BEFORE THE
LABOR AND INDUSTRIAL RELATIONS COMMISSION
JEFFERSON CITY, MISSOURI

HAND CARRIED

In the Matter of: Objection to Annual Wage Order No. 22

On Behalf of:

Eastern Missouri Laborers' District Council
And its affiliated Local Unions,
Objectors.

FILED

APR - 7 2015

LABOR AND INDUSTRIAL
RELATIONS COMMISSION

OBJECTION TO ANNUAL WAGE ORDER NO. 22

COMES NOW Objectors, Eastern Missouri Laborers' District Council and its affiliated Local Unions, and files its objection to Annual Wage Order No. 22 for Howard County and states as a basis therefore the following:

1. A review of Annual Wage Order No. 22, as filed with the Secretary of State, indicates that the Division of Labor Standards set the Building Construction wage rate for the Occupational Title of General Laborer in Howard County at $11.00. It is the belief of Objector that the rate of $11.00 was set with 9.5 hours submitted to the Division of Labor Standards.
2. GloveCon Incorporated performed construction work in Howard County for the Fayette Public School District on the Kitchen Renovations Project at the Daly/Clark Middle School. This work was performed during the months of May through August of 2014. GloveCon Incorporated employed workmen classified as General Laborer on said project.
3. GloveCon Incorporated paid workmen classified as General Laborer $32.90 per hour for a total of 178 hours on the Kitchen Renovation Project at the Daly/Clark Middle School. These hours were paid at a non-collective bargaining agreement

rate. This information is contained in the attached certified payroll report of GloveCon Incorporated.

WHEREFORE, Objectors respectfully request the Commission to issue an Order changing the Building Construction Wage Rate for the Occupational Title of General Laborer in Howard County to $32.90.

Respectfully Submitted:

Patrick R. Pryor 38293
3450 Hollenberg Drive
Bridgeton MO 63044
314-739-7270

955 6/24/14

MHC Network® Dodge project : Daly/Clark Middle School Kitchen/Cafeteria (Renovation)

Project summary

Updated:
Added:
Reported: 06/23/2014
First issue: 10/16/2013
Last issue: 01/22/2014
Source: MHC Dodge® project report
Report no. 13-653639
Ver: 6

LECET

Local: 955
B/H: B
Region: MWST
DC: EMOD

Daly/Clark Middle School Kitchen/Cafeteria (Renovation)

Work: Alterations
Value: $625,000
Stage: Start
Bidding:
Type: Middle/Senior High School
Bid time: (CST)
Ownership: Local Government
Bids to: Owner (Public)
Sq. ft.:
Start: 06/2014
Buildings: 0
Finish: 10/2014
Stories: (0 above, 0 below)

Status

Construction underway

Location

704 LUCKY ST
FAYETTE , MO (Howard County)
United States 65248-1139

Owner (Public)

Fayette R-III School District
Jim Judd
Phone: 660-248-2153
Fax:

Architect

Facility Solutions Group
Rick Bischoff
Phone: 636-537-2355
Fax:

GC

Facility Solutions Group
Bill Rice
Phone: 636-537-0203
Fax:

Project details

Status : Construction underway
CRMW10
Valuation : $500,000 - $749,999
Project types :
Submit bids to : Owner (Public)
Target bid date : n/a
Target start date : 06/2014
Target completion date : 10/2014
Bond remarks : n/a
Bid bond : n/a
Payment bond : n/a
Performance bond : n/a
Permit title : n/a
Permit issued : n/a

Action stages :
Plans available from : Architect
Architectural plans by : n/a
Electrical plans by : n/a
Mechanical plans by : n/a
Structural plans by : n/a
Plan remarks : n/a
Scan number : n/a
Scan version : n/a
Deposit amount : n/a
Percent refund : n/a
Plans location : n/a

Contracting method : Design-Bid-Build
Sub contracts : n/a
Contract # : n/a
Owner type : Local Government
Source of funds : n/a
Special code : n/a
Type of work : Alterations

Number of buildings : n/a
Sq. ft. : n/a
Stories above : n/a
Stories below : n/a
Dimensions : n/a

Structural : n/a
Features info : n/a
Item includes : n/a
Sub projects : No Sub Projects Found.

Companies in my profile

Company name		Company tracking
Firms		
Fayette R-III School District	**Contact:** Jim Judd	
Role: Owner (Public)	**Position:** Superintendent	

Address: 704 Lucky St **City:** Fayette **County:** Howard County **State:** MO **Zip code:** 65248-1140 **Website:** http://www.fayette.k12.mo.us **Union Status:**	**Phone:** 660-248-2153 **Fax:** **Email:** jjudd@fayette.k12.mo.us	
Facility Solutions Group **Role:** Architect **Address:** 901 Horan Dr **City:** Fenton **County:** St. Louis County **State:** MO **Zip code:** 63026-2401 **Website:** http://www.fsg-stl.com/index.html **Union Status:**	**Contact:** Rick Bischoff **Position:** PE **Phone:** 636-537-2355 **Fax:** **Email:**	
Facility Solutions Group **Role:** General Contractor **Address:** 901 HORAN DR **City:** FENTON **County:** St. Louis County **State:** MO **Zip code:** 63026-2419 **Website:** http://www.fsg-stl.com/index.html **Union Status:**	**Contact:** Bill Rice **Position:** PA **Phone:** 636-537-0203 **Fax:** **Email:** brice@emr-stl.com	

Bidders

No related bidders found

Low bidders

No related low bidders found

CSI information

No CSI information found

Notes	Created by	Date created
No notes found		

PAYMENT APPLICATION

TO:	Fayette Public School District 705 Lucky Street Fayette, MO 65248 Attn:	PROJECT NAME AND LOCATION:	Fayette Public Schools Kitchen Renovations 704 Lucky Street	APPLICATION # PERIOD THRU: PROJECT #s:	3 06/11/2014
FROM:	GloveCon Incorporated 210 East 6th Street Fulton, Missouri 65251	ARCHITECT:		DATE OF CONTRACT:	02/01/2014
FOR:	Fayette Public Schools				

Distribution to:
- ☐ OWNER
- ☐ ARCHITECT
- ☐ CONTRACTOR
- ☐
- ☐

Teresa Lore, Controller 573-642-6363

Contractor's signature below is his assurance to Owner, concerning the payment herein applied for, that: (1) the Work has been performed as required in the Contract Documents, (2) all sums previously paid to Contractor under the Contract have been used to pay Contractor's costs for labor, materials and other obligations under the Contract for Work previously paid for, and (3) Contractor is legally entitled to this payment.

