

**APPLICATION AND CERTIFICATE FOR PAYMENT**

AIA DOCUMENT G702

PAGE ONE OF 3 PAGES

TO (OWNER): The County of Hidalgo  
2812 S. Bus. Hwy 281  
Edinburg, TX 78539

PROJECT: McAllen Health Clinic  
529 N. Cynthia St.  
McAllen, TX 78501

APPLICATION NO. 9  
PERIOD TO: 1/31/2026

Distribution To:	
<input checked="" type="checkbox"/>	Owner
<input checked="" type="checkbox"/>	Architect
<input checked="" type="checkbox"/>	Contractor
<input type="checkbox"/>	
<input type="checkbox"/>	

FROM: (GC) RGV Construction, LLC  
PO Box 720137  
McAllen, TX 78504

VIA (ARCH): BZZ Engineering, LLC  
900 S. Stewart Rd., Ste 4  
Mission, TX 78572

PROJECT NO.: 24.2.23

CONTRACT FOR: McAllen Health Clinic

CONTRACT DATE:

**CONTRACTOR'S APPLICATION FOR PAYMENT**

CHANGE ORDER SUMMARY			
Change Orders approved in Previous months by Owner		ADDITIONS	DEDUCTIONS
TOTAL			
Approved this month			
Number	Date Approved		
TOTALS		-	-
Net change by Change Orders			-

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information 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: *[Signature]*

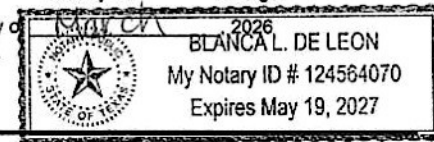
Date: 3-18-26

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

1. ORIGINAL CONTRACT SUM	\$ 1,936,193.62
2. NET CHANGE BY CHANGE ORDERS	\$ -
3. CONTRACT SUM TO DATE	\$ 1,936,193.62
4. TOTAL COMPLETED AND STORED TO DATE (Column G on G703)	\$ 1,495,027.23
5. RETAINAGE	
a. 5 % of Completed Work (Column D + E G703)	\$ 74,751.37
b. 5 % of Stored Material (Column F on G703)	_____
Total Retainage (Line 5a + 5b or Total in Column I G703)	\$ 74,751.37
6. TOTAL EARNED LESS RETAINAGE	\$ 1,420,275.86
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT	\$ 1,284,085.92
8. CURRENT PAYMENT DUE	\$ 136,189.94
9. BALANCE TO FINISH, PLUS RETAINAGE (Line 3 less line 6)	\$ 515,917.76

State of: Texas County Of: Hidalgo

Subscribed and sworn to before me this 18 day of March, 2026  
Notary Public: Blanca L. De Leon  
My Commission Expires: May 19, 2027



AMOUNT CERTIFIED \$ 136,189.94

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

ARCHITECT:  
By: *[Signature]* Date: 03/26/2026

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.

**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.

McAllen Health Clinic  
 McAllen, Texas

APPLICATION NUMBER: 9  
 APPLICATION DATE: 3/18/2026  
 PERIOD FROM: 1/1/2026  
 TO: 1/31/2026  
 ARCHITECT'S PROJ. NO.: 24.2.23

Item No.	Description of Work	Scheduled Value	Work Completed			Total Completed and Stored To Date	% Complete	Balance to Finish	Retainage
			Previously	This Application					
				Work In Place	Stored Materials				
A	B	C	D	E	F	G	H	I	J
1	Site Work & Utilities	\$ 358,106.00	\$ 308,546.00			\$ 308,546.00		\$ 49,560.00	\$ 15,427.30
2	Foundation	\$ 122,721.00	\$ 92,719.00	\$ 30,002.00		\$ 122,721.00		\$ -	\$ 6,136.05
3	Structural Steel	\$ 48,850.00	\$ 48,850.00			\$ 48,850.00		\$ -	\$ 2,442.50
4	Frame Material	\$ 60,000.00	\$ 38,444.17	\$ 21,555.83		\$ 60,000.00		\$ -	\$ 3,000.00
5	Wood Trusses	\$ 18,500.00	\$ 15,256.91			\$ 15,256.91		\$ 3,243.09	\$ 762.85
6	Framing Labor	\$ 40,000.00	\$ 40,000.00			\$ 40,000.00		\$ -	\$ 2,000.00
7	Roofing	\$ 55,500.00	\$ 55,500.00			\$ 55,500.00		\$ -	\$ 2,775.00
8	Sheetrock Labor & Material	\$ 4,000.00	\$ 4,000.00			\$ 4,000.00		\$ -	\$ 200.00
9	Suspended Acoustical Ceilings	\$ 54,000.00	\$ 27,000.00			\$ 27,000.00		\$ 27,000.00	\$ 1,350.00
10	Doors Frames & Hardware	\$ 63,000.00						\$ 63,000.00	
11	Millwork	\$ 18,000.00						\$ 18,000.00	
12	Countertops	\$ 6,000.00						\$ 6,000.00	
13	Toilet Partitions	\$ 14,000.00	\$ 14,000.00			\$ 14,000.00		\$ -	\$ 700.00
14	Toilet Accessories	\$ 4,500.00						\$ 4,500.00	
15	Painting	\$ 44,000.00	\$ 17,000.00	\$ 20,000.00		\$ 37,000.00		\$ 7,000.00	\$ 1,850.00
16	Flooring	\$ 36,000.00		\$ 36,000.00		\$ 36,000.00		\$ -	\$ 1,800.00
17	Brick Materials & Labor	\$ 63,075.00	\$ 58,075.00	\$ 5,000.00		\$ 63,075.00		\$ -	\$ 3,153.75
18	HVAC	\$ 164,571.92	\$ 156,343.32			\$ 156,343.32		\$ 8,228.60	\$ 7,817.17
19	Plumbing	\$ 128,000.00	\$ 106,240.00			\$ 106,240.00		\$ 21,760.00	\$ 5,312.00
20	Electrical	\$ 117,000.00	\$ 108,900.00			\$ 108,900.00		\$ 8,100.00	\$ 5,445.00
21	Fire Alarm	\$ 9,000.00						\$ 9,000.00	
22	Fire Sprinkler	\$ 58,000.00	\$ 45,100.00			\$ 45,100.00		\$ 12,900.00	\$ 2,255.00
23	Landscaping Allowance	\$ 36,925.00						\$ 36,925.00	
24	Trash & Cleaning								



## CONTRACTOR TIME STATEMENT

PAY APP NO. 9 CONTRACTOR RGV Construction, LLC.  
 PROJECT NAME McAllen Health Center Improvement Project  
 CONTRACT NO. ARPA-24-340-352 OWNER Hidalgo Co.Pct. #2 NOTICE-TO-PROCEED 4/16/2025  
 TIME COMPUTED FROM 1/1/2026 DATE WORK COMPLETED 1/31/2026

MONTH	DATE OR DAYS	WORKING DAYS CHARGED	CREDITED DAYS	DAYS CREDITED AND REASONS THEREFORE
January	1	1		
January	2	1		
January	3	1		
January	4	1		
January	5	1		
January	6	1		
January	7	1		
January	8	1		
January	9	1		
January	10	1		
January	11	1		
January	12	1		
January	13	1		
January	14	1		
January	15	1		
January	16	1		
January	17	1		
January	18	1		
January	19	1		
January	20	1		
January	21	1		
January	22	1		
January	23	1		
January	24	1		
January	25	1		
January	26	1		
January	27	1		
January	28	1		
January	29	1		
January	30	1		
January	31	1		
<b>TOTALS</b>		<b>31</b>	<b>0</b>	

NO. OF CONTRACT WORKING DAYS 286 NO. WORKING DAYS CHARGED TO DATE 268  
 NO. CREDITED DAYS TO DATE 13  
 ASSESSED LIQUIDATED DAMAGES: 0 PER DAY \$ 500.00 TOTAL \$ 0  
 CERTIFIED AS CORRECT

  
 \_\_\_\_\_  
 ENGINEER/CONSTRUCTION MANAGER

Prevailing Wage Rates  
Certification Statement

Date March 26, 2026

Project Name McAllen Health Clinic Impr. Project CSJ# N/A

Contractor RGV Construction, LLC. Application# 9

I, David Rivera do hereby state:  
(Name of Project Director)

1. That a payroll (form WII-347 or similar form) was submitted for contract work performed for the period covered by the attached application.
2. That a statement of compliance (form WH-347 or similar form) was submitted with the payroll.
3. The certified payroll complies with the classifications and minimum wage rates stipulated in the contract.
4. That a minimum of one interview was conducted with laborers using Form HUD-11 or similar.



