

PROJECT NAME:

Three arterial street rehabilitation

PROJECT LOCATION:

Garden Grove, CA

PENCO ENGINEERING JOB NUMBER:

4272

GARDEN GROVE PROJECT NUMBER:

7266

ENCLOSED:

CERTIFIED PAYROLL FOR WEEKS ENDING:

- **CONTRACTOR FRINGE BENEFIT STATEMENT**
- **03/23/2014 THROUGH 06/29/14**
- **BEHIND EACH CERTIFIED PAYROLL IS A COPY OF
PENCO ENGINEERING PAYROLL RECORDS THROUGH
PAYCHEX**
- **LAST YOU WILL FIND ANY ADJUSTMENTS THAT MAY
BE OWED**

CONTRACTOR FRINGE BENEFIT STATEMENT

Project Name: Three Arterial Street Rehabilitation	Project Location: Garden Grove, CA	Today's Date: 3/17/14
Contractor / Subcontractor Name: PENCO Engineering, Inc.	Business Address: 16842 Von Karman Avenue, Suite 150, Irvine, CA 92606	

In order that the proper Fringe Benefit rates can be verified when checking payrolls on the above contract, the hourly rates for fringe benefits, subsistence and/or travel allowance payment made for employees by the employer on the various classes of work are tabulated below. Please **Include Apprentice Rates.**

	Classification:	Effective Date:	Subsistence or Travel Pay:
	Party Chief	3/1/14	\$ _____
EMPLOYER PAID FRINGE BENEFITS	Health & Welfare \$ 2.51 _____ hr	Paid To: Name of Plan/Fund/Program: Address:	United Healthcare, Dept 841346, Los Angeles, CA ACEC Life/Health Trust, Dept CH 14382, Palatine, IL 60055
	Pension \$ N/A _____ hr	Paid To: Name of Plan/Fund/Program: Address:	John Hancock P.O. Box 600, Buffalo, NY 14201-0600
	Vacation/Holiday \$ 3.93 _____ hr	Paid To: Name of Plan/Fund/Program: Address:	Employee
	Training \$ 0.90 _____ hr	Paid To: Name of Plan/Fund/Program: Address:	State of California/Dept of Industrial Relations/ California Apprenticeship Council P.O. Box 511283, Los Angeles, CA 90051
	Other \$ _____ hr	Paid To: Name of Plan/Fund/Program: Address:	

	Classification:	Effective Date:	Subsistence or Travel Pay:
	Chainman	3/1/14	\$ _____
EMPLOYER PAID FRINGE BENEFITS	Health & Welfare \$ 2.38 _____ hr	Paid To: Name of Plan/Fund/Program: Address:	United Healthcare, Dept 841346, Los Angeles, CA ACEC Life/Health Trust, Dept CH 14382, Palatine, IL 60055
	Pension \$ N/A _____ hr	Paid To: Name of Plan/Fund/Program: Address:	John Hancock P.O. Box 600, Buffalo, NY 14201-0600
	Vacation/Holiday \$ 1.87 _____ hr	Paid To: Name of Plan/Fund/Program: Address:	Employee
	Training \$ 0.90 _____ hr	Paid To: Name of Plan/Fund/Program: Address:	State of California/Dept of Industrial Relations/ California Apprenticeship Council P.O. Box 511283, Los Angeles, CA 90051
	Other \$ _____ hr	Paid To: Name of Plan/Fund/Program: Address:	

Supplemental statements must be submitted during the progress of the work should there be an increase or change in rates. Use additional sheets as necessary. (Attach a copy of your most recent premium transmittal (including copy of check submitted) into each of the above plans/funds/programs or a letter from the above plans/funds/programs reflecting current payment status).

I certify under penalty of perjury that fringe benefits are paid to the approved plans, funds or programs as listed above.

Print Name and Title Gina Ortega, Accounting/HR Manager	Signature and Date (Wet Signature Required)  10.7.14
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PAYROLL REGISTER - MULTI STATE

CHECK DATE 03/28/2014
PERIOD BEGIN 03/10/2014 PERIOD END 03/23/2014

03/27/2014
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EMPLOYEE NAME ID SSN STATE/FREQ STS LOCATION	EARNINGS DESCR	PAY RATE	CURRENT HOURS	AMOUNT	YTD HOURS	AMOUNT	DEDUCTIONS DESCR	CURRENT AMOUNT	YTD AMOUNT	TAXES DESCR	CURRENT AMOUNT	YTD AMOUNT	NET PAY CHECK NO		
CALAWAY, RANDOLPH 169 XXX-XX-XXXX CA CA CA 26 M3/M3 400 20,0000 Hourly Last Check Date 03/28/2014	1 REGULAR	391300	6300	126000	49600	1455455	C9 CHECKING NE	167280	1146285	FEDERAL	22981	167221	DIRDEF 000		
	1 REGULAR	300000	1700	66521	49600	1455455	CS CHILD SUPRT	42600	308850	OASDI	16273	116613			
	2 OVERTIME	586950	1000	30000	5500	235292				MEDICARE	4987	27273			
	H HOLIDAY		700	41087	2800	235292				CA STATE	2625	39176			
	S SICK				3000	90000				CA SDI		18809			
	V VACATION				1700	51000									
	1P MED 125				-143										
	DP DEN 125				-715										
	K1 401K EE				-7908										
	VP VIS 125				-290										
				9700	254552	62600	1824227		203880	1455135	50672	369092			
	EMPLOYEE TOTAL				263608		1887747								

