A Public Records Access request has been submitted.

Request By: Jack Groarke

Signature: Jack Groarke

Request date: 07/13/2017

Affiliation: Colleran Ohara & Mills

Address: 100 Crossways Park Drive West Suite 200 Woodbury NY 11797

Email: jsg@cohmlaw.com

Phone number: 516-248-5757

Personal

Information YES

Request:

I am requesting copies of Certified Payrolls filed by Signs and Decals

Records seeking: Corp. for work performed in the last 12 months at the LGA airport.

Thank you

THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY PUBLIC RECORD ACCESS FORM

Action by (print / type name):	
Danny Ng	, Freedom of Information Administrator
Signature:	Date:
	08/11/2017
On behalf of the Secretary of the Port Authority, as R Government Records of the Port Authority.	ecords Access Officer and Custodian of
✓ The requested records are being made available	e.
Any responsive records that may exist are curre search is being conducted. The Port Authority v	•
A diligent search has been conducted, and no rebeen located.	ecords responsive to your request have
The requested records that have been located a exempt from disclosure for the following specific	
Some requested records that have been located are exempt from disclosure for the following spe	<u>-</u>
The request does not reasonably describe or ide Authority is unable to search for and locate resp a new request that describes or identifies the sp and detail.	onsive records. Please consider submitting
✓ Other:	
Material responsive to your request can be found on thttp://corpinfo.panynj.gov/documents/18181-C/. Papavailable upon request. Exemptions applied for personal	er copies of the available records are

This form is promulgated by the Port Authority pursuant to the Port Authority Public Records Access Policy and is intended to be construed consistent with the New York Freedom of Information Law and the New Jersey Open Public Records Act. It is intended to facilitate requests for Port Authority public records and does not constitute legal advice.

THE PORT AUTHORITY Certification of Payroll TO BE SUBMITTED WITH APPLICATION FOR PAYMENT Address: 410 Morgan Ave, Brooklyn, NY 11211 Signs & Decal Corp. Payroll No.: 1 For Week Ending 12/13/2016 Project & Location: LaGuardia Airport PA Contract Number: Day and Date Supplemental Benefits List Trade & Circle Work Classification SWAC or TWICE Pri Sat 5un Tue Taxable Hourly Total Base Gross Amt Paid to (Local Employees Name, Address, and SS, No. (last 4 digits) Total Hrs FICA Total Deduction Courseyman or Other Net # IfIssued Rate of Earned Fross Wages holding Tar if Union is Total Paid Apprentice / Class 12/7 12/8 12/9 12/10 12/11 12/12 12/13 circled) 1,2,3) 0.00 4.50 0.00 0.00 0.00 7.22 Jorge Alvarez 4.50 37.48 168.66 0,00 0 Painter 0.00 0.00 Class L. 2 or 3 201.15 15,40 0.00 1.51 32.49 201.15 16.91 184.24 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 Class 1, 2 or 3 0.00 Class 1, 2 or 3 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0 0.00 0.00 Class 1, 2 or 3 0.00

Key:

