  |           |              |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |
| XXX-XX-5432<br>Hernandez, Cirilo                                                                                    |  | M-1<br>Roof Laborer           |  |                      | 0           | 0                | 10          | 9           | 9           | 9           |                       |  |                       |                                                    | 9.50                                  |  | \$ 351.50                                            |  | \$ 29.00                                               |  | \$ 6.59 |  | \$ 28.19 |                                                 | \$ - |  | \$ -                                 |  | \$ 73.59            |  | \$ 381.22 |  |           |              |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |
| XXX-XX-3117<br>Jasso, Moises                                                                                        |  | M-8<br>Roof Laborer           |  |                      |             |                  |             |             |             |             |                       |  |                       |                                                    | 8.50                                  |  | \$ 314.50                                            |  | \$ 15.00                                               |  | \$ 4.56 |  | \$ 19.50 |                                                 | \$ - |  | \$ -                                 |  | \$ 48.87            |  | \$ 265.63 |  |           |              |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |
| XXX-XX-4501<br>Lemus, Arnoldo G.                                                                                    |  | OT<br>Roof Laborer            |  |                      |             |                  |             |             |             |             |                       |  |                       |                                                    | 8.50                                  |  | \$ 246.50                                            |  | \$ 11.00                                               |  | \$ 6.18 |  | \$ 26.41 |                                                 | \$ - |  | \$ -                                 |  | \$ 43.59            |  | \$ 382.47 |  |           |              |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |
| XXX-XX-3540<br>Lemus, Juan A.                                                                                       |  | OT<br>Roof Laborer            |  |                      |             |                  |             |             |             |             |                       |  |                       |                                                    | 8.50                                  |  | \$ 222.00                                            |  | \$ 14.00                                               |  | \$ 4.43 |  | \$ 18.97 |                                                 | \$ - |  | \$ -                                 |  | \$ 47.21            |  | \$ 258.79 |  |           |              |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |
| XXX-XX-8452<br>Macias, Felix R.                                                                                     |  | OT<br>Roof Laborer            |  |                      |             |                  |             |             |             |             |                       |  |                       |                                                    | 8.00                                  |  | \$ 306.00                                            |  | \$ 42.00                                               |  |         |  |          |                                                 |      |  | \$ 9.81                              |  | \$ 94.92            |  | \$ 468.59 |  |           |              |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |
| XXX-XX-8411<br>Sheet Metal Laborer                                                                                  |  | OT<br>Sheet Metal Laborer     |  |                      |             |                  |             |             |             |             |                       |  |                       |                                                    | 8.50                                  |  | \$ 314.50                                            |  | \$ 24.00                                               |  | \$ 5.90 |  | \$ 25.23 |                                                 | \$ - |  | \$ -                                 |  | \$ 64.94            |  | \$ 342.00 |  |           |              |  |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |

**OTHER DEDUCTIONS KEY CODING:**

- #1 Child Support
- #3 Medical
- #4 Garnishments

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction projects to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) requires contractors and subcontractors performing work on Federally financed or assisted construction projects to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5 (a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

**Public Burden Statement**

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room 53502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

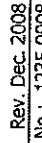
**U. S. Department of Labor**  
Wage and Hour Division

**PAYROLL**

Contractor's Optional Use: See instruction at <http://www.dol.gov/whd/forms/wh347instr>.

Reasons are not required to respond to the collection of information unless it displays a currently valid OMB control number

416



Rev. Dec. 2008

OMB No.: 1235-0008  
Expires: 02/28/2018

PROJECT/CONTRACT NO.

310 Hamore Industrial Parkway Harlingen, TX 79550

Hidalgo Cdv Adult Det. Ctr. & Law Enf. Facility

Edinburg, TX

ADDRESS

PROJECT AND LOCATION

FOR WEEK ENDING 05/30/15

OR SUBCONTRACTOR ☒ X

Rio Roofing, Inc.

NAME OF CONTRACTOR

PAYROLL No. 15

NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER

CLASSIFICATION

(4) DAY AND DATE

(5) TOTAL HOURS

(6) RATE OF PAY/CASH FRINGES

(7) GROSS AMOUNT EARNED - THIS JOB/ALL JOBS

(8) DEDUCTIONS - BASED ON GROSS WAGES FOR ALL PROJECTS

(9) NET WAGES PAID FOR WEEK

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Date: 06/03/2015

I, **Molly G. Hichens** (Name of Signatory Party), Treasurer (Title) do hereby state:

- (1) That I pay or supervise the payment of the persons employed by **Rio Roofing, Inc. (Contractor or Subcontractor)** on the **CAHS Hidalgo Cty Adult Det. Ctr. & Law Enf. Facility (Building or Work)**; that during the payroll period commencing on the **24th day of May, 2015**, and ending the **30th day of May, 2015**, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said **Rio Roofing, Inc. (Contractor or Subcontractor)** from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

Deductions are based on gross wages and include but are not limited to: Federal Withholding, FICA, Medicare, State Withholding, State Disability Insurance, Union Deductions, Child Support or Other Garnishments. Explanations for deductions listed in the "Other" Column are described on the Certified Payroll Report.

- (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

- (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

- (4) That:

- (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☐ - In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below

- (b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the

6/6  
amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

| EXCEPTION (CRAFT) | EXPLANATION |
|-------------------|-------------|
|                   |             |
|                   |             |
|                   |             |
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REMARKS:

| NAME AND TITLE                                                                                                                                                                                                             | SIGNATURE        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| Molly G. Hichens, Treasurer                                                                                                                                                                                                | Molly G. Hichens |
| THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE. |                  |

Revised December 2008, Expires 01/31/2018.



PAYROLL

Contractor's Optional Use: See instruction at <http://www.dol.gov/whd/forms/wh347instr>.  
Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