PAYROLL REGISTER - MULTI STATE

CHECK DATE 03/28/2014
PERIOD BEGIN 03/10/2014 PERIOD END 03/23/2014

EMPLOYEE NAME ID SSN STATE/FREQ STS LOCATION	EARNINGS		CURRENT HOURS	CURRENT AMOUNT	YTD HOURS	YTD AMOUNT	DEDUCTIONS		CURRENT AMOUNT	YTD AMOUNT	TAXES		CURRENT AMOUNT	YTD AMOUNT	NET PAY CHECK NO
	DESCR	PAY RATE					DESCR	AMOUNT			DESCR	AMOUNT			
DP DEN 125				-6838		-41028									
				-683		-4086									
WALKER, DAVID 204 XXX-XX-XXXX CA CA CA 26 M1/M1 400 .15.0000 Hourly Last Check Date 03/28/2014	1 REGULAR	391300	6300	94500	27300	504369	C9 CHECKING NE	147521	478350	FEDERAL	16961	39045			000
	2 OVERTIME	225000	1700	66521	27300	504369	FI 24HR FITNESS	300	1500	OASDI	11470	35667			DIRDEP
	2 OVERTIME	586950	1000	22500	3600	113195				MEDICARE	2669	8341			
	H HOLIDAY		700	41087	3600	113195				CA STATE	3304	6616			
	S SICK				2800	42000				CA SDI	1840	5753			
	V VACATION				3600	54000									
	1P MED 125			-32138		24000									
	DP DEN 125			-7675		-30700									
	VP VIS 125			-760		-3040									
EMPLOYEE TOTAL			9700	184035	38900	575272		147851	479850		36184	95422			

PAYROLL REGISTER - MULTI STATE

CHECK DATE 03/28/2014
PERIOD BEGIN 03/10/2014 PERIOD END 03/23/2014

03/27/2014
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EMPLOYEE NAME	ID SSN STATE/FRQ STS LOCATION	EARNINGS DESCR	PAY RATE	HOURS CURRENT	AMOUNT CURRENT	HOURS YTD	AMOUNT YTD	DEDUCTIONS DESCR	AMOUNT CURRENT	AMOUNT YTD	TAXES DESCR	AMOUNT CURRENT	AMOUNT YTD	NET PAY CHECK NO
BAKALAR, DAVID														
1190 XXX-XX-XXXX CA CA CA	1 REGULAR	422100	5000	150000	47100	1675004	C9 CHECKING NE	231881	1442325	FEDERAL	54919	303868	DIRDEF	000
26 S3/S3 400	2 OVERTIME	450000	3500	147735	47100	1675004	F1 24HR FITNES	300	2100	OASDI	20935	126563		
30.0000 Hourly	2 OVERTIME	635150	600	27000	2800	151759				MEDICARE	4896	29600		
Last Check Date 03/28/2014	H HOLIDAY		500	31658	2800	151759				CA STATE	21347	116465		
	S SICK				2800	84000				CA SDI	3377	20474		
	V VACATION				1600	48000								
	1P MED 125				6500	195000								
	DP DEN 125					-105072								
	VP VIS 125					-5004								
						-2552								
EMPLOYEE TOTAL				9600	337655	60800	2041335		232181	1444425		105474	596910	
					356393		2153763							
BAKALAR, JOSH														
194 XXX-XX-XXXX CA CA CA	1 REGULAR	391300	5000	70000	44900	1184034	C9 CHECKING NE	169259	1007908	FEDERAL	44091	240173	DIRDEF	000
26 S0/S0 400	2 OVERTIME	210000	3500	136955	44900	1184034	F1 24HR FITNES	300	2100	OASDI	15424	89606		
14.0000 Hourly	2 OVERTIME	586950	600	12600	2800	113629				MEDICARE	3607	20967		
Last Check Date 03/28/2014	H HOLIDAY		500	29348	2800	113629				CA STATE	13600	70062		
	S SICK				2800	39200				CA SDI	2488	14453		
	V VACATION				1600	22400								
	1P MED 125				6200	86800								
	DP DEN 125					-123								
	VP VIS 125					-008								
						-003								
EMPLOYEE TOTAL				9600	248769	58300	1445259		169539	1010008		79210	435251	
					248903		1446063							

RANDOLPH CALAWAY

Manual Check

	Hours	Rate	Total
Previously Paid Prevailing Wage Straight Time WE 03/23/14	8.00	39.13	(313.04)
Previously Paid Prevailing Wage OT WE 03/23/14	2.00	58.695	(117.39)
CORRECTED Prevailing Wage Straight Time WE 03/23/14	8.00	43.01	344.08
CORRECTED Prevailing Wage OT WE 03/23/14	2.00	64.52	<u>129.04</u>
			42.69
		Total	42.69
Deductions:			
		GROSS	42.69
Medicare			0.62
OASDI			2.65
Federal withholdings			4.27
Ca. withholdings			1.28
SDI			0.51
			<u>9.33</u>
Sub Total			<u>9.33</u>
	Net		<u><u>\$ 33.36</u></u>

DAVID WALKER

Manual Check

	Hours	Rate	Total
Previously Paid Prevailing Wage Straight Time WE 03/23/14	8.00	39.13	(313.04)
Previously Paid Prevailing Wage OT WE 03/23/14	2.00	58.695	(117.39)
CORRECTED Prevailing Wage Straight Time WE 03/23/14	8.00	39.93	319.44
CORRECTED Prevailing Wage OT WE 03/23/14	2.00	59.90	119.80
			<u>8.81</u>
	Total		8.81
Deductions:			
	GROSS		8.81
Medicare			0.13
OASDI			0.55
Federal withholdings			0.88
Ca. withholdings			0.26
SDI			0.11
			<u>1.92</u>
Sub Total			1.92
	Net		\$ 6.89

DAVID BAKALAR

Manual Check

	Hours	Rate	Total
Previously Paid Prevailing Wage Straight Time WE 03/23/14	8.00	42.21	(337.68)
Previously Paid Prevailing Wage OT WE 03/23/14	-	63.315	-
CORRECTED Prevailing Wage Straight Time WE 03/23/14	8.00	43.01	344.08
CORRECTED Prevailing Wage OT WE 03/23/14	-	64.52	-
			<u>6.40</u>
	Total		6.40
Deductions:			
		GROSS	6.40
Medicare			0.09
OASDI			0.40
Federal withholdings			0.64
Ca. withholdings			0.19
SDI			0.08
			<u>1.40</u>
Sub Total			<u>1.40</u>
	Net		<u><u>\$ 5.00</u></u>

JOSH BAKALAR

Manual Check

	Hours	Rate	Total
Previously Paid Prevailing Wage Straight Time WE 03/23/14	8.00	39.13	(313.04)
Previously Paid Prevailing Wage OT WE 03/23/14	-	58.695	-
CORRECTED Prevailing Wage Straight Time WE 03/23/14	8.00	39.93	319.44
CORRECTED Prevailing Wage OT WE 03/23/14	-	59.90	-
			<u>6.40</u>

Total 6.40

Deductions:

GROSS 6.40

Medicare 0.09

OASDI 0.40

Federal withholdings 0.64

Ca. withholdings 0.19

SDI 0.08

Sub Total 1.40

Net \$ 5.00



(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.