CONTRACTOR: GloveCon Incorporated

By: _____ Date: 6/19/14

ARCHITECT'S CERTIFICATION

Architect's signature below is his assurance to Owner, concerning the payment herein applied for, that: (1) Architect has inspected the Work represented by this Application, (2) such Work has been completed to the extent indicated in this Application, and the quality of workmanship and materials conforms with the Contract Documents, (3) this Application for Payment accurately states the amount of Work completed and payment due therefor, and (4) Architect knows of no reason why payment should not be made.

CERTIFIED AMOUNT..... _____

(If the certified amount is different from the payment due, you should attach an explanation. Initial all the figures that are changed to match the certified amount.)

ARCHITECT:

By: _____ Date: _____

Neither this Application nor payment applied for herein is assignable or negotiable. Payment shall be made only to Contractor, and is without prejudice to any rights of Owner or Contractor under the Contract Documents or otherwise.

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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

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

NAME OF CONTRACTOR ☑ OR SUBCONTRACTOR ☐

ADDRESS

OMB No.: 1235-0008
Expires: 1/31/2015

PAYROLL NO. 2

FOR WEEK ENDING 05/21/2014

PROJECT AND LOCATION Kitchen Renovations

PROJECT OR CONTRACT NO.

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) # Ex	(3) WORK CLASSIFICATION	O T or S T	(4) DAY AND DATE Th 05/15	Fr 05/16	Sa 05/17	Su 05/18	Mo 05/19	Tu 05/20	We 05/21	(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED PROJECT / ALL	(8) DEDUCTIONS FICA	WITH-HOLDING TAX	STATE TAX	LOCAL TAX	OTHER	TOTAL DED.	(9) NET WAGES PAID FOR WEEK
				HOURS WORKED EACH DAY																
Blake Niedergerke	0	General Laborer	O	0	0	0	0	0	0	0	0	47.94	255.68	114.99	285.27	0.00	0.00	0.00	400.26	1102.84
xxx-xx-1324		Sex: Ethnicity:	S	0	0	0	0	3	3	2	8	31.96	1503.10							# DD
		Operator - Group II	O	0	0	0	0	0	0	0	0	71.42	1047.42							
		Sex: Ethnicity:	S	0	0	0	0	7	7	8	22	47.61								
Coby Grimm	0	General Laborer	O	4.5	6.5	0	0	0	0	0	11	48.14	545.59	173.60	492.04	0.00	0.00	0.00	665.64	1603.62
xxx-xx-4900		Sex: M Ethnicity:	S	0.5	0	0	0	0	0	0	0.5	32.09	2269.26							# 28520
		Operator - Group II	O	0	0	0	0	0	0	0	0	71.61	71.61							
		Sex: M Ethnicity:	S	0	1.5	0	0	0	0	0	1.5	47.74								
		Plumber	O	0	0	0	0	0	0	0	0	90.14	180.27							
		Sex: M Ethnicity:	S	0	3	0	0	0	0	0	3	60.09								
Darrell Lander	1	Carpenter	O	2	0	0	0	3	0	0	5	56.19	730.47	172.56	344.92	0.00	0.00	0.00	517.48	1738.17
xxx-xx-7403		Sex: M Ethnicity:	S	0	0	0	0	2	4	6	12	37.46	2255.65							# 28521
		General Laborer	O	0	2	0	0	0	0	0	2	47.73	95.46							
		Sex: M Ethnicity:	S	0	0	0	0	0	0	0	0	27.36								
		Operator - Group II	O	0	3	0	0	0	0	0	3	71.21	688.33							
		Sex: M Ethnicity:	S	6	2	0	0	0	2	0	10	47.47								

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.

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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

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

NAME OF CONTRACTOR ☑ OR SUBCONTRACTOR ☐

ADDRESS

OMB No.: 1235-0008
Expires: 1/31/2015

PAYROLL NO. 2

FOR WEEK ENDING 05/21/2014

PROJECT AND LOCATION Kitchen Renovations

PROJECT OR CONTRACT NO.

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) # Ex	(3) WORK CLASSIFICATION	O T or S T	(4) DAY AND DATE HOURS WORKED EACH DAY Th 05/15	Fr 05/16	Sa 05/17	Su 05/18	Mo 05/19	Tu 05/20	We 05/21	(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED PROJECT / ALL	(8) DEDUCTIONS FICA	WITH-HOLDING TAX	STATE TAX	LOCAL TAX	OTHER	TOTAL DED.	(9) NET WAGES PAID FOR WEEK
Darrell Lander	1	Plumber	O	0	0	0	0	0	0	0	0	89.75	179.49	172.56	344.92	0.00	0.00	0.00	517.48	1738.17
xxx-xx-7403		Sex: M Ethnicity:	S	0	3	0	0	0	0	0	3	59.83	2255.65							# 28521
Justin D Cunningham 1331Big Rock Drive Fulton, MO 65251 xxx-xx-4979	2	Operator - Group II	O	0	0	0	0	0	0	0	0	70.04	466.90	81.10	94.40	43.00	0.00	55.80	274.30	841.60
		Sex: M Ethnicity:	S	10	0	0	0	0	0	0	10	46.69	1115.90							# 28514
Scott Robinett	0	General Laborer	O	0	5	0	0	0	0	0	5	49.35	246.75	175.70	499.72	0.00	0.00	0.00	675.42	1621.26
		Sex: Ethnicity:	S	0	0	0	0	0	0	0	0	27.36	2296.68							# 28527
		Plumber	O	0	3	0	0	0	0	0	3	91.55	274.65							
		Sex: Ethnicity:	S	0	0	0	0	0	0	0	0	0.00								
Willie Nelson	0	General Laborer	O	0	3	0	0	0	0	0	3	47.94	143.82	196.69	576.57	0.00	0.00	0.00	773.26	1797.87
		Sex: Ethnicity:	S	0	0	0	0	0	0	0	0	27.36	2571.13							# 28524
		Operator - Group II	O	0	5	0	0	0	0	0	5	71.42	357.10							
		Sex: Ethnicity:	S	0	0	0	0	0	0	0	0	0.00								
		Plumber	O	0	3	0	0	0	0	0	3	90.14	270.42							
		Sex: Ethnicity:	S	0	0	0	0	0	0	0	0	0.00								
			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.