Rev. Dec. 2008

|                          |                                                      |                                                                                         |                                  |                                           |
|--------------------------|------------------------------------------------------|-----------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------|
| NAME OF CONTRACTOR<br>16 | OR SUBCONTRACTOR <input checked="" type="checkbox"/> | PROJECT AND LOCATION<br>Hidalgo City Adult Det. Cr. & Law Enf. Facility<br>Edinburg, TX | PROJECT/CONTRACT NO.<br>06/06/15 | OMB No.: 1235-0008<br>Expires: 02/28/2018 |
|--------------------------|------------------------------------------------------|-----------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------|

| (1)<br>NAME AND INDIVIDUAL<br>IDENTIFYING NUMBER (e.g., LAST<br>FOUR DIGITS OF SOCIAL SECURITY<br>NUMBER) OF WORKER |  | (3)<br>WORK<br>CLASSIFICATION | (4) DAY AND DATE | (5)                   |            |            |            |            |            |            |                |    |  | (6)<br>RATE OF<br>PAY/CASH<br>FRINGES | (7)<br>GROSS AMOUNT<br>EARNED - THIS<br>JOB/ALL JOBS | (8) DEDUCTIONS - BASED ON GROSS WAGES FOR ALL PROJECTS |  |    |  |    |  | (9)<br>NET WAGES<br>PAID FOR<br>WEEK |      |    |       |    |      |    |       |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |  |  |
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|                                                                                                                     |  |                               |                  | (4) DAY AND DATE      |            |            |            |            |            |            | TOTAL<br>HOURS |    |  |                                       |                                                      | TOTAL<br>DEDUCTIONS                                    |  |    |  |    |  |                                      |      |    |       |    |      |    |       |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |  |  |
|                                                                                                                     |  |                               |                  | HOURS WORKED EACH DAY |            |            |            |            |            |            |                |    |  |                                       |                                                      |                                                        |  |    |  |    |  |                                      |      |    |       |    |      |    |       |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |  |  |
|                                                                                                                     |  |                               |                  | Sun<br>5/31           | Mon<br>6/1 | Tue<br>6/2 | Wed<br>6/3 | Thu<br>6/4 | Fri<br>6/5 | Sat<br>6/6 |                |    |  |                                       |                                                      |                                                        |  |    |  |    |  |                                      | FICA |    | MCARE |    | STWH |    | OTHER |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |    |  |  |  |
| Straight Time                                                                                                       |  | Overtime                      |                  | OT                    |            | ST         |            | OT         |            | ST         |                | OT |  | ST                                    |                                                      | OT                                                     |  | ST |  | OT |  | ST                                   |      | OT |       | ST |      | OT |       | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  | OT |  | ST |  |  |  |

OTHER DEDUCTIONS KEY CODING:

#1 Child Support  
#3 Medical  
#4 Garnishments

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5 (a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

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**U. S. Department of Labor**  
Wage and Hour Division

**PAYROLL**

Contractor's Optional Use: See instruction at <http://www.dol.gov/whd/forms/wh347instr>.  
Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

| NAME OF CONTRACTOR                                                                                                  |                       | OR SUBCONTRACTOR                    |                  | PROJECT AND LOCATION |            | ADDRESS                                           |            | PROJECT/CONTRACT NO.                            |            | Rev. Dec. 2008        |                                       |                                                      |                                                        |          |          |          |       |                     |      |         |                                      |           |
|---------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------|------------------|----------------------|------------|---------------------------------------------------|------------|-------------------------------------------------|------------|-----------------------|---------------------------------------|------------------------------------------------------|--------------------------------------------------------|----------|----------|----------|-------|---------------------|------|---------|--------------------------------------|-----------|
| PAYROLL No. 16                                                                                                      |                       | FOR WEEK ENDING 06/06/15            |                  | Rio Roofing, Inc.    |            | 310 Hamore Industrial Parkway Harlingen, TX 78550 |            | Hidalgo Cty Adult Det. Ctr. & Law Enf. Facility |            | Edinburg, TX          |                                       |                                                      |                                                        |          |          |          |       |                     |      |         |                                      |           |
| (1)<br>NAME AND INDIVIDUAL<br>IDENTIFYING NUMBER (e.g., LAST<br>FOUR DIGITS OF SOCIAL SECURITY<br>NUMBER) OF WORKER | (2)<br>CLASSIFICATION | (3)<br>Straight Time or<br>Overtime | (4) DAY AND DATE |                      |            |                                                   |            |                                                 |            | (5)<br>TOTAL<br>HOURS | (6)<br>RATE OF<br>PAY/CASH<br>FRINGES | (7)<br>GROSS AMOUNT<br>EARNED - THIS<br>JOB ALL JOBS | (8) DEDUCTIONS - BASED ON GROSS WAGES FOR ALL PROJECTS |          |          |          |       |                     |      |         | (9)<br>NET WAGES<br>PAID FOR<br>WEEK |           |
|                                                                                                                     |                       |                                     | Sun<br>5/31      | Mon<br>6/1           | Tue<br>6/2 | Wed<br>6/3                                        | Thu<br>6/4 | Fri<br>6/5                                      | Sat<br>6/6 |                       |                                       |                                                      | FICA                                                   | MCARE    | FW/H     | STWH     | OTHER | TOTAL<br>DEDUCTIONS |      |         |                                      |           |
| Macias, Felix R.                                                                                                    |                       | OT                                  | 0                | 0                    | 0          | 0                                                 | 0          | 0                                               | 0          | 0                     | 0.5                                   | 12.75                                                | \$ 346.38                                              | \$ 18.00 | \$ 5.02  | \$ 21.48 | \$ -  | \$ -                | \$ - | \$ 9.81 | \$ 54.31                             | \$ 292.07 |
| XXX-XX-8411                                                                                                         | Sheet Metal Laborer   | ST                                  | 0                | 10                   | 0          | 10.5                                              | 10         | 9.5                                             | 0          | 0                     | 40                                    | 8.50                                                 | \$ 346.38                                              | \$ 50.00 | \$ 5.55  | \$ 23.71 | \$ -  | \$ -                | \$ - | \$ -    | \$ 79.26                             | \$ 303.22 |
| Martinez Jr., Salvador                                                                                              |                       | OT                                  |                  |                      |            |                                                   |            |                                                 |            |                       |                                       |                                                      | \$ 72.50                                               |          |          |          |       |                     |      |         |                                      |           |
| XXX-XX-2298                                                                                                         | Roof Laborer          | ST                                  | 0                | 10                   | 0          | 0                                                 | 0          | 0                                               | 0          | 0                     | 10                                    | 7.25                                                 | \$ 382.48                                              |          |          |          |       |                     |      |         |                                      |           |
| Martinez, Salvador                                                                                                  |                       | OT                                  | 0                | 0                    | 0          | 0                                                 | 0.5        | 10                                              | 0          | 0                     | 10.5                                  | 12.75                                                | \$ 473.88                                              |          |          |          |       |                     |      |         |                                      |           |
| XXX-XX-9494                                                                                                         | Roof Laborer          | ST                                  | 0                | 10                   | 10         | 10.5                                              | 9.5        | 0                                               | 0          | 0                     | 40                                    | 8.50                                                 | \$ 579.07                                              | \$ 44.00 | \$ 8.39  | \$ 35.90 | \$ -  | \$ -                | \$ - | \$ 9.81 | \$ 98.10                             | \$ 480.97 |
| Mendoza, Adelaido                                                                                                   |                       | OT                                  |                  |                      |            |                                                   |            |                                                 |            |                       |                                       |                                                      | \$ 166.50                                              |          |          |          |       |                     |      |         |                                      |           |
| XXX-XX-6413                                                                                                         | Sheet Metal Laborer   | ST                                  | 0                | 0                    | 9          | 9.5                                               | 0          | 0                                               | 0          | 0                     | 18.5                                  | 9.00                                                 | \$ 434.25                                              | \$ 12.00 | \$ 6.30  | \$ 26.92 | \$ -  | \$ -                | \$ - | \$ 9.81 | \$ 55.03                             | \$ 379.22 |
| Nunez, Francisco                                                                                                    |                       | OT                                  | 0                | 0                    | 0          | 0                                                 | 0.5        | 10                                              | 0          | 0                     | 10.5                                  | 12.00                                                | \$ 446.00                                              |          |          |          |       |                     |      |         |                                      |           |
| XXX-XX-5263                                                                                                         | Roof Laborer          | ST                                  | 0                | 10                   | 10         | 10.5                                              | 9.5        | 0                                               | 0          | 0                     | 40                                    | 8.00                                                 | \$ 545.00                                              | \$ 43.00 | \$ 7.91  | \$ 33.79 | \$ -  | \$ -                | \$ - | \$ 2.00 | \$ 175.08                            | \$ 369.92 |
| Parédes, Eifren                                                                                                     |                       | OT                                  | 0                | 0                    | 0          | 0                                                 | 0.5        | 10                                              | 0          | 0                     | 10.5                                  | 11.63                                                | \$ 432.12                                              |          |          |          |       |                     |      |         |                                      |           |
| XXX-XX-8360                                                                                                         | Roof Laborer          | ST                                  | 0                | 10                   | 10         | 10.5                                              | 9.5        | 0                                               | 0          | 0                     | 40                                    | 7.75                                                 | \$ 432.12                                              | \$ 49.00 | \$ 6.26  | \$ 26.79 | \$ -  | \$ -                | \$ - | \$ 9.81 | \$ 91.86                             | \$ 340.26 |
| Paz, Hector H.                                                                                                      |                       | OT                                  | 0                | 0                    | 0          | 0                                                 | 0.5        | 10                                              | 0          | 0                     | 10.5                                  | 15.75                                                | \$ 585.38                                              |          |          |          |       |                     |      |         |                                      |           |
| XXX-XX-5092                                                                                                         | Roof Laborer          | ST                                  | 0                | 10                   | 10         | 10.5                                              | 9.5        | 0                                               | 0          | 0                     | 40                                    | 10.50                                                | \$ 715.32                                              | \$ 32.00 | \$ 10.37 | \$ 44.35 | \$ -  | \$ -                | \$ - | \$ 9.81 | \$ 96.53                             | \$ 618.79 |
| Perez, Jose A.                                                                                                      |                       | OT                                  |                  |                      |            |                                                   |            |                                                 |            |                       |                                       |                                                      | \$ 194.25                                              |          |          |          |       |                     |      |         |                                      |           |
| XXX-XX-1363                                                                                                         | Sheet Metal Laborer   | ST                                  | 0                | 0                    | 9          | 9.5                                               | 0          | 0                                               | 0          | 0                     | 18.5                                  | 10.50                                                | \$ 498.75                                              | \$ 33.00 | \$ 7.23  | \$ 30.92 | \$ -  | \$ -                | \$ - | \$ 9.81 | \$ 80.96                             | \$ 417.79 |