\_\_\_\_\_  
Signature



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

**PAYROLL**

For contractor's optional use; see instructions at [dol.gov/agencies/whd/forms/wh347](http://dol.gov/agencies/whd/forms/wh347)

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



WAGE AND HOUR DIVISION  
Revised December 2008

NAME OF CONTRACTOR  OR SUBCONTRACTOR  ADDRESS 11435 N Bryan Rd. Mission, TX 78573  
Total Commitment Construction, LLC OMB No. 1235-0008 Expires 09/30/2026

PAYROLL NO 38 FOR WEEK ENDING 01/14/2026 PROJECT AND LOCATION Hidalgo County Health Clinic McAllen 529 N Cynthia St. McAllen, TX PROJECT OR CONTRACT NO.

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS				(9) NET WAGES PAID FOR WEEK		
			OT GRST.	T	F	S	S	M	T				W	FICA	WITH- HOLDING TAX	OTHER		TOTAL DEDUCTIONS	
				08	09	10	11	12	13				14						
Yoni Vazquez XXX-XX-6708		EXCAVATOR	o										\$26.50	\$420.00					\$1,300.00
			s					8.00	8.00	8.00	24.00	17.50	\$1,300.00						
Josafat Moreno XXX-XX-5925		UTILITY LABOR	o										\$21.00	\$336.00					\$336.00
			s					8.00	8.00	8.00	24.00	14.00							
Oscar M Alvizo XXX-XX-8784		BACKHOE/EXCAV ATOR	o										\$24.00	\$384.00					\$384.00
			s					8.00	8.00	8.00	24.00	16.00							
			o																
			s																
			o																
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			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 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 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

Date 01/14/2026

I, Pedro A. Gutierrez Member  
(Name of Signatory Party) (Title)

do hereby state:

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

Total Commitment Construction. LLC on the  
(Contractor or Subcontractor)

Hidalgo County Health Clinic; that during the payroll period commencing on the  
(Building or Work)

08 day of January, 2026, and ending the 14 day of January, 2026

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

Total Commitment Construction. LLC 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.

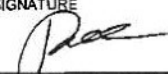
(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

YONI VASQUEZ-1099  
JOSAFAT MORENO- 1099  
OSCAR M. ALVIZO - 1099

NAME AND TITLE  
Armando Gutierrez-Managing Member

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 3729 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 [dol.gov/agencies/whd/forms/wh347](http://dol.gov/agencies/whd/forms/wh347)



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NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>	ADDRESS	OMB No. 1235-0008 Expires 09/30/2026
Total Commitment Construction, LLC		11435 N Bryan Rd. Mission, TX 78573
PAYROLL NO. 39	FOR WEEK ENDING 01/21/2026	PROJECT AND LOCATION Hidalgo County Health Clinic McAllen 529 N Cynthia St. McAllen, TX
		PROJECT OR CONTRACT NO.

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS				(9) NET WAGES PAID FOR WEEK		
			OT OR ST.	T	F	S	S	M	T				W	FICA	WITH-HOLDING TAX	OTHER		TOTAL DEDUCTIONS	
				15	16	17	18	19	20				21						
			HOURS WORKED EACH DAY																
Yoni Vazquez XXX-XX-6708		EXCAVATOR	O										\$26.50	\$280.00					\$1,300.00
			S	8.00	8.00								16.00	17.50	\$1,300.00				
Josafat Moreno XXX-XX-5925		UTILITY LABOR	O										\$21.00	\$224.00					\$224.00
			S	8.00	8.00								16.00	14.00					
Oscar M Alvizo XXX-XX-8784		BACKHOE/EXCAVATOR	O										\$24.00	\$256.00					\$256.00
			S	8.00	8.00								16.00	16.00					
			O																
			S																
			O																
			S																
			O																
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			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 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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Date 01/21/2026

I, Pedro A. Gutierrez Member  
(Name of Signatory Party) (Title)

do hereby state:

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

Total Commitment Construction, LLC on the  
(Contractor or Subcontractor)

Hidalgo County Health Clinic; that during the payroll period commencing on the  
(Building or Work)

15 day of January, 2026, and ending the 21 day of January, 2026.

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

Total Commitment Construction, LLC 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

REMARKS:

YONI VASQUEZ-1099  
JOSAFAT MORENO- 1099  
OSCAR M. ALVIZO - 1099

NAME AND TITLE  
Armando Gutierrez-Managing Member

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 3729 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 [dol.gov/agencies/whd/forms/wh347](http://dol.gov/agencies/whd/forms/wh347)

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NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		ADDRESS		OMB No. 1235-0008 Expires 09/30/2026	
Total Commitment Construction, LLC		11435 N Bryan Rd. Mission, TX 78573			
PAYROLL NO. 40	FOR WEEK ENDING 01/28/2026	PROJECT AND LOCATION Hidalgo County Health Clinic McAllen 529 N Cynthia St. McAllen, TX		PROJECT OR CONTRACT NO.	

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST:	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS				(9) NET WAGES PAID FOR WEEK
				T	F	S	S	M	T	W				FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS	
				22	23	24	25	26	27	28								
HOURS WORKED EACH DAY																		
Yoni Vazquez XXX-XX-6708		EXCAVATOR	O								16.00	\$26.50	\$280.00					\$1,300.00
			S	1.00	1.00							17.50	\$1,300.00					
Josafat Moreno XXX-XX-5925		UTILITY LABOR	O								16.00	\$21.00	\$224.00					\$224.00
			S	1.00	1.00							14.00						
Oscar M Alvizo XXX-XX-8784		BACKHOE/EXCAV ATOR	O								16.00	\$24.00	\$256.00					\$256.00
			S	1.00	1.00							16.00						
			O															
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			S															
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Date 01/28/2026

I, Pedro A. Gutierrez Member  
(Name of Signatory Party) (Title)

do hereby state:

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

Total Commitment Construction, LLC on the  
(Contractor or Subcontractor)

Hidalgo County Health Clinic; that during the payroll period commencing on the  
(Building or Work)

22 day of January, 2026, and ending the 28 day of January, 2026

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

Total Commitment Construction, LLC 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, 53 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

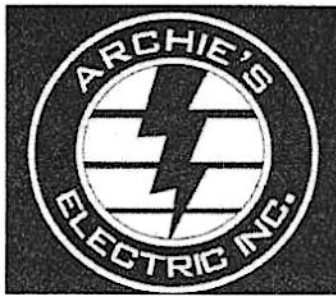
REMARKS:

YONI VASQUEZ-1099  
JOSAFAT MORENO- 1099  
OSCAR M. ALVIZO - 1099

NAME AND TITLE  
Armando Gutierrez-Managing Member

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 3729 OF TITLE 31 OF THE UNITED STATES CODE.



Archie's Electric Inc.  
 11916 N. Bryan Road  
 Mission, TX 78573  
 T.E.C.L. 20358  
 Office: (956) 583-7878  
 Fax: (956) 585-9539  
 archies1326@gmail.com

# INVOICE

Date

01/26/2026	6403

<b>Name/ Address</b>
Tony Flores 212-4114 rgvconstructionllc@gmail.com

Description	Total
For McAllen Health Clinic 529 N Cynthia McAllen Texas  Install light pole bases Install transformer  Labor and Material	\$ 5,540.00

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

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Total****\$ 5,540.00**



CT NAME <i>1st Choice Health Clinic</i>	PROJECT NO. or CONTRACT NO.	PAYROLL NO. <i>18</i>	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME <i>Archics Electric Inc</i>
CT LOCATION <i>1st Choice Health Clinic</i>	WEEK ENDING DATE <i>1-3-2026</i>	CERTIFYING OFFICIAL'S NAME AND TITLE <i>PAUL W. Bryan PE</i>	

I or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:

The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.