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Date 05/30/2014

I, Teresa C. Love (Name of Signatory Party) Controller (Title)

do hereby state:

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

_____ on the
(Contractor or Subcontractor)

Kitchen Renovations ; that during the payroll period commencing
(Building or Work)

on the 22 day of May , 2014 , and ending the 28 day of May , 2014 , 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

_____ from the
(Contractor or Subcontractor)

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	SIGNATURE
Teresa C. Love Controller	Teresa Love

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

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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

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

NAME OF CONTRACTOR ☑ OR SUBCONTRACTOR ☐

ADDRESS

OMB No.: 1235-0008
Expires: 1/31/2015

PAYROLL NO. 3

FOR WEEK ENDING 05/28/2014

PROJECT AND LOCATION Kitchen Renovations

PROJECT OR CONTRACT NO.

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) # Ex	(3) WORK CLASSIFICATION	OT or ST	(4) DAY AND DATE Th 05/22	Fr 05/23	Sa 05/24	Su 05/25	Mo 05/26	Tu 05/27	We 05/28	(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED PROJECT / ALL	(8) DEDUCTIONS FICA	WITH-HOLDING TAX	STATE TAX	LOCAL TAX	OTHER	TOTAL DED.	(9) NET WAGES PAID FOR WEEK
				HOURS WORKED EACH DAY																
Andy Hudson	0	Cement Mason	O	0	0	0	0	0	0	0	0	54.14	108.27	87.41	195.15	0.00	0.00	0.00	282.56	860.05
xxx-xx-0920		Sex: M Ethnicity:	S	0	0	0	0	0	0	3	3	36.09	1142.61							# DD
Blake Niedergerke	0	Cement Mason	O	0	0	0	0	0	0	0	0	54.21	180.70	94.32	217.72	0.00	0.00	0.00	312.04	920.86
xxx-xx-1324		Sex: Ethnicity:	S	0	0	0	0	0	5	0	5	36.14	1232.90							# DD
		General Laborer	O	0	0	0	0	0	0	0	0	47.94	479.40							
		Sex: Ethnicity:	S	5	5	0	0	0	5	0	15	31.96								
Coby Grimm	0	Carpenter	O	0	0	0	0	0	0	0	0	56.60	113.19	46.44	75.85	0.00	0.00	0.00	122.29	484.79
xxx-xx-4900		Sex: M Ethnicity:	S	0	0	0	0	3	0	0	3	37.73	607.08							# 28596
		Cement Mason	O	0	0	0	0	0	0	0	0	54.41	253.89							
		Sex: M Ethnicity:	S	0	0	0	0	0	2	5	7	36.27								
Darrell Lander	1	Carpenter	O	0	0	0	0	0	0	0	0	56.19	749.20	120.80	183.64	0.00	0.00	0.00	304.44	1274.64
xxx-xx-7403		Sex: M Ethnicity:	S	6	0	0	0	0	7	7	20	37.46	1579.08							# 28596
		Cement Mason	O	0	0	0	0	0	0	0	0	54.00	108.00							
		Sex: M Ethnicity:	S	0	0	0	0	0	0	3	3	36.00								
		General Laborer	O	0	3	0	0	0	0	0	3	54.00	177.91							
		Sex: M Ethnicity:	S	0	0.5	0	0	0	0	0	0.5	31.82								

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Wage and Hour Division

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

NAME OF CONTRACTOR ☑ OR SUBCONTRACTOR ☐

ADDRESS

OMB No.: 1235-0008
Expires: 1/31/2015

PAYROLL NO. 3

FOR WEEK ENDING 05/28/2014

PROJECT AND LOCATION Kitchen Renovations

PROJECT OR CONTRACT NO.

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Darrell Lander	1	Plumber	O	0	0	0	0	0	0	0	0	89.75	89.75	120.80	183.64	0.00	0.00	0.00	304.44	1274.64
xxx-xx-7403		Sex: M Ethnicity:	S	0	1.5	0	0	0	0	0	1.5	59.83	1579.06							# 28598
Scott Robinett	0	Carpenter	O	0	0	0	0	0	0	0	0	57.81	115.62	81.05	174.37	0.00	0.00	0.00	255.42	804.08
		Sex: Ethnicity:	S	0	0	0	0	0	0	3	3	38.54	1059.50							# 28604
		Cement Mason	O	0	0	0	0	0	0	0	0	54.21	252.98							
		Sex: Ethnicity:	S	4	0	0	0	0	0	3	7	36.14								
		General Laborer	O	0	0	0	0	0	0	0	0	49.35	690.90							
		Sex: Ethnicity:	S	1	5	0	0	0	10	5	21	32.90								
Willie Nelson	0	Carpenter	O	0	0	0	0	0	0	0	0	56.40	112.80	93.97	216.58	0.00	0.00	0.00	310.55	917.78
		Sex: Ethnicity:	S	0	0	0	0	0	3	0	3	37.60	1228.33							# 28601
		Cement Mason	O	0	0	0	0	0	0	0	0	54.21	216.84							
		Sex: Ethnicity:	S	4	0	0	0	0	0	2	6	36.14								
		Electrician	O	0	0	0	0	0	0	0	0	65.64	153.16							
		Sex: Ethnicity:	S	0	1.5	0	0	0	2	0	3.5	43.76								
		General Laborer	O	0	0	0	0	0	0	0	0	47.94	303.62							
		Sex: Ethnicity:	S	1	3.5	0	0	0	5	0	9.5	31.96								

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.