**OTHER DEDUCTIONS KEY CODING:**

- #1 Child Support
- #2 Medical
- #3 Garnishments
- #4 Other

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## PAYROLL

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|             |     |                 |          |                      |                                                                 |                      |             |
|-------------|-----|-----------------|----------|----------------------|-----------------------------------------------------------------|----------------------|-------------|
| PAYROLL No. | 16  | FOR WEEK ENDING | 06/06/15 | PROJECT AND LOCATION | 310 Hanmore Industrial Parkway Harlingen, TX 78550              | OMB No.: 1235-0C     | Rev. Dec 21 |
|             | (1) | (2)             | (3)      |                      | Hidalgo Cty Adult Det. Ctr. & Law Enf. Facility<br>Edinburg, TX | Expires: 02/28/20    |             |
|             |     |                 |          |                      | ADDRESS                                                         | PROJECT/CONTRACT NO. |             |

[illegible]

## OTHER DEDUCTIONS KEY CODING:

#1 Child Support  
#3 Medical

#### #4 Garnishments

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Date: 06/11/2015

I, **Molly G. Hichens** (Name of Signatory Party), Treasurer (Title) do hereby state:

- (1) That I pay or supervise the payment of the persons employed by **Rio Roofing, Inc.** (Contractor or Subcontractor) on the **CAHS Hidalgo Cty Adult Det. Ctr. & Law Enf. Facility** (Building or Work); that during the payroll period commencing on the **31st** day of **May, 2015**, and ending the **6th** day of **June, 2015**, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said **Rio Roofing, Inc.** (Contractor or Subcontractor) from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

Deductions are based on gross wages and include but are not limited to: Federal Withholding, FICA, Medicare, State Withholding, State Disability Insurance, Union Deductions, Child Support or Other Garnishments. Explanations for deductions listed in the "Other" Column are described on the Certified Payroll Report.

- (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

- (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

- (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☐ - In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below

- (b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the

amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

| EXCEPTION (CRAFT) | EXPLANATION |
|-------------------|-------------|
|                   |             |
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REMARKS:

| NAME AND TITLE                                                                                                                                                                                                             | SIGNATURE               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Molly G. Hichens, Treasurer                                                                                                                                                                                                | <i>Molly G. Hichens</i> |
| THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE. |                         |

Revised December 2008, Expires 01/31/2018.







4/4

Date: 06/18/2015

I, **Molly G. Hichens** (Name of Signatory Party), **Treasurer** (Title) do hereby state:

- (1) That I pay or supervise the payment of the persons employed by **Rio Roofing, Inc. (Contractor or Subcontractor)** on the **CAHS Hidalgo Cty Adult Det. Ctr. & Law Enf. Facility (Building or Work)**; that during the payroll period commencing on the **7th** day of **June, 2015**, and ending the **13th** day of **June, 2015**, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said **Rio Roofing, Inc. (Contractor or Subcontractor)** from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

**Deductions are based on gross wages and include but are not limited to: Federal Withholding, FICA, Medicare, State Withholding, State Disability Insurance, Union Deductions, Child Support or Other Garnishments. Explanations for deductions listed in the "Other" Column are described on the Certified Payroll Report.**

- (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

- (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

- (4) That:

- (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☐ - In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below

- (b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the

amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

| EXCEPTION (CRAFT) | EXPLANATION |
|-------------------|-------------|
|                   |             |
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REMARKS:

| NAME AND TITLE                                                                                                                                                                                                             | SIGNATURE               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Molly G. Hichens, Treasurer                                                                                                                                                                                                | <i>Molly G. Hichens</i> |
| THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE. |                         |

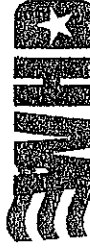
Revised December 2008, Expires 01/31/2018.