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

NAME OF CONTRACTOR OR SUBCONTRACTOR **PENCO ENGINEERING, INC.** ADDRESS **16842 VON KARMAN AVENUE, SUITE 150 IRVINE, CA 92606** OMB No.: 1235-0008
 PAYROLL NO. **2** FOR WEEK ENDING **03/30/2014** PROJECT AND LOCATION **THREE ARTERIAL STREET REHABILITATION, GARDEN GROVE, CALIFORNIA** PROJECT OR CONTRACT NO. **PENCO JN #4272** Expires: 02/28/2018

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NUMBER 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	
			M	T	W	TH	F	S	S				FICA	WITH-HOLDING TAX	STATE	SDI	OTHER		TOTAL DEDUCTIONS
			HOURS WORKED EACH DAY																
JEREMY ADAMS 6579	10	PARTY CHIEF								5.00	\$64.52	\$215.05	\$144.45	\$134.04	\$92.19	\$17.52	\$56.83	\$445.03	\$1,311.24
DAVID WALKER 0946	1	CHAINMAN								5.00	\$59.90	\$199.65	\$28.24	\$39.85	\$4.36	\$5.21	\$202.87	\$280.53	\$443.22
RANDOLPH CALAWAY 2991	3	PARTY CHIEF								4.00	\$64.52	\$236.56	\$158.82	\$119.27	\$40.74	\$15.59	\$52.69	\$387.11	\$1,177.74
MICHAEL RALLS 2998	0	CHAINMAN								4.00	\$59.90	\$219.62	\$40.83	\$56.92	\$7.20	\$5.48	\$110.43	\$437.57	

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 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

PAYROLL REGISTER - MULTI STATE
PENCO ENGINEERING INC - 5887

CHECK DATE 04/11/2014
PERIOD BEGIN 03/24/2014 PERIOD END 04/06/2014

04/10/2014
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EMPLOYEE NAME ID SSN STATE/FRA STS LOCATION	EARNINGS DESCR	PAY RATE	CURRENT HOURS	AMOUNT	HOURS	YTD AMOUNT	DEDUCTIONS DESCR	CURRENT AMOUNT	YTD AMOUNT	TAXES DESCR	CURRENT AMOUNT	YTD AMOUNT	NET PAY CHECK NO
WALKER, DAVID 204 XXX-XX-XXXX CA CA CA 26 M1/M1 400 15,0000 Hourly Last Check Date 04/11/2014	1 REGULAR 2 OVERTIME H HOLIDAY S SICK V VACATION 1P MED 125 DP DEN 125 VP VIS 125	8300 900	124500 20250	35600 4560 2800 3600 1600	628869 133445 42000 54000 24000	C9 CHECKING NE F1 24HR FITNES	88346 300	566696 1800	FEDERAL OASDI MEDICARE CA STATE CA SDI	5648 6459 1511 871 1042	44693 42126 9852 7487 6795	DIRDEP 000	
EMPLOYEE TOTAL		9200	104177 144750	48100	679449 882314		88646	568496		15531	110953		

PAYROLL REGISTER - MULTI STATE
PENCO ENGINEERING INC - 5887

CHECK DATE 04/11/2014
PERIOD BEGIN 03/24/2014 PERIOD END 04/06/2014

04/10/2014
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EMPLOYEE NAME	EARNINGS	PAY	CURRENT	YTD	DEDUCTIONS	CURRENT	YTD	TAXES	CURRENT	YTD	NET PAY
ID SSN STATE/FREQ STS LOCATION	DESCR	RATE	HOURS	AMOUNT	DESCR	AMOUNT	AMOUNT	DESCR	AMOUNT	AMOUNT	CHECK NO

RALLS, MICHAEL
 212 XXX-XX-XXXX CA CA CA
 26 MO/MO 400

1 REGULAR
 2 OVERTIME

240000

5800
 700

92800
 16800

21000
 2200

434370
 62637

C9 CHECKING NE

90606

318372

FEDERAL
 OASDI
 MEDICARE

8075
 6795
 1589

41090
 30814
 7207

DIRDEP
 000

NEW YORK LLC

DUNN / 0001090 4007

PAV / 0001090 4007

JEREMY ADAMS

Manual Check

	Hours	Rate	Total
Previously Paid Prevailing Wage Straight Time WE 03/30/14	5.00	42.21	(211.05)
Previously Paid Prevailing Wage OT WE 03/30/14	-	57.750	-
CORRECTED Prevailing Wage Straight Time WE 03/30/14	5.00	43.01	215.05
CORRECTED Prevailing Wage OT WE 03/30/14	-	64.52	-
			<u>4.00</u>
Deductions:	Total		4.00
	GROSS		4.00
Medicare			0.06
OASDI			0.25
Federal withholdings			0.40
Ca. withholdings			0.12
SDI			0.05
Sub Total			<u>0.87</u>
Net			<u><u>\$ 3.13</u></u>

DAVID WALKER

Manual Check

	Hours	Rate	Total
Previously Paid Prevailing Wage Straight Time WE 03/30/14	5.00	15.00	(75.00)
Previously Paid Prevailing Wage OT WE 03/30/14	-	22.500	-
CORRECTED Prevailing Wage Straight Time WE 03/30/14	5.00	39.93	199.65
CORRECTED Prevailing Wage OT WE 03/30/14	-	59.90	-
			<u>124.65</u>