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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

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

OMB No.: 1235-0008
Expires: 1/31/2015

NAME OF CONTRACTOR ☑ OR SUBCONTRACTOR ☐

ADDRESS

PAYROLL NO. 3

FOR WEEK ENDING 05/28/2014

PROJECT AND LOCATION Kitchen Renovations

PROJECT OR CONTRACT NO.

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) # Ex	(3) WORK CLASSIFICATION	OT or ST	(4) DAY AND DATE Th 05/22	Fr 05/23	Sa 05/24	Su 05/25	Mo 05/26	Tu 05/27	We 05/28	(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED PROJECT / ALL	(8) DEDUCTIONS FICA	WITH-HOLDING TAX	STATE TAX	LOCAL TAX	OTHER	TOTAL DED.	(9) NET WAGES PAID FOR WEEK
				HOURS WORKED EACH DAY																
Willie Nelson	0	Operator - Group II	O	0	0	0	0	0	0	0	0	71.42	142.83	93.97	216.58	0.00	0.00	0.00	310.55	917.78
		Sex: Ethnicity:	S	0	0	0	0	0	0	3	3	47.61	1228.33							# 28601
			O																	
			S																	
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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.

Date 06/06/2014

I, Teresa C. Love (Name of Signatory Party) Controller (Title)

do hereby state:

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

_____ on the
(Contractor or Subcontractor)

Kitchen Renovations ; that during the payroll period commencing
(Building or Work)

on the 29 day of May , 2014 , and ending the 04 day of June ,
2014 , 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

_____ from the
(Contractor or Subcontractor)

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	SIGNATURE
Teresa C. Love Controller	Teresa Love

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

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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

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

NAME OF CONTRACTOR ☑ OR SUBCONTRACTOR ☐

ADDRESS

OMB No.: 1235-0008
Expires: 1/31/2015

PAYROLL NO. 4

FOR WEEK ENDING 06/04/2014

PROJECT AND LOCATION Kitchen Renovations

PROJECT OR CONTRACT NO.

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) # Ex	(3) WORK CLASSIFICATION	O T or S T	(4) DAY AND DATE Th 05/29	Fr 05/30	Sa 05/31	Su 06/01	Mo 06/02	Tu 06/03	We 06/04	(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED PROJECT / ALL	(8) DEDUCTIONS FICA	WITH-HOLDING TAX	STATE TAX	LOCAL TAX	OTHER	TOTAL DED.	(9) NET WAGES PAID FOR WEEK
				HOURS WORKED EACH DAY																
Andy Hudson	0	General Laborer	O	0	0	0	0	0	0	0	0	47.94	671.16	97.86	229.29	0.00	0.00	0.00	327.15	952.03
xxx-xx-0920		Sex: M Ethnicity:	S	0	0	0	0	3	10	8	21	31.96	1279.18							# DD
Blake Niedergerke	0	General Laborer	O	0	0	0	0	0	0	0	0	47.94	447.44	128.93	330.82	0.00	0.00	0.00	459.75	1225.55
xxx-xx-1324		Sex: Ethnicity:	S	0	0	0	0	6	2	6	14	31.96	1685.30							# DD
		Operator - Group II	O	0	0	0	0	0	0	0	0	71.42	761.76							
		Sex: Ethnicity:	S	0	0	0	0	4	8	4	16	47.61								
Coby Grimm	0	General Laborer	O	0	0	0	0	0	0	0	0	48.14	272.77	62.99	115.34	0.00	0.00	0.00	178.33	645.03
xxx-xx-4900		Sex: M Ethnicity:	S	8.5	0	0	0	0	0	0	8.5	32.09	823.36							# 28669
Darrell Lander	1	Carpenter	O	0	0	0	0	0	0	0	0	56.19	1086.34	114.63	171.54	0.00	0.00	0.00	286.17	1212.23
xxx-xx-7403		Sex: M Ethnicity:	S	8	0	0	0	7	8	6	29	37.46	1498.40							# 28672
Justin D Cunningham 1331Big Rock Drive Fulton, MO 65251 xxx-xx-4979	2	General Laborer	O	0	0	0	0	0	0	0	0	46.56	108.64	124.38	179.26	76.00	0.00	85.57	465.21	1246.21
		Sex: M Ethnicity:	S	0	0	0	0	2	1.5	0	3.5	31.04	1711.42							# 28663
		Operator - Group II	O	0	0	0	0	0	0	0	0	70.04	233.45							
		Sex: M Ethnicity:	S	0	0	0	0	5	0	0	5	46.69								
Scott Robinett	0	General Laborer	O	0	0	0	0	0	0	0	0	49.35	1316.00	100.67	238.50	0.00	0.00	0.00	339.17	976.83
		Sex: Ethnicity:	S	10	0	0	0	10	10	10	40	32.90	1316.00							# 28677

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

Public Burden Statement

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U.S. Department of Labor
Wage and Hour Division

PAYROLL

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

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

NAME OF CONTRACTOR ☑ OR SUBCONTRACTOR ☐

ADDRESS

OMB No.: 1235-0008
Expires: 1/31/2015

PAYROLL NO. 4

FOR WEEK ENDING 06/04/2014

PROJECT AND LOCATION Kitchen Renovations

PROJECT OR CONTRACT NO.

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) # Ex	(3) WORK CLASSIFICATION	OT or ST	(4) DAY AND DATE Th 05/29	Fr 05/30	Sa 05/31	Su 06/01	Mo 06/02	Tu 06/03	We 06/04	(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED PROJECT / ALL	(8) DEDUCTIONS FICA	WITH-HOLDING TAX	STATE TAX	LOCAL TAX	OTHER	TOTAL DED.	(9) NET WAGES PAID FOR WEEK
				HOURS WORKED EACH DAY																
Willie Nelson	0	General Laborer	O	0	0	0	0	0	0	0	0	47.94	479.40	120.79	304.22	0.00	0.00	0.00	425.01	1153.89
		Sex: Ethnicity:	S	0	0	0	0	6	6.5	2.5	15	31.96	1578.90							# 28675
		Operator - Group II	O	0	0	0	0	0	0	0	0	71.42	499.91							
		Sex: Ethnicity:	S	0	0	0	0	3	1.5	6	10.5	47.61								
		Teamster	O	0	0	0	0	0	0	0	0	54.51	163.53							
		Sex: Ethnicity:	S	0	0	0	0	1	2	1.5	4.5	36.34								
			O																	
			S																	
			O																	
			S																	
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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.