**U.S. Department of Labor**  
Wage and Hour Division

**PAYROLL**

(For Contractor's Optional Use; See Instructions at [www.dol.gov/whd/forms/wh347instr.htm](http://www.dol.gov/whd/forms/wh347instr.htm))

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U.S. Wage and Hour Division

Rev. Dec. 2008

NAME OF CONTRACTOR ☐ OR SUBCONTRACTOR ☒ **Pete's Electric** ADDRESS **28115 Bean Road** OMB No.: 1235-0008  
 PAYROLL NO. **9** FOR WEEK ENDING **05/31/2015** San Benito, TX 78586 Expires: 02/28/2018  
 PROJECT AND LOCATION **Hidalgo County Adult Detention Center and Law Enforcement Repairs** PROJECT OR CONTRACT NO.

| (1)<br><br>NAME AND INDIVIDUAL IDENTIFYING NUMBER<br>(e.g., LAST FOUR DIGITS OF SOCIAL SECURITY<br>NUMBER) OF WORKER | (2)<br><br>NO. OF<br>WITHHOLDING<br>EXEMPTIONS | (3)<br><br>WORK<br>CLASSIFICATION | (4) DAY AND DATE      |    |    |    |    |    |    |  |  |  |  |  |  |  | (5)<br><br>TOTAL<br>HOURS | (6)<br><br>RATE<br>OF PAY | (7)<br><br>GROSS<br>AMOUNT<br>EARNED | (8)<br><br>DEDUCTIONS |                         |       |                     |  | (9)<br><br>NET<br>WAGES<br>PAID<br>FOR WEEK |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|                                                                                                                      |                                                |                                   | HOURS WORKED EACH DAY |    |    |    |    |    |    |  |  |  |  |  |  |  |                           |                           |                                      | FICA                  | WITH-<br>HOLDING<br>TAX | OTHER | TOTAL<br>DEDUCTIONS |  |                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                      |                                                |                                   | M                     | T  | W  | T  | F  | S  | S  |  |  |  |  |  |  |  |                           |                           |                                      |                       |                         |       |                     |  |                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                      |                                                |                                   | 25                    | 26 | 27 | 28 | 29 | 30 | 31 |  |  |  |  |  |  |  |                           |                           |                                      |                       |                         |       |                     |  |                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Aaron Olivares<br>xxxx-xx-9929                                                                                       | 0                                              | Electrician                       |                       |    |    |    |    |    |    |  |  |  |  |  |  |  |                           |                           |                                      |                       |                         |       |                     |  |                                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(i) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

**Public Burden Statement**

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

(over)

Date June 1, 2015

I, Pedro Silguero President  
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

Pete's Electric on the  
(Contractor or Subcontractor)

Hidalgo County Adult Detention Center that during the payroll period commencing on the  
(Building or Work)

26 day of May 2015, and ending the 31 day of May 2015  
all persons employed on said project have been paid the full weekly wages earned, that no rebates have  
been or will be made either directly or indirectly to or on behalf of said

Pete's Electric from the full  
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly  
from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part  
3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 949,  
53 Stat. 108, 72 Stat. 967; 76 Stat. 367; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are  
correct and complete, that the wage rates for laborers or mechanics contained therein are not less than the  
applicable wage rates contained in any wage determination incorporated into the contract; that the classifications  
set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship  
program, registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and  
Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered  
with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☒ -- in addition to the basic hourly wage rates paid to each laborer or mechanic listed in  
the above referenced payroll, payments of fringe benefits as listed in the contract  
have been or will be made to appropriate programs for the benefit of such employees,  
except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ -- Each laborer or mechanic listed in the above referenced payroll has been paid,  
as indicated on the payroll, an amount not less than the sum of the applicable  
basic hourly wage rate plus the amount of the required fringe benefits as listed  
in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

| EXCEPTION (CRAFT) | EXPLANATION |
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REMARKS:

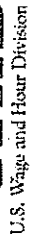
NAME AND TITLE

Pedro Silguero, President

SIGNATURE

*Pedro Silguero*

THE WILLFUL FAUSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR  
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE  
31 OF THE UNITED STATES CODE.



(For Contractor's Optional Use; See Instructions at [www.dol.gov/whd/forms/wh347instr.htm](http://www.dol.gov/whd/forms/wh347instr.htm))

U.S. Wage and Hour Division

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

Rev. Dec. 2008

NAME OF CONTRACTOR ☐OR SUBCONTRACTOR 7

ADDRESS 28115 Bean Road  
San Benito, TX 78586

**PAYROLL NO.**

**Pete's Electric**

FOR WEEK ENDING 06/07/2015

**PROJECT AND LOCATION**  
Hidalgo County Adulttss  
Enforcement Repairs

PROJECT OR CONTRACT NO.

OMB No.: 1235-0008  
Expires: 02/28/2018

[illegible]

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 28 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 28 C.F.R. § 5.5(e)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and Federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

## Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room 35502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

(over)

Date June 8, 2015

I, Pedro Silguero (Name of Signatory Party) President (Title)  
do hereby state:

(1) That I pay or supervise the payment of the persons employed by

Pete's Electric (Contractor or Subcontractor) on the

Hidalgo County Adult Detention Center (Building or Work) that during the payroll period commencing on the

01 day of June 2015 and ending the 07 day of June 2015  
all persons employed on said project have been paid the full weekly wages earned, that no rebates have  
been or will be made either directly or indirectly to or on behalf of said

Pete's Electric from the full  
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly  
from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part  
3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948,  
63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3146), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are  
correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the  
applicable wage rates contained in any wage determination incorporated into the contract; that the classifications  
set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship  
program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and  
Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered  
with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☒ — In addition to the basic hourly wage rates paid to each laborer or mechanic listed in  
the above referenced payroll, payments of fringe benefits as listed in the contract  
have been or will be made to appropriate programs for the benefit of such employees,  
except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ — Each laborer or mechanic listed in the above referenced payroll has been paid,  
as indicated on the payroll, an amount not less than the sum of the applicable  
basic hourly wage rate plus the amount of the required fringe benefits as listed  
in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

| EXCEPTION (CRAFT) | EXPLANATION |
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REMARKS:

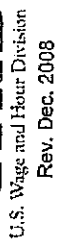
NAME AND TITLE

Pedro Silguero, President

SIGNATURE

*Pedro Silguero*

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR  
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE  
31 OF THE UNITED STATES CODE.