Deductions: Total **124.65**

GROSS **124.65**

Medicare 1.81

OASDI 7.73

Federal withholdings 12.47

Ca. withholdings 3.74

SDI 1.50

Sub Total 27.24

Net \$ 97.41

RANDOLPH CALAWAY

Manual Check

	Hours	Rate	Total
Previously Paid Prevailing Wage Straight Time WE 03/30/14	4.00	40.94	(163.76)
Previously Paid Prevailing Wage OT WE 03/30/14	1.00	45.000	(45.00)
CORRECTED Prevailing Wage Straight Time WE 03/30/14	4.00	43.01	172.04
CORRECTED Prevailing Wage OT WE 03/30/14	1.00	64.52	<u>64.52</u>
			27.80
Deductions:	Total		27.80
	GROSS		27.80
Medicare			0.40
OASDI			1.72
Federal withholdings			2.78
Ca. withholdings			0.83
SDI			0.33
Sub Total			<u>6.07</u>
	Net		<u>\$ 21.73</u>

MICHAEL RALLS

Manual Check

	Hours	Rate	Total
Previously Paid Prevailing Wage Straight Time WE 03/30/14	4.00	16.00	(64.00)
Previously Paid Prevailing Wage OT WE 03/30/14	1.00	24.000	(24.00)
CORRECTED Prevailing Wage Straight Time WE 03/30/14	4.00	39.93	159.72
CORRECTED Prevailing Wage OT WE 03/30/14	1.00	59.90	<u>59.90</u>
			131.62
Deductions:	Total		131.62
	GROSS		131.62
Medicare			1.91
OASDI			8.16
Federal withholdings			13.16
Ca. withholdings			3.95
SDI			1.58
Sub Total			<u>28.76</u>
	Net		<u><u>\$ 102.86</u></u>

STATEMENT OF NON-PERFORMANCE

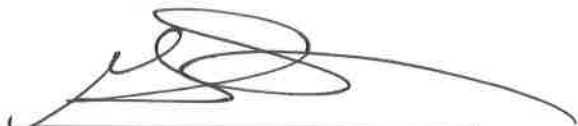
Payroll Number: 3

I, Gina Ortega, Accounting/HR Manager do hereby state that
(Name of Signatory party) (Title)

NO PERSONS employed by PENCO Engineering, Inc. performed work on
(Name of submitting company)
the construction project known as Three Arterial Street, Garden Grove

for the payroll period commencing on the 31st day of March, 2014
(1st date of week) (month)

and ending on the 6th day of April, 2014.
(last date of week) (month)



Signature of Authorized Person

10.7.10

Date

PAYROLL REGISTER - MULTI STATE
PENCO ENGINEERING INC - 5887

CHECK DATE 04/25/2014
PERIOD BEGIN 04/07/2014 PERIOD END 04/20/2014

04/24/2014
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EMPLOYEE NAME	EARNINGS	PAY	CURRENT	YTD	DEDUCTIONS	CURRENT	YTD	TAXES	CURRENT	YTD	NET PAY
ID SSN STATE/FREQ STS LOCATION	DESCR	RATE	HOURS	AMOUNT	DESCR	AMOUNT	AMOUNT	DESCR	AMOUNT	AMOUNT	CHECK NO

CALAWAY, RANDOLPH
 169 XXX-XX-XXXX CA CA CA
 26 M3/M3 400
 30.0000 Hourly
 Last Check Date 04/25/2014

1 REGULAR 409400
 2 OVERTIME 450000
 H HOLIDAY 614100

6700 1800 201000
 1800 800 73692
 100 36000 61411

74400 74400
 9400 9400
 2800

2052853 2052853
 354167 354167
 56000 56000

C9 CHECKING NE
 CS CHILD SUPRT

199748 42600

1540584 394050

FEDERAL
 OASDI
 MEDICARE
 CA STATE
 CA SDI

30725 19572
 4577 8395
 3157

236929 160879
 37625 55778
 25949

DIRDEP 000

RANDOLPH CALAWAY

Manual Check

	Hours	Rate	Total
Previously Paid Prevailing Wage Straight Time WE 04/13/14	8.00	40.94	(327.52)
Previously Paid Prevailing Wage OT WE 04/13/14	1.00	61.410	(61.41)
CORRECTED Prevailing Wage Straight Time WE 04/13/14	8.00	43.01	344.08
CORRECTED Prevailing Wage OT WE 04/13/14	2.00	64.52	<u>129.04</u>
			84.19
		Total	84.19
Deductions:			
		GROSS	84.19
Medicare			1.22
OASDI			5.22
Federal withholdings			8.42
Ca. withholdings			2.53
SDI			1.01
			<u>18.40</u>
Sub Total			<u>18.40</u>
	Net		<u><u>\$ 65.79</u></u>

DAVID WALKER

Manual Check

	Hours	Rate	Total
Previously Paid Prevailing Wage Straight Time WE 04/13/14	8.00	39.13	(313.04)
Previously Paid Prevailing Wage OT WE 04/13/14	1.00	58.695	(58.70)
CORRECTED Prevailing Wage Straight Time WE 04/13/14	8.00	39.93	319.44
CORRECTED Prevailing Wage OT WE 04/13/14	2.00	59.90	119.80
			<u>67.51</u>
		Total	67.51
Deductions:			
		GROSS	67.51
Medicare			0.98
OASDI			4.19
Federal withholdings			6.75
Ca. withholdings			2.03
SDI			0.81
			<u>14.75</u>
Sub Total			<u>14.75</u>
	Net		<u><u>\$ 52.76</u></u>