Date 06/12/2014

I, Teresa C. Love (Name of Signatory Party) Controller (Title)

do hereby state:

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

_____ on the
(Contractor or Subcontractor)

Kitchen Renovations ; that during the payroll period commencing
(Building or Work)

on the 05 day of June , 2014 , and ending the 11 day of June , 2014 , 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

_____ from the
(Contractor or Subcontractor)

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	SIGNATURE
Teresa C. Love Controller	Teresa Love

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

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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

NAME OF CONTRACTOR ☑ OR SUBCONTRACTOR ☐

ADDRESS

OMB No.: 1235-0008
Expires: 1/31/2015

PAYROLL NO. 5

FOR WEEK ENDING 06/11/2014

PROJECT AND LOCATION Kitchen Renovations

PROJECT OR CONTRACT NO.

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) # Ex	(3) WORK CLASSIFICATION	O T or S T	(4) DAY AND DATE Th 06/05	Fr 06/06	Sa 06/07	Su 06/08	Mo 06/09	Tu 06/10	We 06/11	(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED PROJECT / ALL	(8) DEDUCTIONS FICA	WITH-HOLDING TAX	STATE TAX	LOCAL TAX	OTHER	TOTAL DED.	(9) NET WAGES PAID FOR WEEK
				HOURS WORKED EACH DAY																
Blake Niedergerke	0	General Laborer	O	0	0	0	0	0	0	0	0	47.94	527.34	97.37	227.70	0.00	0.00	0.00	325.07	947.73
xxx-xx-1324		Sex: Ethnicity:	S	5.5	0	0	0	2	9	0	16.5	31.96	1272.80							# DD
		Operator - Group II	O	0	0	0	0	0	0	0	0	71.42	95.22							
		Sex: Ethnicity:	S	2	0	0	0	0	0	0	2	47.61								
		Teamster	O	0	0	0	0	0	0	0	0	54.51	36.34							
		Sex: Ethnicity:	S	0	0	0	0	0	1	0	1	36.34								
Darrell Lander	1	Carpenter	O	0	0	0	0	0	0	0	0	56.19	1030.15	113.59	169.50	0.00	0.00	0.00	283.09	1201.74
xxx-xx-7403		Sex: M Ethnicity:	S	7.5	0	0	0	2	10	8	27.5	37.46	1484.63							# 28702
Justin D Cunningham 1331Big Rock Drive Fulton, MO 65251 xxx-xx-4979	2	General Laborer	O	0	0	0	0	0	0	0	0	46.56	217.28	95.50	122.63	54.00	0.00	65.70	337.83	976.18
		Sex: M Ethnicity:	S	0	0	0	0	3	4	0	7	31.04	1314.01							# 28693
		Operator - Group II	O	0	0	0	0	0	0	0	0	70.04	46.69							
		Sex: M Ethnicity:	S	0	0	0	0	1	0	0	1	46.69								
Scott Robinett	0	General Laborer	O	0	0	0	0	0	0	0	0	49.35	904.75	69.21	135.68	0.00	0.00	0.00	204.89	699.86
		Sex: Ethnicity:	S	7.5	0	0	0	10	0	10	27.5	32.90	904.75							# 28708
Willie Nelson	0	General Laborer	O	0	0	0	0	0	0	0	0	47.94	351.56	123.41	312.80	0.00	0.00	0.00	436.21	1177.02
		Sex: Ethnicity:	S	2	0	0	0	1	3	5	11	31.96	1613.23							# 28705

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Public Burden Statement

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U.S. Department of Labor
Wage and Hour Division

PAYROLL

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

OMB No.: 1235-0008
Expires: 1/31/2015

NAME OF CONTRACTOR ☑ OR SUBCONTRACTOR ☐

ADDRESS

PAYROLL NO.: 5

FOR WEEK ENDING: 06/11/2014

PROJECT AND LOCATION: Kitchen Renovations

PROJECT OR CONTRACT NO.:

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) # Ex	(3) WORK CLASSIFICATION	O T or S T	(4) DAY AND DATE HOURS WORKED EACH DAY Th 06/05	Fr 06/06	Sa 06/07	Su 06/08	Mo 06/09	Tu 06/10	We 06/11	(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED PROJECT / ALL	(8) DEDUCTIONS FICA	WITH-HOLDING TAX	STATE TAX	LOCAL TAX	OTHER	TOTAL DED.	(9) NET WAGES PAID FOR WEEK
Willie Nelson	0	Operator - Group II	O	0	0	0	0	0	0	0	0	71.42	1281.67	123.41	312.80	0.00	0.00	0.00	436.21	1177.02
		Sex: Ethnicity:	S	5.5	0	0	0	9	7	5	26.5	47.61	1613.23							# 28705
			O																	
			S																	
			O																	
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Date 05/20/2014

I, Teresa C. Love (Name of Signatory Party) Controller (Title)

do hereby state:

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

_____ on the
(Contractor or Subcontractor)

Kitchen Renovations ; that during the payroll period commencing
(Building or Work)

on the 08 day of May , 2014 , and ending the 14 day of May , 2014 , 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

_____ from the
(Contractor or Subcontractor)

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	SIGNATURE
Teresa C. Love Controller	Teresa Love

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

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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

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. Dec 2008

OMB No.: 1235-0008
Expires: 1/31/2015

NAME OF CONTRACTOR ☑ OR SUBCONTRACTOR ☐	ADDRESS	
PAYROLL NO. 6	FOR WEEK ENDING 06/18/2014	PROJECT AND LOCATION Kitchen Renovations / PROJECT OR CONTRACT NO.