U.S. Wage and Hour Division

| (1)<br>NAME AND INDIVIDUAL IDENTIFYING NUMBER<br>(e.g., LAST FOUR DIGITS OF SOCIAL SECURITY<br>NUMBER) OF WORKER | (2)<br>NO. OF<br>WITHHOLDING<br>EXEMPTIONS | (3)<br>WORK<br>CLASSIFICATION | (4) DAY AND DATE |         |         |         |         |         |         | (5)<br>TOTAL<br>HOURS | (6)<br>RATE<br>OF PAY | (7)<br>GROSS<br>AMOUNT<br>EARNED | (8)<br>DEDUCTIONS |                         |       |                     |          | (9)<br>NET<br>WAGES<br>PAID<br>FOR WEEK |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------|------------------|---------|---------|---------|---------|---------|---------|-----------------------|-----------------------|----------------------------------|-------------------|-------------------------|-------|---------------------|----------|-----------------------------------------|
|                                                                                                                  |                                            |                               | (4) DAY AND DATE |         |         |         |         |         |         |                       |                       |                                  | FICA              | WITH-<br>HOLDING<br>TAX | OTHER | TOTAL<br>DEDUCTIONS |          |                                         |
|                                                                                                                  |                                            |                               | M<br>08          | T<br>09 | W<br>10 | T<br>11 | F<br>12 | S<br>13 | S<br>14 |                       |                       |                                  |                   |                         |       |                     |          |                                         |
| Aaron Olivares<br>xxxx-xx-9929                                                                                   | 0                                          | Electrician                   | O                |         |         |         |         |         |         |                       | \$17.00               | \$680.00                         | \$52.02           | \$59.00                 |       | \$111.02            | \$568.98 |                                         |
|                                                                                                                  |                                            |                               | S                | 8.00    | 8.00    | 8.00    | 8.00    |         |         | 40.00                 | 17.00                 | \$680.00                         |                   |                         |       |                     |          |                                         |
| Benito Olivares<br>xxxx-xx-0096                                                                                  | 0                                          | Electrician                   | C                |         |         |         |         |         |         |                       | \$11.00               | \$440.00                         | \$33.66           | \$50.00                 |       | \$83.66             | \$356.34 |                                         |
|                                                                                                                  |                                            |                               | S                | 8.00    | 8.00    | 8.00    | 8.00    | 8.00    |         | 40.00                 | 11.00                 | \$440.00                         |                   |                         |       |                     |          |                                         |
| Hugo H. Olivarez<br>xxxx-xx-1688                                                                                 | 0                                          | Electrician                   | C                |         |         |         |         |         |         |                       | \$9.00                | \$360.00                         | \$27.54           | \$19.00                 |       | \$46.54             | \$313.46 |                                         |
|                                                                                                                  |                                            |                               | S                | 8.00    | 8.00    | 8.00    | 8.00    | 8.00    |         | 40.00                 | 9.00                  | \$360.00                         |                   |                         |       |                     |          |                                         |
| Jesus Sepulveda<br>xxxx-xx-8331                                                                                  | 0                                          | Electrician                   | C                |         |         |         |         |         |         |                       | \$11.00               | \$440.00                         | \$33.66           | \$27.00                 |       | \$60.66             | \$379.34 |                                         |
|                                                                                                                  |                                            |                               | S                | 8.00    | 8.00    | 8.00    | 8.00    | 8.00    |         | 40.00                 | 11.00                 | \$440.00                         |                   |                         |       |                     |          |                                         |
|                                                                                                                  |                                            |                               | C                |         |         |         |         |         |         |                       |                       | /                                |                   |                         |       |                     |          |                                         |
|                                                                                                                  |                                            |                               | S                |         |         |         |         |         |         |                       |                       | /                                |                   |                         |       |                     |          |                                         |
|                                                                                                                  |                                            |                               | C                |         |         |         |         |         |         |                       |                       | /                                |                   |                         |       |                     |          |                                         |
|                                                                                                                  |                                            |                               | S                |         |         |         |         |         |         |                       |                       | /                                |                   |                         |       |                     |          |                                         |
|                                                                                                                  |                                            |                               | C                |         |         |         |         |         |         |                       |                       | /                                |                   |                         |       |                     |          |                                         |
|                                                                                                                  |                                            |                               | S                |         |         |         |         |         |         |                       |                       | /                                |                   |                         |       |                     |          |                                         |

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 28 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(e)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine if employees have received legally required wages and fringe benefits.

### Public Burden Statement

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(over)

Date June 15, 2015

I, Pedro Siguero (Name of Signatory Party) President (Title)  
do hereby state:

(1) That I pay or supervise the payment of the persons employed by

Pete's Electric  
(Contractor or Subcontractor) \_\_\_\_\_ on the  
Hidalgo County Adult Detention Center  
(Building or Work) \_\_\_\_\_ that during the payroll period commencing on the

08 day of June, 2015, and ending the 14 day of June, 2015  
all persons employed on said project have been paid the full weekly wages earned, that no rebates have  
been or will be made either directly or indirectly to or on behalf of said

Pete's Electric  
(Contractor or Subcontractor) \_\_\_\_\_ from the full

weekly wages earned by any person and that no deductions have been made either directly or indirectly  
from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part  
3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948,  
63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are  
correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the  
applicable wage rates contained in any wage determination incorporated into the contract; that the classifications  
set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship  
program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and  
Training, United States Department of Labor; or if no such recognized agency exists in a State, are registered  
with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☒ - in addition to the basic hourly wage rates paid to each laborer or mechanic listed in  
the above referenced payroll, payments of fringe benefits as listed in the contract  
have been or will be made to appropriate programs for the benefit of such employees,  
except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ - Each laborer or mechanic listed in the above referenced payroll has been paid,  
as indicated on the payroll, an amount not less than the sum of the applicable  
basic hourly wage rate plus the amount of the required fringe benefits as listed  
in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

| EXCEPTION (CRAFT) | EXPLANATION |
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REMARKS:

|                                                                                                                                                                                                                                  |                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| NAME AND TITLE<br><u>Pedro Siguero, President</u>                                                                                                                                                                                | SIGNATURE<br><u>Pedro Siguero</u> |
| THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR<br>SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE<br>31 OF THE UNITED STATES CODE. |                                   |

## U.S. Wage and Hour Division

U.S. Wage and Hour Division

(For Contractor's Optional Use; See Instructions at [www.dol.gov/whd/forms/wh347instr.htm](http://www.dol.gov/whd/forms/wh347instr.htm))

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NAME OF CONTRACTOR ☐ OR SUBCONTRACTOR ☒

OR SUBCONTRACTOR ☒

**Director** ☒

Pete's Electric

PAYROLL NO.

**FOR WEEK ENDING**

06/21/2015

Hidalgo County Adult

Detention Center and Law

## NOTATION

PROJECT OR CONTRACT NO.

OMB No.: 1235-0008  
Expires: 02/28/2018

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(e). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and Federal contracting agencies receiving this information review the information to determine if employees have received legally required wages and fringe benefits.

