

FOI#14179

MOSAIC & TERRAZZO WELFARE, PENSION AND SUPPLEMENTAL UNEMPLOYMENT BENEFIT FUNDS

45-34 COURT SQUARE • LONG ISLAND CITY, NY 11101 • (718) 729-4416 • Fax: (718) 729-4417



Robin Young Tyrre I, Esq.
Associate Fund Collections Counsel
718-786-7648

August 1, 2013

VIA FAX

1-212-435-7555
The Port Authority
Of New York and New Jersey
225 Park Avenue South
New York, NY 10003
Attn: Daniel D. Duffy, FOI Administrator

Re: Job No.: B127011
General Contractor: Railroad Construction Corp.
Project: Newark Airport, Terminal B, Newark, New Jersey

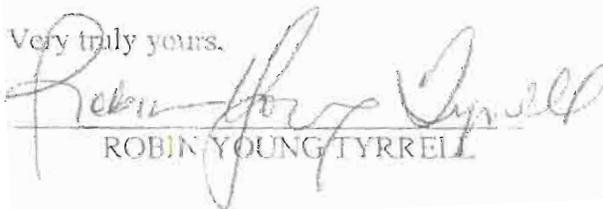
Dear Mr. Duffy:

I serve as Associate Legal Counsel for Local Union No. 7 and the Mosaic and Terrazzo Fringe Benefit Funds ("Local 7"). Reference is made to Local 7's initial "FOIL" request dated June 25, 2013 and your reply correspondence dated July 1, 2013.

In your letter, you indicated that as of July 1, 2013, your office does not possess copies of the requested certified payroll records for work performed on or about June 11, 2013 to present in connection with the Newark Airport, Terminal B, project in Newark, New Jersey.

At the present time, kindly advise whether or not these records are currently in your possession in response to our FOIL request. Thank you for your assistance.

Very truly yours,


ROBIN YOUNG TYRRELL

cc: Local Union No. 7
Attn: Patrick Bonici *via email*
Tom Lane *via email*
Chris Guy *via email*

THE PORT AUTHORITY OF NY & NJ

FOI Administrator

August 13, 2013

Ms. Robin Young Tyrrell
Mosaic & Terrazzo Welfare, Pension and
Supplemental Unemployment Benefit Funds
45-34 Court Square
Long Island City, NY 11101

Re: Freedom of Information Reference No. 14179

Dear Ms. Tyrrell:

This is a response to your August 1, 2013 request, which has been processed under the Port Authority's Freedom of Information Code (the "Code") for copies of certified payroll records for work performed on or about June 11, 2013 to present in connection with the Newark Liberty International Airport Terminal B project in Newark, NJ.

Material responsive to your request and available under the Code can be found on the Port Authority's website at <http://www.panynj.gov/corporate-information/foi/14179-C.pdf>. Paper copies of the available records are available upon request.

Certain material responsive to your request is exempt from disclosure pursuant to exemption (1) of the Code.

Please refer to the above FOI reference number in any future correspondence relating to your request.

Very truly yours,



Daniel D. Duffy
FOI Administrator

*225 Park Avenue South, 17th Floor
New York, NY 10003
T: 212 435 3642
F: 212 435 7555*

*EWB 264.006
PAYMENT NO. 10*

THE PORT AUTHORITY OF NY & NJ Certification of Payroll
TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

RCC BUILDERS & DEVELOPERS, INC 65-67 GROVE STREET PATERSON, NJ 07503

53 05/05/2013 PANYH-EWR-264.006 - NEWARK AIRPORT EWR-264.006

1	2	3	4	5					6	7	8	9			12	13	14	15	16	17	18						
				Day and Date								Total Hrs	Base Hourly Rate of Pay	Total Base Pay								Hourly Rate	Pay/Rate (Local or Federal)	Total Pay			
Emp No. & Title	SWAC or PWAC ID #	SWAC or PWAC ID #	SWAC or PWAC ID #	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total Hrs	Base Hourly Rate of Pay	Total Base Pay	Hourly Rate	Pay/Rate (Local or Federal)	Total Pay	Gross Amt Earned	Taxable Gross Wages	FICA	Withholding Tax	Other	Total Deductions	Net				
KHAJIM ABDUS-SALAM	BUILDING LAB	A	Class 1, 2 or 3	1	8	8	8	8	0	0	40.00	30.60	1224.00	23.37	U-3												
				2	0	0	0	0	0	0.00	0.00	0.00	0.00	E													
				3																							
				4																							
													984.60														
STEPHEN M MARTINIQUE	F CARPENTER	A	Class 1, 2 or 3	1	8	8	8	8	0	0	40.00	47.71	1908.60	27.15	U-213												
				2	0	0	0	0	0	0.00	0.00	0.00	0.00	E													
				3																							
				4																							
													1085.90														

KEY:
RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time
U - Union E - Employee O - Other
J - Journeyman A - Apprentice H - Helper

NOTE:
1. All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
2. Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I, LAUREN ELSAESSER certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Lauren Elsaesser
Treasurer *[Signature]*
Print Name Office/Designation Signature

6-11-13
Date

Sworn to before me, this day
17th of June 2013
ROY U. RAYCLIFFE
NOTARY PUBLIC OF NEW JERSEY
Commission Expires 7/17/2013
[Signature]
Signature of Notary Public

THE PORT AUTHORITY OF NY & NJ

Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

RCC BUILDERS & DEVELOPERS, INC		65-67 GROVE STREET PATERSON, NJ 07501																							
54		05/12/2013										PANYNJ-EWR-264.006 - NEWARK AIRPORT						EWR-264.006							
1	2	3	4	5								6	7	8	9				12	13	14	15	16	17	18
				Day and Date											Supplemental Benefits										
Employee Name, Address, and SS. No. (last 4 digits)	Job Title & Rate Work Classification (Inventory or of Apprentice/Class 1,2,3)	DWIC or TWIC ID # Missing	i	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total Hrs	Base Hourly Rate of Pay	Total Base Pay	Hourly Rate	Private Health (if both checked)	Total Paid	Gross Amount Earned	Taxable Wages	FICA	With- hold/Ret Tax	Other	Total Deductions	Net		
CARMINE FALCO	F CARPENTER	1513-GQRVU		0	0	0	8	8	0	0	16.00	47.71	763.36	27.15	U-253										
STEPHEN M MARTINIQUE	F CARPENTER	1713-GUJAT		8	8	8	8	0	0	0	40.00	47.71	1908.40	27.15	U-213										
	J														U										
	A														E										
	Class 1, 2 or 3														O										
	J														U										
	A														E										
	Class 1, 2 or 3														O										
	J														U										
	A														E										
	Class 1, 2 or 3														O										

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Lauren Elsaesser
Treasurer
Print Name Officer/Designee

Lauren Elsaesser
Signature

6-11-13
Date

Sworn to before me, this day
11th of June 2013
ROY U. RATCLIFFE
NOTARY PUBLIC OF NEW JERSEY
Commission Expires 7/7/2013

Roy U. Ratcliffe
Signature of Notary Public

THE PORT AUTHORITY OF NY & NJ

Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

RCC BUILDERS & DEVELOPERS, INC

65-67 GROVE STREET PATERSON, NJ 07503

55	05/19/2013	PANYNJ-EWR-264.006 - NEWARK AIRPORT													EWR-264.006								
		Day and Date													Supplemental Benefits								
Employee Name, Address, and SS. No. (last 4 digits)	Job Title & Class Work Classification ES: Journeyman Apprentice / Class L-11	NUAC or PUC ID & Hired	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.	Total	Rate Hourly Rate of Pay	Total Pay	Security Rate	Paid to (Social Security Medicare etc.)	Total Paid	Gross Amt Earned	Taxable Gross Wages	FICA	With- holding Tax	Other	Total Deductions	Net	
CARMINE PALCO	F CARPENTER	1513-GGRVU	8	8	8	8	8	0	0	40.00	47.71	1508.40	27.15	U-253	3085.00								
	A		0	0	0	0	0	0	0	0.00	0.00	0.00	0.00	E									
Class 1, 2 or 3																							
STEPHEN M MARTINIQUE	F CARPENTER	1713-QUVAT	8	8	0	0	0	0	0	16.00	47.71	763.36	27.15	U-253	434.36								
	A		0	0	0	0	0	0	0	0.00	0.00	0.00	0.00	E									
Class 1, 2 or 3																							
Class 1, 2 or 3																							
Class 1, 2 or 3																							

Key:

RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time
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NOTE:

- All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
- Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
- Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I, LAUREN ELSAESSER certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Lauren Elsaesser
Treasurer
Print Name, Office/Designation

Lauren Elsaesser
Signature

6-11-13
Date

Sworn to before me, this day
11th of June 2013

ROY W. RATCLIFFE
NOTARY PUBLIC OF NEW JERSEY
Commission Expires 7/7/2013

Roy W. Ratcliffe
Signature of Notary Public

THE PORT AUTHORITY OF NY & NJ

Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

RCC BUILDERS & DEVELOPERS, INC		65-67 GROVE STREET PATERSON, NJ 07503																					
56		05/26/2013										PANYNJ-EWR-264.006 - NEWARK AIRPORT						EWR-264.006					
Employee Name, Address, and SS. No. (Last 4 Digits)	List Title & Grade Work Classification (See Appendix of Apprentice Rates 1,2,3)	DABC or TWC ID# (if used)	Day and Date							Total Hrs	Base Hourly Rate of Pay	Total Base Pay	How-By Rate	Supplemental Benefits		Gross Amt Earned	Taxable Gross Wages	FICA	With- holding Tax	Other	Total Deductions	Net	
			Mon	Tue	Wed	Thu	Fri	Sat	Sun					Paid to (Insert Benefit Article)	Total Paid								
KHAJIM ABDUS-SALAM	BUILDING LAB A		8	8	8	8	0	0	0	40.00	30.60	1224.00	23.37	U-3									
			0	0	0	0	0	0	0	0.00	0.00	0.00	0.00	E									
CARMINE FALCO	F CARPENTER A	1513-GQRVU	8	8	8	8	0	0	0	40.00	47.21	1908.40	27.15	U-253									
			0	0	0	0	0	0	0	0.00	0.00	0.00	0.00	E									
													U										
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 3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I, **LAUREN ELISAESSER** certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.
Lauren Elsaesser
 Treasurer
 Print Name Officer/Designee *Lauren Elsaesser* Signature Date **6-11-13**
 Sworn to before me, this day *11th* of *June* 2013
ROY U. RATCLIFFE
 NOTARY PUBLIC OF NEW JERSEY
 Commission Expires 7/17/2013
Roy U. Ratcliffe
 Signature of Notary Public

Statement of Compliance
May-13

I do hereby state:

1. That I, LAUREN ELSAESSER (Name of Signatory), TREASURER (Title or Position), during the payroll period indicated on the reverse side, supervise the payment of the persons employed by RCC BUILDERS & DEVELOPERS INC. (Name of Contractor), and that 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 RCC BUILDERS & DEVELOPERS INC. (name of contractor) from the full weekly wages earned by any person, other than permissible deductions, including, but not limited to: Federal Withholding, FICA, Medicare, State Withholding, State Disability Insurance, Union Deductions, Child Support or Other Garnishments.
2. That any payrolls otherwise under this contract required to be submitted for the subject period are correct and complete, that the wage rates for laborers or mechanics contained therein are not less than the applicable wages rates contained in any wage determination incorporated into the contract and that the classifications set forth therein for each laborer or mechanic conform with the work he/she performed.
3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program.

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 in the contract, 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 except as noted in Section 4(c) below.

c. EXCEPTIONS:

EXCEPTION (CRAFT)

EXPLANATION

State of New Jersey
Division of Contract Compliance And
Equal Employment Opportunity In Public Contracts

MONTHLY PROJECT WORKFORCE REPORT - CONSTRUCTION
READ INSTRUCTIONS ON BACK CAREFULLY BEFORE COMPLETING
THIS FORM. PLEASE TYPE OR PRINT IN BLACK OR BLUE INK.

3. F ID or SS Number

1. Name and address of Prime Contractor McCann Acoustics & Construction, Inc. <small>(Name)</small>	2. Contractor ID Number	4. Reporting Period May-13	
265 Broad Street <small>(Address)</small>		5. Public Agency Awarding Contract	Date of Award
Bloomfield NJ 07003 <small>(City) (State) (Zip Code)</small>		6. Name and Location of Project EWR Terminal B Newark Airport	7. Project ID Number B-1 7011

8. CONTRACTOR NAME (LIST PRIME CONTRACTOR WITH SUBS FOLLOWING)	9. PERCENT OF WORK COMPLETED	10. TRADE OR CRAFT	CLASSI- FICATION (SEE REVERSE)	11. NUMBER OF EMPLOYEES						12. TOTAL NO OF EMP.	13. WORK HOURS		14. % OF WORK HRS				15. CIVIL WORK HRS				16. CUM % OF WH			
				A.	B.	C.	D.	E.	F.		A.	B.	A.	B.	A.	B.	A.	B.	A.	B.				
				TOTAL	BLACK	HISPANIC	AMERICAN INDIAN	ASIAN	FEMALES		MIN. WH	FEMALE WH	% OF MIN. WH	% OF FEMALE WH	TOTAL HOURS	MIN. HOURS	FEMALE HOURS	% OF MIN. WH	% OF FEM WH					
McCann Acoustics & Construction, Inc.		carpenters		9						0	259			0%	0%	0	0	0	0	0%	0%			
										0				0%	0%	0	0	0	0	0%	0%			
			J							0				0%	0%	0	0	0	0	0%	0%			
			AP							0				0%	0%	0	0	0	0	0%	0%			
			J							0				0%	0%	0	0	0	0	0%	0%			
			AP							0				0%	0%	0	0	0	0	0%	0%			
			J							0				0%	0%	0	0	0	0	0%	0%			
			AP							0				0%	0%	0	0	0	0	0%	0%			
			F							0				0%	0%	0	0	0	0	0%	0%			
			J							0				0%	0%	0	0	0	0	0%	0%			
			AP							0				0%	0%	0	0	0	0	0%	0%			
			J							0				0%	0%	0	0	0	0	0%	0%			
		AP							0				0%	0%	0	0	0	0	0%	0%				

7. COMPLETED BY (PRINT OR TYPE)

Loretta R. Vitale
(NAME)

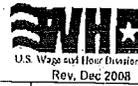
Loretta R. Vitale
(SIGNATURE)

Bookkeeper
(TITLE)

U.S. Department of Labor
Employment Standards Administration
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.



NAME OF CONTRACTOR OR SUBCONTRACTOR
McCANN ACOUSTICS & CONSTRUCTION, INC

ADDRESS
265 BROAD STREET BLOOMFIELD NJ 07003

OMB No.: 1216-0149
Rev. Dec 2008
Expires: 12/31/2011

PAYROLL NO. 11 FOR WEEK ENDING 05/23/2013 PROJECT AND LOCATION: NEWARK AIRPORT MEETER & GREETER PROJECT OR CONTRACT NO.

(1) ID #	(2) ES	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED PROJECT / ALL	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK			
			05/17	05/18	05/19	05/20	05/21	05/22	05/23				FICA	WITH- HOLDING TAX	STATE TAX	LOCAL TAX	OTHER		TOTAL DED.		
			Fr	Sa	Su	Mo	Tu	We	Th				HOURS WORKED EACH DAY								
		Terrence Barry	2	FORMAN	0	0	0	0	0	0	0	0	0	21.67	1526.72						
		Joseph DeAngelis	1	JOURNEYMAN	0	0	0	0	0	0	0	0	0	47.71	653.64						
		Joseph A Latorre	4	JOURNEYMAN	0	0	0	0	0	0	0	0	0	41.49	633.84						
		McHe Rincillo	0	JOURNEYMAN	0	0	0	0	0	0	0	0	0	41.49	1527.68						

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. § 3.3.4-5. 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. § 5.52(a)(2)(ii) require contractors to submit weekly a copy of all payroll 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 no less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and Federal contracting agencies receiving this information reserve 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, ESA, U.S. Department of Labor, Room 83502, 203 Constitution Avenue, N.W., Washington, D.C. 20210.

Date 06/06/2013

I, _____ (Name of Signatory Party) _____ (Title) do hereby state:

(1) That I pay or supervise the payment of the persons employed by McCANN ACOUSTICS & CONSTRUCTION, INC on the _____ (Contractor or Subcontractor)

NEWARK AIRPORT MEETER & GREETER (Building or Work) that during the payroll period commencing on the 17 day of May, 2013, and ending the 23 day of May, 2013,

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 McCANN ACOUSTICS & CONSTRUCTION, INC 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. 106, 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(e) 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

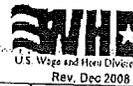
REMARKS:

NAME AND TITLE: Doretta R. Vitale SIGNATURE: [Signature]
BOOKKEEP
 THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION UNDER SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE

U.S. Department of Labor
Employment Standards Administration
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

NAME OF CONTRACTOR OR SUBCONTRACTOR
McCANN ACOUSTICS & CONSTRUCTION, INC

ADDRESS
265 BROAD STREET BLOOMFIELD NJ 07003

PAYROLL NO 12 FOR WEEK ENDING 05/30/2013 PROJECT AND LOCATION NEWARK AIRPORT MEETER & GREETER PROJECT OR CONTRACT NO

OMB No.: 1215-0149 Expires: 12/31/2011

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (i.e., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) # OF S	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED PROJECT / ALL	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK				
			05/24	05/25	05/26	05/27	05/28	05/29	05/30				FICA	WITH- HOLDING TAX	STATE TAX	LOCAL TAX	OTHER		TOTAL DED.			
			Fr	Sa	Su	Mo	Tu	We	Th				HOURS WORKED EACH DAY									
Terrence Rayv	2	FORMAN	0	3	0	0	0	0	0	0	0	3	71.67	2123.11								
Joseph DeAngeli	1	JOURNEYMAN	0	0	0	0	0	0	0	0	0	40	47.71	1858.60								
Mike Bocchino	0	JOURNEYMAN	0	0	0	0	0	0	0	0	0	40	41.49	1327.66								
Robert J Bianchi	0	JOURNEYMAN	0	0	0	0	0	0	0	0	0	32	41.49	1327.66								
			0	0	0	0	0	0	0	0	0	32	41.49									

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. §§ 3.5, 5.5(a) and 5.5(b) and to submit 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 Overtime Based prevailing wage rate for the work performed. DOL and Federal contracting agencies receiving this information will use 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 Administration, Wage and Hour Division, ESA, U.S. Department of Labor, Room 53302, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Date 06/05/2013

I, _____ (Name of Signatory Party) _____ (Title)

do hereby state:
(1) That I pay or supervise the payment of the persons employed by McCANN ACOUSTICS & CONSTRUCTION, INC on the _____ (Contractor or Subcontractor)

NEWARK AIRPORT MEETER & GREETER that during the payroll period commencing _____ (Building or Work)

on the 24 day of May, 2013, and ending the 30 day of May, 2013, 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 _____ (Contractor or Subcontractor)

McCANN ACOUSTICS & CONSTRUCTION, INC 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. § 3146), and described below:

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

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

(4) That:

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

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

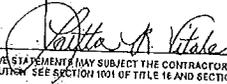
(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS

NAME AND TITLE <u>Loretta R. Vitale</u> <u>Bookkeeper</u>	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 16 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

State of New Jersey
Department of Labor & Workforce Development
Construction EEO Compliance Monitoring Program

MONTHLY PROJECT WORKFORCE REPORT - CONSTRUCTION

For instructions on completing the form, go to:

http://www.state.nj.us/treasury/contract_compliance/pub/aa3023a.pdf

1. Name and address of Prime Contractor <i>NFT Co Inc.</i>		2. Contractor ID Number	3. FID or SS Number
105 PLAUNDERVILLE AVENUE GARFIELD NJ 07026		4. Reporting Period <i>5/1/13 TO 5/31/2013</i>	5. Public Agency Awarding Contract Date of Award
6. Name and Location of Project <i>EWB TERMINAL B</i>		7. Project ID Number <i>B127011</i>	