RANDOLPH CALAWAY

Manual Check

	Hours	Rate	Total
Previously Paid Prevailing Wage Straight Time WE 04/20/14	8.00	40.94	(327.52)
Previously Paid Prevailing Wage OT WE 04/20/14	-	61.410	-
CORRECTED Prevailing Wage Straight Time WE 04/20/14	8.00	43.01	344.08
CORRECTED Prevailing Wage OT WE 04/20/14	1.00	64.52	<u>64.52</u>
			81.08
		Total	81.08
Deductions:		GROSS	81.08
		Medicare	1.18
		OASDI	5.03
		Federal withholdings	8.11
		Ca. withholdings	2.43
		SDI	0.97
		Sub Total	<u>17.72</u>
		Net	<u><u>\$ 63.36</u></u>

DAVID WALKER

Manual Check

	Hours	Rate	Total
Previously Paid Prevailing Wage Straight Time WE 04/20/14	8.00	39.13	(313.04)
Previously Paid Prevailing Wage OT WE 04/20/14	-	58.695	-
CORRECTED Prevailing Wage Straight Time WE 04/20/14	8.00	39.93	319.44
CORRECTED Prevailing Wage OT WE 04/20/14	1.00	59.90	59.90
			<u>66.30</u>
		Total	66.30
Deductions:			
		GROSS	66.30
Medicare			0.96
OASDI			4.11
Federal withholdings			6.63
Ca. withholdings			1.99
SDI			0.80
			<u>14.49</u>
Sub Total			<u>14.49</u>
	Net		\$ 51.81

PAYROLL

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



Rev. Dec. 2008

OMB No.: 1235-0008
Expires: 02/28/2018

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 16842 VON KARMAN AVENUE, SUITE 150
IRVINE, CA 92606

PENCO ENGINEERING, INC.

PAYROLL NO. 6 FOR WEEK ENDING 04/27/2014 PROJECT AND LOCATION THREE ARTERIAL STREET REHABILITATION, GARDEN GROVE, CALIFORNIA PROJECT OR CONTRACT NO. PENCO JN #4272

(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		
			M	T	W	TH	F	S	S				FICA	WITH-HOLDING TAX	STATE	SDI	OTHER		TOTAL DEDUCTIONS	
			HOURS WORKED EACH DAY																	
JEREMY ADAMS 6579	10	PARTY CHIEF								8.00	43.01	\$2,185.78	\$344.08	\$248.61	\$166.90	\$134.81	\$21.82	\$69.71	\$641.85	\$1,543.93
EVAN PARLAN 7446	0	CHAINMAN								8.00	39.93	\$1,147.49	\$319.44	\$158.39	\$87.79	\$53.66	\$11.48	\$0.00	\$311.32	\$836.17
RANDOLPH CALAWAY 2991	3	PARTY CHIEF								8.00	43.01	\$967.75	\$1,425.00	\$130.47	\$108.58	\$31.79	\$14.20	\$48.49	\$333.53	\$1,091.47
DAVID WALKER 0946	1	CHAINMAN								8.00	39.93	\$712.50	\$898.45	\$27.12	\$38.99	\$4.11	\$5.10	\$202.87	\$278.19	\$434.31

Public Burden Statement

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.

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

PAYROLL REGISTER - MULTI STATE
PENCO ENGINEERING INC - 5887

CHECK DATE 05/09/2014
 PERIOD BEGIN 04/21/2014 PERIOD END 05/04/2014

EMPLOYEE NAME	EARNINGS	PAY	CURRENT	YTD	DEDUCTIONS	CURRENT	YTD	TAXES	GRAND TOTAL	NET PAY
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ADAMS, JEREMY 1167 XXX-XX-XXXX CA CA CA 26 \$10/\$10 400 42.8000 Hourly Last Check Date 05/09/2014	1 REGULAR	422100	3780	156177	79400	3111352	C9 CHECKING NE	310489	2773466	49722	348869	000
	2 OVERTIME	635150	3000	128400	79400	3111352	F1 24HR FITNES	300	3000	27052	232592	DIRDEF
	H HOLIDAY	642000	600	37989	5200	307155	R1 REIMBURSE	-2090	-20000	6327	54397	
	S SICK		200	12840	5200	307155				26961	208904	
	V VACATION		1600	68480	2800	107800				4363	37515	
	1P MED 125			-112	2400	99280						
	DP DEN 125			-715	2600	100180						
	K1 401K EE			-13115		-1008						
	RP RETRO PA			33270		-6455						
	EMPLOYEE TOTAL		9100	423214	92430	3638743		308789	2756466	114425	882277	

NEW YORK LLC

PHONE (800)829-4807

FAX (855)1970-1

PAYROLL REGISTER - MULTI STATE
PENCO ENGINEERING INC - 5887

CHECK DATE 05/09/2014
PERIOD BEGIN 04/21/2014 PERIOD END 05/04/2014

EMPLOYEE NAME ID SSN STATE/FREQ STS LOCATION	EARNINGS DESCR	PAY RATE	HOURS	CURRENT AMOUNT	YTD AMOUNT	DEDUCTIONS CURRENT	YTD TAXES	CURRENT	YTD	
WALKER, DAVID 204 XXX-XX-XXXX CA CA CA 26 M1/M1 400 15.0000 Hourly Last Check Date 05/09/2014	1 REGULAR	225000	8000	120000	51900	86566	777165	5423	62156	
	2 OVERTIME		800	18000	6200	300	2400	6319	57821	
	H HOLIDAY				2800			1478	13523	
	S SICK		300	4500	3600			822	10216	
	V VACATION			-32136	1900			1019	9326	
	1P MED 125			-7675						
	DP DEN 125			-760						
	VP VIS 125									
				9100	101927	66400	86866	779565	15265	1994652
	EMPLOYEE TOTAL									

DIRDEF

JEREMY ADAMS

Manual Check

	Hours	Rate	Total
Previously Paid Prevailing Wage Straight Time WE 04/27/14	8.00	42.21	(337.68)
Previously Paid Prevailing Wage OT WE 04/27/14	-	-	-
CORRECTED Prevailing Wage Straight Time WE 04/27/14	8.00	43.01	344.08
CORRECTED Prevailing Wage OT WE 04/27/14	-	-	-
			<u>6.40</u>
	Total		6.40
Deductions:			
	GROSS		6.40
Medicare			0.09
OASDI			0.40
Federal withholdings			0.64
Ca. withholdings			0.19
SDI			0.08
			<u>1.40</u>
Sub Total			1.40
	Net		\$ 5.00