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) # Ex	(3) WORK CLASSIFICATION	OT or ST	(4) DAY AND DATE Th 06/12	Fr 06/13	Sa 06/14	Su 06/15	Mo 06/16	Tu 06/17	We 06/18	(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED PROJECT / ALL	(8) DEDUCTIONS FICA	WITH-HOLDING TAX	STATE TAX	LOCAL TAX	OTHER	TOTAL DED.	(9) NET WAGES PAID FOR WEEK
				HOURS WORKED EACH DAY																
Blake Niedergerke	0	Cement Mason	O	0	0	0	0	0	0	0	0	54.21	108.42	116.78	291.15	0.00	0.00	0.00	407.93	1118.67
xxx-xx-1324		Sex: Ethnicity:	S	0	0	0	0	3	0	0	3	36.14	1526.60							# DD
		General Laborer	O	0	0	0	0	0	0	0	0	47.94	143.82							
		Sex: Ethnicity:	S	0	0	0	0	4.5	0	0	4.5	31.96								
		Teamsler	O	0	0	0	0	0	0	0	0	54.51	145.36							
		Sex: Ethnicity:	S	4	0	0	0	0	0	0	4	36.34								
Darrell Lander	1	Cement Mason	O	0	0	0	0	0	0	0	0	54.00	288.00	101.12	145.05	0.00	0.00	0.00	246.17	1075.66
xxx-xx-7403		Sex: M Ethnicity:	S	0	0	0	0	8	0	0	8	36.00	1321.83							# 28767
		General Laborer	O	0	0	0	0	0	0	0	0	47.73	381.84							
		Sex: M Ethnicity:	S	0	0	0	0	2	10	0	12	31.82								
Scott Robinett	0	Cement Mason	O	0	0	0	0	0	0	0	0	54.21	505.96	104.14	249.84	0.00	0.00	0.00	353.98	1007.38
		Sex: Ethnicity:	S	10	0	0	0	4	0	0	14	36.14	1361.36							# DD
		General Laborer	O	0	0	0	0	0	0	0	0	49.35	855.40							
		Sex: Ethnicity:	S	0	0	0	0	6	10	10	26	32.90								
Samuel W Mealy 4429 County Road 217 Fulton, MO 65251 P:6363599195 S:xxx-xx-5431	0	Cement Mason	O	0	0	0	0	0	0	0	0	54.26	144.68	103.77	248.61	0.00	0.00	0.00	352.38	1004.09
		Sex: M Ethnicity: 05	S	0	0	0	0	4	0	0	4	36.17	1356.47							# DD

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.

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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

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

OMB No.: 1235-0008
Expires: 1/31/2015

NAME OF CONTRACTOR ☑ OR SUBCONTRACTOR ☐

ADDRESS

PAYROLL NO. 6

FOR WEEK ENDING 06/18/2014

PROJECT AND LOCATION: Kitchen Renovations

PROJECT OR CONTRACT NO.

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) # Ex	(3) WORK CLASSIFICATION	O T or S T	(4) DAY AND DATE Th 06/12	Fr 06/13	Sa 06/14	Su 06/15	Mo 06/16	Tu 06/17	We 06/18	(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED PROJECT / ALL	(8) DEDUCTIONS FICA	WITH-HOLDING TAX	STATE TAX	LOCAL TAX	OTHER	TOTAL DED.	(9) NET WAGES PAID FOR WEEK
				HOURS WORKED EACH DAY																
Samuel W Mealy 4429 County Road 217 Fulton, MO 65251 P:6363599195 S:xxx-xx-5431	0	General Laborer Sex: M Ethnicity: 05	O	0	0	0	0	0	0	0	0	47.99	191.94	103.77	248.61	0.00	0.00	0.00	352.38	1004.09
			S	0	0	0	0	6	0	0	6	31.99	1358.47							# DD
Willie Nelson	0	Carpenter Sex: Ethnicity:	O	0	0	0	0	0	0	0	0	56.40	75.20	114.70	284.32	0.00	0.00	0.00	399.02	1100.27
			S	0	0	0	0	0	0	2	2	37.60	1499.29							# 28772
		Cement Mason Sex: Ethnicity:	O	0	0	0	0	0	0	0	0	54.21	180.70							
			S	0	0	0	0	5	0	0	5	36.14								
		General Laborer Sex: Ethnicity:	O	0	0	0	0	0	0	0	0	47.94	511.36							
			S	8	0	0	0	5	3	0	16	31.96								
		Ironworker Sex: Ethnicity:	O	0	0	0	0	0	0	0	0	77.79	155.58							
			S	0	0	0	0	0	0	3	3	51.86								
		Operator - Group II Sex: Ethnicity:	O	0	0	0	0	0	0	0	0	71.42	238.05							
			S	2	0	0	0	0	0	3	5	47.61								
			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.

Date 06/30/2014

I, Teresa C. Love (Name of Signatory Party) Controller (Title)

do hereby state:

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

_____ on the
(Contractor or Subcontractor)

Kitchen Renovations ; that during the payroll period commencing
(Building or Work)

on the 19 day of June , 2014 , and ending the 25 day of June , 2014 , 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

_____ from the
(Contractor or Subcontractor)

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	SIGNATURE
Teresa C. Love Controller	Teresa Love

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

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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

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

NAME OF CONTRACTOR ☑ OR SUBCONTRACTOR ☐	ADDRESS	OMB No.: 1235-0008 Expires: 1/31/2015
PAYROLL NO. 8	FOR WEEK ENDING 07/02/2014	PROJECT AND LOCATION Kitchen Renovations	PROJECT OR CONTRACT NO.