8. CONTRACTOR NAME (PRINT FULL NAME)	9. PERCENT OF WORK COMPLETED	10. TRADE OR CLASSIFICATION (SEE REVERSE)	11. NUMBER OF EMPLOYEES							12. TOTAL NO. OF TOTAL WOMEN EMP.	13. WORK HOURS				14. % OF WORK HRS				15. CUM. WORK HRS				16. CUM. % OF W/M			
			A	B	C	D	E	F	J		A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D
			TOTAL	BLACK	HISPANIC	AMERICAN INDIAN	ASIAN	PACIFIC ISLANDER	OTHER		MIN.	TOTAL	MIN.	TOTAL	MIN.	TOTAL	MIN.	TOTAL	MIN.	TOTAL	MIN.	TOTAL	MIN.	TOTAL	MIN.	TOTAL
<i>NFT Co Inc.</i>	<i>61%</i>	<i>SOFP</i>	<i>1</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>16</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>												
		<i>AP</i>	<i>1</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>16</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>												
		<i>J</i>																								
		<i>AP</i>																								
		<i>J</i>																								
		<i>AP</i>																								
		<i>J</i>																								
		<i>AP</i>																								

17. COMPLETED BY (PRINT OR TYPE) *RENATA KOLOSKA* (SIGNATURE) *Renata Koloska* (TITLE) *OFFICE MANAGER*

973-478-3486 (AREA CODE) (TELEPHONE NUMBER) *6.3.13* (DATE)

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS
 (for Contractor and Subcontractor's Use for Weekly and Final Certification)
 (N.J.A.C. 12:60-2.1 and 6.1)



NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		ADDRESS		DATE WAGES DUE	DATE WAGES PAID									
NET Co Jnc.		105 PLAUDERVILLE AVE, GARFIELD, NJ		5-28-13										
PAYROLL NO.	WEEK ENDING OR FINAL CERTIFICATION	PROJECT NAME AND LOCATION		CONTRACTOR REGISTRATION NUMBER										
2	5/28/13	EWR TERMINAL B, NEWARK, NJ												
1. NAME AND ADDRESS OF EMPLOYEE	2. WORK CLASSIFICATION	3. DAY AND DATE	4. TOTAL HOURS	5. RATE OF PAY	6. GROSS AMOUNT BARNED							8. NET WAGES PAID FOR WEEK	9. Total Fringe Benefit Cost/lt.	
					This Project Only	Total for Week	FICA	With-holding Tax	S.S. Med.	OTHER	Union			Total Deductions
STEFAN MARROZZI	Sprayer	M												
		T												
MARIUSZ Maciejewski	LABORER	W	8		16	38.25								
		Th	8		16	29.85								
		F												
		S												
		S												
		S												
		S												
		S												
		S												
		S												
		S												

Questions? Please contact the Division of Wage and Hour Compliance at (609) 292-2259 or (609) 292-2283.
 R-68-12-04 **SUBMIT TO PUBLIC BODY OR LESSOR**

Date 5.28.13
 I, LOW POSTER-FANON V.P.
(Name of signatory party) (Title)

do hereby state and certify:

(1) That I pay or supervise the payment of the persons employed by NFT Co Inc.
(Contractor or Subcontractor) on the FWR Terminal B, Newark
(Project Name and Location)
 that during the payroll period beginning on 5.20.13 and ending on 5.26.13, all persons employed
(Date) (Date)
 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 NFT Co Inc.
(Contractor or Subcontractor)

from the full weekly wages earned by any person and that no deductions have been made either directly or
 indirectly from the full wages earned by any person, other than permissible deductions as defined in the New Jersey
 Prevailing Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C. 12:20 et seq. and the Payment of
 Wages Law, N.J.S.A. 34:11-4.1 et seq.

(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 to be performed.

(3) That any apprentices employed in the above period are duly registered with the United States Department
 of Labor, Bureau of Apprenticeship and Training and enrolled in a certified apprenticeship program.

(4) That:

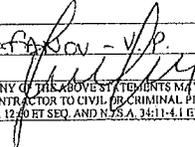
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS
 In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above
 referenced payroll, payments of fringe benefits as listed in the contract have been or will be
 made when due to appropriate programs 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) FRINGE BENEFITS

EXCEPTIONS (CRAFT)
REMARKS
PLEASE SPECIFY THE TYPE OF BENEFIT PROVIDED AND NOTE THE TOTAL COST PER HOUR IN BLOCK 9 ON THE REVERSE SIDE*
1) Medical or hospital coverage <input type="checkbox"/>
2) Dental coverage <input type="checkbox"/>
3) Pension or Retirement <input type="checkbox"/>
4) Vacation, Holidays <input type="checkbox"/>
5) Sick days <input type="checkbox"/>
6) Life Insurance <input type="checkbox"/>
7) Other (Explain) <input type="checkbox"/>
* TO CALCULATE THE COST PER HOUR, DIVIDE 2,000 HOURS INTO THE BENEFIT COST PER YEAR PER EMPLOYEE.

(5) N.J.S.A. 12:60-2.1 and 6.1 - The Public Works employers shall submit to the public body or lessor a certified payroll record each pay period within 10 days of the payment of wages.

NAME AND TITLE
LOW POSTER-FANON - V.P.
 SIGNATURE

 THE FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. N.J.S.A. 34:11-56.25 ET SEQ. AND N.J.A.C. 12:20 ET SEQ. AND N.J.S.A. 34:11-4.1 ET SEQ.

1NewarkAir 5-4-13

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS
 (for Contractor and Sub-Contractor's Use for Weekly and Final Certification)
 (N.J.A.C. 12.69 2.1 and 6.1)

New Jersey Department of Labor
 Office of Wage and Hour Compliance
 Public Contracts Section
 P.O. Box 389
 Trenton NJ 08625-0389

Name of Contractor or Subcontractor		Address		Date Wages Due and Paid															
DeSessa Engineering Co., Inc For: RCC Builders & Development Inc.		83 Dorcas Ave. Livingston, NJ 07039		5/9/13															
Payroll No:	Week Ending	Project Name	Job #	Project or E.D.A. or U.D.C. No															
40	5/4/13	Newark International Arrivals Motor-Greater Improvement Location: Newark Liberty International Airport Newark, NJ	12-3865	EWPR-264-008															
Name, Address and Social Security Number of Employee	With-holding	Work Classification	Day and Date							Total Hours	Rate of Pay	Project Amount Earned	Gross Amount Earned	With-Holding Tax	FICA MED	State Tax	Total Deductions	Net Wages Paid	Total Benefits Cost/Hr
			Sun	Mon	Tues	Wed	Thur	Frid	Sat										
			4/28	4/29	4/30	5/1	5/2	5/3	5/4	0.0									
										0.0	0.00	0.00	0.00				0.00	0.00	
										0.0							0.00	0.00	
NO WORK PERFORMED AT SITE										0.0	0.00						0.00	0.00	
										0.0	0.00						0.00	0.00	
										0.0	0.00						0.00	0.00	
										0.0	0.00						0.00	0.00	
										0.0	0.00						0.00	0.00	
										0.0	0.00						0.00	0.00	
										0.0	0.00						0.00	0.00	

Date 5/9/13
 I, Ralph Di Domenico, Controller
 (Name of signatory party) (Title)
 do hereby state and certify:

1 That I pay or supervise the payment of the persons employed by DeSesa Engineering on the Newark International Arrivals Meter- Greater Improv (Contractor or Subcontractor) (Building of Work)
 For: Rail Road C 3/30/2013 that during the payroll period commencing on the day of 28-Apr and ending the 4-May of 2013
 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 DeSesa Engineering 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 the New Jersey Prevailing Wage Act, N.J.S.A.34:11-56.26 et seq. and Regulation N.J.A.C.12:60 et seq. and the Payment of Wages Law N.J.S.A. 34:11-4.1 et seq.

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 registered in good standing, in an apprenticeship program approved or certified by the Division of Vocational Education in the New Jersey Department of Education or by the Bureau of Apprenticeship Training in the 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 (B) WHERE FRINGE BENEFITS ARE PAID IN CASH

4 (C) below.
 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.

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	
Please specify the type of benefit provided and note the total cost per hour in block 10 on the reverse side	
1) Medical or hospital coverage	+
2) Dental coverage	+
3) Pension or Retirement	+
4) Vacation, Holidays	+
5) Sick days	+
6) Life Insurance	+
7) Other (Explain)	

5 N. J. A. C. 12:60-2.1 and 6.1 The Public Works employers shall submit to the public body or lessor a certified payroll record each pay period within 10 days of the payment of wages.

Name and Title	Signature
Ralph Di Domenico, Controller	
The fabrication of any of the above statement may subject the contractor or subcontractor to civil or criminal prosecution. N.J.S.A. 34:11-56.26 et seq. and N.J.A.C. 12:60 et seq. and N.J.S.A. 34:11-4.1 et seq.	

Date 5/18/13
 I, Ralph Di Domenico, Controller
 (Name of signatory party) (Title)
 do hereby state and certify:

1 That I pay or supervise the payment of the persons employed by DeSesa Engineering on the Newark International Arrivals Motor- Greater Improv (Contractor or Subcontractor) (Building of Work) For: Rail Road C 3302013 that during the payroll period commencing on the day of 5-May and ending the 11-May of 2013 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 DeSesa Engineering 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 the New Jersey Prevailing Wage Act, N.J.S.A.34:11-56.25 et seq. and Regulation N.J.A.C.12:60 et seq. and the Payment of Wages Law N.J.S.A. 34:11-4.1 et seq.

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.

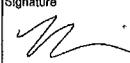
3 That any apprentices employed in the above period are registered in good standing, in an apprenticeship program approved or certified by the Division of Vocational Education in the New Jersey Department of Education or by the Bureau of Apprenticeship Training in the United States Department of Labor.

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 (B) WHERE FRINGE BENEFITS ARE PAID IN CASH

4 (C) below.
 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.

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	
Please specify the type of benefit provided and note the total cost per hour in block 10 on the reverse side	
1) Medical or hospital coverage	*
2) Dental coverage	*
3) Pension or Retirement	*
4) Vacation, Holidays	*
5) Sick days	*
6) Life Insurance	*
7) Other (Explain)	

5 N. J. A. C. 12:60-2.1 and 6.1 The Public Works employers shall submit to the public body or lessor a certified payroll record each pay period within 10 days of the payment of wages.

Name and Title	Signature
Ralph Di Domenico, Controller	
The falsification of any of the above statement may subject the contractor or subcontractor to civil or criminal prosecution. N.J.S.A. 34:11-56.25 et seq. and N.J.A.C. 12:60 et seq. and N.J.S.A. 34:11-4.1 et seq.	

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS
 (for Contractor and Sub-Contractor's Use for Weekly and Final Certification)
 (N.J.A.C. 12.60 2.1 and 6.1)

New Jersey Department of Labor
 Office of Wage and Hour Compliance
 Public Contracts Section
 P.O.Box 389
 Trenton NJ 08625-0389

Name of Contractor or Subcontractor		Address		Date Wages Due and Paid																
DeSena Engineering Co., Inc For: RGG Builders & Development Inc.		83 Doran Ave. Livingston, NJ 07039		6/23/13																
Payroll No:	Week Ending	Project Name	Job #	Project or E.D.A. or U.D.C. No																
42	5/18/13	Nowark International Arrivals Meter-Greater Improvement Location: Newark Liberty International Airport Newark, NJ	12-3665	EWR-264-006																
Name, Address and Social Security Number of Employee	With-holding	Work Classification	Day and Date							Total Hours	Rate of Pay	Project Amount Earned	Gross Amount Earned	With-Holding Tax	FICA MED	State Tax	Total Deductions	Net Wages Paid	Total Benefits Cost/Hr	
			Sun	Mon	Tues	Wed	Thur	Frid	Sat											
			5/12	5/13	5/14	5/15	5/16	5/17	5/18	0.0										
										0.0	0.00	0.00	0.00				0.00	0.00		
										0.0										
										0.0	0.00	0.00	0.00				0.00	0.00		
		NO WORK PERFORMED AT SITE								0.0	0.00									
										0.0	0.00						0.00	0.00		
										0.0	0.00									
										0.0	0.00						0.00	0.00		
										0.0	0.00									
										0.0	0.00						0.00	0.00		
										0.0	0.00									
										0.0	0.00						0.00	0.00		

Date 5/23/13

I, Ralph Di Domenico, Controller
(Name of signatory party) (Title)

do hereby state and certify:

1 That I pay or supervise the payment of the persons employed by DeSesa Engineering on the Newark International Arrivals Meter- Greater Improv (Contractor or Subcontractor) (Building of Work)
For: Rail Road C 3/30/2013 that during the payroll period commencing on the day of 12-May and ending the 18-May of 2013

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

DeSesa Engineering 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 the New Jersey Prevailing Wage Act, N.J.S.A.34:11-66.25 et seq. and Regulation N.J.A.C.12:60 et seq. and the Payment of Wages Law N.J.S.A. 34:11-4.1 et seq.

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.

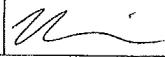
3 That any apprentices employed in the above period are registered in good standing, in an apprenticeship program approved or certified by the Division of Vocational Education in the New Jersey Department of Education or by the Bureau of Apprenticeship Training in the United States Department of Labor.

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 (B) WHERE FRINGE BENEFITS ARE PAID IN CASH

4 (C) below.
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.

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	
Please specify the type of benefit provided and note the total cost per hour in block 10 on the reverse side	
1) Medical or hospital coverage	
2) Dental coverage	
3) Pension or Retirement	
4) Vacation, Holidays	
5) Sick days	
6) Life Insurance	
7) Other (Explain)	

5 N. J. A. C. 12:60-2.1 and 6.1 The Public Works employers shall submit to the public body or lessor a certified payroll record each pay period within 10 days of the payment of wages.

Name and Title	Signature
Ralph Di Domenico, Controller	
The falsification of any of the above statement may subject the contractor or subcontractor to civil or criminal prosecution. N.J.S.A. 34:11-66.25 et seq. and N.J.A.C. 12:60 et seq. and N.J.S.A. 34:11-4.1 et seq.	

1 Newark Air 5-25-13

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS
 (for Contractor and Sub-Contractor's Use for Weekly and Final Certification)
 (N.J.A.C. 12.60 2.) and 6.1)

New Jersey Department of Labor
 Office of Wage and Hour Compliance
 Public Contracts Section
 P.O. Box 399
 Trenton NJ 08625-0399

Name of Contractor or Subcontractor		Address		Date Wages Due and Paid															
DeSosa Engineering Co., Inc For: RCC Builders & Development Inc.		83 Dorsa Ave. Livingston, NJ 07039		5/30/13															
Payroll No:	Week Ending	Project Name	Project Location	Job #	Project or E.D.A. or U.D.C. No														
43	5/25/13	Newark International Arrivals Meter-Greater Improvement	Newark Liberty International Airport Newark, NJ	12-3665	EWR-264-008														
Name, Address and Social Security Number of Employee	With-holding	Work Classification	Day and Date							Total Hours	Rate of Pay	Project Amount Earned	Gross Amount Earned	With-Holding Tax	FICA MED	State Tax	Total Deductions	Net Wages Paid	Total Benefits Cost/Hr
			Sun	Mon	Tues	Wed	Thur	Frid	Sat										
			S	5/19	5/20	5/21	5/22	5/23	5/24	5/25	0.0	0.00	0.00	0.00			0.00	0.00	
			O								0.0	0.00	0.00						
			S								0.0	0.00	0.00				0.00	0.00	
			O								0.0	0.00	0.00						
			S								0.0	0.00	0.00				0.00	0.00	
			O								0.0	0.00	0.00						
			S								0.0	0.00	0.00				0.00	0.00	
			O								0.0	0.00	0.00						
			S								0.0	0.00	0.00				0.00	0.00	
			O								0.0	0.00	0.00						
			S								0.0	0.00	0.00				0.00	0.00	
			O								0.0	0.00	0.00						
			S								0.0	0.00	0.00				0.00	0.00	

Date 5/30/13

I, Ralph D Domenico, Controller
(Name of signatory party) (Title)

do hereby state and certify:

1 That I pay or supervise the payment of the persons employed by DeSesa Engineering on the Newark International Arrivals Meter- Greater Improv (Contractor or Subcontractor) (Building of Work)
For: Rail Road C 3/30/2013 that during the payroll period commencing on the day of 19-May and ending the 25-May of 2013
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 DeSesa Engineering 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 the New Jersey Prevailing Wage Act, N.J.S.A.34:11-56.25 et seq. and Regulation N.J.A.C.12:60 et seq. and the Payment of Wages Law N.J.S.A. 34:11-4.1 et seq.

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 registered in good standing, in an apprenticeship program approved or certified by the Division of Vocational Education in the New Jersey Department of Education or by the Bureau of Apprenticeship Training in the United States Department of Labor.

4 That:

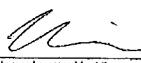
(A) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS
In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section (B) WHERE FRINGE BENEFITS ARE PAID IN CASH

4 (C) below.

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.

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	
Please specify the type of benefit provided and note the total cost per hour in block 10 on the reverse side	
1) Medical or hospital coverage	*
2) Dental coverage	*
3) Pension or Retirement	*
4) Vacation, Holidays	*
5) Sick days	*
6) Life Insurance	*
7) Other (Explain)	

5 N.J.A.C. 12:60-2.1 and 6.1 The Public Works employers shall submit to the public body or lessor a certified payroll record each pay period within 10 days of the payment of wages.

Name and Title	Signature
Ralph DiDomenico, Controller	
The falsification of any of the above statement may subject the contractor or subcontractor to civil or criminal prosecution. N.J.S.A. 34:11-56.26 et seq. and N.J.A.C. 12:60 et seq. and N.J.S.A. 34:11-4.1 et seq.	

State of New Jersey
Department of Labor & Workforce Development
Construction EEO Compliance Monitoring Program

MONTHLY PROJECT WORKFORCE REPORT - CONSTRUCTION
For instructions on completing the form, go to:
http://www.state.nj.unltreasury/contract_compliance/pdfs/2012/na.pdf

1. Name and Address of Prime Contractor DeSesa Engineering Co., Inc. (NAME) 83 Dorsa Avenue (ADDRESS) Livingston New Jersey 07039 (CITY) (STATE) (ZIP CODE)		2. Contractor ID Number 9859	3. FID or BS Number	4. Reporting Period April 30, 2013
5. Public Agency Awarding Contract Newark Liberty International Airport Terminal		6. Name and Location of Project Newark Liberty Int. Airport Terminal B-International Arrivals Meeter-Greeter Improvement Newark, NJ		
7. Date of Award 4/19/2012		8. Project ID Number 12-3885 EWR-264.003		

9. CONTRACTOR NAME (LIST PRIME CONTRACTOR WITH BRHS FOLLOWING)	10. PERCENT OF WORK COMPLETED	13. TRADE OR CRAFT	CLASSIFICATION (SEE REVERSE)	11. NUMBER OF EMPLOYEES						12. TOTAL NO. OF PRIME EMP.	13. WORK HOURS				14. % OF WORK HRS.		15. CUM. WORK HRS		16. CUM. % OF WH	
				A	B	C	D	E	F		TOTAL WORK HOURS	A	B	A	B	TOTAL WORK HOURS	A	B	A	B
				BLACK	HISPANIC	AMERICAN INDIAN	ASIAN	PAKISTANI	OTHER		MIN/WH	FEMALE WH	% OF MIN WH	% OF FEMALE WH	MIN. HOURS	FEMALE HOURS	% OF MIN. HRS	% OF FEMALE HRS		
DeSesa Engineering	85%	HVAC	J AP F	1						4					15					
Alliance	40%	Sheet Metal	J AP F	NO WORK PERFORMED																
Building Air Services	0%	Testing Balance	J AP																	
Evellch	20%	Insulation	J AP F	NO WORK PERFORMED											74					
			J AP F																	

17. COMPLETED BY (PRINT OR TYPE) Anna Saharig ASSISTANT PROJECT MANAGER

(NAME) (SIGNATURE) (TITLE)

(973) 597-0070 27 4/30/2013

(AREA CODE) (TELEPHONE NUMBER) (EXT. #) (DATE)

1NewarkAir 4-6-13

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS
 (for Contractor and Sub-Contractor's Use for Weekly and Final Certification)
 (N.J.A.C. 12:29.21 and 8.1)

New Jersey Department of Labor
 Office of Wage and Hour Compliance
 Public Contracts Section
 P.O. Box 389
 Trenton NJ 08625-0389

Name of Contractor or Subcontractor		Address		Date Wages Due and Paid															
DoSesa Engineering Co., Inc For: RCC Builders & Development Inc.		83 Dorsa Ave. Livingston, NJ 07030		4/11/13															
Payroll No:	Week Ending	Project Name	Location	Job #	Project or E.D.A. or U.D.C. No														
30	4/8/13	Newark International Arrivals Motor-Greater Improvement	Newark Liberty International Airport Newark, NJ	12-3665	EWR-264-006														
Name, Address and Social Security Number of Employee	Wth-holding	Work Classification	Day and Date							Total Hours	Rate of Pay	Project Amount Earned	Gross Amount Earned	Wth-Holding Tax	FICA MED	State Tax	Total Deductions	Net Wages Paid	Total Benefits Cost/Hr
			Sun	Mon	Tues	Wed	Thur	Frid	Sat										
John R. Yanoso	S1	AC Refri. Tech.	O																
			S	3/31	4/1	4/2	4/3	4/4	4/5	4/6									
			O																
			S		4.0														
			O																
			S							0.00	0.00		0.00				0.00	0.00	
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			O																
			S																

Date 4/11/13

I, Ralph Di Domenico, Controller
(Name of signatory party) (Title)

do hereby state and certify:

1 That I pay or supervise the payment of the persons employed by DeSosa Engineering on the Newark International Arrivals Meter- Greater Improv (Contractor or Subcontractor) (Building of Work) For: Rail Road C 3/30/2013 that during the payroll period commencing on the day of 31-Mar and ending the 6-Apr of 2013 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 DeSosa Engineering 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 the New Jersey Prevailing Wage Act, N.J.S.A.34:11-56.25 et seq. and Regulation N.J.A.C.12:60 et seq. and the Payment of Wages Law N.J.S.A. 34:11-4.1 et seq.