All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.

The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.

Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.

APPRENTICESHIP PROGRAM NAME	REGISTERED		NAME OF LABOR CLASSIFICATION
	<input type="checkbox"/> OA	<input type="checkbox"/> SAA	
	<input type="checkbox"/> OA	<input type="checkbox"/> SAA	
	<input type="checkbox"/> OA	<input type="checkbox"/> SAA	

Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.

**HOURLY CREDIT FOR FRINGE BENEFITS**

*If an amount is listed in (6B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.*

NAME OF WORKER	FB NAME		FB NAME		FB NAME		FB NAME		FB NAME		FB NAME		TOTAL HOURLY CREDIT
	FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		
	PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		
	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$

All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.

ADDITIONAL REMARKS

SIGNATURE OF CERTIFYING OFFICIAL <i>[Signature]</i>	DATE <i>1-3-2026</i>	TELEPHONE NUMBER <i>956-583-7878</i>	EMAIL ADDRESS <i>Archics1326@gmail.com</i>
--	-------------------------	---	---

FULFILLMENT 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 3729 OF TITLE 31 OF THE UNITED STATES) AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.

# Davis-Bacon and Related Acts Weekly Certified Payroll Form

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

Unless otherwise noted, the information requested is specific to the named project below.

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U.S. Wage and Hour Division

Rev. January 2025

OMB No.: 1235-0008

Expires: 01/31/2028

SUBMISSION OF FINAL DBRA CERTIFIED PAYROLL FORM

PRIME CONTRACTOR

SUBCONTRACTOR

PROJECT NAME		PROJECT NO. or CONTRACT NO.		CERTIFIED PAYROLL NO.		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME											
Aridalga County Health Clinic				19		Archies Electric Inc											
PROJECT LOCATION		WAGE DETERMINATION NO.		WEEK ENDING DATE		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS ADDRESS											
529 N Cynthia St McAllen				1-10-2026		11916 U Bryan Rd Mission Texas											
(1A)	(1B)	(1C)	(1D)	(1E)	(2)	(3)	(4)	(5)	(6A)	(6B)	(6C)	(7A)	(7B)	(8)		(9)	
WORKER ENTRY NO.	WORKER LAST NAME	WORKER FIRST NAME	WORKER MIDDLE INITIAL	WORKER IDENTIFYING NO.	(1) JOURNEYWORKER (RA) REGISTERED APPRENTICE	LABOR CLASSIFICATION	ST = STRAIGHT TIME OT = OVERTIME	TOTAL HOURS WORKED FOR WEEK	HOURLY WAGE RATE PAID FOR ST AND OT	TOTAL FRINGE BENEFIT CREDIT	PAYMENT IN LIEU OF FRINGE BENEFITS	GROSS AMT EARNED	GROSS AMT EARNED FOR ALL WORK	DEDUCTIONS FOR ALL WORK			NET PAY TO WORKER FOR ALL WORK
														(TOP) DAYS OF WORK WEEK (BOTTOM) DATES	HOURS WORKED EACH DAY	TAX WITH-HOLDINGS	
	Gonzalez	Carlos		2081			ST	36	16			576					576
	Gonzalez	Ruben		4213			ST	36	16			576					576
	Gonzalez	Armando		1850			ST	36	15			540					540
							ST										
							OT										
							ST										
							OT										
							ST										
							OT										
							ST										
							OT										

While use of Form WH-347 itself is optional, covered contractors and subcontractors performing work on Federal or federally assisted construction contracts are required by the DBRA regulations and the contract clauses to submit payroll information on a weekly basis. The Copeland Act (40 U.S.C. § 3145) requires contractors and subcontractors performing work on Federal or federally financed construction contracts to, on a weekly basis, "furnish a statement on the wages paid each employee during the prior week." U.S. Department of Labor (DOL) Regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors and subcontractors to submit weekly certified payrolls to the appropriate Federal agency if the agency is a party to the contract (or, if the agency is not such a party, to the applicant, sponsor, owner, or other entity, as the case may be, that maintains such records, for transmission to the Federal agency). Each certified payroll must be accompanied by a signed "Statement of Compliance" (e.g., page 2 of the WH-347 or another document with identical wording) indicating that the certified payrolls are accurate and complete, and that each laborer or mechanic has been paid not less than the required Davis-Bacon prevailing wage rate(s) (including any fringe benefits) for the work performed. DOL and contracting agencies receiving this information review the information to determine whether workers 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

PROJECT NAME <i>Hidalgo County Health Clinic</i>	PROJECT NO. or CONTRACT NO.	PAYROLL NO. <i>19</i>	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME <i>Archies Electric Inc</i>
PROJECT LOCATION <i>529 N Cynthia St. Medford</i>	WEEK ENDING DATE <i>1-10-26</i>	CERTIFYING OFFICIAL'S NAME AND TITLE <i>1914 N Bryan St.</i>	

paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:

- The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.
- All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.
- The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.
- Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.

APPRENTICESHIP PROGRAM NAME	REGISTERED	NAME OF LABOR CLASSIFICATION
	<input type="checkbox"/> OA <input type="checkbox"/> SAA	
	<input type="checkbox"/> OA <input type="checkbox"/> SAA	
	<input type="checkbox"/> OA <input type="checkbox"/> SAA	

- Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.

**HOURLY CREDIT FOR FRINGE BENEFITS**

*If an amount is listed in (6B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.*

NAME OF WORKER	FB NAME		FB NAME		FB NAME		FB NAME		FB NAME		TOTAL HOURLY CREDIT
	FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		
	PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		
	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$

- All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.

ADDITIONAL REMARKS

SIGNATURE OF CERTIFYING OFFICIAL <i>[Signature]</i>	DATE <i>1-10-26</i>	TELEPHONE NUMBER <i>956-583-7878</i>	EMAIL ADDRESS
--	------------------------	---	---------------

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 3729 OF TITLE 31 OF THE UNITED STATES CODE), AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.

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U.S. Wage and Hour Division

Rev. January 2025

OMB No.: 1235-0008

Expires: 01/31/2028

SUBMISSION OF FINAL DBRA CERTIFIED PAYROLL FORM

PRIME CONTRACTOR

SUBCONTRACTOR

PROJECT NAME			PROJECT NO. or CONTRACT NO.			CERTIFIED PAYROLL NO.			PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME																	
Hidalgo County Health Clinic						20			Archies Electric Inc																	
PROJECT LOCATION			WAGE DETERMINATION NO.			WEEK ENDING DATE			PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS ADDRESS																	
529 N Cynthia St McAllen						1-17-2026			11916 U Bryan Rd Mission Texas																	
(1A)	(1B)	(1C)	(1D)	(1E)	(2)	(3)	(4)				(5)	(6A)	(6B)	(6C)	(7A)	(7B)	(8)			(9)						
WORKER ENTRY NO.	WORKER LAST NAME	WORKER FIRST NAME	WORKER MIDDLE INITIAL	WORKER IDENTIFYING NO.	J JOURNEYWORKER (RA) REGISTERED APPRENTICE	LABOR CLASSIFICATION	ST = STRAIGHT TIME OT = OVERTIME	(TOP) DAYS OF WORK WEEK (BOTTOM) DATES							TOTAL HOURS WORKED FOR WEEK	HOURLY WAGE RATE PAID FOR ST AND OT	TOTAL FRINGE BENEFIT CREDIT	PAYMENT IN LIEU OF FRINGE BENEFITS	GROSS AMT EARNED	GROSS AMT EARNED FOR ALL WORK	DEDUCTIONS FOR ALL WORK			NET PAY TO WORKER FOR ALL WORK		
								1	2	3	4	5	6	7							8	9	TAX WITH-HOLDINGS		FICA	OTHER (MUST SPECIFY, SEE INSTRUCTIONS)
	Comalaz	Carlos		2081			ST	X	9	9	9	9	9	X	36	16			576							576
	Mendez	Ruben		4283			ST	X	9	9	9	9	9	X	36	16			576							576
	Comalaz	Wibardo		0550			ST	X	9	9	9	9	9	X	36	15			540							540
	Maqueda	Amato		0588			ST	X							85	15			127.50							127.50
	Osorio	Leon		3910			ST								85	15			127.50							127.50
	Sevilla	Miguel		0724			ST								85	17			144.50							144.50
							ST																			
							OT																			