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) # Ex	(3) WORK CLASSIFICATION	OT or ST	(4) DAY AND DATE Th 06/26	Fr 06/27	Sa 06/28	Su 06/29	Mo 06/30	Tu 07/01	We 07/02	(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED PROJECT / ALL	(8) DEDUCTIONS FICA	WITH-HOLDING TAX	STATE TAX	LOCAL TAX	OTHER	TOTAL DED.	(9) NET WAGES PAID FOR WEEK
				HOURS WORKED EACH DAY																
Blake Niedergerke	0	General Laborer	O	0	0	0	0	0	0	0	0	47.94	127.84	89.13	200.76	0.00	0.00	0.00	289.89	875.16
xxx-xx-1324		Sex: Ethnicity:	S	0	0	0	0	0	2	2	4	31.96	1165.05							# DD
		Operator - Group II	O	0	0	0	0	0	0	0	0	71.42	142.83							
		Sex: Ethnicity:	S	3	0	0	0	0	0	0	3	47.61								
Cameron Roll	0	General Laborer	O	0	0	0	0	0	0	0	0	49.35	345.45	81.47	175.75	0.00	0.00	0.00	257.22	807.78
		Sex: Ethnicity:	S	0	0	0	0	5.5	5	0	10.5	32.90	1065.00							# 28912
Darrell Lander	1	Carpenter	O	0	0	0	0	0	0	0	0	56.19	674.28	114.40	171.10	0.00	0.00	0.00	285.50	1209.98
xxx-xx-7403		Sex: M Ethnicity:	S	4	0	0	0	6	3	5	18	37.46	1495.48							# 28905
Justin D Cunningham 1331Big Rock Drive Fulton, MO 65251 xxx-xx-4979	2	Cement Mason	O	0	0	0	0	0	0	0	0	52.83	105.66	90.89	113.59	50.00	0.00	62.53	317.01	933.56
		Sex: M Ethnicity:	S	0	0	0	0	0	0	3	3	35.22	1250.57							# 28895
Scott Robinett	0	Cement Mason	O	0	0	0	0	0	0	0	0	54.21	108.42	101.42	240.93	0.00	0.00	0.00	342.35	983.37
		Sex: Ethnicity:	S	0	0	0	0	0	0	3	3	36.14	1325.72							# DD
		General Laborer	O	0	0	0	0	0	0	0	0	49.35	1151.50							
		Sex: Ethnicity:	S	10	0	0	0	8	10	7	35	32.90								
Samuel W Mealy 4429 County Road 217 Fulton, MO 65251 P:6363599195 S:xxx-xx-5431	0	General Laborer	O	0	0	0	0	0	0	0	0	47.99	287.91	79.04	167.80	0.00	0.00	0.00	246.84	786.37
		Sex: M Ethnicity: 05	S	9	0	0	0	0	0	0	9	31.99	1033.21							# DD

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.

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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

NAME OF CONTRACTOR ☑ OR SUBCONTRACTOR ☐

ADDRESS

OMB No.: 1235-0008
Expires: 1/31/2015

PAYROLL NO. 8

FOR WEEK ENDING 07/02/2014

PROJECT AND LOCATION Kitchen Renovations

PROJECT OR CONTRACT NO.

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) # Ex	(3) WORK CLASSIFICATION	OT or ST	(4) DAY AND DATE Th 06/26	Fr 06/27	Sa 06/28	Su 06/29	Mo 06/30	Tu 07/01	We 07/02	(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED PROJECT / ALL	(8) DEDUCTIONS FICA	WITH-HOLDING TAX	STATE TAX	LOCAL TAX	OTHER	TOTAL DED.	(9) NET WAGES PAID FOR WEEK
				HOURS WORKED EACH DAY																
Willie Nelson	0	Cement Mason	O	0	0	0	0	0	0	0	0	54.21	72.28	104.49	250.97	0.00	0.00	0.00	355.46	1010.42
		Sex: Ethnicity:	S	0	0	0	0	0	0	2	2	36.14	1365.88							# 28908
		General Laborer	O	0	0	0	0	0	0	0	0	47.94	735.08							
		Sex: Ethnicity:	S	7	0	0	0	0	10	6	23	31.96								
		Operator - Group II	O	0	0	0	0	0	0	0	0	71.42	166.64							
		Sex: Ethnicity:	S	1.5	0	0	0	0	0	2	3.5	47.61								
			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.

Date 08/15/2014

I, Teresa C. Love (Name of Signatory Party) Controller (Title)

do hereby state:

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

Kitchen Renovations (Building or Work); that during the payroll period commencing on the 31 day of July, 2014, and ending the 06 day of August, 2014, 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 _____ from the (Contractor or Subcontractor)

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	SIGNATURE
Teresa C. Love Controller	Teresa Love

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

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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

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

OMB No.: 1235-0008
Expires: 1/31/2015

NAME OF CONTRACTOR ☑ OR SUBCONTRACTOR ☐

ADDRESS

PAYROLL NO. 14

FOR WEEK ENDING 08/06/2014

PROJECT AND LOCATION Kitchen Renovations

PROJECT OR CONTRACT NO.

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) # Ex	(3) WORK CLASSIFICATION	O T or S T	(4) DAY AND DATE Th 07/31	Fr 08/01	Sa 08/02	Su 08/03	Mo 08/04	Tu 08/05	We 08/06	(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED PROJECT / ALL	(8) DEDUCTIONS FICA	WITH-HOLDING TAX	STATE TAX	LOCAL TAX	OTHER	TOTAL DED.	(9) NET WAGES PAID FOR WEEK
				HOURS WORKED EACH DAY																
Blake Niedergerke	0	Carpenter	O	0	0	0	0	0	0	0	0	54.21	722.80	104.73	251.76	0.00	0.00	0.00	356.49	1012.55
xxx-xx-1324		Sex: Ethnicity:	S	0	0	0	0	5.5	9.5	5	20	36.14	1369.04							# DD
		General Laborer	O	0	0	0	0	0	0	0	0	47.94	207.74							
		Sex: Ethnicity:	S	5	0	0	0	0	0.5	1	6.5	31.96								
		Masonry	O	0	0	0	0	0	0	0	0	64.04	85.38							
		Sex: Ethnicity:	S	2	0	0	0	0	0	0	2	42.69								
Coby Grimm	0	Carpenter	O	0	0	0	0	0	0	0	0	56.60	188.65	109.80	268.31	0.00	0.00	0.00	378.11	1057.13
xxx-xx-4900		Sex: M Ethnicity:	S	0	0	0	0	5	0	0	5	37.73	1435.24							# 29151
		Masonry	O	0	0	0	0	0	0	0	0	64.04	106.73							
		Sex: M Ethnicity:	S	2.5	0	0	0	0	0	0	2.5	42.69								
Darrell Lander	1	Carpenter	O	0	0	0	0	0	0	0	0	56.19	374.60	107.55	157.65	0.00	0.00	0.00	265.20	1140.62
xxx-xx-7403		Sex: M Ethnicity:	S	0	0	0	0	5	2	3	10	37.46	1405.82							# 29154
Eric M Eisenrath 908 East Morningside Dr. Fulton, Missouri 65251 P:573-353-8633 S:xxx-xx-8045	0	Carpenter	O	0	0	0	0	0	0	0	0	56.40	789.60	113.01	278.81	0.00	0.00	0.00	391.82	1085.43
		Sex: M Ethnicity:	S	1.5	0	0	0	5	9.5	5	21	37.60	1477.25							# 29147
		General Laborer	O	0	0	0	0	0	0	0	0	47.94	111.86							
		Sex: M Ethnicity:	S	2	0	0	0	0	0.5	1	3.5	31.96								