EVAN PARLAN

Manual Check

	Hours	Rate	Total
Previously Paid Prevailing Wage Straight Time WE 04/27/14	8.00	39.13	(313.04)
Previously Paid Prevailing Wage OT WE 04/27/14	-	-	-
CORRECTED Prevailing Wage Straight Time WE 04/27/14	8.00	39.93	319.44
CORRECTED Prevailing Wage OT WE 04/27/14	-	-	-
			<u>6.40</u>
		Total	6.40
Deductions:			
		GROSS	6.40
Medicare			0.09
OASDI			0.40
Federal withholdings			0.64
Ca. withholdings			0.19
SDI			0.08
			<u>1.40</u>
Sub Total			<u>1.40</u>
		Net	\$ 5.00

RANDOLPH CALAWAY

Manual Check

	Hours	Rate	Total
Previously Paid Prevailing Wage Straight Time WE 04/27/14	15.00	30.00	(450.00)
Previously Paid Prevailing Wage OT WE 04/27/14	5.00	45.000	(225.00)
CORRECTED Prevailing Wage Straight Time WE 04/27/14	15.00	43.01	645.15
CORRECTED Prevailing Wage OT WE 04/27/14	5.00	64.52	<u>322.60</u>
			292.75
		Total	292.75
Deductions:			
		GROSS	292.75
Medicare			4.24
OASDI			18.15
Federal withholdings			29.28
Ca. withholdings			8.78
SDI			3.51
			<u>63.97</u>
Sub Total			<u>63.97</u>
	Net		<u><u>\$ 228.78</u></u>

DAVID WALKER

Manual Check

	Hours	Rate	Total
Previously Paid Prevailing Wage Straight Time WE 04/27/14	15.00	15.00	(225.00)
Previously Paid Prevailing Wage OT WE 04/27/14	5.00	22.500	(112.50)
CORRECTED Prevailing Wage Straight Time WE 04/27/14	15.00	39.93	598.95
CORRECTED Prevailing Wage OT WE 04/27/14	5.00	59.90	299.50
			<u>560.95</u>

Total **560.95**

Deductions:

GROSS **560.95**

Medicare 8.13

OASDI 34.78

Federal withholdings 56.10

Ca. withholdings 16.83

SDI 6.73

Sub Total 122.57

Net \$ 438.38

U.S. Department of Labor
Wage and Hour Division

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

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PAYROLL



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

NAME OF CONTRACTOR OR SUBCONTRACTOR **PENCO ENGINEERING, INC.**
ADDRESS **16842 VON KARMAN AVENUE, SUITE 150**
IRVINE, CA 92606
OMB No.: 1235-0008
Expires: 02/28/2018

PAYROLL NO. **7**
FOR WEEK ENDING **05/04/2014**
PROJECT AND LOCATION **THREE ARTERIAL STREET REHABILITATION, GARDEN GROVE, CALIFORNIA**
PROJECT OR CONTRACT NO. **PENCO JN #4272**

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	
			M	T	W	TH	F	S	S				FICA	WITH-HOLDING TAX	STATE	SDI	OTHER		TOTAL DEDUCTIONS
			28	29	30	1	2	3	4										
JEREMY ADAMS 6579	10	PARTY CHIEF			5.00					5.00	\$64.52	\$215.05	\$248.61	\$166.90	\$134.81	\$21.82	\$69.71	\$641.85	\$1,543.93
EVAN PARLAN 7446	0	CHAINMAN			5.00					5.00	\$59.90	\$199.65	\$158.39	\$87.79	\$53.66	\$11.48	\$0.00	\$311.32	\$836.47
RANDOLPH CALAWAY 2991	3	PARTY CHIEF								3.00	\$64.52	\$129.03	\$130.47	\$108.58	\$31.79	\$14.20	\$48.49	\$333.53	\$1,091.47
DAVID WALKER 0946	1	CHAINMAN								3.00	\$59.90	\$119.79	\$27.12	\$38.99	\$4.11	\$5.10	\$202.87	\$278.19	\$434.31

Public Burden Statement

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a), The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that 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 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 S3602, 200 Constitution Avenue, N.W., Washington, D.C. 20210

(over)

PAYROLL REGISTER - MULTI STATE
PENCO ENGINEERING INC - 5887

CHECK DATE 05/09/2014
PERIOD BEGIN 04/21/2014 PERIOD END 05/04/2014

EMPLOYEE NAME	EARNINGS	PAY	CURRENT	YTD	DEDUCTIONS	CURRENT	YTD	TAXES	CHIDDEMT	YTD	NET PAY
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ADAMS, JEREMY												
1167 XXX-XX-XXXX CA CA CA												
26 S10/S10 400												
42,800 Hourly												
Last Check Date 05/09/2014												
	1 REGULAR	422100	3700	156177	79400	3111352	C9 CHECKING NE	310489	2773466	FEDERAL	49722	348869
	2 OVERTIME	633150	3000	128400	79400	3111352	F1 24HR FITNESS	300	3000	OASDI	27052	232592
	2 OVERTIME	642000	600	37989	5200	307155	R1 REIMBURSE	-2000	-20000	MEDICARE	6327	54397
	H HOLIDAY		200	12840	2800	107800	CA STATE			CA STATE	26961	208904
	S SICK		1600	68480	2400	99280	CA SDI			CA SDI	4363	37515
	V VACATION				2600	100100						
	1P MED 125			-112		-1008						
	DP DEN 125			-715		-6455						
	K1 401K EE			-13115		-112771						
	RP RETRO PA			33270		33270						
			9100	423214	92400	3638743		308789	2756466		114425	882277
EMPLOYEE TOTAL												