While use of Form WH-347 itself is optional, covered contractors and subcontractors performing work on Federal or federally assisted construction contracts are required by the DBRA regulations and the contract clauses to submit payroll information on a weekly basis. The Copeland Act (40 U.S.C. § 3145) requires contractors and subcontractors performing work on Federal or federally financed construction contracts to, on a weekly basis, "furnish a statement on the wages paid each employee during the prior week." U.S. Department of Labor (DOL) Regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors and subcontractors to submit weekly certified payrolls to the appropriate Federal agency if the agency is a party to the contract (or, if the agency is not such a party, to the applicant, sponsor, owner, or other entity, as the case may be, that maintains such records, for transmission to the Federal agency). Each certified payroll must be accompanied by a signed "Statement of Compliance" (e.g., page 2 of the WH-347 or another document with identical wording) indicating that the certified payrolls are accurate and complete, and that each laborer or mechanic has been paid not less than the required Davis-Bacon prevailing wage rate(s) (including any fringe benefits) for the work performed. DOL and contracting agencies receiving this information review the information to determine whether workers have received legally required wages and fringe benefits.

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PROJECT NAME <i>Hidalgo County Health Clinic</i>	PROJECT NO. or CONTRACT NO.	PAYROLL NO. <i>70</i>	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME <i>Archies Electric Inc</i>
PROJECT LOCATION <i>229 N Cynthia St Medford</i>	WEEK ENDING DATE <i>1-17-2020</i>	CERTIFYING OFFICIAL'S NAME AND TITLE <i>Paul N Bryan P.E.</i>	

paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:

- The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.
- All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.
- The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.
- Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.

APPRENTICESHIP PROGRAM NAME	REGISTERED		NAME OF LABOR CLASSIFICATION
	<input type="checkbox"/> OA	<input type="checkbox"/> SAA	
	<input type="checkbox"/> OA	<input type="checkbox"/> SAA	
	<input type="checkbox"/> OA	<input type="checkbox"/> SAA	

Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.

**HOURLY CREDIT FOR FRINGE BENEFITS**  
*If an amount is listed in (6B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.*

NAME OF WORKER	FB NAME		FB NAME		FB NAME		FB NAME		FB NAME		TOTAL HOURLY CREDIT
	FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		
	PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		
	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$

All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.

ADDITIONAL REMARKS

SIGNATURE OF CERTIFYING OFFICIAL <i>[Signature]</i>	DATE <i>1-17-20</i>	TELEPHONE NUMBER <i>906-583-7879</i>	EMAIL ADDRESS
--	------------------------	---	---------------

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 3729 OF TITLE 31 OF THE UNITED STATES CODE), AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.

# Davis-Bacon and Related Acts Weekly Certified Payroll Form

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U.S. Wage and Hour Division

Rev. January 2025

OMB No.: 1235-0008

Expires: 01/31/2028

SUBMISSION OF FINAL DBRA CERTIFIED PAYROLL FORM

PRIME CONTRACTOR

SUBCONTRACTOR

PROJECT NAME		PROJECT NO. or CONTRACT NO.		CERTIFIED PAYROLL NO.		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME															
Hidalgo County Health Clinic				21		Archies Electric Inc															
PROJECT LOCATION		WAGE DETERMINATION NO.		WEEK ENDING DATE		PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS ADDRESS															
529 N Cynthia St McAllen				1-24-26		11916 U Bryan Rd Mission Texas															
(1A)	(1B)	(1C)	(1D)	(1E)	(2)	(3)	(4)		(5)	(6A)	(6B)	(6C)	(7A)	(7B)	(8)		(9)				
WORKER ENTRY NO.	WORKER LAST NAME	WORKER FIRST NAME	WORKER MIDDLE INITIAL	WORKER IDENTIFYING NO.	(1) JOURNEYWORKER (RA) REGISTERED APPRENTICE	LABOR CLASSIFICATION	ST = STRAIGHT TIME OT = OVERTIME	(TOP) DAYS OF WORK WEEK (BOTTOM) DATES		TOTAL HOURS WORKED FOR WEEK	HOURLY WAGE RATE PAID FOR ST AND OT	TOTAL FRINGE BENEFIT CREDIT	PAYMENT IN LIEU OF FRINGE BENEFITS	GROSS AMT EARNED	GROSS AMT EARNED FOR ALL WORK	DEDUCTIONS FOR ALL WORK			NET PAY TO WORKER FOR ALL WORK		
								HOURS WORKED EACH DAY								TAX WITH-HOLDINGS	FICA	OTHER (MUST SPECIFY, SEE INSTRUCTIONS)		TOTAL DEDUCTIONS	
	Leonel	Carlos		2081			ST	X	9	X	9	8	9	35	14			560			560
	Mendez	Ruben		4293			ST	X	9	X	9	8	9	35	14			560			560
	Camacho	Armando		5550			ST	X	9	X	9	8	9	35	15			535			535
	Morales	Aranda		0518			ST	X	9	X	9	8	9	35	15			535			535
	Osorio	Arcon		3996			ST	X	9	X	9	9	9	36	15			540			540
	Sevilla	Miguel		0724			ST						9	9	17			153			153
	Mora	J. Est.		1710			ST						9	9	15			135			135
							ST														
							OT														

While use of Form WH-347 itself is optional, covered contractors and subcontractors performing work on Federal or federally assisted construction contracts are required by the DBRA regulations and the contract clauses to submit payroll information on a weekly basis. The Copeland Act (40 U.S.C. § 3145) requires contractors and subcontractors performing work on Federal or federally financed construction contracts to, on a weekly basis, "furnish a statement on the wages paid each employee during the prior week." U.S. Department of Labor (DOL) Regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors and subcontractors to submit weekly certified payrolls to the appropriate Federal agency if the agency is a party to the contract (or, if the agency is not such a party, to the applicant, sponsor, owner, or other entity, as the case may be, that maintains such records, for transmission to the Federal agency). Each certified payroll must be accompanied by a signed "Statement of Compliance" (e.g., page 2 of the WH-347 or another document with identical wording) indicating that the certified payrolls are accurate and complete, and that each laborer or mechanic has been paid not less than the required Davis-Bacon prevailing wage rate(s) (including any fringe benefits) for the work performed. DOL and contracting agencies receiving this information review the information to determine whether workers 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)

PROJECT NAME Hidalgo County Health Clinic	PROJECT NO. or CONTRACT NO.	PAYROLL NO. 21	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME Archic's Electric Inc
PROJECT LOCATION 529 N Cynthia St Mission	WEEK ENDING DATE 1-24-26	CERTIFYING OFFICIAL'S NAME AND TITLE 1916 N Bryan St.	

I paid or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:

- The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.
- All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.
- The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.
- Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.

APPRENTICESHIP PROGRAM NAME	REGISTERED	NAME OF LABOR CLASSIFICATION
	<input type="checkbox"/> OA <input type="checkbox"/> SAA	
	<input type="checkbox"/> OA <input type="checkbox"/> SAA	
	<input type="checkbox"/> OA <input type="checkbox"/> SAA	

- Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.

**HOURLY CREDIT FOR FRINGE BENEFITS**

If an amount is listed in (6B) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.

NAME OF WORKER	FB NAME	FB NAME	FB NAME	FB NAME	FB NAME	FB NAME	FB NAME	FB NAME	FB NAME	TOTAL HOURLY CREDIT
	FB TYPE	FB TYPE	FB TYPE	FB TYPE	FB TYPE	FB TYPE	FB TYPE	FB TYPE		
	PLAN NO.	PLAN NO.	PLAN NO.	PLAN NO.	PLAN NO.	PLAN NO.	PLAN NO.			
	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded <input type="checkbox"/> Unfunded	
	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	\$
	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	\$
	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	\$
	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	\$
	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	\$
	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	\$
	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	\$
	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	Hourly Credit \$	\$

- All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.