## Public Burden Statement

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{over}

Date June 22, 2015

I, Pedro Silguero (Name of Signatory Party) President (Title)  
do hereby state:

(1) That I pay or supervise the payment of the persons employed by Pete's Electric on the

(Contractor or Subcontractor)  
Hidalgo County Adult Detention Center; that during the payroll period commencing on the

15 day of June, 2015, and ending the 21 day of June, 2015,  
all persons employed on said project have been paid the full weekly wages earned, that no rebates have  
been or will be made either directly or indirectly to or on behalf of said

Pete's Electric from the full  
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly  
from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part  
3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948,  
63 Stat. 108, 72 Stat. 967; 40 U.S.C. § 3145), and described below.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are  
correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the  
applicable wage rates contained in any wage determination incorporated into the contract; that the classifications  
set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship  
program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and  
Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered  
with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☒ - in addition to the basic hourly wage rates paid to each laborer or mechanic listed in  
the above referenced payroll, payments of fringe benefits as listed in the contract  
have been or will be made to appropriate programs for the benefit of such employees,  
except as noted in section 4(c) below.

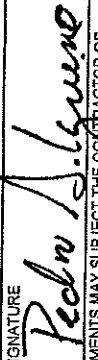
(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ - Each laborer or mechanic listed in the above referenced payroll has been paid,  
as indicated on the payroll, an amount not less than the sum of the applicable  
basic hourly wage rate plus the amount of the required fringe benefits as listed  
in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

| EXCEPTION (CRAFT) | EXPLANATION |
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REMARKS:

|                                                                                                                                                                                                                                  |                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| NAME AND TITLE<br>Pedro Silguero, President                                                                                                                                                                                      | SIGNATURE<br> |
| THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR<br>SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE<br>31 OF THE UNITED STATES CODE. |                                                                                                  |

**U.S. Department of Labor**  
Wage and Hour Division

**PAYROLL**

(For Contractor's Optional Use; See Instructions at [www.dol.gov/whd/forms/wh347instr.htm](http://www.dol.gov/whd/forms/wh347instr.htm))



U.S. Wage and Hour Division  
Rev. Dec. 2008

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NAME OF CONTRACTOR ☐ OR SUBCONTRACTOR ☒ SUPERIOR ALARMS  
ADDRESS 600 ASH AVENUE MCALLEN, TX 78501  
PROJECT AND LOCATION Hidalgo Co. Adult Detention Center and Law Enforcement Facility - Edinburg, TX  
PROJECT OR CONTRACT NO.  
PAYROLL NO. 10  
FOR WEEK ENDING 05/28/2015  
OMB No.: 1235-0008  
Expires: 01/31/2015

| (1)<br>NAME AND INDIVIDUAL IDENTIFYING NUMBER<br>(e.g., LAST FOUR DIGITS OF SOCIAL SECURITY<br>NUMBER) OF WORKER | (2)<br>EXEMPTIONS<br>FROM<br>SOCIAL SECURITY<br>TAX | (3)<br>WORK<br>CLASSIFICATION | (4) DAY AND DATE |    |    |    |    |    |    | (5)<br>TOTAL<br>HOURS | (6)<br>RATE<br>OF PAY | (7)<br>GROSS<br>AMOUNT<br>EARNED | (8)<br>DEDUCTIONS |         |  |         | (9)<br>NET<br>WAGES<br>PAID<br>FOR WEEK |
|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------|------------------|----|----|----|----|----|----|-----------------------|-----------------------|----------------------------------|-------------------|---------|--|---------|-----------------------------------------|
|                                                                                                                  |                                                     |                               | FR               | SA | SU | MO | TU | WE | TH |                       |                       |                                  |                   |         |  |         |                                         |
|                                                                                                                  |                                                     |                               | 22               | 23 | 24 | 25 | 26 | 27 | 28 |                       |                       |                                  |                   |         |  |         |                                         |
| ERASMO CAZARES - 5369                                                                                            | 0                                                   | FIRE ALARM<br>TECHNICIAN      |                  |    |    |    |    |    |    |                       | \$27.00               |                                  |                   |         |  |         |                                         |
| JUAN DEL ANGEL - 7976                                                                                            | 1                                                   | FIRE ALARM<br>LABORER         |                  |    |    |    |    |    |    |                       | \$11.25               | \$226.50                         | \$17.32           | \$20.53 |  | \$37.85 | \$188.65                                |
| EDGAR GARZA - 9323                                                                                               | 10                                                  | FIRE ALARM<br>LABORER         |                  |    |    |    |    |    |    |                       | \$12.00               | \$112.24                         | \$8.59            | \$0.00  |  | \$8.59  | \$103.65                                |
| LUGO RODRIGUEZ - 9525                                                                                            | 0                                                   | FIRE ALARM<br>TECHNICIAN      |                  |    |    |    |    |    |    |                       | \$27.00               | \$368.98                         | \$43.53           | \$42.80 |  | \$86.33 | \$482.65                                |
| GABRIEL NAVARRO - 9561                                                                                           | 1                                                   | FIRE ALARM<br>TECHNICIAN      |                  |    |    |    |    |    |    |                       | \$29.25               | \$457.67                         | \$35.02           | \$20.16 |  | \$55.18 | \$402.49                                |
| JOSE GARZA - 0295                                                                                                | 0                                                   | FIRE ALARM<br>LABORER         |                  |    |    |    |    |    |    |                       | \$15.00               | \$316.10                         | \$24.18           | \$15.07 |  | \$39.25 | \$276.85                                |
| RAUL MARTINEZ - 3969                                                                                             | 1                                                   | FIRE ALARM<br>LABORER         |                  |    |    |    |    |    |    |                       | \$14.25               |                                  |                   |         |  |         |                                         |
| LUIS SANTIAGO - 1016                                                                                             | 0                                                   | FIRE ALARM<br>LABORER         |                  |    |    |    |    |    |    |                       | \$12.00               | \$61.60                          | \$4.71            | \$1.74  |  | \$6.45  | \$55.15                                 |

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**Public Burden Statement**

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(over)

Date 05-29-15

I, ALAN YODER PRESIDENT  
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by  
SUPERIOR ALARMS  
(Contractor or Subcontractor) on the

Hidalgo Co. Detention Center; that during the payroll period commencing on the  
(Building or Work)

22 day of 05, 2015, and ending the 28 day of 05, 2015,  
all persons employed on said project have been paid the full weekly wages earned, that no rebates have  
been or will be made either directly or indirectly to or on behalf of said