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

E - Employee O - Other

Class 1, 2 or 3

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

Abbas Khalfan

Print Name Officer/Designee

Signature

7/18/2017 Date

0.00

0.00

Sworn to before me, this day

0.00

0.00

0.00

0.00

0.00

0.00

_18th__ of _July_, 2017 CINTHYA DOUGAN

NOTARY PUBLIC-STATE OF NEW YORK No. 01D06315813

Qualified in Queens County

My Commission Expires December 01, 2018

Signature of Notary Public

Statement of Compliance

I do hereby	reby state:	, ,	<u> </u>
			•
1. That L_A	I_Abbas Khalfan, during the payroll period indicated on the reverse side, supervise the payment of the persons employed	24	e e e e e e e e e e e e e e e e e e e
by _Signs &	gns & Decal Corp, and that all persons employed on said project have been paid the full weekly wages earned, that no rebates have been paid the full weekly wages earned, that no rebates have been paid the full weekly wages.	een or will be made either o	lirectly
or indirectly	rectly to or on behalf ofSigns & Decal Corp from the full weekly wages earned by any person, other than permissible deductions, including	ng, but not limited to: Feder	al
Withholdin	olding, FICA, Medicare, State Withholding, State Disability Insurance, Union Deductions, Child Support or Other Garnishments.		
•	at any payrolls otherwise under this contract required to be submitted for the subject period are correct and complete; that the wage rates for laborers contained in any wage determination incorporated into the contract and that the classifications set forth therein for each laborer or mechanic conform		•••
3. That any	at any apprentices employed in the above period are duly registered in a bona fide apprenticeship program.		
4. That:		as listed in the contract have	been or will be made to appropriate
b.	WHERE FRINGE BENEFTTS 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 fringe benefits as listed except as noted in Section 4(c) below.	the applicable basic hourly	wage rate plus the amount of the required
c.	EXCEPTIONS:		
	EXCEPTION (CRAFT) EXPLANATION		
	(46)		

THE PORT AUTHORITY Certification of Payroll OF NY&NJ TO BE SUBMITTED WITH APPLICATION FOR PAYMENT Address: 410 Morgan Ave, Brooklyn, NY 11211 Signs & Decal Corp. Payroll No.: 2 For Week Ending 12/27/2016 Project & Location: LaGuardia Airport PA Contract Number Day and Date Supplemental Benefits List Trade & Circle Work Classification SWAC or TWICE Thu Fri Sat Sun otal Base Employees Name, Address, and SS. No. [last 4 digits] leanth at his Gross Ami Taxablewith-(Journeyman or FICA Hourly Other Total Deduction Net Rate of Farned Apprentice / Class if Union is Total Paid irnss Waen holding Tax Pay 1,2,3) 12/22 12/23 12/24 12/25 12/26 12/27 circled) Jaime Castillo 4.00 0.00 0.00 0.00 0.00 0.00 4.00 37.48 149.92 7.22 (3) 0.00 0 Painter 0.00 0.00 5: 9 % Class 1. 2 or 3 178.80 178.80 13.69 0.00 0.84 14.53 164.27 Renee Rodriguez 0.00 4.00 0.00 0.00 0.00 0.00 0.00 4,00 37.48 149.92 7.22 1 0.00 0 0.00 0.00 Class 1, 2 or 3 178.80 178.80 13.68 0.00 0.27 13.95 164.85 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 Class 1, 2 or 3 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0 0.00 0.00 Class 1, 2 or 3 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0 0.00 0.00 Class 1, 2 or 3 0.00 0.00 0.00 0.00 0.00 0.00 -0.00 0.00 Kev: RT - Regular Time OT - Overtime ST - Shift Time GT - Guaranteed Time Sworn to before me, this day U - Union E - Employee _18th__ of _July_. 2017 J - Journeyman A - Apprentice H - Helper I_Abbas Khalfan_certify that the information on both sides of this form CINTHYA DOUGAN NOTE: represents wages and supplemental benefits paid to all persons employed by the above-NOTARY PUBLIC-STATE OF NEW YORK named firm for construction work on the above project during the period indicated above, No. 01DO6315813 1. All persons who performed any construction activity, during the period of Qualified in Queens County 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.

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.

Abbas Khalfan

Print Name Officer/Designee

My Commission Expires December 01, 2018

7/18/2017

Date

Signature of Notary Public

Statement of Compliance

I do hereby	state:
1. That L_A	Abbas Khalfan, during the payroll period indicated on the reverse side, supervise the payment of the persons employed
by _Signs a	& Decal Corp, 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	y to or on behalf ofSigns & Decal Corp from the full weekly wages earned by any person, other than permissible deductions, including, but not limited to: Federal
Withholdin	g, FICA, Medicare, State Withholding, State Disability Insurance, Union Deductions, Child Support or Other Garnishments.
2. That any	y 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 conta	ined 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	y 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.
	programs for the beliefit of such in the contract, of such emphotoes, except as noted in section 4(5) 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
NIA	
	1.