ADDITIONAL REMARKS

SIGNATURE OF CERTIFYING OFFICIAL 	DATE 1-24-26	TELEPHONE NUMBER 915-583-7879	EMAIL ADDRESS
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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 3729 OF TITLE 31 OF THE UNITED STATES CODE), AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.

# Davis-Bacon and Related Acts Weekly Certified Payroll Form

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

Unless otherwise noted, the information requested is specific to the named project below.

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



U.S. Wage and Hour Division

Rev. January 2025

OMB No.: 1235-0008

Expires: 01/31/2028

SUBMISSION OF FINAL DBRA CERTIFIED PAYROLL FORM

PRIME CONTRACTOR

SUBCONTRACTOR

PROJECT NAME <i>Madison County Health Clinic</i>	PROJECT NO. or CONTRACT NO.	CERTIFIED PAYROLL NO. <i>20</i>	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME <i>Archies Electric Inc</i>
PROJECT LOCATION <i>241 N. Center St. Madison</i>	WAGE DETERMINATION NO.	WEEK ENDING DATE <i>1-31-20</i>	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS ADDRESS <i>11916 U. Bruce Ex. Mission Texas</i>

(A)	(1B)	(1C)	(1D)	(1E)	(2)	(3)	(4)	(5)	(6A)	(6B)	(6C)	(7A)	(7B)	(8)			(9)
														TAX WITH-	FICA	OTHER (MUST SEE INSTRUCTIONS)	
WORKER ENTRY NO.	WORKER LAST NAME	WORKER FIRST NAME	WORKER MIDDLE INITIAL	WORKER IDENTIFYING NO.	(1) JOURNEYPERSON (2) REGISTERED APPRENTICE	LABOR CLASSIFICATION	ST = STRAIGHT TIME OT = OVERTIME	(TOP) DAYS OF WORK WEEK (BOTTOM) DATES	TOTAL HOURS WORKED FOR WEEK	HOURLY WAGE RATE PAID FOR ST AND OT	TOTAL FRINGE BENEFIT CREDIT	PAYMENT IN LIEU OF FRINGE BENEFITS	GROSS AMT EARNED	GROSS AMT EARNED FOR ALL WORK	TOTAL DEDUCTIONS	NET PAY TO WORKER FOR ALL WORK	
	<i>Cardos</i>	<i>Carlos</i>		<i>2001</i>			ST	<i>25 26 27 28 29 30 31</i>	<i>9</i>	<i>16</i>			<i>144</i>			<i>144</i>	
	<i>Ruben</i>	<i>Ruben</i>		<i>4223</i>			ST		<i>9</i>	<i>16</i>			<i>144</i>			<i>144</i>	
	<i>Arribas</i>	<i>Arribas</i>		<i>180</i>			ST		<i>9</i>	<i>15</i>			<i>135</i>			<i>135</i>	
							OT										
							ST										
							OT										
							ST										
							OT										
							ST										
							OT										

The use of Form WH-347 itself is optional, covered contractors and subcontractors performing work on Federal or federally assisted construction contracts are required by the DBRA regulations and the contract clauses to submit payroll information on a weekly basis. The Copeland Act (40 U.S.C. § 3145) requires contractors and subcontractors performing work on Federal or federally financed construction contracts to, on a weekly basis, "furnish a statement on the wages paid each employee during the prior week." U.S. Department of Labor (DOL) Regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors and subcontractors to submit weekly certified payrolls to the appropriate Federal agency if the agency is a party to the contract (or, if the agency is not a party, to the applicant, sponsor, owner, or other entity, as the case may be, that maintains such records, for transmission to the Federal agency). Each certified payroll must be accompanied by a signed "Statement of Compliance" (e.g., page 2 of the WH-347 or another document with identical wording) indicating that the certified payrolls are accurate and complete, and that each laborer or mechanic has been paid not less than the required Davis-Bacon prevailing wage rate(s) (including fringe benefits) for the work performed. DOL and contracting agencies receiving this information review the information to determine whether workers 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, Constitution Avenue, N.W. Washington, D.C. 20210 (over)

PROJECT NAME Ridge Creek Health Clinic	PROJECT NO. or CONTRACT NO.	PAYROLL NO. 22	PRIME CONTRACTOR'S/SUBCONTRACTOR'S BUSINESS NAME Drines Electric Inc
PROJECT LOCATION 910 Conthorst Meadow	WEEK ENDING DATE 1-31-26	CERTIFYING OFFICIAL'S NAME AND TITLE William N. Bulgin, P.E.	

I or supervised the payment of the laborers or mechanics working on the above project during the stated time period. I certify the following:

The payroll information submitted with this statement is correct and complete for the above project during the above period, and the wage and fringe benefit rates paid to the workers, including credit taken for the reasonably anticipated costs of a bona fide fringe benefit plan, fund or program, are not less than the applicable wage and fringe benefits rates for the classification(s) of work actually performed, as specified in the wage determination(s) incorporated into the contract.

All regular payrolls and all other basic records that the contractor is required to maintain for this payroll period are complete and accurate and will be made available upon request from the agency or the Department of Labor.

The classifications reported for each laborer or mechanic are the classification(s) of work that each worker actually performed.

Any workers paid as apprentices during the above period are duly registered in a bona fide apprenticeship program registered with the Office of Apprenticeship, Employment and Training Administration, United States Department of Labor ("OA"), or a State Apprenticeship Agency ("SAA") recognized by Department of Labor. I have verified the registered apprenticeship program information provided below as accurate and applicable to any apprentices identified on page 1 of this form.

APPRENTICESHIP PROGRAM NAME	REGISTERED		NAME OF LABOR CLASSIFICATION
	<input type="checkbox"/> OA	<input type="checkbox"/> SAA	
	<input type="checkbox"/> OA	<input type="checkbox"/> SAA	
	<input type="checkbox"/> OA	<input type="checkbox"/> SAA	

Fringe benefits have been paid in cash and/or to bona fide fringe benefit plans, funds, or programs. Where the contractor is claiming an hourly credit for their contributions to or reasonably anticipated costs of a bona fide fringe benefit plan, fund, or program, provide plan information and the hourly credit claimed for each worker listed on the previous page of this form.

**HOURLY CREDIT FOR FRINGE BENEFITS**

If an amount is listed in (C1) on the first page of this certified payroll form, enter the hourly credit claimed under each plan name, type and number for each worker and check whether the plan is funded or unfunded.

NAME OF WORKER	FB NAME		FB NAME		FB NAME		FB NAME		FB NAME		FB NAME		TOTAL HOURLY CREDIT
	FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		FB TYPE		
	PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		PLAN NO.		
	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	<input type="checkbox"/> Funded	<input type="checkbox"/> Unfunded	
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$
	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	Hourly Credit	\$	\$

All workers on the project have been paid the full weekly wages earned, and no rebates or deductions have been or will be made either directly or indirectly, other than permissible deductions as defined in 29 CFR part 3.

ADDITIONAL REMARKS

SIGNATURE OF CERTIFYING OFFICIAL 	DATE 1-31-26	TELEPHONE NUMBER 930-1583-7879	EMAIL ADDRESS
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UNLAWFUL 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 3729 OF TITLE 31 OF THE UNITED STATES CODE) AS WELL AS DEBARMENT FROM FUTURE FEDERAL AND FEDERALLY-ASSISTED CONTRACTS. INFORMATION REPORTED IN CERTIFIED PAYROLLS MAY BE SUBJECT TO DISCLOSURE IN RESPONSE TO A FREEDOM OF INFORMATION ACT REQUEST.