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 registered in good standing, in an apprenticeship program approved or certified by the Division of Vocational Education in the New Jersey Department of Education or by the Bureau of Apprenticeship Training in the United States Department of Labor.

4 That:

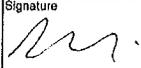
- (A) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section (B) WHERE FRINGE BENEFITS ARE PAID IN CASH

4 (C) below.

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.

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	
Please specify the type of benefit provided and note the total cost per hour in block 10 on the reverse side	
1) Medical or hospital coverage	*
2) Dental coverage	*
3) Pension or Retirement	*
4) Vacation, Holidays	*
5) Sick days	*
6) Life Insurance	*
7) Other (Explain)	*

5 N. J. A. C. 12:60-2.1 and 8.1 The Public Works employers shall submit to the public body or lessor a certified payroll record each pay period within 10 days of the payment of wages.

Name and Title	Signature
Ralph Di Domenico, Controller	
The falsification of any of the above statement may subject the contractor or subcontractor to civil or criminal prosecution, N.J.S.A. 34:11-56.25 et seq. and N.J.A.C. 12:60 et seq. and N.J.S.A. 34:11-4.1 et seq.	

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS
 (for Contractor and Sub-Contractor's Use for Weekly and Final Certification)
 (N.J.A.C. 12:80 2J and 5.1)

New Jersey Department of Labor
 Office of Wage and Hour Compliance
 Public Contracts Section
 P.O. Box 389
 Trenton NJ 08625-0389

Name of Contractor or Subcontractor		Address		Date Wages Due and Paid															
DeSosa Engineering Co., Inc For: RCC Builders & Development Inc.		83 Dorosa Ave. Livingston, NJ 07039		4/18/13															
Payroll No:	Week Ending	Project Name	Job #	Project or E.D.A. or U.D.C. No															
37	4/13/13	Newark International Arrivals Meter-Greater Improvement	12-3685	EWR-264-006															
Name, Address and Social Security Number of Employee	With-holding	Work Classification	Day and Date							Total Hours	Rate of Pay	Project Amount Earned	Gross Amount Earned	With-Holding Tax	FICA MED	State Tax	Total Deductions	Net Wages Paid	Total Benefits Cost/Hr
			Sun	Mon	Tues	Wed	Thur	Frid	Sat										
			O																
			S	4/7	4/8	4/8	4/10	4/11	4/12	4/13	0.00	0.00	0.00	0.00				0.00	0.00
			O								0.00								
			S								0.00	0.00	0.00	0.00				0.00	0.00
NO WORK PERFORMED AT SITE			O								0.00	0.00							
			S								0.00	0.00						0.00	0.00
			O								0.00	0.00							
			S								0.00	0.00						0.00	0.00
			O								0.00	0.00							
			S								0.00	0.00						0.00	0.00
			O								0.00	0.00							
			S								0.00	0.00						0.00	0.00

Date 4/18/13

I, Ralph Di Domenico, Controller
(Name of signatory party) (Title)

do hereby state and certify:

1 That I pay or supervise the payment of the persons employed by DeSesa Engineering on the Newark International Arrivals Meter- Greater Improv (Contractor or Subcontractor) (Building of Work) For: Rail Road C 3/30/2013 that during the payroll period commencing on the day of 7-Apr and ending the 13-Apr of 2013, 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 DeSesa Engineering 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 the New Jersey Prevailing Wage Act, N.J.S.A.34:11-56.25 et seq. and Regulation N.J.A.C.12:60 et seq. and the Payment of Wages Law N.J.S.A. 34:11-4.1 et seq.

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.

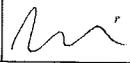
3 That any apprentices employed in the above period are registered in good standing, in an apprenticeship program approved or certified by the Division of Vocational Education in the New Jersey Department of Education or by the Bureau of Apprenticeship Training in the United States Department of Labor.

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 (B) WHERE FRINGE BENEFITS ARE PAID IN CASH

4 (C) below.
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.

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	
Please specify the type of benefit provided and note the total cost per hour in block 10 on the reverse side	
1) Medical or hospital coverage	*
2) Dental coverage	*
3) Pension or Retirement	*
4) Vacation, Holidays	*
5) Sick days	*
6) Life Insurance	*
7) Other (Explain)	

5 N. J. A. C. 12:60-2.1 and 6.1 The Public Works employe shall submit to the public body or lessor a certified payroll record each pay period within 10 days of the payment of wages.

Name and Title	Signature
Ralph Di Domenico, Controller	
The falsification of any of the above statement may subject the contractor or subcontractor to civil or criminal prosecution. N.J.S.A. 34:11-56.25 et seq. and N.J.A.C. 12:60 et seq. and N.J.S.A. 34:11-4.1 et seq.	

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS
 (for Contractor and Sub-Contractor's Use for Weekly and Final Certification)
 (N.J.A.C. 12:80 2.f and 6.1)

New Jersey Department of Labor
 Office of Wage and Hour Compliance
 Public Contracts Section
 P.O. Box 389
 Trenton NJ 08625-0389

Name of Contractor or Subcontractor		Address		Date Wages Due and Paid																	
DeSosa Engineering Co., Inc For: RCC Builders & Development Inc.		83 Dorset Ave. Livingston, NJ 07030		4/26/13																	
Payroll No.	Week Ending	Project Name											Job #	Project or E.D.A. or U.D.C. No							
38	4/20/13	Newark International Arrivals Meter-Greater Improvement											12-3665	EWR-264-008							
Location:		Day and Date							Total	Rate	Project	Gross	With-	FICA	State	Total	Net	Total			
Name, Address and Social Security Number of Employee		Wm- holding	Work Classification	Sun	Mon	Tues	Wed	Thur	Frid	Sat	Hours	of Pay	Amount Earned	Amount Earned	Holding Tax	MED	Tax	Deduc- tions	Wages Paid	Benefits Cost/Hr	
													0.00								
													0.00	0.00	0.00				0.00	0.00	
													0.00								
													0.00	0.00	0.00				0.00	0.00	
NO WORK PERFORMED AT SITE													0.00	0.00							
													0.00	0.00							
													0.00	0.00							
													0.00	0.00							
													0.00	0.00							
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													0.00	0.00							
													0.00	0.00							
													0.00	0.00							
													0.00	0.00							

Date 4/25/13

I, Ralph Di Domenico, Controller
 (Name of signatory party) (Title)

do hereby state and certify:

1 That I pay or supervise the payment of the persons employed by DeSesa Engineering on the Newark International Arrivals Meter- Greater Improv (Contractor or Subcontractor) (Building of Work) For: Rail Road C 3/30/2013 that during the payroll period commencing on the day of 14-Apr and ending the 20-Apr of 2013 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 DeSesa Engineering 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 the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-58.25 et seq. and Regulation N.J.A.C. 12:60 et seq. and the Payment of Wages Law N.J.S.A. 34:11-4.1 et seq.

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.

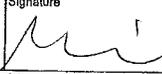
3 That any apprentices employed in the above period are registered in good standing, in an apprenticeship program approved or certified by the Division of Vocational Education in the New Jersey Department of Education or by the Bureau of Apprenticeship Training in the United States Department of Labor.

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 (B) WHERE FRINGE BENEFITS ARE PAID IN CASH

4 (C) below. 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.

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	
Please specify the type of benefit provided and note the total cost per hour in block 10 on the reverse side	
1) Medical or hospital coverage	*
2) Dental coverage	*
3) Pension or Retirement	*
4) Vacation, Holidays	*
5) Sick days	*
6) Life Insurance	*
7) Other (Explain)	*

5 N. J. A. C. 12:60-2.1 and 6.1 The Public Works employers shall submit to the public body or faasor a certified payroll record each pay period within 10 days of the payment of wages.

Name and Title	Signature
Ralph Di Domenico, Controller	
The falsification of any of the above statement may subject the contractor or subcontractor to civil or criminal prosecution. N.J.S.A. 34:11-58.25 et seq. and N.J.A.C. 12:60 et seq. and N.J.S.A. 34:11-4.1 et seq.	

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS
 (for Contractor and Sub-Contractor's Use for Weekly and Final Certification)
 (N.J.A.C. 12:50 2.1 and 6.1)

New Jersey Department of Labor
 Office of Wage and Hour Compliance
 Public Contracts Section
 P.O. Box 389
 Trenton NJ 08625-0389

Name of Contractor or Subcontractor		Address		Date Wages Due and Paid															
DeSesa Engineering Co., Inc For: RGC Builders & Development Inc.		83 Dorsa Ave. Livingston, NJ 07039		5/2/13															
Payroll No.	Week Ending	Project Name	Location	Job #	Project or E.D.A. or U.D.C. No														
39	4/27/13	Newark International Arrivals Meter-Greater Improvement	Newark Liberty International Airport Newark, NJ	12-3855	EWIR-264-006														
Name, Address and Social Security Number of Employee	With-holding	Work Classification	Day and Date							Total Hours	Rate of Pay	Project Amount Earned	Gross Amount Earned	With-holding Tax	FICA MED	State Tax	Total Deductions	Net Wages Paid	Total Benefits Cost/Hr
			Sun	Mon	Tues	Wed	Thur	Frid	Sat										
			O							0.0									
			S	4/21	4/22	4/23	4/24	4/25	4/26	4/27		0.00	0.00	0.00				0.00	0.00
			O							0.0									
			S							0.0	0.00	0.00	0.00					0.00	0.00
NO WORK PERFORMED AT SITE			O							0.0		0.00							
			S							0.0		0.00						0.00	0.00
			O							0.0		0.00							
			S							0.0		0.00						0.00	0.00
			O							0.0		0.00							
			S							0.0		0.00						0.00	0.00
			O							0.0		0.00							
			S							0.0		0.00						0.00	0.00
			O							0.0		0.00							
			S							0.0		0.00						0.00	0.00

Date 5/2/13

I, Ralph D. Domenico, Controller
(Name of signatory party) (Title)

do hereby state and certify:

1 That I pay or supervise the payment of the persons employed by DeSesa Engineering on the Newark International Arrivals Meter- Greater Improv (Contractor or Subcontractor) (Building of Work)
 For: Rail Road C 3/30/2013 that during the payroll period commencing on the day of 21-Apr and ending the 27-Apr of 2013 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 DeSesa Engineering 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 the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-58.25 et seq. and Regulation N.J.A.C. 12:60 et seq. and the Payment of Wages Law N.J.S.A. 34:11-4.1 et seq.

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.

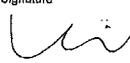
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4 That:
 (A) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section (B) WHERE FRINGE BENEFITS ARE PAID IN CASH

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EXCEPTION (CRAFT)	EXPLANATION
REMARKS	
Please specify the type of benefit provided and note the total cost per hour in block 10 on the reverse side	
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2) Dental coverage	*
3) Pension or Retirement	*
4) Vacation, Holidays	*
5) Sick days	*
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7) Other (Explain)	*

5 N. J. A. C. 12:60-2.1 and 6.1 The Public Works employers shall submit to the public body or lessor a certified payroll record each pay period within 10 days of the payment of wages.

Name and Title	Signature
Ralph D. Domenico, Controller	
The falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution. N.J.S.A. 34:11-58.25 et seq. and N.J.A.C. 12:60 et seq. and N.J.S.A. 34:11-4.1 et seq.	

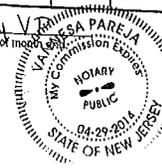
MONTHLY EMPLOYMENT UTILIZATION REPORT

PROJECT TITLE:		PRIME CONTRACTOR'S NAME:		LIST SUBCONTRACTORS INCLUDED IN THIS REPORT (IF ANY):		REPORTING PERIOD:		CONTRACT GOALS:		PAGE 1 OF 1								
TAA NUMBER: Job # 0723 RCC EWR264.006 Port Authority of NY and NJ		ADDRESS: S&J Electrical Contractors, Inc. 34 Ravenswood Lane Scotch Plains, NJ 07076		N/A		FROM: May 1 st , 2013 TO: May 31 st , 2013		Minority Skilled: 100% Minority Laborer: 40% Minority Skilled/Laborer: 85%		ACTUAL START DATE:								
LOCATION: Newark Liberty International Airport, Newark, NJ		PREPARED BY: Vanessa Parreja DATE: 5/30/2013				% OF COMPLETION:						PROJECTED COMPLETION DATE:						
#1 Construction Trade	#2 Classification	#3 WORK HOURS OF EMPLOYEES										#4 NUMBER OF EMPLOYEES						
		#3 Total All Employees Hours		#4 Sum of All Employees Hours		#5 Black		#6 Hispanic		#7 Asian		#8 Native American		#9 Total Monthly Hours	#10 M Monthly Hours	#11 F Monthly Hours	#12 Total Number Of Employees	#13 Total Number Of Minority Employees
ELECTRICAL	Journey Worker	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	Apprentice																	
	Sub Total	42		42													4	
	Journey Worker																	
	Apprentice																	
	Sub Total																	
	Journey Worker																	
	Apprentice																	
	Sub Total																	
	Journey Worker																	
	Apprentice																	
	Sub Total																	
TOTAL THIS MONTH	Total Journey Worker	42		42														
	Total Apprentices																	
	Total Skilled Trades	42		42														
	Laborer																	
Grand Total From Last Month	Skilled Trades	1,375		1,375			344					344						
	Laborer																	
Grand Total To Date	Skilled Trades	1,417		1,417			344					344						
	Laborer																	

COMPANY OFFICIAL'S SIGNATURE AND TITLE:
Superintendents' hours should not be included in this form.

NOTE: THE REPORT MUST BE SUBMITTED WITHIN 5 BUSINESS DAYS OF MONTH END.

Mano Brigaray
Mano Brigaray, V.P.



DATE SIGNED: 6/3/2013
COUNTY OF: Middlesex

worn to (or affirmed) and subscribed before me
this 03 day of June, 2013, by Vanessa Parreja
Notary Public's Signature
Personally Known OR
Type of Identification Produced _____
Notary Name

Date 5/30/2013

I, Maria Irigaray Vice President
(Name of signatory party) (Title)

do hereby state and certify:
(1) That I pay or supervise the payment of the persons employed by S&J Electrical Contractors, Inc. on the # 0723 RCC EWR 284,006

(Contractor or Subcontractor) (Building or Work)
that during the payroll period commencing on the 29 day of April, 2013 and ending the 05 day of May, 2013 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 S&J ELECTRICAL CONTRACTORS, INC. from the full

(Contractor or Subcontractor)
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C. 12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et seq.

(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 good standing, in an apprenticeship program approved or certified by the Division of Vocational Education in the New Jersey Department of Education or by the Bureau of Apprenticeship Training in the 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.
 - Each laborer or mechanic listed in the above referenced payroll has been paid or 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) FRINGE BENEFITS

EXCEPTIONS (CRAFT)
REMARKS
PLEASE SPECIFY THE TYPE OF BENEFIT PROVIDED AND NOTE THE TOTAL COST PER HOUR IN BLOCK 9 ON THE REVERSE SIDE*
1) Medical or hospital coverage <input type="checkbox"/>
2) Dental coverage <input type="checkbox"/>
3) Pension or Retirement <input type="checkbox"/>
4) Vacation, Holidays <input type="checkbox"/>
5) Sick days <input type="checkbox"/>
6) Life Insurance <input type="checkbox"/>
7) Other (Explain) <input type="checkbox"/>
* TO CALCULATE THE COST PER HOUR, DIVIDE 2,000 HOURS INTO THE BENEFIT COST PER YEAR PER EMPLOYEE.

(5) N.J.S.A. 12:60-2.1 and 6.1 - The Public Works employers shall submit to the public body or lessor a certified payroll record each pay period within 10 days of the payment of wages.

Contractor Registration Number
NAME AND TITLE <u>Maria Irigaray</u> <u>MARIA IRIGARAY VICEPRESIDENT</u>
THE FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. N.J.S.A. 34:11-56.25 ET SEQ. AND N.J.A.C. 12:60 ET SEQ. AND N.J.S.A. 34:11-4.1 ET SEQ.



STATE OF New Jersey
COUNTY OF Hudson
Sworn to (or affirmed) and subscribed before me
this 30 day of May, 2013, by Vanessa Pariza
Vanessa Pariza Vanessa Pariza
Notary Public's Signature Notary Name
Personally Known OR
Type of Identification Produced _____

S. AND J. ELECT. CONTR.
 34 RAVENWOOD LANE
 5827 SCOTCH PLAINS NJ 07076

CERTIFIED PAYROLL REPORT
 JOB-0723-RCC

PROJ NO
 COUNTY
 P/R W/E MAY 05, 2013
 P/R NO. 38

CH8882 PC.1
 PAGE 7

EMPLOYEE NAME AND ADDRESS	EMPL NO	DP NO	SOC CLASS	SEC TRADE	NO. CLASS	HOURS WORKED							RATE REG	GROSS JOB WEEK	FICA FED	OTH DED	TOT DED	NET PAY
						MON 29	TUE 30	WED 01	THU 02	FRI 03	SAT 04	SUN 05						
OUTERAL, ENRIQUE	0469	02		M ELECTRICIAN		.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
				JOURNEYMAN	CAUCASIAN	.00	.00	.00	.00	8.00	.00	.00	.00	.00	.00	.00	.00	8.00
MEHENDIZ, NOEL	0619	01		M ELECTRICIAN	MALE HISPANIC	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
				JOURNEYMAN		.00	.00	.00	.00	2.00	.00	.00	.00	.00	.00	.00	.00	2.00
GRANA, GUSTAVO	0699	04		M ELECTRICIAN	MALE HISPANIC	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
				JOURNEYMAN		8.00	8.00	8.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	24.00
JOB TOTAL						.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	1674.90

CHECK NO. 18683



Date 5/30/2013

I, Maria Irigaray Vice President
(Name of signatory party) (Title)
do hereby state and certify:

(1) That I pay or supervise the payment of the persons employed by S&J Electrical Contractors, Inc. on the # 0723 RCC EWR 264.006
(Contractor or Subcontractor) (Building or Work)
that during the payroll period commencing on the 06 day of May, 2013, and ending the 12 day of May, 2013, 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 S&J ELECTRICAL CONTRACTORS, INC. from the full

(Contractor or Subcontractor)
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C. 12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et seq.