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Public Burden Statement

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U.S. Department of Labor
Wage and Hour Division

PAYROLL

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

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

OMB No.: 1235-0008
Expires: 1/31/2015

NAME OF CONTRACTOR ☑ OR SUBCONTRACTOR ☐	ADDRESS	
PAYROLL NO. 14	FOR WEEK ENDING 08/06/2014	PROJECT AND LOCATION Kitchen Renovations / PROJECT OR CONTRACT NO.

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) # Ex	(3) WORK CLASSIFICATION	OT or ST	(4) DAY AND DATE Th 07/31	Fr 08/01	Sa 08/02	Su 08/03	Mo 08/04	Tu 08/05	We 08/06	(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED PROJECT / ALL	(8) DEDUCTIONS FICA	WITH-HOLDING TAX	STATE TAX	LOCAL TAX	OTHER	TOTAL DED.	(9) NET WAGES PAID FOR WEEK
				HOURS WORKED EACH DAY																
Eric M Eisenrath 908 East Morningside Dr. Fulton, Missouri 65251 P:573-353-8633 S:xxx-xx-8045	0	Masonry	O	0	0	0	0	0	0	0	0	64.04	106.73	113.01	278.81	0.00	0.00	0.00	391.82	1085.43
		Sex: M Ethnicity:	S	2.5	0	0	0	0	0	0	2.5	42.69	1477.25							# 29147
Justin D Cunningham 1331Big Rock Drive Fulton, MO 65251 xxx-xx-4979	2	Carpenter	O	0	0	0	0	0	0	0	0	55.02	36.68	81.78	95.74	43.00	0.00	56.26	276.78	848.50
		Sex: M Ethnicity:	S	0	0	0	0	0	0	1	1	36.68	1125.28							# 29145
		General Laborer	O	0	0	0	0	0	0	0	0	46.56	481.12							
		Sex: M Ethnicity:	S	0	0	0	0	2.5	9	4	15.5	31.04								
Scott Robinett	0	Carpenter	O	0	0	0	0	0	0	0	0	57.81	77.08	90.58	205.50	0.00	0.00	0.00	296.08	887.95
		Sex: Ethnicity:	S	0	0	0	0	2	0	0	2	38.54	1184.03							# 29162
		General Laborer	O	0	0	0	0	0	0	0	0	49.35	427.70							
		Sex: Ethnicity:	S	6	0	0	0	7	0	0	13	32.90								
		Masonry	O	0	0	0	0	0	0	0	0	65.45	87.26							
		Sex: Ethnicity:	S	2	0	0	0	0	0	0	2	43.63								
Samuel W Mealy 4429 County Road 217 Fulton, MO 65251 P:6363599195 S:xxx-xx-5431	0	General Laborer	O	0	0	0	0	0	0	0	0	47.99	127.96	148.60	400.53	0.00	0.00	0.00	549.13	1393.30
		Sex: M Ethnicity: 05	S	0	0	0	0	1	1	2	4	31.99	1942.43							# DD
		Plumber	O	0	0	0	0	0	0	0	0	90.14	1562.34							
		Sex: M Ethnicity: 05	S	0	0	0	0	9	9	8	26	60.09								

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U.S. Department of Labor
Wage and Hour Division

PAYROLL

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

NAME OF CONTRACTOR ☑ OR SUBCONTRACTOR ☐

ADDRESS

OMB No.: 1235-0008
Expires: 1/31/2015

PAYROLL NO.	FOR WEEK ENDING	PROJECT AND LOCATION	PROJECT OR CONTRACT NO.
14	08/06/2014	Kitchen Renovations	

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) # Ex	(3) WORK CLASSIFICATION	O T or S T	(4) DAY AND DATE Th 07/31	Fr 08/01	Sa 08/02	Su 08/03	Mo 08/04	Tu 08/05	We 08/06	(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED PROJECT / ALL	(8) DEDUCTIONS FICA	WITH-HOLDING TAX	STATE TAX	LOCAL TAX	OTHER	TOTAL DED.	(9) NET WAGES PAID FOR WEEK
				HOURS WORKED EACH DAY																
Willie Nelson	0	Carpenter	O	0	0	0	0	0	0	0	0	56.40	188.00	107.38	260.42	0.00	0.00	0.00	367.80	1035.89
		Sex: Ethnicity:	S	0	0	0	0	0	5	0	5	37.60	1403.69							# 29159
			O																	
			S																	
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Date 08/15/2014

I, Teresa C. Love (Name of Signatory Party) Controller (Title)

do hereby state:

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

_____ on the
(Contractor or Subcontractor)

Kitchen Renovations ; that during the payroll period commencing
(Building or Work)

on the 07 day of August , 2014 , and ending the 13 day of August , 2014 , 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

_____ from the
(Contractor or Subcontractor)

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	SIGNATURE
Teresa C. Love Controller	Teresa Love

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