PAYROLL REGISTER - MULTI STATE
PENCO ENGINEERING INC - 5887

CHECK DATE 05/09/2014
PERIOD BEGIN 04/21/2014 PERIOD END 05/04/2014

EMPLOYEE NAME	EARNINGS	PAY	CURRENT	YTD	DEDUCTIONS	CURRENT	YTD	TAXES	CURRENT	YTD	
ID SSN STATE/FREQ STS LOCATION	DESCR	RATE	HOURS	AMOUNT	HOURS	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	
WALKER, DAVID 204 XXX-XX-XXXX CA CA CA 26 M1/M1 400 15.0000 Hourly Last Check Date 05/09/2014	1 REGULAR		8000	120000	51900	86566	777165	5423	62156		
	2 OVERTIME		800	18000	6200	300	2400	6319	57821	DIRDEP	
	H HOLIDAY				2800			1478	13523		
	S SICK				3600			822	10216		
	V VACATION		300	4500	1900			1019	9326		
	1P MED 125			-32138							
	DP DEN 125			-7675							
	VP VIS 125			-760							
	EMPLOYEE TOTAL			9100	101927	66400	86866	779565	12044	1994632	
					172500						

JEREMY ADAMS

Manual Check

	Hours	Rate	Total
Previously Paid Prevailing Wage Straight Time WE 05/04/14	5.00	42.21	(211.05)
Previously Paid Prevailing Wage OT WE 05/04/14	-	-	-
CORRECTED Prevailing Wage Straight Time WE 05/04/14	5.00	43.01	215.05
CORRECTED Prevailing Wage OT WE 05/04/14	-	-	-
			<u>4.00</u>
	Total		4.00
Deductions:			
		GROSS	4.00
Medicare			0.06
OASDI			0.25
Federal withholdings			0.40
Ca. withholdings			0.12
SDI			0.05
			<u>0.87</u>
Sub Total			<u>0.87</u>
	Net		<u><u>\$ 3.13</u></u>

EVAN PARLAN

Manual Check

	Hours	Rate	Total
Previously Paid Prevailing Wage Straight Time WE 05/04/14	5.00	39.13	(195.65)
Previously Paid Prevailing Wage OT WE 05/04/14	-	-	-
CORRECTED Prevailing Wage Straight Time WE 05/04/14	5.00	39.93	199.65
CORRECTED Prevailing Wage OT WE 05/04/14	-	-	-
			<hr/> 4.00
	Total		4.00
Deductions:			
	GROSS		4.00
Medicare			0.06
OASDI			0.25
Federal withholdings			0.40
Ca. withholdings			0.12
SDI			0.05
			<hr/>
Sub Total			<hr/> 0.87
	Net		\$ 3.13

RANDOLPH CALAWAY

Manual Check

	Hours	Rate	Total
Previously Paid Prevailing Wage Straight Time WE 05/04/14	3.00	30.00	(90.00)
Previously Paid Prevailing Wage OT WE 05/04/14	-	-	-
CORRECTED Prevailing Wage Straight Time WE 05/04/14	3.00	43.01	129.03
CORRECTED Prevailing Wage OT WE 05/04/14	-	-	-
			<u>39.03</u>
	Total		39.03
Deductions:			
		GROSS	39.03
Medicare			0.57
OASDI			2.42
Federal withholdings			3.90
Ca. withholdings			1.17
SDI			0.47
			<u>8.53</u>
Sub Total			<u>8.53</u>
	Net		<u>\$ 30.50</u>

DAVID WALKER

Manual Check

	Hours	Rate	Total
Previously Paid Prevailing Wage Straight Time WE 05/04/14	3.00	15.00	(45.00)
Previously Paid Prevailing Wage OT WE 05/04/14	-	-	-
CORRECTED Prevailing Wage Straight Time WE 05/04/14	3.00	39.93	119.79
CORRECTED Prevailing Wage OT WE 05/04/14	-	-	-
			<u>74.79</u>
	Total		74.79
Deductions:			
	GROSS		74.79
Medicare			1.08
OASDI			4.64
Federal withholdings			7.48
Ca. withholdings			2.24
SDI			0.90
			<u>16.34</u>
Sub Total			<u>16.34</u>
	Net		<u><u>\$ 58.45</u></u>

STATEMENT OF NON-PERFORMANCE

Payroll Number: 8

I, Gina Ortega, Accounting/HR Manager do hereby state that
(Name of Signatory party) (Title)

NO PERSONS employed by PENCO Engineering, Inc. performed work on
(Name of submitting company)

the construction project known as Three Arterial Street, Garden Grove

for the payroll period commencing on the 5th day of May, 2014
(1st date of week) (month)

and ending on the 11th day of May, 2014.
(last date of week) (month)



Signature of Authorized Person

10.7.14

Date

STATEMENT OF NON-PERFORMANCE

Payroll Number: 9

I, Gina Ortega, Accounting/HR Manager do hereby state that
(Name of Signatory party) (Title)

NO PERSONS employed by PENCO Engineering, Inc. performed work on
(Name of submitting company)

the construction project known as Three Arterial Street, Garden Grove

for the payroll period commencing on the 12th day of May, 2014
(1st date of week) (month)

and ending on the 18th day of May, 2014.
(last date of week) (month)