(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 good standing, in an apprenticeship program approved or certified by the Division of Vocational Education in the New Jersey Department of Education or by the Bureau of Apprenticeship Training in the 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.
 - 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) FRINGE BENEFITS

EXCEPTIONS (CRAFT)
REMARKS
"NO WORK WAS PERFORMED DURING THIS WEEK"
PLEASE SPECIFY THE TYPE OF BENEFIT PROVIDED AND NOTE THE TOTAL COST PER HOUR IN BLOCK 9 ON THE REVERSE SIDE*
1) Medical or hospital coverage <input type="checkbox"/>
2) Dental coverage <input type="checkbox"/>
3) Pension or Retirement <input type="checkbox"/>
4) Vacation, Holidays <input type="checkbox"/>
5) Sick days <input type="checkbox"/>
6) Life Insurance <input type="checkbox"/>
7) Other (Explain) <input type="checkbox"/>
* TO CALCULATE THE COST PER HOUR, DIVIDE 2,000 HOURS INTO THE BENEFIT COST PER YEAR PER EMPLOYEE.

(5) N.J.S.A. 12:60-2.1 and 6.1 - The Public Works employers shall submit to the public body or lesser a certified payroll record each pay period within 10 days of the payment of wages.

Contractor Registration Number
NAME AND TITLE: <u>Maria Irigaray</u> <u>MARIA IRIGARAY VICEPRESIDENT</u>
THE FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. N.J.S.A. 34:11-56.25 ET SEQ. AND N.J.A.C. 12:60 ET SEQ. AND N.J.S.A. 34:11-4.1 ET SEQ.



STATE OF New Jersey
COUNTY OF Atlantic
Sworn to (or affirmed) and subscribed before me
this 30 day of May, 2013, by Vanessa Pareja
Vanessa Pareja Vanessa Pareja
Notary Public's Signature Notary Name
Personally Known X OR
Type of Identification Produced _____

S. AND J. ELCT. CONTR.
 34 RAVENSHOOD LANE
 5827 SCOTCH PLAIN NJ 07076

CERTIFIED PAYROLL REPORT
 JOB-0723-RCC

PROJ NO
 COUNTY
 P/R W/E MAY 26, 2013
 P/R NO. 39

CH9882 PC.1
 PAGE 7

EMPLOYEE NAME AND ADDRESS	DP NO	SOC MS	SEC TRADE CLASS	NO.	HOURS WORKED							RATE REG	GROSS OT JOB WEEK	FICA FED	OTH DED	TOT DED	NET PAY
					MON 20	TUE 21	WED 22	THU 23	FRI 24	SAT 25	SUN 26						
WALLACE, CHRISTOP	0576	01	S ELECTRICIAN FOREMAN	MALE	.00	.00	.00	.00	.00	.00	.00	.00					
JOB TOTAL					.00	.00	.00	.00	8.00	.00	.00	.00	434.96				

Paul [Signature]

USER INSTRUCTIONS for electronic MEUR Form

1. Please read all instructions on the instruction page accessed by pressing the INSTRUCTION Tab located at the lower left corner of this application screen.
2. Complete all applicable information. Entries should be made in white boxes only.
3. If more than one page is used complete all information for "TOTAL THIS MONTH" and "GRAND TOTAL TO DATE" on last page only.
4. ALL PRIVIES NOTE: This form should reflect an aggregate of your work force and all subcontractors.

<p>Contract No. / TAA No: CWR-264-000</p> <p>Project Title: Newark Liberty Terminal B Meater Greater</p> <p>Location: Newark, New Jersey</p>	<p>THIS FORM SUBMITTED WITH PAYMENT APPLICATION NUMBER - []</p> <p>PRIVATE CONTRACTOR INFORMATION Contractor Name: R.L. Dehn and Sons Fire Protection, Inc. Address: 440 Braen Avenue Wyckoff, New Jersey 07491 Phone: 201-445-1155 Date: []</p> <p>Prepared By: Marianne Silvara</p>	<p>LIST SUBCONTRACTORS INCLUDED IN THIS REPORT (IF ANY)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>1</td><td> </td></tr> <tr><td>2</td><td> </td></tr> <tr><td>3</td><td> </td></tr> <tr><td>4</td><td> </td></tr> <tr><td>5</td><td> </td></tr> <tr><td>6</td><td> </td></tr> <tr><td>7</td><td> </td></tr> </table>	1		2		3		4		5		6		7		<p>Reviewed By: [] Date Received: []</p> <p>For R.E. Office Use Only</p> <p>REPORTING PERIOD: From Date: 05/01/13 To Date: 05/31/13</p> <p>Percentage of Job Completed: []</p> <p>CONTRACT GOALS: MINORITY Skilled 30.0% Labor 40.0% FEMALE Skilled / Labor 5.9%</p> <p>ACTUAL START DATE: [] PROJECTED COMPLETION DATE: []</p> <p>PAGE 1 OF 1</p>
1																	
2																	
3																	
4																	
5																	
6																	
7																	

		WORK HOURS OF EMPLOYEES													Total Number of Employees		Total Number of Minority Employees		
		#3 Total of All Employee Hours		#4 Sum of All Employee Hours		#5 Black		#6 Hispanic		#7 Asian		#8 Native American		#9 Total Minority Hours					#10 % Minority Hours
#1 Construction Trade	#2 Classification	M	F	#3 M + #3F	M	F	M	F	M	F	M	F	ADD #9 thru #8	#9 Div #4	#11 Div #4	M	F	M	F
Sprinkler Fitter	JOURNEY WORKER	32		32															
	APPRENTICE																		
	SUBTOTAL	32		32															
	JOURNEY WORKER																		
	APPRENTICE																		
	SUBTOTAL																		
	JOURNEY WORKER																		
	APPRENTICE																		
	SUBTOTAL																		
TOTALS THIS MONTH		32		32															
SKILLED TRADES		32		32															
LABORERS																			
GRAND TOTAL LAST MONTH																			
SKILLED TRADES																			
LABORERS																			
GRAND TOTAL TO DATE		32		32															
SKILLED TRADES		32		32															
LABORERS																			

COMPANY OFFICIAL'S SIGNATURE AND TITLE: Frank Hogan DATE SIGNED: 5/28/2013

Superintendent hours should not be included on this form. Note: The MEUR must be submitted within 5 business days of month's end.

For R.E. Office Use Only

Reviewed by: []
Date: []

Are Goals Being Met?

Minority: Yes No Female: Yes No

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS
 (for Contractor and Subcontractor's Use for Weekly and Final Certification)
 (N.J.A.C. 12:60-2.1 and 6.1)



NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		ADDRESS		DATE WAGES DUE	DATE WAGES PAID									
R.L. Dehn & Sons Fire Protection, Inc.		440 Brazen Avenue Wyckoff, NJ 07481			5/2/2013									
PAYROLL NO.	WEEK ENDING OR FINAL CERTIFICATION	PROJECT NAME AND LOCATION			CONTRACTOR REGISTRATION NUMBER									
	04 / 26 / 13	Newark International Airport Terminal B-Meeter-Orteler Improvements			605425									
1. NAME AND ADDRESS OF EMPLOYEE	2. WORK CLASSIFICATION	3. DAY AND DATE S S M T W T F 20 21 22 23 24 25 26	4. TOTAL HOURS	5. RATE OF PAY	6. GROSS AMOUNT EARNED		7. DEDUCTIONS					8. NET WAGES PAID FOR WEEK	9. Total Fringe Benefit Cost/Hr.	
					This Project Only	Total for Week	FICA	With-holding Tax	NJ St	NJ SUU/ DUU	Child Supp/ Union			Total Deductions
Donald Gifford	Sprinkler Fitter	OT ST	8	\$6.53	452.24	1401.32	72.40							
Frank C Gifford	Sprinkler Fitter	OT ST	8	\$6.53	452.24	1868.96	185.24							
Scott Bauckband	Sprinkler Fitter	OT ST	0											
Robert Power	Sprinkler Fitter	OT ST	0											
		OT ST												
		OT ST												
		OT ST												

Questions? Please contact the Division of Wage and Hour Compliance at (609) 292-2259 or (609) 292-2283.

SUBMIT TO PUBLIC BODY OR LESSOR

THE PORT AUTHORITY OF NY & NJ

Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

RCC BUILDERS & DEVELOPERS, INC		65-67 GROVE STREET PATERSON, NJ 07503											EVR-264.006									
06/09/2013		PANYNJ-EVR-264.006 - NEWARK AIRPORT																				
Employee Name, Address, and SS. No. (Last 4 Digits)	SWAC or TWIC ID # (If Applicable / Class 1, 2, 3)	Day and Date							Total Hrs	Base Hourly Rate of Pay	Total Base Pay	Hourly Rate	Supplemental Benefits		Gross Amt Excess	Exempt Gross Wage	FICA	Withholding Tax	Other	Total Deductions	Net	
		Mon	Tue	Wed	Thu	Fri	Sat	Sun					# of Hours	Rate								
KHASIM ABDUS-SALAAM	BUILDING LAB A	1	8	8	8	8	8	0	0	40.00	30.60	1224.00	23.27									
		2	0	0	0	0	0	0	0	0.00	0.00	0.00	0.00									
CARMINE FALCO	F CARPENTER A	1	8	8	8	8	8	0	0	40.00	47.71	1908.40	27.15									
		2	0	0	0	0	3	0	0	3.00	71.57	214.70	40.48									
		3																				
		4																				
		5																				
		6																				
		7																				
		8																				
		9																				
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		11																				
		12																				
		13																				
		14																				
		15																				
		16																				
		17																				
		18																				

Keys:
 RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time
 U - Union E - Employee O - Other
 J - Journeyman A - Apprentice H - Helper

NOTE:
 1. All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
 2. Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
 3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I, **LAUREN ELSAESSER** certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.
Lauren Elsaesser
 Treasurer _____ Signature _____ Date **7/2/13**

Subscribed before me, this day
17th of **July**, 20**13**
ROY U. RATCLIFFE
 NOTARY PUBLIC OF NEW JERSEY
 My Commission Expires 7/7/2018

 Signature of Notary Public

THE PORT AUTHORITY OF NY & NJ

Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

60		06/23/2013		PANYU-EWR-264.006 - NEWARK AIRPORT													EWR-264.006																								
RCC BUILDERS & DEVELOPERS, INC		65-67 GROVE STREET PATERSON, NJ 07501																																							
1		2		3		4		5							6		7		8		9		10		11		12		13		14		15		16		17		18		
Employee Name, Address, and SS. No. (Last 4 #s)		Job Title & Grade Work Classification (Source/Agency or Apprentice/Class 1,2,3)		PWAC or TWICID # Hired		7 M		Day and Date							8 Total Hrs		9 Base Hourly Rate of Pay		10 Total Base Pay		11 Supplemental Benefits		12 Gross Amount Earned		13 Tangible Gross Wages		14 FICA		15 Withholding Tax		16 Other		17 Total Deductions		18 Net						
						17		18		19		20		21		22		23																							
KHAJIM ARJUN G. GAI AAM		BUILDING LAB				1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		16		17		18	
A		Class 1, 2 or 3				0		0		0		0		0		0		0.00		0.00		0.00		0.00																	
CARMINE FALCO		F CARPENTER		1513-GQRVUJ		4		5		6		7		8		9		10		11		12		13		14		15		16		17		18		19		20			
A		Class 1, 2 or 3				0		0		0		0		0		0		0.00		0.00		0.00		0.00																	
J		Class 1, 2 or 3				1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		16		17		18	
A		Class 1, 2 or 3				0		0		0		0		0		0		0.00		0.00		0.00		0.00																	
J		Class 1, 2 or 3				1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		16		17		18	
A		Class 1, 2 or 3				0		0		0		0		0		0		0.00		0.00		0.00		0.00																	

Key:
 RT - Regular Time OT - Overtime ST - Shift Time GF - Guaranteed Time
 U - Union E - Employee O - Other
 J - Journeyman A - Apprentice H - Helper

NOTE:
 1. All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
 2. Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
 3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

I, **LAUREN ELSAESSER** certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Lauren Elsaesser 7-17-13
 Treasurer Signature Date

Sworn to before me, this day
 17th of July 2013

Roy U. Ratcliffe
 NOTARY PUBLIC OF NEW JERSEY
 My Commission Expires 7/7/2018

Roy U. Ratcliffe
 Signature of Notary Public

THE PORT AUTHORITY OF NY & NJ

Certification of Payroll

TO BE SUBMITTED WITH APPLICATION FOR PAYMENT

RCC BUILDERS & DEVELOPERS, INC		65-67 GROVE STREET PATERSON, NJ 07503																								
06/30/2013		FANYNJ-EWR-264.006 - NEWARK AIRPORT										EWR-264.006														
1	2	3	4	5 Day and Date							6	7	8	9	10	11	12	13	14	15	16	17	18			
				Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.														Total Hrs	Base Hourly Rate of Pay	Total Base Pay
KHASIM ABDUS-SAJAAM	BUILDING LAB A			24	25	26	27	28	29	30	48.00	36.72	1762.56	23.37	U											
				0	0	0	0	0	0	0	0.00	0.00	0.00	0.00	E											
															O											
CARBINE FALCO	F CARPENTER A	1513-GQRVUJ		24	25	26	27	28	29	30	48.00	48.90	2347.36	27.87	U											
				0	0	0	0	0	0	0	0.00	0.00	0.00	0.00	E											
															O											
MICHAEL DEWAR	J CARPENTER A	1712-VYIASU		24	25	26	27	28	29	30	24.00	41.49	995.76	23.67	U											
				0	0	0	0	0	0	0	0.00	0.00	0.00	0.00	E											
															O											

Sworn to before me, this day
17th of July 2013

I, **LAUREN ELSAESSER** certify that the information on both sides of this form represents wages and supplemental benefits paid to all persons employed by the above-named firm for construction work on the above project during the period indicated above, and that all information provided on this Certification of Payroll is truthful, complete and accurate. I understand that falsification of this statement is a punishable offense.

Lauren Elsaesser
Treasurer
Print Name Officer/Designee

Lauren Elsaesser
Signature
Date

ROY U. RATCLIFFE
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 7/1/2018
Roy U. Ratcliffe
Signature of Notary Public

NOTE:
1. All persons who performed any construction activity, during the period of the requisition, shall be listed on the Payroll Report.
2. Separate Payroll Reports shall be submitted by the prime contractor and each subcontractor who performed any on-site construction activity during the period of the requisition.
3. Failure to provide the required Payroll Report may result in the requisition for payment being returned unpaid or the payment being reduced.

Statement of Compliance
Jun-13

I do hereby state:

1. That I, LAUREN ELSAESSER (Name of Signatory), TREASURER (Title or Position), during the payroll period indicated on the reverse side, supervise the payment of the persons employed by RCC BUILDERS & DEVELOPERS INC. (Name of Contractor), and that 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 RCC BUILDERS & DEVELOPERS INC. (name of contractor) from the full weekly wages earned by any person, other than permissible deductions, including, but not limited to: Federal Withholding, FICA, Medicare, State Withholding, State Disability Insurance, Union Deductions, Child Support or Other Garnishments.
2. That any payrolls otherwise under this contract required to be submitted for the subject period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wages rates contained in any wage determination incorporated into the contract and that the classifications set forth therein for each laborer or mechanic conform with the work he/she performed.
3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program.
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 in the contract, of such employees, except as noted in Section 4(e) 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 except as noted in Section 4(e) below.
 - c. EXCEPTIONS:

EXCEPTION (CRAFT)

EXPLANATION

<u>EXCEPTION (CRAFT)</u>	<u>EXPLANATION</u>

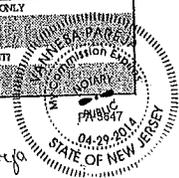
MONTHLY EMPLOYMENT UTILIZATION REPORT

PROJECT TITLE: Job # 0723 RCC EWR264.006 TAA NUMBER: Port Authority of NY and NJ LOCATION: Newark Liberty International Airport, Newark, NJ		PRIME CONTRACTOR'S NAME: S&J Electrical Contractors, Inc. ADDRESS: 34 Ravenswood Lane Scotch Plains, NJ 07076 PREPARED BY: Vanessa Pareja DATE: 6/27/2013		LIST SUBCONTRACTORS INCLUDED IN THIS REPORT (IF ANY): N/A		REPORTING PERIOD FROM: June 1 st , 2013 TO: June 30 th , 2013 % OF COMPLETION:		CONTRACT GOALS Minority Skilled: 100% % Laborer: 40 % Female % Skilled/Laborer: \$ \$ %		ACTUAL START DATE: PROJECTED COMPLETION DATE:											
#1 Construction Trade	#2 Classification	WORK HOURS OF EMPLOYEES										NUMBER OF EMPLOYEES									
		#3 Total All Employees Hours		#4 Sum of all Employees Hours		#5 Black		#6 Hispanic		#7 Asian		#8 Native American		#9 Total Minority Hours	#10 % Minority Hour	#11 % Female Hour	#12 Total Number Of Employees		#13 Total Number Of Minority Employees		
		M	F	M	F	M	F	M	F	M	F	M	F				M	F	M	F	
ELECTRICAL	Journey Worker	234		234				146						146				3		2	
	Apprentice	40		40				146						146				4		2	
	Sub Total	274		274				146						146				7		4	
	Journey Worker																				
	Apprentice																				
	Sub Total																				
TOTAL THIS MONTH	Total Journey Worker	234		234				146						146				3		2	
	Total Apprentice	40		40				146						146				4		2	
	Total Skilled Trades	274		274				146						146				7		4	
	Laborer																				
Grand Total From Last Month	Skilled Trades	1,417		1,417				344						344							
	Laborer																				
Grand Total To Date	Skilled Trades	1,731		1,731				490						490							
	Laborer																				

COMPANY OFFICIAL'S SIGNATURE AND TITLE: María Triguera VP
 Superintendents' hours should not be included in this form. NOTE: THE REPORT must be submitted within 5 business days of month end.

DATE SIGNED: 6/27/2013

Sworn to (or affirmed) and subscribed before me this 27 day of July, 2013, by Vanessa Pareja
Vanessa Pareja Notary Public's Signature
Vanessa Pareja Notary Name
 Personally Known OR Type of Identification Produced



S. AND J. ELECT. CONTR.
 34 RAVENSWOOD LAKE
 SCOTCH PLAINS NJ 07076
 5827

CERTIFIED PAYROLL REPORT
 JOB-0723-KCC

PROJ NO
 COUNTY
 P/R W/R JUN 02, 2013
 P/R NO. 40

CM8882 PC.1
 PAGE 5

EMPLOYEE NAME AND ADDRESS	EMPL NO	SOC NO	SEC NO	TRADE CLASS	HOURS WORKED							RATE REG	GROSS JOB WEEK	FICA FED	OTH DED	TOT DRD	NET PAY	
					MON 27	TUE 28	WED 29	THU 30	FRI 31	SAT 01	SUN 02							OT REG
OUTERAL, ENRIQUE	0469	02		M ELECTRICIAN JOURNEYMAN	.00	.00	.00	.00	8.00	.00	.00	.00	8.00	54.37				
				CAUCASIAN														
MENENDEZ, NOEL	0619	01		S ELECTRICIAN JOURNEYMAN	.00	.00	.00	.00	8.00	.00	.00	.00	32.00	47.69				
	010																	
				MALE HISPANIC														
CABALLERO, JUN E	0645	00		S ELECTRICIAN JOURNEYMAN	.00	.00	.00	.00	8.00	.00	.00	.00	32.00	28.66				
				MALE														
JOB TOTAL					.00	.00	.00	.00	16.00	.00	.00	.00	72.00	2878.16				
					.00	16.00		24.00		.00	.00	.00						
					.00		.00		16.00	.00	.00	.00						

CHECK NO. 18792

CHECK NO. 18783

CERTIFIED PAYROLL REPORT

S. AND J. ELECT. CONTR.
 34 RAVENSWOOD LANE
 5827 SCOTCH PLAINS NJ 07076

JOB-0723-RCC

PROJ NO
 COUNTY
 F/R H/E JUN 09, 2013
 P/R NO. 41

CH8882 PC.1

PAGE 6

EMPLOYEE NAME AND ADDRESS	EMPL NO	SOC SEC NO.	TRADE CLASS	HOURS WORKED							RATE REG	GROSS OT WEEK	FICA DED	OTH DED	TOT DED	NET PAY	
				MON 03	TUE 04	WED 05	THU 06	FRI 07	SAT 08	SUN 09							OT REG
OUTIRAL, ENRIQUE	0469	02	M ELECTRICIAN JOURNEYMAN	CAUCASIAN													
				.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
				.00	.00	.00	.00	8.00	.00	.00	8.00						
MENENDEZ, NOEL	0619	01	S ELECTRICIAN JOURNEYMAN	MALE HISPANIC													
	07010			.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
				8.00	4.00	.00	.00	.00	.00	.00	.00	12.00					
PASANIELLO, BENJA	0633	01	S ELECTRICIAN APPRENTICE	MALE													
				.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
				8.00	8.00	8.00	8.00	8.00	.00	.00	.00	40.00					
JOB TOTAL				.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
				16.00	8.00	.00	.00	16.00	.00	.00	.00	2406.28					
				.00	.00	.00	.00	.00	.00	.00	.00	.00	.00				
				12.00	8.00	.00	.00	.00	.00	.00	.00	60.00					

CHECK NO. 18818

CHECK NO. 18820

Date 0/27/2013

I, Maria Irigaray Vice President
(Name of signatory party) *(Title)*
do hereby state and certify:

(1) That I pay or supervise the payment of the persons employed by S&J Electrical Contractors, Inc. on the # 0723 RCC EWR 284,008
(Contractor or Subcontractor) *(Building or Work)*
that during the payroll period commencing on the 20 day of June, 2013, and ending the 23 day of June, 2013, 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 S&J ELECTRICAL CONTRACTORS, INC.
(Contractor or Subcontractor) from the full

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C. 12:60 et seq. and the Payment of Wages Law, N.J.S.A. 34:11-4.1 et seq.