# RUSSELL'S GLASS WORKS

## Invoice

1209 QUAIL

Mcallen, Texas 78504

(956) 867-8122

E-Mail: [denrusdube@yahoo.com](mailto:denrusdube@yahoo.com)

1/9/26

COMPANY: RGV Construction

JOB: Hidalgo County Health Clinic

LOCATION: Mcallen, TX

### WORK TO BE COMPLETED:

#### EXTERIOR:

Install frames and glass in openings:

14- 3' x 3' Windows

1- 6'0"x 7'0" Doors

Metal: Clear 2 x 4 ½ Flush Glaze

Glass: 1" Insulated Solarban 60/Clear

**TOTAL:**

**\$21,555.83**

**PAID**

DOL WH-347 | Payroll Form

U.S. Department of Labor  
Wage and Hour Division

PAYROLL

See instructions at <https://www.tdhca.texas.gov/sites/default/files/pdf/WH-347-PayrollFormInstructions.pdf>

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WAGE AND HOUR DIVISION  
Revised December 2008

OMB No. 1235-0008  
Expires 09/30/2026

NAME OF CONTRACTOR  OR SUBCONTRACTOR  Russell's Glass Works ADDRESS 1209 Quail Ave McAllen, TX 78504

PAYROLL NO. \_\_\_\_\_ FOR WEEK ENDING \_\_\_\_\_ PROJECT AND LOCATION Hidalgo Clinic McAllen, TX PROJECT OR CONTRACT NO. \_\_\_\_\_

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK
			OT. OR ST.	HOURS WORKED EACH DAY									FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS		
				1/5	1/6	1/7	1/8	1/9	1/12								1/13	
Trey Dube 6792	0	Glazier	O	0	8	8	8	8	8	0	40	20	800	0	0	0	0	800
			S	0	8	8	8	8	8	0	40	20	800					
Russell Dube 3552	0	Glazier	O	0	8	8	8	8	8	0	40	25	1000	0	0	0	0	1,000
			S	0	8	8	8	8	8	0	40	25	1000					
			O															
			S															
			O															
			S															
			O															
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			O															
			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 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

**DOL WH-348 | Statement of Compliance**

Date March 26, 2026

I, Russell's Glass Works Owner  
(Name of Signatory Party) (Title)

do hereby state:

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

RGV Construction on the  
(Contractor or Subcontractor)  
Hidalgo Clinic ; that during the payroll period commencing on the  
(Building or Work)

5 day of January, 2026, and ending the 16 day of January, 2026  
 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

Russell's Glass Works 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

REMARKS:

NAME AND TITLE <u>Russell Dube Owner</u>	SIGNATURE <u>R</u>
---	-----------------------

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 3729 OF TITLE 31 OF THE UNITED STATES CODE.



OBG PAINTING LLC.

**SUBCONTRACTOR DRAW REQUEST**

INVOICE NUMBER: \_\_\_\_\_

SUBCONTRACTOR NAME: OBG Painting LLC.

PROJECT NAME: Clinic City of MCallen

ADDRESS: 121 Suzanne St. San Benito, Tx

RGV Constrution LLC.

PHONE: (956) 200-7345

**SUBCONTRACTOR'S APPLICATION FOR PAYMENT**

Application is made for payment, as shown below, in connection with the Contract.

- 1. ORIGINAL CONTRACT SUM \$ \_\_\_\_\_
- 2. Net total of change orders (Attached) \$ \_\_\_\_\_
- 3. Net total credits \$ 0.00
- 4. CONTRACT SUM TO DATE Line (1 + 2)-3 \$ 0.00
- 5. RETAINAGE:
  - a. \_\_\_\_\_ of Completed Work \$ \_\_\_\_\_ \$0.00

AMOUNTS PREVIOUSLY RECEIVED	DATE RECEIVED

**PAID**  
1-28-26  
# 4394

- 6. TOTAL PAID TO DATE \$ 0.00
  - 7. CURRENT PAYMENT REQUESTED \$ **20,000.00**
  - 8. BALANCE TO FINISH, INCLUDING RETAINAGE \$ \_\_\_\_\_
- Percentage if paid \_\_\_\_\_

\*\*\* FIRST DRAW AND APPROVED CHANGE ORDERS MUST HAVE ATTACHED SIGNED APPROVAL \*\*\*

**CERTIFICATE FOR PAYMENT**

COST CODE: \_\_\_\_\_

AMOUNT APPROVED ..... \$ \_\_\_\_\_

SUPERINTENDENT: \_\_\_\_\_

DATE: \_\_\_\_\_

PROJECT MANAGER: \_\_\_\_\_

DATE: \_\_\_\_\_

REASON FOR PAYMENT LESS THAN REQUESTED:

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

**DOL WH-347 | Payroll Form**

U.S. Department of Labor  
Wage and Hour Division

**PAYROLL**

See instructions at <https://www.tdhca.texas.gov/sites/default/files/pdf/WH-347-PayrollFormInstructions.pdf>

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



WAGE AND HOUR DIVISION  
Revised December 2008

NAME OF CONTRACTOR  OR SUBCONTRACTOR  ADDRESS 121 Suzanne St. San Benito, Tx 78586  
 OBG Painting LLC. OMB No. 1235-0008  
 Expires 09/30/2028

PAYROLL NO. 5 FOR WEEK ENDING 01/04/2026 PROJECT AND LOCATION McAllen Health Clinic PROJECT OR CONTRACT NO. 24-047  
 529 N Cynthia St. McAllen, Tx 78574

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK		
			OT OR ST.	M	T	W	Th	F	S				Su	FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS			
				29	30	31	1	2	3				4							
Luis Enrique Garcia 4175		Tape and Float, Paint	o	s	s	s	s	s			40	24	970	00	00	00	00	00		\$970.00
			s																	
Joel Blanco 0726		Tape and Float, Paint	o	s	s	s	s	s			40	25	1000	00	00	00	00	00		\$1000.00
			s																	
Oscar Garcia 5952		Tape and Float, Paint	o	s	s	s	s	s			40	24	970	00	00	00	00	00		\$970.00
			s																	
Brandon Blanco 6018		Tape and Float, Paint	o	s	s	s	s	s			40	25	1000	00	00	00	00	00		\$1000.00
			s																	
Pedro Garza 0986		Tape and Float, Paint	o	s	s	s	s	s			40	24	970	00	00	00	00	00		\$970.00
			s																	
			o																	
			s																	
			o																	
			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 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

# DOL WH-348 | Statement of Compliance

Date 12/29/25

I, Orlando Blanco Owner  
 (Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by  
OBG Painting LLC. on the  
 (Contractor or Subcontractor)

McAllen Health Clinic; that during the payroll period commencing on the  
 (Building or Work)  
29 day of Dec., 2025, and ending the 04 day of Jan., 2026,

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

OBG Painting LLC. 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

REMARKS:

NAME AND TITLE Orlando Blanco	SIGNATURE 
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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 3729 OF TITLE 31 OF THE UNITED STATES CODE.

**DOL WH-347 | Payroll Form**

U.S. Department of Labor  
Wage and Hour Division

**PAYROLL**

See instructions at <https://www.tdhca.texas.gov/sites/default/files/pdf/WH-347-PayrollFormInstructions.pdf>

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 121 Suzanne St. San Benito, Tx 78586  
 OBG Painting LLC. OMB No. 1235-0008  
 Expires 09/30/2026

PAYROLL NO. 6 FOR WEEK ENDING 01/11/2026 PROJECT AND LOCATION McAllen Health Clinic PROJECT OR CONTRACT NO. 24-047  
 529 N Cynthia St. McAllen, Tx 78574

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK
			OT OR ST.	M	T	W	Th	F	S				Su	FICA	WITH-HOLDING TAX	OTHER	TOTAL DEDUCTIONS	
				5	6	7	8	9	10				11					
Luis Enrique Garcia 4175		Tape and Float, Paint								40	24	970	00	00	00	00	00	\$970.00
Joel Blanco 0726		Tape and Float, Paint								40	25	1000	00	00	00	00	00	\$1000.00
Oscar Garcia 5952		Tape and Float, Paint								40	24	970	00	00	00	00	00	\$970.00
Brandon Blanco 6018		Tape and Float, Paint								40	25	1000	00	00	00	00	00	\$1000.00
Pedro Garza 0986		Tape and Float, Paint								40	24	970	00	00	00	00	00	\$970.00

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

# DOL WH-348 | Statement of Compliance

Date 01/05/26

I, Orlando Blanco Owner  
 (Name of Signatory Party) (Title)

do hereby state:

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

OBG Painting LLC. on the  
 (Contractor or Subcontractor)

McAllen Health Clinic; that during the payroll period commencing on the  
 (Building or Work)  
05 day of Jan., 2026, and ending the 11 day of Jan., 2026,

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

OBG Painting LLC. 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

REMARKS:

NAME AND TITLE Orlando Blanco	SIGNATURE 
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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 3729 OF TITLE 31 OF THE UNITED STATES CODE.