SUPERIOR ALARMS  
(Contractor or Subcontractor) from the full

weekly wages earned by any person and that no deductions have been made either directly or indirectly  
from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part  
3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948,  
63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are  
correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the  
applicable wage rates contained in any wage determination incorporated into the contract; that the  
classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide  
apprenticeship program, registered with a State apprenticeship agency recognized by the Bureau of  
Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a  
State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:  
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☐ - In addition to the basic hourly wage rates paid to each laborer or mechanic listed in  
the above referenced payroll, payments of fringe benefits as listed in the contract  
have been or will be made to appropriate programs for the benefit of such  
employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ - Each laborer or mechanic listed in the above referenced payroll has been paid,  
as indicated on the payroll, an amount not less than the sum of the applicable  
basic hourly wage rate plus the amount of the required fringe benefits as listed  
in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

| EXCEPTION (CRAFT) | EXPLANATION |
|-------------------|-------------|
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REMARKS:

|                                                                                                                                                                                                                            |                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| NAME AND TITLE<br>ALAN YODER, PRESIDENT                                                                                                                                                                                    | SIGNATURE<br> |
| THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE. |                                                                                                  |



NAME OF CONTRACTOR ☐ OR SUBCONTRACTOR ☒ SUPERIOR ALARMS  
ADDRESS 600 ASH AVENUE MCALLEN, TX 78501  
PROJECT AND LOCATION Hidalgo Co. Adult Detention Center and Law Enforcement Facility - Edinburg, TX  
PROJECT OR CONTRACT NO.  
OMB No.: 1235-0008  
Expires: 01/31/2015

PAYROLL NO. 11  
FOR WEEK ENDING 06/04/2015

| (1)<br><br>NAME AND INDIVIDUAL IDENTIFYING NUMBER<br>(e.g., LAST FOUR DIGITS OF SOCIAL SECURITY<br>NUMBER) OF WORKER | (2)<br><br>NO. OF<br>EXEMPTIONS | (3)<br><br>WORK<br>CLASSIFICATION | (4) DAY AND DATE      |    |    |      |      |      |      |                | (5)<br><br>TOTAL<br>HOURS | (6)<br><br>RATE<br>OF PAY | (7)<br><br>GROSS<br>AMOUNT<br>EARNED | (8)<br>DEDUCTIONS |                         |          |                     |          | (9)<br><br>NET<br>WAGES<br>PAID<br>FOR WEEK |
|----------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------|-----------------------|----|----|------|------|------|------|----------------|---------------------------|---------------------------|--------------------------------------|-------------------|-------------------------|----------|---------------------|----------|---------------------------------------------|
|                                                                                                                      |                                 |                                   | HOURS WORKED EACH DAY |    |    |      |      |      |      | TOTAL<br>HOURS |                           |                           |                                      | FICA              | WITH-<br>HOLDING<br>TAX | OTHER    | TOTAL<br>DEDUCTIONS |          |                                             |
|                                                                                                                      |                                 |                                   | FR                    | SA | SU | MO   | TU   | WE   | TH   |                |                           |                           |                                      |                   |                         |          |                     |          |                                             |
|                                                                                                                      |                                 |                                   | 29                    | 30 | 31 | 1    | 2    | 3    | 4    |                |                           |                           |                                      |                   |                         |          |                     |          |                                             |
| ERASMO CAZARES - 5369                                                                                                | 0                               | FIRE ALARM<br>TECHNICIAN          |                       |    |    |      |      |      |      |                |                           | \$27.00                   | \$541.80                             | \$41.45           | \$65.77                 |          | \$107.22            | \$434.58 |                                             |
| JUAN DEL ANGEL - 7976                                                                                                | 1                               | FIRE ALARM<br>LABORER             |                       |    |    | 7:35 | 7:42 | 7:50 | 7:53 | 30.10          | 18.00                     | \$257.96                  | \$19.73                              | \$23.68           |                         | \$43.41  | \$214.55            |          |                                             |
| EDGAR GARZA - 9323                                                                                                   | 10                              | FIRE ALARM<br>LABORER             |                       |    |    |      |      |      |      |                |                           | \$12.00                   |                                      |                   |                         |          |                     |          |                                             |
| LUGO RODRIGUEZ - 9525                                                                                                | 0                               | FIRE ALARM<br>TECHNICIAN          |                       |    |    |      |      |      | 7:50 | 7.60           | \$27.00                   | \$770.58                  | \$58.95                              | \$73.04           |                         | \$131.99 | \$638.59            |          |                                             |
| GABRIEL NAVARRO - 9561                                                                                               | 1                               | FIRE ALARM<br>TECHNICIAN          |                       |    |    |      |      |      | 7:58 | 7:52           | 0.60                      | \$181.94                  | \$13.92                              | \$0.00            |                         | \$13.92  | \$168.01            |          |                                             |
| JOSE GARZA - 0295                                                                                                    | 0                               | FIRE ALARM<br>LABORER             |                       |    |    |      |      |      | 7:35 | 1:58           | 9.33                      | \$307.80                  | \$23.54                              | \$14.24           |                         | \$37.78  | \$270.02            |          |                                             |
| RAUL MARTINEZ - 3969                                                                                                 | 1                               | FIRE ALARM<br>LABORER             |                       |    |    |      |      |      | 7:55 | 7:58           | 7:52                      | \$14.25                   |                                      |                   |                         |          |                     |          |                                             |
| LUIS SANTIAGO - 1016                                                                                                 | 0                               | FIRE ALARM<br>LABORER             |                       |    |    |      |      |      |      |                |                           | \$329.52                  | \$25.21                              | \$33.92           |                         | \$59.13  | \$270.39            |          |                                             |

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to furnish weekly a statement with respect to the wages paid each employee during the preceding week. U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(e)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing this construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room 33502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

(over)

Date 06-05-15

I, ALAN YODER PRESIDENT  
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

**SUPERIOR ALARMS**

(Contractor or Subcontractor) on the

Hidalgo Co. Detention Center; that during the payroll period commencing on the

(Building or Work)

29 day of 05, 2015, and ending the 04 day of 06, 2015,

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

**SUPERIOR ALARMS**

(Contractor or Subcontractor) from the full

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☐ - In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

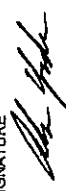
(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

| EXCEPTION (CRAFT) | EXPLANATION |
|-------------------|-------------|
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REMARKS:

|                                                                                                                                                                                                                          |                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| NAME AND TITLE<br>ALAN YODER, PRESIDENT                                                                                                                                                                                  | SIGNATURE<br> |
| THE WILLFUL FALSIFICATION OF ANY OFFICIAL TIME ABSTRACT SUBJECT TO THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE. |                                                                                                  |

**U.S. Department of Labor**  
Wage and Hour Division

**PAYROLL**

(For Contractor's Optional Use; See Instructions at [www.dol.gov/whd/forms/wh347instr.htm](http://www.dol.gov/whd/forms/wh347instr.htm))