(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 good standing, in an apprenticeship program approved or certified by the Division of Vocational Education in the New Jersey Department of Education or by the Bureau of Apprenticeship Training in the 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.
 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) PRINICIPAL BENEFITS

EXCEPTIONS (CRAP) [Table with 5 empty rows]

REMARKS

- PLEASE SPECIFY THE TYPE OF BENEFIT PROVIDED AND NOTE THE TOTAL COST PER HOUR IN BLOCK 9 ON THE REVERSE SIDE*
- 1) Medical or hospital coverage
 - 2) Dental coverage
 - 3) Pension or Retirement
 - 4) Vacation, Holidays
 - 5) Sick days
 - 6) Life Insurance
 - 7) Other (Specify)
- * TO CALCULATE THE COST PER HOUR, DIVIDE 2,000 HOURS INTO THE BENEFIT COST PER YEAR PER EMPLOYEE

(5) N.J.S.A. 12:60-2.1 and 6.1 - The Public Works employers shall submit to the public body or lessor a certified payroll record each pay period within 10 days of the payment of wages.

Contractor Registration Number _____
NAME AND TITLE Maria Irigaray MARIA IRIGARAY VICEPRESIDENT
THE FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. N.J.S.A. 34:11-56.25 ET SEQ. AND N.J.A.C. 12:60 ET SEQ. AND N.J.S.A. 34:11-4.1 ET SEQ.

STATE OF New Jersey
COUNTY OF Middlesex
Sworn to (or affirmed) and subscribed before me
this 01 day of July, 2013, by Vanessa Paroya
Vanessa Paroya Vanessa Paroya
Notary Public's Signature Notary Name
Personally Known OR
Type of Identification Produced _____



S. AND J. ELECT. CONTR.
 34 RAVENSWOOD LANE
 5827 SCOTCH PLAINS NJ 07076

CERTIFIED PAYROLL REPORT
 JOB-0723-RCC

PROJ NO
 COUNTY
 P/R W/E JUN 23, 2013
 P/R NO. 43

CHS882 PC.1
 PAGE 7

EMPLOYEE NAME AND ADDRESS	EMPL NO	SOC SEC NO.	TRADE CLASS	HOURS WORKED							RATE	GROSS OT	FICA FED	OTH DED	TOT DED	NET PAY	
				MON	TUE	WED	THU	FRI	SAT	SUN							OT
OTEIRAL, ENRIQUE	0469	02	M ELECTRICIAN JOURNEYMAN	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	20.00
			CAUCASIAN	8.00	.00	8.00	.00	4.00	.00	.00	.00	.00	.00	.00	.00	.00	20.00
				8.00	.00	8.00	.00	4.00	.00	.00	.00	.00	.00	.00	.00	.00	20.00
RIOS, GERVASIO	0477	03	M ELECTRICIAN JOURNEYMAN	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
			MALE HISPANIC	8.00	8.00	8.00	2.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	26.00
				8.00	8.00	8.00	2.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	26.00
MENENDEZ, NOEL	0619	01	S ELECTRICIAN JOURNEYMAN	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
			MALE HISPANIC	8.00	8.00	8.00	8.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	40.00
				8.00	8.00	8.00	8.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	40.00
JOB TOTAL				.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
				24.00	.00	24.00	.00	12.00	.00	.00	.00	.00	.00	.00	.00	.00	4528.70
				16.00	.00	10.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	86.00

CHECK NO. 18869

CHECK NO. 18866

[Handwritten Signature]

1NewarkAir 6-1-13

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS
 (for Contractor and Sub-Contractor's Use for Weekly and Final Certification)
 (N.J.A.C. 12:63 2.1 and 6.1)

New Jersey Department of Labor
 Office of Wage and Hour Compliance
 Public Contract Section
 P.O. Box 389
 Trenton NJ 08646-0389

Name of Contractor or Subcontractor		Address		Date Wages Due and Paid																
DeSessa Engineering Co., Inc For: RCC Builders & Development Inc.		83 Dorsa Ave. Livingston, NJ 07039		6/8/13																
Payroll No:		Week Ending	Project Name		Job #	Project or E.D.A. or U.D.C. No														
44		6/1/13	Newark International Arrivals Meter-Greater Improvement		12-3665	EWIR-264-006														
Name, Address and Social Security Number of Employee		With-holding	Work Classification	Day and Date							Total Hours	Rate of Pay	Project Amount Earned	Gross Amount Earned	With-holding Tax	FICA MED	Slate Tax	Total Deductions	Net Wages Paid	Total Benefits Cost/Hr
				Sun	Mon	Tues	Wed	Thur	Frid	Sat	0/1									
				5/26	5/27	5/28	5/29	5/30	5/31	6/1										
												0.0								
												0.0	0.00	0.00	0.00				0.00	0.00
												0.0								
												0.0	0.00	0.00	0.00				0.00	0.00
NO WORK PERFORMED AT SITE												0.0		0.00					0.00	0.00
												0.0		0.00					0.00	0.00
												0.0		0.00					0.00	0.00
												0.0		0.00					0.00	0.00
												0.0		0.00					0.00	0.00
												0.0		0.00					0.00	0.00
												0.0		0.00					0.00	0.00

1Newark/Air 8-8-13

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS
 (for Contractor and Sub-Contractor's Use for Weekly and Final Certification)
 (N.J.A.C. 12.60 21 and 8.1)

New Jersey Department of Labor
 Office of Wage and Hour Compliance
 Public Contracts Section
 P.O. Box 369
 Trenton NJ 08646-0369

Name of Contractor or Subcontractor DeSesa Engineering Co., Inc For: RCC Builders & Development Inc.		Address 83 Dorsa Ave. Livingston, NJ 07039		Date Wages Due and Paid 6/13/13															
Payroll No: 45		Project Name: Newark International Arrivals Meter-Greater Improvement		Job # 12-3665 Project or E.D.A. or U.D.C. No EWR-264-008															
Week Ending 6/8/13		Location: Newark Liberty International Airport Newark, NJ																	
Name, Address and Social Security Number of Employee	With-holding	Work Classification	Day and Date							Total Hours	Rate of Pay	Project Amount Earned	Gross Amount Earned	With-Holding Tax	FICA MED	State Tax	Total Deductions	Net Wages Paid	Total Benefits Cost/Hr
			Sun 6/2	Mon 6/3	Tues 6/4	Wed 6/5	Thur 6/6	Frid 6/7	Sat 6/8										
NO WORK PERFORMED AT SITE									0.0								0.00	0.00	
									0.0	0.00	0.00	0.00					0.00	0.00	
									0.0	0.00	0.00	0.00					0.00	0.00	
									0.0	0.00	0.00	0.00					0.00	0.00	
									0.0	0.00	0.00	0.00					0.00	0.00	
									0.0	0.00	0.00	0.00					0.00	0.00	
									0.0	0.00	0.00	0.00					0.00	0.00	
									0.0	0.00	0.00	0.00					0.00	0.00	
									0.0	0.00	0.00	0.00					0.00	0.00	
									0.0	0.00	0.00	0.00					0.00	0.00	
									0.0	0.00	0.00	0.00					0.00	0.00	
									0.0	0.00	0.00	0.00					0.00	0.00	
									0.0	0.00	0.00	0.00					0.00	0.00	

Date 6/13/13
 I, Ralph Di Domenico, Controller
 (Name of signatory party) (Title)
 do hereby state and certify:

1 That I pay or supervise the payment of the persons employed by DeSesa Engineering on the Newark International Arrivals Meter- Greater Improv (Contractor or Subcontractor) (Building of Work)
 For: Rail Road Const. Co. (RCC Bulldoze) that during the payroll period commencing on the day of 2-Jun and ending the 8-Jun of 2013
 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 DeSesa Engineering 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 the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C. 12:60 et seq. and the Payment of Wages Law N.J.S.A. 34:11-4.1 et seq.

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.

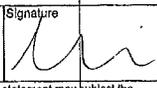
3 That any apprentices employed in the above period are registered in good standing, in an apprenticeship program approved or certified by the Division of Vocational Education in the New Jersey Department of Education or by the Bureau of Apprenticeship Training in the United States Department of Labor.

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 (B) WHERE FRINGE BENEFITS ARE PAID IN CASH

4 (C) below.
 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.

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	
Please specify the type of benefit provided and note the total cost per hour in block 10 on the reverse side	
1) Medical or hospital coverage	<input type="checkbox"/>
2) Dental coverage	<input type="checkbox"/>
3) Pension or Retirement	<input type="checkbox"/>
4) Vacation, Holidays	<input type="checkbox"/>
5) Sick days	<input type="checkbox"/>
6) Life Insurance	<input type="checkbox"/>
7) Other (Explain)	<input type="checkbox"/>

5 N. J. A. C. 12:60-2.1 and 6.1 The Public Works employers shall submit to the public body or lesser a certified payroll record each pay period within 10 days of the payment of wages.

Name and Title	Signature
Ralph DiDomenico, Controller	
The falsification of any of the above statement may subject the contractor or subcontractor to civil or criminal prosecution, N.J.S.A. 34:11-56.25 et seq. and N.J.A.C. 12:60 et seq. and N.J.S.A. 34:11-4.1 et seq.	

1NewarkAir 6-15-13

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS
 (for Contractor and Sub-Contractor's Use for Weekly and Final Certification)
 (N.J.A.C. 12:89 2J and 6.1)

New Jersey Department of Labor
 Office of Wage and Hour Compliance
 Public Contracts Section
 P.O. Box 389
 Trenton NJ 08645-0389

Name of Contractor or Subcontractor DeSesa Engineering Co., Inc For: RGC Builders & Development Inc.		Address 83 Dorcas Ave. Livingston, NJ 07039		Date Wages Due and Paid 6/20/13															
Payroll No: 46		Project Name Newark International Arrivals Meter-Greater Improvement		Job # 12-3685															
Week Ending 6/16/13		Location Newark Liberty International Airport Newark, NJ		E.D.A. or U.D.C. No EWR-264-006															
Name, Address and Social Security Number of Employee	Wife-holding	Work Classification	Day and Date							Total Hours	Rate of Pay	Project Amount Earned	Gross Amount Earned	With-Holding Tax	FICA MED	State Tax	Total Deductions	Net Wages Paid	Total Benefits Cost/yr
			Sun 6/9	Mon 6/10	Tues 6/11	Wed 6/12	Thur 6/13	Frid 6/14	Sat 6/15										
									0.0								0.00	0.00	
									0.0	0.00	0.00	0.00					0.00	0.00	
									0.0	0.00	0.00	0.00					0.00	0.00	
NO WORK PERFORMED AT SITE									0.0		0.00						0.00	0.00	
									0.0		0.00						0.00	0.00	
									0.0		0.00						0.00	0.00	
									0.0		0.00						0.00	0.00	
									0.0		0.00						0.00	0.00	
									0.0		0.00						0.00	0.00	
									0.0		0.00						0.00	0.00	

Date 6/20/13
 I, Ralph Di Domenico, Controller
 (Name of signatory party) (Title)
 do hereby state and certify:

1 That I pay or supervise the payment of the persons employed by DeSesa Engineering on the Newark International Arrivals Meter- Greater Improv (Contractor or Subcontractor) (Building of Work)
 For: Rail Road Const. Co. (RCC Builders) that during the payroll period commencing on the day of 9-Jun and ending the 15-Jun of 2013
 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 DeSesa Engineering 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 the New Jersey Prevailing Wage Act, N.J.S.A.34:11-56.25 et seq. and Regulation N.J.A.C.12:60 et seq. and the Payment of Wages Law N.J.S.A. 34:11-4.1 et seq.

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.

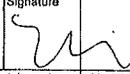
3 That any apprentices employed in the above period are registered in good standing, in an apprenticeship program approved or certified by the Division of Vocational Education in the New Jersey Department of Education or by the Bureau of Apprenticeship Training in the United States Department of Labor.

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 (B) WHERE FRINGE BENEFITS ARE PAID IN CASH

4 (C) below.
 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.

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	
Please specify the type of benefit provided and note the total cost per hour in block 10 on the reverse side	
1) Medical or hospital coverage	*
2) Dental coverage	*
3) Pension or Retirement	*
4) Vacation, Holidays	*
5) Sick days	*
6) Life Insurance	*
7) Other (Explain)	*

5 N. J. A. C. 12:60-2.1 and 6.1 The Public Works employers shall submit to the public body or lessor a certified payroll record each pay period within 10 days of the payment of wages.

Name and Title	Signature
Ralph Di Domenico, Controller	
The falsification of any of the above statement may subject the contractor or subcontractor to civil or criminal prosecution. N.J.S.A. 34:11-56.25 et seq. and N.J.A.C. 12:60 et seq. and N.J.S.A. 34:11-4.1 et seq.	

1NewarkAir 8-22-13

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS
 (for Contractor and Sub-Contractor's Use for Weekly and Final Certification)
 (N.J.A.C. 12:80.21 and 6.1)

New Jersey Department of Labor
 Office of Wage and Hour Compliance
 Public Contracts Section
 P.O. Box 389
 Trenton NJ 08645-0389

Name of Contractor or Subcontractor		Address		Date Wages Due and Paid															
DeSesa Engineering Co., Inc For: RCC Builders & Development Inc.		83 Doraa Ave. Livingston, NJ 07039		8/27/13															
Payroll No:	Week Ending	Project Name	Job #	E.D.A. or U.D.C. No															
47	8/22/13	Newark International Arrivals Meter-Greater Improvement Newark Liberty International Airport Newark, NJ	12-3685	EWR-264-006															
Name, Address and Social Security Number of Employee	With-holding	Work Classification	Day and Date							Total Hours	Rate of Pay	Project Amount Earned	Gross Amount Earned	With-Holding Tax	FICA MED	State Tax	Total Deductions	Net Wages Paid	Total Benefits Cost/Hr
			Sun	Mon	Tues	Wed	Thur	Frid	Sat										
			S	8/16	8/17	8/18	8/19	8/20	8/21	8/22	0.0								
			S								0.0	0.00	0.00					0.00	0.00
			O								0.0								
			S								0.0	0.00	0.00					0.00	0.00
NO WORK PERFORMED AT SITE			O								0.0		0.00						
			S								0.0	0.00						0.00	0.00
			O								0.0		0.00						
			S								0.0	0.00						0.00	0.00
			O								0.0		0.00						
			S								0.0	0.00						0.00	0.00
			O								0.0		0.00						
			S								0.0	0.00						0.00	0.00

2NewarkAir 6-22-13

Date 6/27/13
 I, Ralph Di Domenico, Controller
 (Name of signatory party) (Title)
 do hereby state and certify:

1 That I pay or supervise the payment of the persons employed by DeSasa Engineering on the Newark International Arrivals Meter- Greater Improv (Contractor or Subcontractor) (Building of Work) For: Rail Road Const. Co. (RCC Builders) that during the payroll period commencing on the day of 18-Jun and ending the 22-Jun of 2013 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 DeSasa Engineering 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 the New Jersey Prevailing Wage Act, N.J.S.A.34:11-55.25 et seq. and Regulation N.J.A.C.12:60 et seq. and the Payment of Wages Law N.J.S.A. 34:11-4.1 et seq.

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.

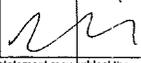
3 That any apprentices employed in the above period are registered in good standing, in an apprenticeship program approved or certified by the Division of Vocational Education in the New Jersey Department of Education or by the Bureau of Apprenticeship Training in the United States Department of Labor.

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 (B) WHERE FRINGE BENEFITS ARE PAID IN CASH

4 (C) below.
 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.

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	
Please specify the type of benefit provided and note the total cost per hour in block 10 on the reverse side	
1) Medical or hospital coverage	*
2) Dental coverage	*
3) Pension or Retirement	*
4) Vacation, Holidays	*
5) Sick days	*
6) Life Insurance	*
7) Other (Explain)	*

5 N. J. A. C. 12:60-2.1 and 8.1 The Public Works employers shall submit to the public body or lessor a certified payroll record each pay period within 10 days of the payment of wages.

Name and Title	Signature
Ralph Di Domenico, Controller	
The falsification of any of the above statement may subject the contractor or subcontractor to civil or criminal prosecution. N.J.S.A. 34:11-55.25 et seq. and N.J.A.C. 12:60 et seq. and N.J.S.A. 34:11-4.1 et seq.	

1NewarkAfr 6-29-13

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS
 (for Contractor and Sub-Contractor's Use for Weekly and Final Certification)
 (N.J.A.C. 12:60 2.1 and 8.1)

New Jersey Department of Labor
 Office of Wage and Hour Compliance
 Public Contracts Section
 P.O. Box 389
 Trenton NJ 08646-0389

Name of Contractor or Subcontractor		Address		Date Wages Due and Paid																
DeBesa Engineering Co., Inc For: RCC Builders & Development Inc.		83 Dorca Ave. Livingston, NJ 07039		7/1/13																
Payroll No.		Project Name		Job #		Project or E.D.A. or U.D.C. No														
48		Newark International Arrivals Meter-Greater Improvement		12-3665		EWR-264-008														
Name, Address and Social Security Number of Employee	Week Ending 6/29/13	With-holding	Work Classification	Day and Date							Total Hours	Rate of Pay	Project Amount Earned	Gross Amount Earned	With-Holding Tax	FICA MED	State Tax	Total Deductions	Net Wages Paid	Total Benefits Cost/Hr
				S	Sun 8/23	Mon 8/24	Tues 8/25	Wed 8/26	Thur 8/27	Frid 8/28										
James G. Alfano	M0	AC Refri. Tech.	O					2.0		2.0	51.05	102.10								
			S			4.0	8.0				10.0	34.03	340.30							
Anthony Jr. Cuntreza	S0	AC Refri. Tech.	O							0.0										
			S			2.0					2.0	36.53	73.06							
Thomas Sabia	M1	AC Refri. Tech.	O							0.0		0.00								
			S					3.0		3.0	36.03	108.09								
			O							0.0		0.00								
			S							0.0		0.00						0.00		0.00
			O							0.0		0.00								
			S							0.0		0.00						0.00		0.00
			O							0.0		0.00								
			S							0.0		0.00						0.00		0.00

Date: 7/4/13
 I, Ralph Di Domenico, Controller
 (Name of signatory party) (Title)
 do hereby state and certify:

1 That I pay or supervise the payment of the persons employed by DeSesa Engineering on the Newark International Arrivals Meter- Grantor Improv (Contractor or Subcontractor) (Building of Work) For: Rail Road Const. Co. (RCC Builders) that during the payroll period commencing on the day of 23-Jun and ending the 28-Jun of 2013 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 DeSesa Engineering 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 the New Jersey Prevailing Wage Act, N.J.S.A.34:11-56.26 et seq. and Regulation N.J.A.C.12:60 et seq. and the Payment of Wages Law N.J.S.A. 34:11-4.1 et seq.