**DOL WH-347 | Payroll Form**

U.S. Department of Labor  
Wage and Hour Division

**PAYROLL**

See instructions at <https://www.tdhca.texas.gov/sites/default/files/pdf/WH-347-PayrollFormInstructions.pdf>

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NAME OF CONTRACTOR  OR SUBCONTRACTOR  ADDRESS 121 Suzanne St. San Benito, Tx 78586  
 OBG Painting LLC. OMB No. 1235-0008 Expires 09/30/2026

PAYROLL NO. 7 FOR WEEK ENDING 01/18/2026 PROJECT AND LOCATION McAllen Health Clinic PROJECT OR CONTRACT NO. 24-047  
 529 N Cynthia St. McAllen, Tx 78574

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK		
			OT OR ST.	M	T	W	Th	F	S				Su	FICA	WITH-HOLDING TAX	OTHER	TOTAL DEDUCTIONS			
				12	13	14	15	16	17				18							
Luis Enrique Garcia 4175		Tape and Float, Paint	o	x	x	x	x	x			40	24	970	00	00	00	00	00	00	\$970.00
Joel Blanco 0726		Tape and Float, Paint	o	x	x	x	x	x			40	25	1000	00	00	00	00	00	00	\$1000.00
Oscar Garcia 5952		Tape and Float, Paint	o	x	x	x	x	x			40	24	970	00	00	00	00	00	00	\$970.00
Brandon Blanco 6018		Tape and Float, Paint	o	x	x	x	x	x			40	25	1000	00	00	00	00	00	00	\$1000.00
Pedro Garza 0986		Tape and Float, Paint	o	x	x	x	x	x			40	24	970	00	00	00	00	00	00	\$970.00
			o																	
			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 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

# DOL WH-348 | Statement of Compliance

Date 01/12/26

I, Orlando Blanco Owner  
 (Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by  
OBG Painting LLC. on the  
 (Contractor or Subcontractor)

McAllen Health Clinic; that during the payroll period commencing on the  
 (Building or Work)  
12 day of Jan., 2026, and ending the 18 day of Jan., 2026,

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

OBG Painting LLC. 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

REMARKS:

NAME AND TITLE <u>Orlando Blanco</u>	SIGNATURE 
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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 3729 OF TITLE 31 OF THE UNITED STATES CODE.

**DOL WH-347 | Payroll Form**

U.S. Department of Labor  
Wage and Hour Division

**PAYROLL**

See instructions at <https://www.tdhca.texas.gov/sites/default/files/pdf/WH-347-PayrollFormInstructions.pdf>

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 121 Suzanne St. San Benito, Tx 78586  
 OBG Painting LLC. OMB No. 1235-0008 Expires 09/30/2026

PAYROLL NO. 8 FOR WEEK ENDING 01/25/2026 PROJECT AND LOCATION McAllen Health Clinic PROJECT OR CONTRACT NO. 24-047  
 529 N Cynthia St. McAllen, Tx 78574

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK
				M	T	W	Th	F	S	Su				FICA	WITH-HOLDING TAX	OTHER	TOTAL DEDUCTIONS		
				19	20	21	22	23	24	25									
Luis Enrique Garcia 4175		Tape and Float, Paint	O	x	x	x	x	x			40	24	970	00	00	00	00	00	\$970.00
Joel Blanco 0726		Tape and Float, Paint	O	x	x	x	x	x			40	25	1000	00	00	00	00	00	\$1000.00
Oscar Garcia 5952		Tape and Float, Paint	O	x	x	x	x	x			40	24	970	00	00	00	00	00	\$970.00
Brandon Blanco 6018		Tape and Float, Paint	O	x	x	x	x	x			40	25	1000	00	00	00	00	00	\$1000.00
Pedro Garza 0986		Tape and Float, Paint	O	x	x	x	x	x			40	24	970	00	00	00	00	00	\$970.00

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

# DOL WH-348 | Statement of Compliance

Date 01/19/2026

I, Orlando Blanco Owner  
 (Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by  
OBG Painting LLC. on the  
 (Contractor or Subcontractor)

McAllen Health Clinic; that during the payroll period commencing on the  
 (Building or Work)  
19 day of Jan., 2026, and ending the 25 day of Jan., 2026,

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

OBG Painting LLC. 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

REMARKS:

NAME AND TITLE Orlando Blanco	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 3729 OF TITLE 31 OF THE UNITED STATES CODE.







**DOL WH-347 | Payroll Form**

U.S. Department of Labor  
Wage and Hour Division

**PAYROLL**

See instructions at <https://www.tdhca.texas.gov/sites/default/files/pdf/WH-347-PayrollFormInstructions.pdf>

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 9970 North Moorfield Rd, Mission, Texas 7857311  
 Lopez Carpets

OMB No. 1235-0008  
Expires 09/30/2026

PAYROLL NO. 3 FOR WEEK ENDING 01/03/2026 PROJECT AND LOCATION Hidalgo County Health Clinic, McAllen Texas PROJECT OR CONTRACT NO.

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS				(9) NET WAGES PAID FOR WEEK	
			OT OR ST.	S	M	T	W	T	F				S	FICA	WITH- HOLDING TAX	OTHER		TOTAL DEDUCTIONS
				28	29	30	31	1	2				3					
Santiago Lopez Jr - 5389	1	Flooring Installer	O										/					850.50
			S	10.00	10.00	10.00		10.00			40.00	25.00		\$1,000.00	\$76.50	\$73.00		
Esteban Lopez - 7852	1	Flooring Installer	O										/					\$509.10
			S	10.00	10.00	10.00		10.00			40.00	15.00		\$600.00	\$45.90	\$45.00		
Modesto Castro - 4514	1	Flooring Installer	O										/					\$661.39
			S	10.00	10.00	10.00		10.00			40.00	18.50		\$740.00	\$56.61	\$22.00		
			O										/					
			S															
			O										/					
			S															
			O										/					
			S															
			O										/					
			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 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

# DOL WH-348 | Statement of Compliance

Date 2/11/26

I, Magdalena Lopez Payroll  
 (Name of Signatory Party) (Title)

do hereby state:

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

Hidalgo County Health Clinic; that during the payroll period commencing on the  
 (Building or Work)  
22 day of December, 2025, and ending the 3 day of January, 2026,

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

Lopez Carpets 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

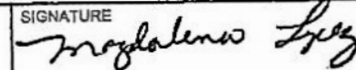
- Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE  
 Magdalena Lopez  
 Payroll

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 3729 OF TITLE 31 OF THE UNITED STATES CODE.

**DOL WH-347 | Payroll Form**

U.S. Department of Labor  
Wage and Hour Division

**PAYROLL**

See instructions at <https://www.tdhca.texas.gov/sites/default/files/pdf/WH-347-PayrollFormInstructions.pdf>

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



WAGE AND HOUR DIVISION

Revised December 2008

NAME OF CONTRACTOR  OR SUBCONTRACTOR  ADDRESS 9970 North Moorfield Rd, Mission, Texas 7857311

Lopez Carpets

OMB No. 1235-0008  
Expires 09/30/2026

PAYROLL NO. 4 FOR WEEK ENDING 01/10/2026 PROJECT AND LOCATION Hidalgo County Health Clinic, McAllen Texas PROJECT OR CONTRACT NO.

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS				(9) NET WAGES PAID FOR WEEK					
			OT OR ST.	S	M	T	W	T	F				S	FICA	WITH- HOLDING TAX	OTHER		TOTAL DEDUCTIONS				
				4	5	6	7	8	9				10									
No Work			O																			
			S																			
			O																			
			S																			
			O																			
			S																			
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			S																			
			O																			
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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

# DOL WH-348 | Statement of Compliance

Date 2/11/26

I, Magdalena Lopez Payroll  
 (Name of Signatory Party) (Title)

do hereby state:

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

Lopez Carpets

(Contractor or Subcontractor) on the

Hidalgo County Health Clinic

; that during the payroll period commencing on the

(Building or Work)

4 day of January, 2025, and ending the 10 day of January, 2026,

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

Lopez Carpets

(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

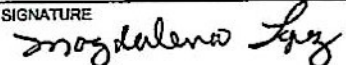
- Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE  
 Magdalena Lopez  
 Payroll

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 3729 OF TITLE 31 OF THE UNITED STATES CODE.

