

FMA, INC.
Construction Consultants
TRANSMITTAL

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

Project: Third Street/Veterans Park

Date: 2/3/2015

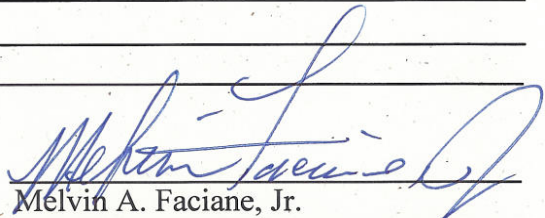
Our Job No.: 242

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

U.S. Department of Labor
Wage and Hour Division

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.

Rev. Dec. 2008

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

NAME OF CONTRACTOR OR SUBCONTRACTOR

FMA, Inc.

ADDRESS

403 Moonraker Dr.
Slidell, LA 70458

PAYROLL NO. 12

FOR WEEK ENDING

01/28/2015

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.		HOURS WORKED EACH DAY								FICA	WITH- HOLDING TAX	LA Withholding	SS	OTHER		TOTAL DEDUCTIONS								
			Th	F	S	S	M	T	W											22	23	24	25	26	27	28	
Ronald J. Galatas 5139	2	Superintendent/ Carpenter									8.00	8.00		4.00	9.50	8.00	37.50	20.00	\$750.00	\$10.87	\$74.00	\$22.09	\$46.50		\$153.46	\$596.54	

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(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

(over)

U.S. Department of Labor
Wage and Hour Division

PAYROLL



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

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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. **11** FOR WEEK ENDING **01/28/2015** 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	OT. OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK						
				Th	F	S	S	M	T	W				FICA	WITH- HOLDING TAX	LA Withholding	SS	OTHER		TOTAL DEDUCTIONS					
				22	23	24	25	26	27	28															
David L. Rester 5308	1	Electrician	2.00										8.00	8.00	16.00	30.00	\$540.00								\$540.00
BJ Carter 3992		Electrician											8.00	8.00	16.00	29.67	\$474.72								\$474.72
Jacob Rester 2135		Laborer													11.00	11.00									

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