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.

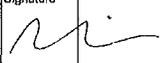
3 That any apprentices employed in the above period are registered in good standing, in an apprenticeship program approved or certified by the Division of Vocational Education in the New Jersey Department of Education or by the Bureau of Apprenticeship Training in the United States Department of Labor.

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 (B) WHERE FRINGE BENEFITS ARE PAID IN CASH

4 (C) below.
 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.

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	
Please specify the type of benefit provided and note the total cost per hour in block 10 on the reverse side	
1) Medical or hospital coverage	*
2) Dental coverage	*
3) Pension or Retirement	*
4) Vacation, Holidays	*
5) Sick days	*
6) Life Insurance	*
7) Other (Explain)	*

5 N. J. A. C. 12:60-2.1 and 6.1 The Public Works employers shall submit to the public body or lessor a certified payroll record each pay period within 10 days of the payment of wages.

Name and Title	Signature
Ralph Di Domenico, Controller	
The falsification of any of the above statement may subject the contractor or subcontractor to civil or criminal prosecution, N.J.S.A. 34:11-56.25 et seq. and N.J.A.C. 12:60 et seq. and N.J.S.A. 34:11-4.1 et seq.	

PAYROLL
(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347Instr.htm)
Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.



NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		ADDRESS		PROJECT OR CONTRACT NO.									
EVELICH II INSULATION CORP.		138 WALLINGTON AVENUE, WALLINGTON, NJ 07067		NEWARK AIRPORT TERMINAL B-MODERNIZATION 1 BREWSTER ROAD, NEWARK NJ 07114									
PAYROLL NO.		FOR WEEK ENDING		PROJECT OR CONTRACT NO.									
		6/8/13		PO # 12-366508									
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)			(9)			
NAME AND INDIVIDUAL IDENTIFYING NUMBER (i.e. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER OF WORKER)	WORK CLASSIFICATION	DAY	DATE	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH HOLDING TAX	SS	MED	OTHER	TOTAL DEDUCTIONS	NET WAGES PAID FOR WEEK
TOM BOGOSIAN	INSULATOR LOCAL # 32	S	M	T	W	TH	F	SA					
		2	3	4	5	6	7	8					
Chris Nash	Insulator Local # 32			4	8	8	20	48.52					1940.80
				8	8	16	48.52						1940.80

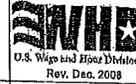
While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federal agencies or assisted construction contracts to respond to the information collection contained in 20 C.F.R. §§ 33, 35(a). The Copeland Act (40 U.S.C. § 3145) contractor and subcontractors performing work on Federal financed or assisted construction contracts to furnish weekly a statement with respect to its wages paid each employee during the preceding week. U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 8.50(a)(1)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or funding 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 receive this information to 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 85 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and establishing 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 51502, 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/whd/forms/wh347inslr.htm)
Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.



NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		ADDRESS		PROJECT OR CONTRACT NO.						
EVELICH II INSULATION CORP.		138 WALLINGTON AVENUE, WALLINGTON, NJ 07057		OMB No.: 1235-0008 Expires: 01/31/2016						
PAYROLL NO.		FOR WEEK ENDING	PROJECT AND LOCATION	PROJECT OR CONTRACT NO.						
		6/15/13	NEWARK AIRPORT TERMINAL B-MODERNIZATION 1 BREWSTER ROAD, NEWARK NJ 07114	PO # 12-3665008						
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)			(9)
NAME AND INDIVIDUAL IDENTIFICATION NUMBER (i.e., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	WORK CLASSIFICATION	DATE	DAY	HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	VOLUNTARY DEDUCTIONS	TOTAL DEDUCTIONS	NET WAGES PAID FOR WEEK
Tom Bogosian	INSULATOR LOCAL # 32	6/15/13	S	8	48.53	1840.80				
Anthony Marzola	Insulator Local # 10	6/15/13	T	8	63.48	2126.53				

When 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. §§ 50.103, 50.104, 50.105, 50.106, 50.107, 50.108, 50.109, 50.110, 50.111, 50.112, 50.113, 50.114, 50.115, 50.116, 50.117, 50.118, 50.119, 50.120, 50.121, 50.122, 50.123, 50.124, 50.125, 50.126, 50.127, 50.128, 50.129, 50.130, 50.131, 50.132, 50.133, 50.134, 50.135, 50.136, 50.137, 50.138, 50.139, 50.140, 50.141, 50.142, 50.143, 50.144, 50.145, 50.146, 50.147, 50.148, 50.149, 50.150, 50.151, 50.152, 50.153, 50.154, 50.155, 50.156, 50.157, 50.158, 50.159, 50.160, 50.161, 50.162, 50.163, 50.164, 50.165, 50.166, 50.167, 50.168, 50.169, 50.170, 50.171, 50.172, 50.173, 50.174, 50.175, 50.176, 50.177, 50.178, 50.179, 50.180, 50.181, 50.182, 50.183, 50.184, 50.185, 50.186, 50.187, 50.188, 50.189, 50.190, 50.191, 50.192, 50.193, 50.194, 50.195, 50.196, 50.197, 50.198, 50.199, 50.200, 50.201, 50.202, 50.203, 50.204, 50.205, 50.206, 50.207, 50.208, 50.209, 50.210, 50.211, 50.212, 50.213, 50.214, 50.215, 50.216, 50.217, 50.218, 50.219, 50.220, 50.221, 50.222, 50.223, 50.224, 50.225, 50.226, 50.227, 50.228, 50.229, 50.230, 50.231, 50.232, 50.233, 50.234, 50.235, 50.236, 50.237, 50.238, 50.239, 50.240, 50.241, 50.242, 50.243, 50.244, 50.245, 50.246, 50.247, 50.248, 50.249, 50.250, 50.251, 50.252, 50.253, 50.254, 50.255, 50.256, 50.257, 50.258, 50.259, 50.260, 50.261, 50.262, 50.263, 50.264, 50.265, 50.266, 50.267, 50.268, 50.269, 50.270, 50.271, 50.272, 50.273, 50.274, 50.275, 50.276, 50.277, 50.278, 50.279, 50.280, 50.281, 50.282, 50.283, 50.284, 50.285, 50.286, 50.287, 50.288, 50.289, 50.290, 50.291, 50.292, 50.293, 50.294, 50.295, 50.296, 50.297, 50.298, 50.299, 50.300, 50.301, 50.302, 50.303, 50.304, 50.305, 50.306, 50.307, 50.308, 50.309, 50.310, 50.311, 50.312, 50.313, 50.314, 50.315, 50.316, 50.317, 50.318, 50.319, 50.320, 50.321, 50.322, 50.323, 50.324, 50.325, 50.326, 50.327, 50.328, 50.329, 50.330, 50.331, 50.332, 50.333, 50.334, 50.335, 50.336, 50.337, 50.338, 50.339, 50.340, 50.341, 50.342, 50.343, 50.344, 50.345, 50.346, 50.347, 50.348, 50.349, 50.350, 50.351, 50.352, 50.353, 50.354, 50.355, 50.356, 50.357, 50.358, 50.359, 50.360, 50.361, 50.362, 50.363, 50.364, 50.365, 50.366, 50.367, 50.368, 50.369, 50.370, 50.371, 50.372, 50.373, 50.374, 50.375, 50.376, 50.377, 50.378, 50.379, 50.380, 50.381, 50.382, 50.383, 50.384, 50.385, 50.386, 50.387, 50.388, 50.389, 50.390, 50.391, 50.392, 50.393, 50.394, 50.395, 50.396, 50.397, 50.398, 50.399, 50.400, 50.401, 50.402, 50.403, 50.404, 50.405, 50.406, 50.407, 50.408, 50.409, 50.410, 50.411, 50.412, 50.413, 50.414, 50.415, 50.416, 50.417, 50.418, 50.419, 50.420, 50.421, 50.422, 50.423, 50.424, 50.425, 50.426, 50.427, 50.428, 50.429, 50.430, 50.431, 50.432, 50.433, 50.434, 50.435, 50.436, 50.437, 50.438, 50.439, 50.440, 50.441, 50.442, 50.443, 50.444, 50.445, 50.446, 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50.697, 50.698, 50.699, 50.700, 50.701, 50.702, 50.703, 50.704, 50.705, 50.706, 50.707, 50.708, 50.709, 50.710, 50.711, 50.712, 50.713, 50.714, 50.715, 50.716, 50.717, 50.718, 50.719, 50.720, 50.721, 50.722, 50.723, 50.724, 50.725, 50.726, 50.727, 50.728, 50.729, 50.730, 50.731, 50.732, 50.733, 50.734, 50.735, 50.736, 50.737, 50.738, 50.739, 50.740, 50.741, 50.742, 50.743, 50.744, 50.745, 50.746, 50.747, 50.748, 50.749, 50.750, 50.751, 50.752, 50.753, 50.754, 50.755, 50.756, 50.757, 50.758, 50.759, 50.760, 50.761, 50.762, 50.763, 50.764, 50.765, 50.766, 50.767, 50.768, 50.769, 50.770, 50.771, 50.772, 50.773, 50.774, 50.775, 50.776, 50.777, 50.778, 50.779, 50.780, 50.781, 50.782, 50.783, 50.784, 50.785, 50.786, 50.787, 50.788, 50.789, 50.790, 50.791, 50.792, 50.793, 50.794, 50.795, 50.796, 50.797, 50.798, 50.799, 50.800, 50.801, 50.802, 50.803, 50.804, 50.805, 50.806, 50.807, 50.808, 50.809, 50.810, 50.811, 50.812, 50.813, 50.814, 50.815, 50.816, 50.817, 50.818, 50.819, 50.820, 50.821, 50.822, 50.823, 50.824, 50.825, 50.826, 50.827, 50.828, 50.829, 50.830, 50.831, 50.832, 50.833, 50.834, 50.835, 50.836, 50.837, 50.838, 50.839, 50.840, 50.841, 50.842, 50.843, 50.844, 50.845, 50.846, 50.847, 50.848, 50.849, 50.850, 50.851, 50.852, 50.853, 50.854, 50.855, 50.856, 50.857, 50.858, 50.859, 50.860, 50.861, 50.862, 50.863, 50.864, 50.865, 50.866, 50.867, 50.868, 50.869, 50.870, 50.871, 50.872, 50.873, 50.874, 50.875, 50.876, 50.877, 50.878, 50.879, 50.880, 50.881, 50.882, 50.883, 50.884, 50.885, 50.886, 50.887, 50.888, 50.889, 50.890, 50.891, 50.892, 50.893, 50.894, 50.895, 50.896, 50.897, 50.898, 50.899, 50.900, 50.901, 50.902, 50.903, 50.904, 50.905, 50.906, 50.907, 50.908, 50.909, 50.910, 50.911, 50.912, 50.913, 50.914, 50.915, 50.916, 50.917, 50.918, 50.919, 50.920, 50.921, 50.922, 50.923, 50.924, 50.925, 50.926, 50.927, 50.928, 50.929, 50.930, 50.931, 50.932, 50.933, 50.934, 50.935, 50.936, 50.937, 50.938, 50.939, 50.940, 50.941, 50.942, 50.943, 50.944, 50.945, 50.946, 50.947, 50.948, 50.949, 50.950, 50.951, 50.952, 50.953, 50.954, 50.955, 50.956, 50.957, 50.958, 50.959, 50.960, 50.961, 50.962, 50.963, 50.964, 50.965, 50.966, 50.967, 50.968, 50.969, 50.970, 50.971, 50.972, 50.973, 50.974, 50.975, 50.976, 50.977, 50.978, 50.979, 50.980, 50.981, 50.982, 50.983, 50.984, 50.985, 50.986, 50.987, 50.988, 50.989, 50.990, 50.991, 50.992, 50.993, 50.994, 50.995, 50.996, 50.997, 50.998, 50.999, 51.000, 51.001, 51.002, 51.003, 51.004, 51.005, 51.006, 51.007, 51.008, 51.009, 51.010, 51.011, 51.012, 51.013, 51.014, 51.015, 51.016, 51.017, 51.018, 51.019, 51.020, 51.021, 51.022, 51.023, 51.024, 51.025, 51.026, 51.027, 51.028, 51.029, 51.030, 51.031, 51.032, 51.033, 51.034, 51.035, 51.036, 51.037, 51.038, 51.039, 51.040, 51.041, 51.042, 51.043, 51.044, 51.045, 51.046, 51.047, 51.048, 51.049, 51.050, 51.051, 51.052, 51.053, 51.054, 51.055, 51.056, 51.057, 51.058, 51.059, 51.060, 51.061, 51.062, 51.063, 51.064, 51.065, 51.066, 51.067, 51.068, 51.069, 51.070, 51.071, 51.072, 51.073, 51.074, 51.075, 51.076, 51.077, 51.078, 51.079, 51.080, 51.081, 51.082, 51.083, 51.084, 51.085, 51.086, 51.087, 51.088, 51.089, 51.090, 51.091, 51.092, 51.093, 51.094, 51.095, 51.096, 51.097, 51.098, 51.099, 51.100, 51.101, 51.102, 51.103, 51.104, 51.105, 51.106, 51.107, 51.108, 51.109, 51.110, 51.111, 51.112, 51.113, 51.114, 51.115, 51.116, 51.117, 51.118, 51.119, 51.120, 51.121, 51.122, 51.123, 51.124, 51.125, 51.126, 51.127, 51.128, 51.129, 51.130, 51.131, 51.132, 51.133, 51.134, 51.135, 51.136, 51.137, 51.138, 51.139, 51.140, 51.141, 51.142, 51.143, 51.144, 51.145, 51.146, 51.147, 51.148, 51.149, 51.150, 51.151, 51.152, 51.153, 51.154, 51.155, 51.156, 51.157, 51.158, 51.159, 51.160, 51.161, 51.162, 51.163, 51.164, 51.165, 51.166, 51.167, 51.168, 51.169, 51.170, 51.171, 51.172, 51.173, 51.174, 51.175, 51.176, 51.177, 51.178, 51.179, 51.180, 51.181, 51.182, 51.183, 51.184, 51.185, 51.186, 51.187, 51.188, 51.189, 51.190, 51.191, 51.192, 51.193, 51.194, 51.195, 51.196, 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51.322, 51.323, 51.324, 51.325, 51.326, 51.327, 51.328, 51.329, 51.330, 51.331, 51.332, 51.333, 51.334, 51.335, 51.336, 51.337, 51.338, 51.339, 51.340, 51.341, 51.342, 51.343, 51.344, 51.345, 51.346, 51.347, 51.348, 51.349, 51.350, 51.351, 51.352, 51.353, 51.354, 51.355, 51.356, 51.357, 51.358, 51.359, 51.360, 51.361, 51.362, 51.363, 51.364, 51.365, 51.366, 51.367, 51.368, 51.369, 51.370, 51.371, 51.372, 51.373, 51.374, 51.375, 51.376, 51.377, 51.378, 51.379, 51.380, 51.381, 51.382, 51.383, 51.384, 51.385, 51.386, 51.387, 51.388, 51.389, 51.390, 51.391, 51.392, 51.393, 51.394, 51.395, 51.396, 51.397, 51.398, 51.399, 51.400, 51.401, 51.402, 51.403, 51.404, 51.405, 51.406, 51.407, 51.408, 51.409, 51.410, 51.411, 51.412, 51.413, 51.414, 51.415, 51.416, 51.417, 51.418, 51.419, 51.420, 51.421, 51.422, 51.423, 51.424, 51.425, 51.426, 51.427, 51.428, 51.429, 51.430, 51.431, 51.432, 51.433, 51.434, 51.435, 51.436, 51.437, 51.438, 51.439, 51.440, 51.441, 51.442, 51.443, 51.444, 51.445, 51.446, 51.447, 51.448, 51.449, 51.450, 51.451, 51.452, 51.453, 51.454, 51.455, 51.456, 51.457, 51.458, 51.459, 51.460, 51.461, 51.462, 51.463, 51.464, 51.465, 51.466, 51.467, 51.468, 51.469, 51.470, 51.471, 51.472, 51.473, 51.474, 51.475, 51.476, 51.477, 51.478, 51.479, 51.480, 51.481, 51.482, 51.483, 51.484, 51.485, 51.486, 51.487, 51.488, 51.489, 51.490, 51.491, 51.492, 51.493, 51.494, 51.495, 51.496, 51.497, 51.498, 51.499, 51.500, 51.501, 51.502, 51.503, 51.504, 51.505, 51.506, 51.507, 51.508, 51.509, 51.510, 51.511, 51.512, 51.513, 51.514, 51.515, 51

USER INSTRUCTIONS for electronic MEUR Form

1. Please read all instructions on the Instruction page accessed by pressing the INSTRUCTION tab located at the lower left corner of this application screen.
2. Complete all applicable information. Entries should be made in white boxes only.
3. If more than one page is used complete all information for "TOTAL THIS MONTH" and "GRAND TOTAL TO DATE" on last page only.
4. ALL PRIMES NOTE: This form should reflect an aggregate of your work force and all subcontractors.

THIS FORM SUBMITTED WITH PAYMENT
APPLICATION NUMBER: []

PRIME CONTRACTOR INFORMATION
Contractor Name: R.L. Dahn and Sons Fire Protection, Inc.
Address: 440 Bress Avenue
Wyckoff, NJ 07481
Phone: 201-445-1155
Prepared By: Marianna Silvera

LIST SUBCONTRACTORS INCLUDED IN THIS REPORT (IF ANY)

1	
2	
3	
4	
5	
6	
7	

Reviewed By: []
Date Received: []

For R.E. Office Use Only

REPORTING PERIOD: From Date: 06/01/13 To Date: 06/30/13

CONTRACT GOALS: MINORITY Skilled Labor 30.0% FEMALE Labor 40.0% Skilled / Labor 6.8%

PAGE 1 OF 1

ACTUAL START DATE: []

PROJECTED COMPLETION DATE: []

Contract No. / TAA No: ELVIT-294-008

Project Title: Newark Liberty Terminal B Mosler Greeter

Location: Newark, NJ

WORK HOURS OF EMPLOYEES

#1 Construction Trades	#2 Classification	#3 Total of All Employee Hours		#4 Sum of All Employee Hours		#5 Black		#6 Hispanic		#7 Asian		#8 Native American		#9 Total Minority Hours Add #5 thru #8	#10 % Minority Hours #9 Div #4	#11 % Female Hours #3F Div #4	#12 Total Number of Employees		#13 Total Number of Minority Employees		
		M	F	#3M + #3F	M	F	M	F	M	F	M	F	M				F	M	F		
Sprinkler Fitter	JOURNEY WORKER																				
	APPRENTICE																				
	SUBTOTAL																				
	JOURNEY WORKER																				
	APPRENTICE																				
	SUBTOTAL																				
	JOURNEY WORKER																				
	APPRENTICE																				
	SUBTOTAL																				
TOTALS THIS MONTH	JOURNEY WORKER																				
	APPRENTICE																				
	SKILLED TRADES																				
	LABORERS																				
GRAND TOTAL LAST MONTH	SKILLED TRADES																				
	LABORERS																				
GRAND TOTAL TO DATE	SKILLED TRADES																				
	LABORERS																				

COMPANY OFFICIAL'S SIGNATURE AND TITLE
Superintendent hours should not be included on this form.

Frank Hogan

DATE SIGNED 6/30/2013

Note: The MEUR must be submitted within 5 business days of month's end.

For R.E. Office Use Only

Reviewed by: []
Date: []

Are Goals Being Met?