U.S. Wage and Hour Division  
Rev. Dec. 2008

NAME OF CONTRACTOR ☐ OR SUBCONTRACTOR ☒ SUPERIOR ALARMS  
ADDRESS 600 ASH AVENUE MCALLEN, TX 78501  
PROJECT AND LOCATION Hidalgo Co. Adult Detention Center and Law Enforcement Facility - Edinburg, TX  
PROJECT OR CONTRACT NO.  
OMB No.: 1235-0008  
Expires: 01/31/2015

PAYROLL NO. 12  
FOR WEEK ENDING 06/11/2015

| (1)<br><br>NAME AND INDIVIDUAL IDENTIFYING NUMBER<br>(e.g., LAST FOUR DIGITS OF SOCIAL SECURITY<br>NUMBER) OF WORKER | (2)<br><br>EXEMPTIONS<br>OR<br>DEDUCTIONS | (3)<br><br>WORK<br>CLASSIFICATION | (4) DAY AND DATE      |    |    |    |      |      |      |      |      |      |       | (5)<br><br>TOTAL<br>HOURS | (6)<br><br>RATE<br>OF PAY | (7)<br><br>GROSS<br>AMOUNT<br>EARNED | (8)<br>DEDUCTIONS |                         |          |                     |  | (9)<br><br>NET<br>WAGES<br>PAID<br>FOR WEEK |
|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------|-----------------------|----|----|----|------|------|------|------|------|------|-------|---------------------------|---------------------------|--------------------------------------|-------------------|-------------------------|----------|---------------------|--|---------------------------------------------|
|                                                                                                                      |                                           |                                   | HOURS WORKED EACH DAY |    |    |    |      |      |      |      |      |      |       |                           |                           |                                      | FICA              | WITH-<br>HOLDING<br>TAX | OTHER    | TOTAL<br>DEDUCTIONS |  |                                             |
|                                                                                                                      |                                           |                                   | FR                    | SA | SU | MO | TU   | WE   | TH   |      |      |      |       |                           |                           |                                      |                   |                         |          |                     |  |                                             |
|                                                                                                                      |                                           |                                   | 5                     | 6  | 7  | 8  | 9    | 10   | 11   |      |      |      |       |                           |                           |                                      |                   |                         |          |                     |  |                                             |
| ERASMO CAZARES - 5369                                                                                                | 0                                         | FIRE ALARM<br>TECHNICIAN          |                       |    |    |    |      |      | 1.58 | 7.05 |      |      | 8.55  | \$27.00                   | \$780.39                  | \$59.70                              | \$103.15          |                         | \$162.85 | \$617.54            |  |                                             |
| JUAN DEL ANGEL - 7976                                                                                                | 1                                         | FIRE ALARM<br>LABORER             | \$ 8.42               |    |    |    | 7.78 | 7.83 | 6.50 |      |      |      | 30.53 | 18.00                     | \$324.52                  | \$24.83                              | \$31.64           |                         | \$56.47  | \$268.06            |  |                                             |
| EDGAR GARZA - 9323                                                                                                   | 10                                        | FIRE ALARM<br>LABORER             | \$ 8.32               |    |    |    | 7.75 | 7.92 | 8.12 | 1.98 |      |      | 34.09 | 7.50                      |                           |                                      |                   |                         |          |                     |  |                                             |
| LUGO RODRIGUEZ - 9525                                                                                                | 0                                         | FIRE ALARM<br>TECHNICIAN          |                       |    |    |    |      |      |      |      | 7.23 | 7.23 |       | \$27.00                   | \$788.85                  | \$60.35                              | \$75.78           |                         | \$136.13 | \$652.72            |  |                                             |
| GABRIEL NAVARRO - 9561                                                                                               | 1                                         | FIRE ALARM<br>TECHNICIAN          | \$ 8.32               |    |    |    | 7.75 | 7.92 | 8.12 | 0.87 |      |      | 32.98 | 18.00                     |                           |                                      |                   |                         |          |                     |  |                                             |
| JOSE GARZA - 0295                                                                                                    | 0                                         | FIRE ALARM<br>LABORER             |                       |    |    |    |      |      |      |      |      |      |       | \$29.25                   |                           |                                      |                   |                         |          |                     |  |                                             |
| RAUL MARTINEZ - 3969                                                                                                 | 1                                         | FIRE ALARM<br>LABORER             |                       |    |    |    |      |      |      |      |      |      |       | 19.50                     | \$375.40                  | \$28.71                              | \$21.00           |                         | \$49.71  | \$325.69            |  |                                             |
| LUIS SANTIAGO - 1016                                                                                                 | 0                                         | FIRE ALARM<br>LABORER             | \$ 8.42               |    |    |    | 7.78 | 7.83 | 6.75 |      |      |      | 30.78 | 8.00                      | \$345.84                  | \$26.45                              | \$36.37           |                         | \$62.82  | \$283.02            |  |                                             |

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) requires contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(i) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and Federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room 33502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

(over)

Date 06-12-15

I, ALAN YODER PRESIDENT  
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

**SUPERIOR ALARMS**

(Contractor or Subcontractor) on the

Hidalgo Co. Detention Center; that during the payroll period commencing on the

05 day of 06, 2015, and ending the 11 day of 06, 2015,

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

**SUPERIOR ALARMS**

(Contractor or Subcontractor) from the full

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☐ — In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ — Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

| EXCEPTION (CRAFT) | EXPLANATION |
|-------------------|-------------|
|                   |             |
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REMARKS:

NAME AND TITLE  
ALAN YODER, PRESIDENT

SIGNATURE



THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

[illegible]

**Chanin Engineering, LLC**  
400 Nolana, Suite N2  
McAllen, Texas 78504  
Phone: (956) 687-9421 | Fax: (956) 687-3218  
TBE Firm Reg. Number F-9369

Page 1 of 2

| Task Name           | Start    | Finish   | Q1  |     |     | Q2  |     |     | Q3  |     |     | Q4  |     |     |
|---------------------|----------|----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
|                     |          |          | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| curbs               | 06/08/15 | 06/12/15 |     |     |     |     |     | 1   |     |     |     |     |     |     |
| RTU's installed (8) | 06/15/15 | 06/16/15 |     |     |     |     |     | 1   |     |     |     |     |     |     |
| RTU's installed (8) | 06/22/15 | 06/23/15 |     |     |     |     |     | 1   |     |     |     |     |     |     |
| Electrical          |          |          |     |     |     |     |     |     |     |     |     |     |     |     |
| connect RTU's       |          |          |     |     |     |     |     |     |     |     |     |     |     |     |
| demo light poles    |          |          |     |     |     |     |     |     |     |     |     |     |     |     |
| install new poles   |          |          |     |     |     |     |     |     |     |     |     |     |     |     |