**PAYROLL**

See instructions at <https://www.idhca.texas.gov/sites/default/files/pdf/WH-347-PayrollFormInstructions.pdf>

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 9970 North Moorfield Rd, Mission, Texas 7857311  
 Lopez Carpets

OMB No. 1235-0008  
Expires 09/30/2026

PAYROLL NO. 5 FOR WEEK ENDING 01/17/2026 PROJECT AND LOCATION Hidalgo County Health Clinic, McAllen Texas PROJECT OR CONTRACT NO.

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK
			OT OR ST.	S	M	T	W	T	F				S	FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS	
				11	12	13	14	15	16				17					
No Work			O															
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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

# DOL WH-348 | Statement of Compliance

Date 2/11/26

I, Magdalena Lopez Payroll  
 (Name of Signatory Party) (Title)

do hereby state:

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

Hidalgo County Health Clinic; that during the payroll period commencing on the  
 (Building or Work)  
1 day of January, 2025, and ending the 17 day of January, 2026,

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

Lopez Carpets 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

REMARKS:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

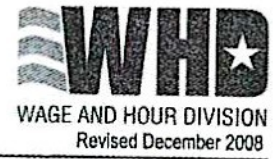
NAME AND TITLE: Magdalena Lopez Payroll SIGNATURE: *Magdalena Lopez*

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 3729 OF TITLE 31 OF THE UNITED STATES CODE.

**PAYROLL**

See instructions at <https://www.tdhca.texas.gov/sites/default/files/pdf/WH-347-PayrollFormInstructions.pdf>

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NAME OF CONTRACTOR  OR SUBCONTRACTOR  ADDRESS 9970 North Moorfield Rd, Mission, Texas 7857311

Lopez Carpets

OMB No. 1235-0008  
Expires 09/30/2026

PAYROLL NO. 6 FOR WEEK ENDING 01/24/2026 PROJECT AND LOCATION Hidalgo County Health Clinic, McAllen Texas PROJECT OR CONTRACT NO.

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS				(9) NET WAGES PAID FOR WEEK				
			S	M	T	W	T	F	S				FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS					
			18	19	20	21	22	23	24												
No Work			O																		
			S																		
			O																		
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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

# DOL WH-348 | Statement of Compliance

Date 2/11/26

I, Magdalena Lopez Payroll  
 (Name of Signatory Party) (Title)

do hereby state:

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

Lopez Carpets on the

(Contractor or Subcontractor)

Hidalgo County Health Clinic; that during the payroll period commencing on the

(Building or Work)

18 day of January, 2025, and ending the 24 day of January, 2026,

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

Lopez Carpets 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:

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(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

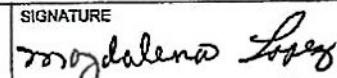
— Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE  
 Magdalena Lopez  
 Payroll

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 3729 OF TITLE 31 OF THE UNITED STATES CODE.

**PAYROLL**

See instructions at <https://www.tdhca.texas.gov/sites/default/files/pdf/WH-347-PayrollFormInstructions.pdf>

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WAGE AND HOUR DIVISION  
Revised December 2008

OMB No. 1235-0008  
Expires 09/30/2026

NAME OF CONTRACTOR  OR SUBCONTRACTOR  ADDRESS 9970 North Moorfield Rd, Mission, Texas 7857311

Lopez Carpets

PAYROLL NO. 7 FOR WEEK ENDING 01/31/2026 PROJECT AND LOCATION Hidalgo County Health Clinic, McAllen Texas PROJECT OR CONTRACT NO.

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS				(9) NET WAGES PAID FOR WEEK
			S	M	T	W	T	F	S				FICA	WITH- HOLDING TAX	OTHER	TOTAL DEDUCTIONS	
			25	26	27	28	28	30	31								
No Work			O								/						
			S								/						
			O								/						
			S								/						
			O								/						
			S								/						
			O								/						
			S								/						
			O								/						
			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 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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# DOL WH-348 | Statement of Compliance

Date 2/11/26

I, Magdalena Lopez Payroll  
 (Name of Signatory Party) (Title)

do hereby state:

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

Hidalgo County Health Clinic; that during the payroll period commencing on the  
 (Building or Work)

25 day of January, 2025, and ending the 31 day of January, 2026,

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

Lopez Carpets 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

REMARKS:

NAME AND TITLE: Magdalena Lopez Payroll  
 SIGNATURE: Magdalena Lopez

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 3729 OF TITLE 31 OF THE UNITED STATES CODE.

celso gonzalez  
construction, inc.  
Since 1957

Line Item #17 - \$5000.00

Balance of invoice at cost to contractor.

**INVOICE #102 - 2025**

November 4, 2025

<b>BILL TO</b>
RGV Construction CO Tony Flores P.O. Box 720137, McAllen, Texas 78504

<b>PROJECT</b>
Hidalgo County Health Clinic - McAllen 529 N. Cynthia Street McAllen, Tx 78501

Description	Amount
<b>Services rendered:</b>	
1 Terracotta Modular Brick (60 pallets @ 525)	7350.00 ea 0.95 \$ 6,982.50
2 frieght	1.00 ea 50 \$ 50.00
	<b>Balance due = \$ 7,032.50</b>

*Thank you for your business....!*

Invoice due upon receipt

Make checks payable to: Celso Gonzalez Construction, Inc.

**PAID** 7,032.50  
2-2-26  
# 4410

# RGV CONSTRUCTION LLC \*\*\*8780 8780

Last Updated: March 13, 2026 9:58 AM

- Current Balance
- Available Balance
- Transactions
- Details & Settings

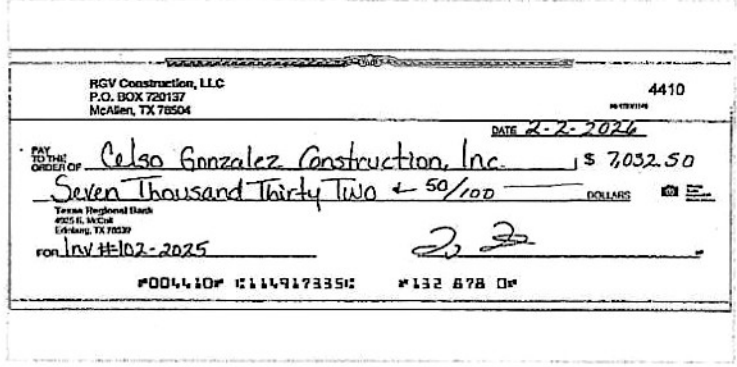
Q 4410 X

Date	Description	Amount
FEB 4 2026	Check - 4410	-\$7,032.50

Details More Details

### Statement Description:

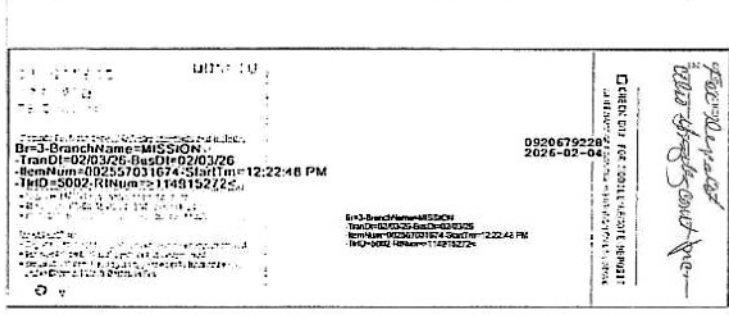
Check  
 Date: 2/4/2026  
 Type: Debit - Check 4410



< 1 of 2 >

### Statement Description:

Check  
 Date: 2/4/2026  
 Type: Debit - Check 4410



< 2 of 2 >