Minority: Yes [] No [] Female: Yes [] No []

Date 5/30/2013

I, Frank Hogan President
(Name of signatory party) (Title)

do hereby state and certify:

(1) That I pay or supervise the payment of the persons employed by R.L. Dehn & Sons Fire Protection
on the Newark Airport Terminal B, Newark, NJ
(Contractor or Subcontractor) (Project Name and Location)
that during the payroll period beginning on 5/18/2013 and ending on 5/24/2013, all persons employed
(Date) (Date)
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 R.L. Dehn & Sons Fire Protection, Inc.
(Contractor or Subcontractor)

from the full weekly wages earned by any person and that no deductions have been made either directly or
indirectly from the full wages earned by any person, other than permissible deductions as defined in the New Jersey
Prevailing Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C. 12:60 et seq. and the Payment of
Wages Law, N.J.S.A. 34:11-4.1 et seq.

(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 with the United States Department
of Labor, Bureau of Apprenticeship and Training and enrolled in a certified apprenticeship program.

(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 when due 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) FRINGE BENEFITS

EXCEPTIONS (CRAFT)
REMARKS
PLEASE SPECIFY THE TYPE OF BENEFIT PROVIDED AND NOTE THE TOTAL COST PER HOUR IN BLOCK 9 ON THE REVERSE SIDE*
1) Medical or hospital coverage <input type="checkbox"/>
2) Dental coverage <input type="checkbox"/>
3) Pension or Retirement <input type="checkbox"/>
4) Vacation, Holidays <input type="checkbox"/>
5) Sick days <input type="checkbox"/>
6) Life Insurance <input type="checkbox"/>
7) Other (Explain) <input type="checkbox"/>
* TO CALCULATE THE COST PER HOUR, DIVIDE 2,000 HOURS INTO THE BENEFIT COST PER YEAR PER EMPLOYEE.

(5) N.J.S.A. 12:60-2.1 and 6.1 - The Public Works employers shall submit to the public body or lessor a certified payroll record each pay period within 10 days of the payment of wages.

NAME AND TITLE	Frank Hogan, President
SIGNATURE	
THE FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. N.J.S.A. 34:11-56.25 ET SEQ. AND N.J.A.C. 12:60 ET SEQ. AND N.J.S.A. 34:11-4.1 ET SEQ.	

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS
 (for Contractor and Subcontractor's Use for Weekly and Final Certification)
 (N.J.A.C. 12:60-2.1 and 6.1)



NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		ADDRESS		DATE WAGES DUE	DATE WAGES PAID																		
R. L. Dehn & Sons Fire Protection, Inc.		440 Braen Avenue Wyckoff, NJ 07481			6/6/2013																		
PAYROLL NO.	WEEK ENDING OR FINAL CERTIFICATION	PROJECT NAME AND LOCATION			CONTRACTOR REGISTRATION NUMBER																		
	05 / 31 / 13	Newark International Airport Terminal B-Meeler-Greeter Improvements			605425																		
1. NAME AND ADDRESS OF EMPLOYEE	2. WORK CLASSIFICATION	3. DAY AND DATE Overseas (OT) or Straight time (ST)	3. DAY AND DATE							4. TOTAL HOURS	5. RATE OF PAY	6. GROSS AMOUNT EARNED		7. DEDUCTIONS						8. NET WAGES PAID FOR WEEK	9. Total Fringe Benefit Cost/Rt.		
			S	S	M	T	W	T	F			This Project Only	Total for Week	FICA	With-holding Tax	NJ St	NJ SU/ DUI	Child Sup/ Union	Total Deductions				
			25	26	27	28	29	30	31			HOURS WORKED EACH DAY											
Donald Gifford	Sprinkler Fitter	OT									13	56.33	734.89	1868.56									
Frank C Gifford	Sprinkler Fitter	OT									16	56.33	904.48	1868.56									
Scott Baueiband	Sprinkler Fitter	OT									0												
Robert Power	Sprinkler Fitter	OT									0												
		ST																					
		OT																					
		ST																					
		OT																					
		ST																					

Questions? Please contact the Division of Wage and Hour Compliance at (609) 292-2259 or (609) 292-2283.
SUBMIT TO PUBLIC BODY OR LESSOR

Date 6/6/2013

I, Frank Hogan President
(Name of signatory party) *(Title)*
do hereby state and certify:

(1) That I pay or supervise the payment of the persons employed by R.L. Dehn & Sons Fire Protection
on the Newark Airport Terminal B, Newark, NJ
(Contractor or Subcontractor) *(Project Name and Location)*
that during the payroll period beginning on 5/25/2013, and ending on 6/31/2013, all persons employed
(Date) *(Date)*
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 R.L. Dehn & Sons Fire Protection, Inc.
(Contractor or Subcontractor)

from the full weekly wages earned by any person and that no deductions have been made either directly or
indirectly from the full wages earned by any person, other than permissible deductions as defined in the New Jersey
Prevailing Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C. 12.60 et seq. and the Payment of
Wages Law, N.J.S.A. 34:11-4.1 et seq.

(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 with the United States Department
of Labor, Bureau of Apprenticeship and Training and enrolled in a certified apprenticeship program.

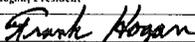
(4) That:
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS
 In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above
referenced payroll, payments of fringe benefits as listed in the contract have been or will be
made when due to appropriate programs for the benefit of such employees, except as noted in
Section 4(e) 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(e)
below.

(e) FRINGE BENEFITS

EXCEPTIONS (CRAFT)
REMARKS
PLEASE SPECIFY THE TYPE OF BENEFIT PROVIDED AND NOTE THE TOTAL COST PER HOUR IN BLOCK 9 ON THE REVERSE SIDE*
1) Medical or hospital coverage <input type="checkbox"/>
2) Dental coverage <input type="checkbox"/>
3) Pension or Retirement <input type="checkbox"/>
4) Vacation, Holidays <input type="checkbox"/>
5) Sick days <input type="checkbox"/>
6) Life Insurance <input type="checkbox"/>
7) Other (Explain) <input type="checkbox"/>
* TO CALCULATE THE COST PER HOUR, DIVIDE 2,000 HOURS INTO THE BENEFIT COST PER YEAR PER EMPLOYEE.

(5) N.J.S.A. 12:60-2.1 and 6.1 - The Public Works employers shall submit to the public body or lesser a certified payroll record each pay period within 10 days of the payment of wages.

NAME AND TITLE	Frank Hogan, President
SIGNATURE	
THE FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. N.J.S.A. 34:11-56.25 ET SEQ. AND N.J.A.C. 12.60 ET SEQ. AND N.J.S.A. 34:11-4.1 ET SEQ.	

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS
(for Contractor and Subcontractor's Use for Weekly and Final Certification)
 (N.J.A.C. 12:60-2.1 and 6.1)



NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		ADDRESS		DATE WAGES DUE	DATE WAGES PAID															
R.L. Dehn & Sons Fire Protection, Inc.		440 Braen Avenue Wyckoff, NJ 07481			6/20/2013															
PAYROLL NO.	WEEK ENDING OR FINAL CERTIFICATION	PROJECT NAME AND LOCATION		CONTRACTOR REGISTRATION NUMBER																
06 / 14 / 13	<input type="checkbox"/>	Newark International Airport Terminal B-Meeter-Greeter Improvements		605425																
1. NAME AND ADDRESS OF EMPLOYEE	2. WORK CLASSIFICATION	3. DAY AND DATE Overtime (OT) or Straight time (ST)	4. TOTAL HOURS							5. RATE OF PAY	6. GROSS AMOUNT EARNED		7. DEDUCTIONS					8. NET WAGES PAID FOR WEEK	9. Total Fringe Benefit Cost/Hr.	
			S	S	M	T	W	T	F		This Project Only	Total for Week	FICA	With-holding Tax	NJ St	NJ SUP/DUI	Child Sup/Union			Total Deductions
			8	9	10	11	12	13	14											
HOURS WORKED EACH DAY																				
Donald Gilford	Sprinkler Fitter	OT																		
		ST						5	8	13	56.53	734.89	2336.20							
Frank C Gilford	Sprinkler Fitter	OT																		
		ST						8	8	8	56.53	452.24								
Scott Bauerband	Sprinkler Fitter	OT																		
		ST																		
Robert Power	Sprinkler Fitter	OT																		
		ST																		
NO HOURS		OT																		
		ST																		
		OT																		
		ST																		
		OT																		
		ST																		

Questions? Please contact the Division of Wage and Hour Compliance at (609) 292-2259 or (609) 292-2283.

SUBMIT TO PUBLIC BODY OR LESSOR

Date 6/20/2013

I, Frank Hogan President
(Name of signatory party) (Title)

do hereby state and certify:

(1) That I pay or supervise the payment of the persons employed by R.L. Dehn & Sons Fire Protection
on the Newark Airport Terminal II, Newark, NJ
(Contractor or Subcontractor) (Project Name and Location)

that during the payroll period beginning on 6/8/2013 and ending on 6/14/2013, all persons employed
(Date) (Date)

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 R.L. Dehn & Sons Fire Protection, Inc.
(Contractor or Subcontractor)

from the full weekly wages earned by any person and that no deductions have been made either directly or
indirectly from the full wages earned by any person, other than permissible deductions as defined in the New Jersey
Prevailing Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C. 12:60 et seq. and the Payment of
Wages Law, N.J.S.A. 34:11-4.1 et seq.

(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 with the United States Department
of Labor, Bureau of Apprenticeship and Training and enrolled in a certified apprenticeship program.

(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 when due to appropriate programs for the benefit of such employees, except as noted in
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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(e)
below.

(c) FRINGE BENEFITS

EXCEPTIONS (CRAFT)
REMARKS
PLEASE SPECIFY THE TYPE OF BENEFIT PROVIDED AND NOTE THE TOTAL COST PER HOUR IN BLOCK 9 ON THE REVERSE SIDE*
1) Medical or hospital coverage <input type="checkbox"/>
2) Dental coverage <input type="checkbox"/>
3) Pension or Retirement <input type="checkbox"/>
4) Vacation, Holidays <input type="checkbox"/>
5) Sick days <input type="checkbox"/>
6) Life Insurance <input type="checkbox"/>
7) Other (Explain) <input type="checkbox"/>
* TO CALCULATE THE COST PER HOUR, DIVIDE 2,000 HOURS INTO THE BENEFIT COST PER YEAR PER EMPLOYEE

(5) N.J.S.A. 12:60-2.1 and 6.1 -- The Public Works employers shall submit to the public body or lessor a certified payroll record each pay period within 10 days of the payment of wages.

NAME AND TITLE	Frank Hogan, President
SIGNATURE	
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PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS
 (for Contractor and Subcontractor's Use for Weekly and Final Certification)
 (N.J.A.C. 12:60-2.1 and 6.1)



NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		ADDRESS		DATE WAGES DUE	DATE WAGES PAID																
R.L. Dehn & Sons Fire Protection, Inc.		440 Braen Avenue Wyckoff, NJ 07481			6/27/2013																
PAYROLL NO.	WEEK ENDING OR FINAL CERTIFICATION	PROJECT NAME AND LOCATION		CONTRACTOR REGISTRATION NUMBER																	
	06 / 21 / 13	Newark International Airport Terminal B-Meeter-Greeter Improvements		605425																	
1. NAME AND ADDRESS OF EMPLOYEE	2. WORK CLASSIFICATION	3. DAY AND DATE Overtime (OT) or Straight (ST) (Rate \$/hr)	3. DAY AND DATE							4. TOTAL HOURS	5. RATE OF PAY	6. GROSS AMOUNT EARNED		7. DEDUCTIONS					8. NET WAGES PAID FOR WEEK	9. Total Fringe Benefit Cost/Hr.	
			S	S	M	T	W	T	F			This Project Only	Total for Week	PICA	With-holding Tax	NJ St.	NJ SUU/DUI	Child Supp/Union			Total Deductions
			15	16	17	18	19	20	21												
HOURS WORKED EACH DAY																					
Donald Gilford	Sprinkler Fitter	OT								8	56.53	452.24	1895.56								
Frank C Gilford	Sprinkler Fitter	OT								8	56.53	452.24	2372.20								
Scott Bauerhand	Sprinkler Fitter	OT								0											
Robert Pover	Sprinkler Fitter	OT								0											
NO HOURS		OT																			
		ST																			
		OT																			
		ST																			
		OT																			
		ST																			

Questions? Please contact the Division of Wage and Hour Compliance at (609) 292-2259 or (609) 292-2283.
 R-08-12-08

SUBMIT TO PUBLIC BODY OR LESSOR

Date 6/27/2013

I, Frank Hogan President
(Name of signatory party) (Title)

do hereby state and certify:

(1) That I pay or supervise the payment of the persons employed by R.L. Dehn & Sons Fire Protection
on the Newark Airport Terminal B, Newark, NJ

(Contractor or Subcontractor) (Project Name and Location)
that during the payroll period beginning on 6/15/2013, and ending on 6/21/2013, all persons employed
(Date) (Date)

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 R.L. Dehn & Sons Fire Protection, Inc.
(Contractor or Subcontractor)

from the full weekly wages earned by any person and that no deductions have been made either directly or
indirectly from the full wages earned by any person, other than permissible deductions as defined in the New Jersey
Prevailing Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C. 12:60 et seq. and the Payment of
Wages Law, N.J.S.A. 34:11-4.1 et seq.

(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 with the United States Department
of Labor, Bureau of Apprenticeship and Training and enrolled in a certified apprenticeship program.

(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 when due 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) FRINGE BENEFITS

EXCEPTIONS (CRAFT)
REMARKS
PLEASE SPECIFY THE TYPE OF BENEFIT PROVIDED AND NOTE THE TOTAL COST PER HOUR IN BLOCK 9 ON THE REVERSE SIDE*
1) Medical or hospital coverage <input type="checkbox"/>
2) Dental coverage <input type="checkbox"/>
3) Pension or Retirement <input type="checkbox"/>
4) Vacation, Holidays <input type="checkbox"/>
5) Sick days <input type="checkbox"/>
6) Life Insurance <input type="checkbox"/>
7) Other (Explain) <input type="checkbox"/>
* TO CALCULATE THE COST PER HOUR, DIVIDE 2,000 HOURS INTO THE BENEFIT COST PER YEAR PER EMPLOYEE!

(5) N.J.S.A. 12:60-2.1 and 6.1 - The Public Works employers shall submit to the public body or lessor a certified payroll record each pay period within 10 days of the payment of wages.

NAME AND TITLE	Frank Hogan, President
SIGNATURE	
THE FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. N.J.S.A. 34:11-56.25 ET SEQ. AND N.J.A.C. 12:60 ET SEQ. AND N.J.S.A. 34:11-4.1 ET SEQ.	

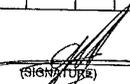
State of New Jersey
Division of Contract Compliance And
Equal Employment Opportunity In Public Contracts

MONTHLY PROJECT WORKFORCE REPORT - CONSTRUCTION
READ INSTRUCTIONS ON BACK CAREFULLY BEFORE COMPLETING
THIS FORM. PLEASE TYPE OR PRINT IN BLACK OR BLUE INK.

1. Name and address of Prime Contractor TERRA FIRMA RESTORATIONS INC. <small>(Name)</small>		2. Contractor ID Number	3. F ID or SS Number
344 GREEN AVENUE <small>(Address)</small>		4. Reporting Period Jun-13	
EAST MEADOW <small>(City)</small>		5. Public Agency Awarding Contract NEWARK INT. AIRPORT MEETER/GREETER TERMINAL B	
NY <small>(State)</small>	11554 <small>(Zip Code)</small>	County Camden	7. Project ID Number

8. CONTRACTOR NAME (LIST PRIME CONTRACTOR WITH SUBS FOLLOWING)	9. PERCENT OF WORK COMPLETED	10. TRADE OR CRAFT	CLASSI- FICATION (SEE REVERSE)	11. NUMBER OF EMPLOYEES						12. TOTAL NO. OF EMP.	13. WORK HOURS				14. % OF WORK HRS		15. CUM. WORK HRS		16. CUM % OF WH	
				A.	B.	C.	D.	E.	F.		TOTAL	A.	B.	A.	B.	TOTAL	A.	B.	A.	B.
				TOTAL	BLACK	HISPANIC	AMERICAN INDIAN	ASIAN	FEMALES		MIN. WH	FEMALE WH	% OF MFL WH	% OF FEMALE WH	MIN. HOURS	FEMALE HOURS	% OF MIN. WH	% OF FEM WH		
TERRA FIRMA RESTORATIONS INC.	34%	TERR	J	3		1				1	216	68.5		27%	0%	216	68.5	0	27%	0%
			AP							0				0%	0%	0	0	0	0%	0%
			J							0				0%	0%	0	0	0	0%	0%
			AP							0				0%	0%	0	0	0	0%	0%
			J							0				0%	0%	0	0	0	0%	0%
			AP							0				0%	0%	0	0	0	0%	0%
			J							0				0%	0%	0	0	0	0%	0%
			AP							0				0%	0%	0	0	0	0%	0%
			F							0				0%	0%	0	0	0	0%	0%
			J							0				0%	0%	0	0	0	0%	0%
			AP							0				0%	0%	0	0	0	0%	0%
			J							0				0%	0%	0	0	0	0%	0%
			AP							0				0%	0%	0	0	0	0%	0%
			J							0				0%	0%	0	0	0	0%	0%
			AP							0				0%	0%	0	0	0	0%	0%

17. COMPLETED BY (PRINT OR TYPE)

ZOGRAFOS BARKOURAS <small>(NAME)</small>	 <small>(SIGNATURE)</small>	PRESIDENT <small>(TITLE)</small>
516 <small>(AREA CODE)</small>	481-3707 <small>(TELEPHONE NUMBER)</small>	6/30/2013 <small>(DATE)</small>

U.S. Department of Labor
Employment Standards Administration
Wage and Hour Division

PAYROLL
(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)



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 344 GREEN AVE E MEADOW NY 11551 OMB No.: 1215-0149 Expires: 03/31/2008
PAYROLL NO. 7 FORWEEK END 113 TERRA FIRMA RESTORATIONS INC PROJECT AND LOCATION NEWARK INTERNATIONAL AIRPORT TERMINAL B PROJECT OR CONTRACT NO.

(1) NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(2) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAIVES PAID FOR WEEK	
		M	T	W	T	F	S	S				FICA	FEDERAL TAX	STATE TAXES	CITY TAXES	OTHER		TOTAL DEDUCTIONS
		17	18	19	20	21	22	23				HOURS WORKED EACH DAY						
ZOGRAFOS BARKOURAS	MECHANIC								30.50	174.18	\$2,384.49							
ANDREAS BARKOURAS	LABORER								30.50	176.30	\$2,335.08							
CARLOS MALDONADO	LABORER								30.50	176.56	\$2,135.08							

We estimate that it will take an average of 56 minutes to complete this collection of information, 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 of information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U. S. Department of Labor, Room 63502, 200 Constitution Avenue, N. W., Washington, D. C. 20210.

U.S. Department of Labor
Employment Standards Administration
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)



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

TYPE OF CONTRACTOR OR SUBCONTRACTOR ADDRESS 344 GREEN AVE E MEADOW NY 11554
 PAYROLL NO. 8 FOR WEEK ENDING 06/30/2013 PROJECT AND LOCATION NEWARK INTERNATIONAL AIRPORT TERMINAL B PROJECT OR CONTRACT NO. DMB No.: 1215 01-4-1
 Employer: 0331726-2

(A) NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(B) 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	
		M	T	W	T	F	S	S				FICA	FEDERAL HOLDING TAX	STATE TAXES	CITY TAXES	OTHER		TOTAL DEDUCTIONS
		24	25	26	27	28	29	30										
ZOGRAFOS BARKOURAS	MECHANIC								23.50	\$72.11								
ANDREAS BARKOURAS	LABORER								29.00	\$76.56								
CARLOS MALDOHADO	LABORER								17.00	\$76.56								

We estimate that it will take an average of 66 minutes to complete this collection of information, 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 of information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESHA, U. S. Department of Labor, Room 53502, 200 Constitution Avenue, N. W., Washington, D. C. 20210.

