

FMA, INC.
Construction Consultants
TRANSMITTAL

To: Dammon Engineering, Inc
554 Old Spanish Trail
Slidell, LA 70458

Project: Third Street/Veterans Park

Date: 1/26/2015

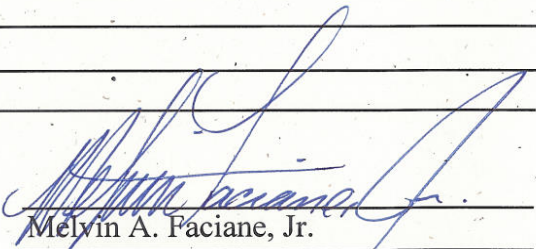
Our Job No.: 242

We are enclosing or delivering under separate cover one copies of the following:

- | | |
|--|--|
| <input type="checkbox"/> Subcontract Agreement | <input type="checkbox"/> Executed |
| <input type="checkbox"/> Shop Drawings | <input type="checkbox"/> Approved |
| <input type="checkbox"/> List of Materials | <input type="checkbox"/> Unapproved |
| <input type="checkbox"/> Plans | <input type="checkbox"/> For Approval |
| <input type="checkbox"/> Specifications | <input type="checkbox"/> For Your Signature |
| <input type="checkbox"/> Change Order | <input type="checkbox"/> For Correction |
| <input type="checkbox"/> Payroll Affidavit | <input type="checkbox"/> For Review and Comment |
| <input type="checkbox"/> Letter | <input checked="" type="checkbox"/> For Your Use |
| <input checked="" type="checkbox"/> <u>Payroll Reports</u> | |

Remarks: _____

Copies to: _____

By: 
Melvin A. Faciane, Jr.
Vice President/Secretary/Treasurer



NAME OF CONTRACTOR OR SUBCONTRACTOR FMA, Inc. ADDRESS 403 Moonraker Dr. Sldell, LA 70458
 PAYROLL NO. 11 FOR WEEK ENDING 01/21/2015 PROJECT AND LOCATION Third Street Restroom/Veterans Park Sldell, LA
 PROJECT OR CONTRACT NO. 5000-25

OMB No.: 1235-0008
 Expires: 01/31/2015
 Rev. Dec. 2008

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER OF WORKER)	(2) NUMBER OF HOLDING EMPLOYMENTS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK										
			OT.	OR	ST.	TH	F	S	S				M	T	W	FICA	WITH-HOLDING TAX		LA Withholding	SS	OTHER	TOTAL DEDUCTIONS						
			15	16	17	18	19	20	21				HOURS WORKED EACH DAY	HOURS	OF PAY	AMOUNT EARNED												
Ronald J. Galatas 5139	2	Superintendent/ Carpenter											8.00		9.00	8.50	5.00	30.50	20.00	\$610.00	\$8.85	\$53.00	\$16.91	\$37.82		\$116.58	\$493.42	

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "turnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(e)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine 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, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S5502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

Date 1/15/2015

Sam Ortiz

Owner

I, Sam Ortiz (Name of Signatory Party) Owner (Title)

do hereby state:

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

Ameritrust Plumbing Solutions, LLC

(Contractor or Subcontractor)

on the

Third Street Restroom/Veterans Park; that during the payroll period commencing on the

(Building or Work)

8 day of January, 2015, and ending the 14 day of January, 2015,

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

Ameritrust Plumbing Solutions, LLC

from the full

(Contractor or Subcontractor)

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

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

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

(4) That:

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

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

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

No Work

NAME AND TITLE <u>Sam Ortiz/Owner</u>	SIGNATURE <i>Sam Ortiz</i>
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.	

U.S. Department of Labor
Wage and Hour Division

(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.



Rev. Dec. 2008

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

NAME OF CONTRACTOR OR SUBCONTRACTOR **MAC Electric, LLC**
ADDRESS **1740 Marcia Dr. Slidell, LA 70458**

PAYROLL NO. **10** FOR WEEK ENDING **01/21/2015** PROJECT AND LOCATION **Third Street Restroom/Veterans Park Slidell, LA** PROJECT OR CONTRACT NO. **5000-25**

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK	
			OT, OR ST.										FICA	WITH-HOLDING TAX	LA Withholding	SS	OTHER		TOTAL DEDUCTIONS
			Th	F	S	S	M	T	W										
David L. Rester 5308	1	Electrician									30.00								
BJ Carter 3992		Electrician									29.67								
Jacob Rester 2135		Laborer									11.00								

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