FORM WH-347, Revised Nov. 1998 - FORMERLY SOL 184 - PURCHASE THIS FORM DIRECTLY FROM THE SUPT. OF DOCUMENTS

Date 6-30-13
 I, ZOORAFOS BARKOURAS PRESIDENT
 (Name of Signatory Party) (Title)
 do hereby state:

(1) That I pay or supervise the payment of the persons employed by
TERRA FIRMA RESTORATIONS INC
 (Contractor or Subcontractor) on the

NEWARK INTERNATIONAL AIRPORT that during the payroll period commencing on the
 (Building or Work)
 28 day of 6, 2013, and ending the 30 day of 6, 2013

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
TERRA FIRMA RESTORATIONS INC
 (Contractor or Subcontractor) from the full

weekly wages earned by any person and that no deductions have been made either directly or indirectly
 from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part
 3 (29 CFR Subpart A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948,
 63 Stat. 106, 72 Stat. 007; 76 Stat. 357; 40 U.S.C. 276c), 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: Zoorafos Barkouras President SIGNATURE: [Signature]
 THE WHOLE OR PART OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR
 SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION, SEE SECTION 101 OF TITLE 18 AND SECTION 201 OF TITLE
 51 OF THE UNITED STATES CODE.

State of New Jersey
Division of Contract Compliance And
Equal Employment Opportunity In Public Contracts

MONTHLY PROJECT WORKFORCE REPORT - CONSTRUCTION
READ INSTRUCTIONS ON BACK CAREFULLY BEFORE COMPLETING
THIS FORM. PLEASE TYPE OR PRINT IN BLACK OR BLUE INK.

1. Name and address of Prime Contractor McCann Acoustics & Construction, Inc. <small>(Name)</small>		2. Contractor ID Number	3. F ID or SS Number
265 Broad Street <small>(Address)</small>		4. Reporting Period Jun-13	
Bloomfield NJ 07003 <small>(City) (State) (Zip Code)</small>		5. Public Agency Awardline Contract	Date of Award
EWR Terminal B Newark Airport		6. Name and Location of Project	7. Project ID Number B-1 7011

6. CONTRACTOR NAME (LIST PRIME CONTRACTOR WITH SUBS FOLLOWING)	9. PERCENT OF WORK COMPLETED	10. TRADE OR CRAFT	CLASSI- FICATION (SEE REVERSE)	11. NUMBER OF EMPLOYEES						12. TOTAL NO. OF EMP.	13. WORK HOURS				14. % OF WORK HRS				15. CUM. WORK HRS				16. CUM. % OF WH					
				A.		B.		C.			D.		E.		F.		A.		B.		A.		B.		A.		B.	
				TOTAL	BLACK	HISPANIC	AMERICAN INDIAN	ASIAN	FEMALES		TOTAL HOURS	MIN. WH	FEMALE WH	% OF MIN WH	% OF FEMALE WH	TOTAL HOURS	MIN. HOURS	FEMALE HOURS	% OF MIN WH	% OF FEMALE WH	TOTAL HOURS	MIN. HOURS	FEMALE HOURS	% OF MIN WH	% OF FEMALE WH			
McCann Acoustics & Construction, Inc.		carpenters		23						0	636				0%	0%	0	0	0	0	0%	0%						
		J								0					0%	0%	0	0	0	0	0%	0%						
		AP								0					0%	0%	0	0	0	0	0%	0%						
		J								0					0%	0%	0	0	0	0	0%	0%						
		AP								0					0%	0%	0	0	0	0	0%	0%						
		J								0					0%	0%	0	0	0	0	0%	0%						
		AP								0					0%	0%	0	0	0	0	0%	0%						
		J								0					0%	0%	0	0	0	0	0%	0%						
		AP								0					0%	0%	0	0	0	0	0%	0%						
		J								0					0%	0%	0	0	0	0	0%	0%						
		AP								0					0%	0%	0	0	0	0	0%	0%						
		J								0					0%	0%	0	0	0	0	0%	0%						
		AP								0					0%	0%	0	0	0	0	0%	0%						

17. COMPLETED BY (PRINT OR TYPE)

Loretta R. Vitale <small>(NAME)</small>	 <small>(SIGNATURE)</small>	Bookkeeper <small>(TITLE)</small>
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973 743-1486 7/2/2013

U.S. Department of Labor

PAYROLL



Employment Standards Administration (For Contractor's Optional Use; See Instructions at www.dol.gov/esa/whd/forms/wh347instr.htm)
 Wage and Hour Division *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: 1215-0149
 Expires: 12/31/2011

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		ADDRESS
McCANN ACOUSTICS & CONSTRUCTION, INC		265 BROAD STREET BLOOMFIELD NJ 07003
PAYROLL NO. 13	FOR WEEK ENDING 06/06/2013	PROJECT AND LOCATION: NEWARK AIRPORT MEETER & GREETER
		PROJECT OR CONTRACT NO.

(1) NAME AND IDENTIFICATION NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) Ex	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED PROJECT/ALL	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK	
			O	F	S	Mo	Tu	We	Th				FICA	W/H-HOLDING TAX	STATE TAX	LOCAL TAX	OTHER		TOTAL DED.
			05/31	06/01	06/02	06/03	06/04	06/05	06/06										
Terrance Barry	2	FORMAN	O	2	0	0	0	0	0	0	2	71.57	2051.64						
			S	0	0	0	0	0	0	0	0	40		47.31					
Anthony Novello	3	JOURNEYMAN	O	0	0	0	0	0	0	0	0	62.24	1327.68						
			S	5	0	0	0	0	0	0	32	41.49							
Joseph DeAngelis	1	JOURNEYMAN	O	0	0	0	0	0	0	0	0	62.24	1659.60						
			S	0	0	0	0	0	0	0	40	41.49							
Thomas Dove	0	FORMAN	O	0	0	0	0	0	0	0	0	71.57	1528.72						
			S	8	0	0	0	0	0	0	32	47.71							
Mike Boachino	0	JOURNEYMAN	O	0	0	0	0	0	0	0	0	62.24	1659.60						
			S	8	0	0	0	0	0	0	40	41.40							
Robert J. Blanchi	0	JOURNEYMAN	O	0	0	0	0	0	0	0	0	62.24	1659.60						
			S	8	0	0	0	0	0	0	40	41.49							

When 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. §§ 3.5, 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(e)(3) 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 this estimate or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESH, U.S. Department of Labor, Room S3302, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Date 05/12/2013

I, _____ (Name of Signatory Party) _____ (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by McCANN ACOUSTICS & CONSTRUCTION, INC on the _____ (Contractor or Subcontractor)

NEWARK AIRPORT MEETER & GREETER that during the payroll period commencing _____ (Building or Work)

on the 31 day of May, 2013, and ending the 06 day of June, 2013, 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

McCANN ACOUSTICS & CONSTRUCTION, INC 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
ROBERT R. VITALE
BOOKKEEPER

SIGNATURE

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

U.S. Department of Labor

PAYROLL



Employment Standards Administration Wage and Hour Division (For Contractor's Optional Use; See Instructions at www.dol.gov/esa/whd/forms/wh347instr.htm)

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

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 265 BROAD STREET BLOOMFIELD NJ 07003
 OMB No.: 1215-0149
 Expire: 12/31/2011

PAYROLL NO 14 FOR WEEK ENDING 08/13/2013 PROJECT AND LOCATION NEWARK AIRPORT MEETER & GREETER PROJECT OR CONTRACTING

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) #	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED PROJECT/ALL	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK	
			08/07	08/08	08/09	08/10	08/11	08/12	08/13				FICA	WITH-HOLDING TAX	STATE TAX	LOCAL TAX	OTHER		TOTAL DED.
			Fr	Sa	Su	Mo	Tu	We	Th										
Terrance Barry	2	FORMAN	0	2	0	0	0	0	0	0	2	71.57	143.14						
			8	0	0	0	0	0	0	0	0	0	47.71	143.14					
Anthony Nowllo	3	JOURNEYMAN	0	0	0	0	0	0	0	0	0	62.24	331.92						
			8	0	0	0	0	6	0	0	0	8	41.40	331.92					
Joseph DeAngelis	1	JOURNEYMAN	0	0	0	0	0	0	0	0	0	62.24	1327.69						
			8	0	0	0	8	8	8	0	32	41.49	1327.69						
Thomas Bave	0	FORMAN	0	0	0	0	0	0	0	0	0	71.57	381.68						
			8	0	0	0	8	0	0	0	8	47.71	381.68						
Joseph A Lafore	4	JOURNEYMAN	0	0	0	0	0	0	0	0	0	62.24	683.84						
			8	0	0	0	8	0	0	0	16	41.49	683.84						
Mike Bocchino	0	JOURNEYMAN	0	0	0	0	0	0	0	0	0	62.24	1659.60						
			8	0	0	0	8	8	8	8	40	41.49	1659.60						
Robert J Bianchi	0	JOURNEYMAN	0	0	0	0	0	0	0	0	0	62.24	1244.70						
			8	0	0	0	8	8	6	0	30	41.49	1244.70						

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. §§ 3.0, 6.0(a), The Copeland Act (40 U.S.C. § 2145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to furnish weekly a statement with respect to the wages paid to employees during the preceding week, U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.51(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 Certification, 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 16 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and reviewing the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U.S. Department of Labor, Room 33502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Date 06/19/2013

I, _____ (Name of Signatory Party) _____ (Title) do hereby state:

(1) That I pay or supervise the payment of the persons employed by McCANN ACOUSTICS & CONSTRUCTION, INC on the _____ (Contractor or Subcontractor)

NEWARK AIRPORT MEETER & GREETER (Building or Work) that during the payroll period commencing on the 07 day of June, 2013, and ending the 13 day of June, 2013, 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 McCANN ACOUSTICS & CONSTRUCTION, INC 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 (40 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.

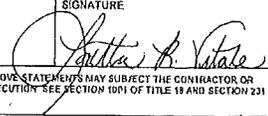
(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

-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>ROBERTA R. Vitale</u> <u>BOOKKEEPER</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 231 OF TITLE 31 OF THE UNITED STATES CODE

U.S. Department of Labor

PAYROLL



Employment Standards Administration (For Contractor's Optional Use; See Instructions at www.dol.gov/esa/whd/forms/wh347Instr.htm)
 Wage and Hour Division *Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.*

Rev. Dec 2008
 OMB No.: 1215-0149
 Expires: 12/31/2011

NAME OF CONTRACTOR OR SUBCONTRACTOR ADDRESS
 McCANN ACOUSTICS & CONSTRUCTION, INC 265 BROAD STREET BLOOMFIELD NJ 07003
 PAYROLL NO 15 FOR WEEK ENDING 08/20/2013 PROJECT AND LOCATION NEWARK AIRPORT MEETER & GREETER PROJECT OR CONTRACT NO

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) #	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED PROJECT / ALL	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK	
			08/14	08/15	08/16	08/17	08/18	08/19	08/20				FICA	WITH-HOLDING TAX	STATE TAX	LOCAL TAX	OTHER		TOTAL DED.
			Fr	Sa	Su	Mo	Tu	We	Th										
Terrance Barry	2	FORWARD	0	2	0	0	0	0	0	0	2	71.57	143.14						
			S	0	0	0	0	0	0	0	0	47.71	143.14						
Joseph DeAngelis	1	JOURNEYMAN	0	0	0	0	0	0	0	0	0	62.24	1659.60						
			S	8	0	0	8	8	8	8	40	41.49	1659.60						
James Carol	3	JOURNEYMAN	0	2	0	0	0	0	0	0	2	62.24	124.48						
			S	0	0	0	0	0	0	0	0	41.49	124.48						
Mike Bocchio	0	JOURNEYMAN	0	0	0	0	0	0	0	0	0	62.24	1659.60						
			S	0	0	0	8	8	8	8	40	41.49	1659.60						
Richard J Bianchi	0	JOURNEYMAN	0	0	0	0	0	0	0	0	0	62.24	1203.21						
			S	0	0	0	8	8	5	0	29	41.49	1203.21						

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. §§ 30.2, 5.51 of the Capeland 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. § 5.51 (d) (3), require contractors to submit weekly a copy of all payroll to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payroll is 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.

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 this estimate or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U.S. Department of Labor, Room 5320, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Date 06/26/2013

I, _____ (Name of Signatory Party) _____ (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by McCANN ACOUSTICS & CONSTRUCTION, INC on the _____ (Contractor or Subcontractor)

NEWARK AIRPORT MEETER & GREETER ; that during the payroll period commencing

(Building or Work) on the 14 day of June, 2013, and ending the 20 day of June

2013, 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

McCANN ACOUSTICS & CONSTRUCTION, INC 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. 367; 40 U.S.C. § 3145), and described below:

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

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

(4) That:

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

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

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE	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 231 OF TITLE 31 OF THE UNITED STATES CODE.

U.S. Department of Labor
Employment Standards Administration
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.



Rev. Dec 2008

NAME OF CONTRACTOR OR SUBCONTRACTOR
McCANN ACOUSTICS & CONSTRUCTION, INC
ADDRESS
285 BROAD STREET BLOOMFIELD NJ 07003
PROJECT AND LOCATION
NEWARK AIRPORT MEETER & GREETER
PROJECT OR CONTRACT ID
16
FOR WEEK ENDING
06/27/2013
OMB No : 1215-0149
Expires: 12/31/2011

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (to g. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) # EX	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED PROJECT / ALL	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK	
			06/21	06/22	06/23	06/24	06/25	06/26	06/27				FICA	WITH- HOLDING TAX	STATE TAX	LOCAL TAX	OTHER		TOTAL DED.
			Fr	Sa	Su	Mo	Tu	We	Th										
Terrence Bary	2	FORMAN	0	0	0	0	0	0	0	0	11.57	1908.40							
Joseph DeAngelis	1	JOURNEYMAN	0	0	0	0	0	0	0	0	47.71	1659.60							
Joseph A Labone	4	JOURNEYMAN	0	0	0	0	0	0	0	0	41.48	1659.60							
Mike Boerchio	0	JOURNEYMAN	0	0	0	0	0	0	0	0	41.45	331.62							
Robert J Blaschl	0	JOURNEYMAN	0	0	0	0	0	0	0	0	41.49	1659.60							
			0	0	0	0	0	0	0	0	42.24	1327.68							
			0	0	0	0	0	0	0	0	41.48	1327.68							

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. 53.3, 53.5, 53.6, 53.7, 53.8, 53.9, 53.10, 53.11, 53.12, 53.13, 53.14, 53.15, 53.16, 53.17, 53.18, 53.19, 53.20, 53.21, 53.22, 53.23, 53.24, 53.25, 53.26, 53.27, 53.28, 53.29, 53.30, 53.31, 53.32, 53.33, 53.34, 53.35, 53.36, 53.37, 53.38, 53.39, 53.40, 53.41, 53.42, 53.43, 53.44, 53.45, 53.46, 53.47, 53.48, 53.49, 53.50, 53.51, 53.52, 53.53, 53.54, 53.55, 53.56, 53.57, 53.58, 53.59, 53.60, 53.61, 53.62, 53.63, 53.64, 53.65, 53.66, 53.67, 53.68, 53.69, 53.70, 53.71, 53.72, 53.73, 53.74, 53.75, 53.76, 53.77, 53.78, 53.79, 53.80, 53.81, 53.82, 53.83, 53.84, 53.85, 53.86, 53.87, 53.88, 53.89, 53.90, 53.91, 53.92, 53.93, 53.94, 53.95, 53.96, 53.97, 53.98, 53.99, 53.100.

We estimate that it will take an average of 50 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 this collection of information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U.S. Department of Labor, Room 53502, 200 Constitution Avenue, N.W., Washington, D.C. 20310.

Date 07/03/2013

I, _____ (Name of Signatory Party) _____ (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by McCANN ACOUSTICS & CONSTRUCTION, INC on the _____ (Contractor or Subcontractor)

NEWARK AIRPORT MEETER & GREETER (Building or Work) that during the payroll period commencing

on the 21 day of June, 2013, and ending the 27 day of June

2013, 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

McCANN ACOUSTICS & CONSTRUCTION, INC 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. 367; 40 U.S.C. § 3145), and described below.

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

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

(4) That:

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

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

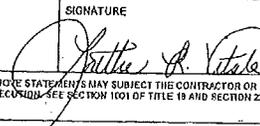
(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE <u>Loretta R. Vitale</u> <u>Bookkeeper</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 231 OF TITLE 31 OF THE UNITED STATES CODE.

PAYROLL CERTIFICATION FOR PUBLIC WORKS PROJECTS
 (for Contractor and Subcontractor's Use for Weekly and Final Certification)
 (N.J.A.C. 12:60-2.1 and 6.1)

LWD

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		ADDRESS		DATE WAGES DUE	DATE WAGES PAID
NFI Co JNC.		105 PLAUDERVILLE AVE. GARFIELD NJ			6-11-13
PAYROLL NO.	WEEK ENDING OR FINAL CERTIFICATION	PROJECT NAME AND LOCATION		CONTRACTOR REGISTRATION NUMBER	
3	6-9-13	FUR TERMINAL B, NEWARK, NJ			

1. NAME AND ADDRESS OF EMPLOYEE	2. WORK CLASSIFICATION	3. DAY AND DATE M T W T F S S HOURS WORKED EACH DAY	4. TOTAL HOURS	5. RATE OF PAY	6. GROSS AMOUNT EARNED		7. DEDUCTIONS				8. NET WAGES PAID FOR WEEK	9. Total Fringe Benefit Cont'lt.	
					This Project Daily	Total for Week	FICA	With-holding Tax	S.S.	Other			Union
KHA SIM ABDOUS SAHMI	STEWARD LABORER	OT											
		ST			3	30.60	91.80						
STANISLAW ANACKSIK	sprayer	OT											
		ST			3	38.25	114.75						
BERG, PEPSTEFRANCI	LABORER	OT											
		ST			3	29.85	89.55						
		OT											
		ST											
		OT											
		ST											
		OT											
		ST											

Questions? Please contact the Division of Wage and Hour Compliance at (609) 292-2259 or (609) 292-2283.
 SUBMIT TO PUBLIC BODY OR LESSOR

Date 6-11-13
 I, LOU POPSTEFANO V.P.
(Name of signatory party) (Title)

do hereby state and certify:
 (1) That I pay or supervise the payment of the persons employed by N.E.I. Co. Inc.
(Contractor or Subcontractor) on the Terminal B FWR
(Project Name and Location)
 that during the payroll period beginning on 6-3-13 and ending on 6-9-13 all persons employed
(Date) (Date)
 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 N.E.I. Co. Inc.
(Contractor or Subcontractor)

from the full weekly wages earned by any person and that no deductions have been made either directly or
 indirectly from the full wages earned by any person, other than permissible deductions as defined in the New Jersey
 Prevailing Wage Act, N.J.S.A. 34:11-56.25 et seq. and Regulation N.J.A.C. 12:60 et seq. and the Payment of
 Wages Law, N.J.S.A. 34:11-4.1 et seq.

(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 with the United States Department
 of Labor, Bureau of Apprenticeship and Training and enrolled in a certified apprenticeship program.

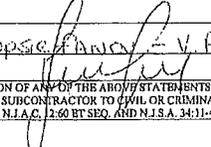
(4) That:
 (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS
 In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above
 referenced payroll, payments of fringe benefits as listed in the contract have been or will be
 made when due to appropriate 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) FRINGE BENEFITS

EXCEPTIONS (CRAFT)
REMARKS
PLEASE SPECIFY THE TYPE OF BENEFIT PROVIDED AND NOTE THE TOTAL COST PER HOUR IN BLOCK 9 ON THE REVERSE SIDE*
1) Medical or hospital coverage <input type="checkbox"/>
2) Dental coverage <input type="checkbox"/>
3) Pension or Retirement <input type="checkbox"/>
4) Vacation, Holidays <input type="checkbox"/>
5) Sick days <input type="checkbox"/>
6) Life Insurance <input type="checkbox"/>
7) Other (Explain) <input type="checkbox"/>
* TO CALCULATE THE COST PER HOUR, DIVIDE 2,000 HOURS INTO THE BENEFIT COST PER YEAR PER EMPLOYEE.

(5) N.J.S.A. 12:60-2.1 and 6.1 -- The Public Works employers shall submit to the public body or fessor a certified payroll record each pay period within 10 days of the payment of wages.

NAME AND TITLE
LOU POPSTEFANO - V.P.
 SIGNATURE

 THE FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. N.J.S.A. 34:11-56.25 ET SEQ. AND N.J.A.C. 12:60 ET SEQ. AND N.J.S.A. 34:11-4.1 ET SEQ.