Signature of Authorized Person

10.7.16
Date

PAYROLL REGISTER - MULTI STATE
PENCO ENGINEERING INC - 5887

CHECK DATE 06/06/2014
PERIOD BEGIN 05/19/2014 PERIOD END 06/01/2014

06/05/2014
PAGE 7

EMPLOYEE NAME ID SSN STATE/FRO STS LOCATION	EARNINGS DESCR	PAY RATE	CURRENT HOURS	AMOUNT	YTD HOURS	AMOUNT	DEDUCTIONS DESCR	CURRENT AMOUNT	YTD AMOUNT	TAXES DESCR	CURRENT AMOUNT	YTD AMOUNT	NET PAY CHECK NO	
CALAWAY, RANDOLPH 169 XXX-XX-XXXX CA CA CA 26 M3/M3 400 32,500 Hourly Last Check Date 06/06/2014	1 REGULAR	4084.00	57.00	1852.50	964.00	2745.701	C9 CHECKING NE	1894.43	2086.133	FEDERAL	2906.1	3191.23	000	
	1 REGULAR	4084.00	8.00	327.52	964.00	2745.701	CS CHILD SUPRT	426.00	5218.50	OASDI	188.63	2153.73	DIRDEF	
	2 OVERTIME	4875.00	6.00	292.50	1160.00	4586.99				MEDICARE	44.12	503.70		
	2 OVERTIME	6141.00	1.00	614.1	1160.00	4586.99				CA STATE	76.62	765.41		
	H HOLIDAY	2600.00	8.00	260.00	360.00	820.00				CA SDI	304.2	347.58		
	S SICK		8.00		300.00	900.00								
	V VACATION		8.00		260.00	1100.00								
	1P MED 125				-14.3									
	DP DEN 125				-71.5									
	K1 401K EE				-91.62									
	VP VIS 125				-29.0									
	EMPLOYEE TOTAL			88.00	2950.63	1182.00	3371.774		2320.43	2607.983		6304.0	6962.15	
					3053.93		34864.00							
					4042.26	8.00	2829.582		311.659	1867.954		925.67	6479.69	
					4423.08		3096.156							

PAYROLL REGISTER - MULTI STATE
PENCO ENGINEERING INC - 5887

CHECK DATE 06/06/2014
PERIOD BEGIN 05/19/2014 PERIOD END 06/01/2014

EMPLOYEE NAME ID SSN STATE/FREQ STS LOCATION	EARNINGS DESCR	PAY RATE	CURRENT HOURS	AMOUNT	YTD HOURS	AMOUNT	DEDUCTIONS DESCR	CURRENT AMOUNT	YTD AMOUNT	TAXES DESCR	CURRENT AMOUNT	YTD AMOUNT	NET PAY CHECK NO
WALKER, DAVID 204 XXX-XX-XXXX CA CA CA 26 M1/M1 400 15.0000 Hourly Last Check Date 06/06/2014	KC 401K EE			-21154		-211540		418624	4990691		204453	2403538	
	1 REGULAR	391300	6500	97500	66700	1179824	C9 CHECKING NE	100449	982076	FEDERAL	7296	77560	000
	2 OVERTIME	225000	800	31304	66700	1179824	FI 24HR FITNESS	300	3000	OASDI	7415	72987	DIRDEP
	H HOLIDAY	586950	600	13500	7600	214055				MEDICARE	1754	17079	
	S SICK		100	5870	7600	214055				CA STATE	1211	12757	
	V VACATION		800	12000	3600	54000				CA SDI	1196	11772	
	1P MED 125				-32158	40500							
	DP DEN 125				-7675	-289242							
	VP VIS 125				-760	-69075							
	EMPLOYEE TOTAL			8800	119601	84200	1177222		100749	985076		18852	192146

V VALUATION
 KI 401K EE
 KC 401K EE

-65385
 -21154

-653850
 -211540

RANDOLPH CALAWAY

Manual Check

	Hours	Rate	Total
Previously Paid Prevailing Wage Straight Time WE 05/25/14	3.00	40.94	(122.82)
Previously Paid Prevailing Wage OT WE 05/25/14	-	-	-
CORRECTED Prevailing Wage Straight Time WE 05/25/14	3.00	43.01	129.03
CORRECTED Prevailing Wage OT WE 05/25/14	-	-	-
			<u>6.21</u>
	Total		6.21
Deductions:			
	GROSS		6.21
Medicare			0.09
OASDI			0.39
Federal withholdings			0.62
Ca. withholdings			0.19
SDI			0.07
			<u>1.36</u>
Sub Total			<u>1.36</u>
	Net		<u><u>\$ 4.85</u></u>

DAVID WALKER

Manual Check

	Hours	Rate	Total
Previously Paid Prevailing Wage Straight Time WE 05/25/14	3.00	39.13	(117.39)
Previously Paid Prevailing Wage OT WE 05/25/14	-	-	-
CORRECTED Prevailing Wage Straight Time WE 05/25/14	3.00	39.93	119.79
CORRECTED Prevailing Wage OT WE 05/25/14	-	-	-
			<u>2.40</u>
		Total	2.40
Deductions:			
		GROSS	2.40
Medicare			0.03
OASDI			0.15
Federal withholdings			0.24
Ca. withholdings			0.07
SDI			0.03
			<u>0.52</u>
Sub Total			<u>0.52</u>
	Net		<u><u>\$ 1.88</u></u>

STATEMENT OF NON-PERFORMANCE

Payroll Number: 11

I, Gina Ortega, Accounting/HR Manager do hereby state that
(Name of Signatory party) (Title)

NO PERSONS employed by PENCO Engineering, Inc. performed work on
(Name of submitting company)

the construction project known as Three Arterial Street, Garden Grove

for the payroll period commencing on the 26th day of May, 2014
(1st date of week) (month)

and ending on the 1st day of June, 2014.
(last date of week) (month)



Signature of Authorized Person

10.7.14

Date

STATEMENT OF NON-PERFORMANCE

Payroll Number: 12

I, Gina Ortega, Accounting/HR Manager do hereby state that
(Name of Signatory party) (Title)

NO PERSONS employed by PENCO Engineering, Inc. performed work on
(Name of submitting company)

the construction project known as Three Arterial Street, Garden Grove

for the payroll period commencing on the 2nd day of June, 2014
(1st date of week) (month)

and ending on the 8th day of June, 2014.
(last date of week) (month)



Signature of Authorized Person

10.7.16

Date

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

NAME OF CONTRACTOR OR SUBCONTRACTOR **PENCO ENGINEERING, INC.** ADDRESS **16842 VON KARMAN AVENUE, SUITE 150 IRVINE, CA 92606** OMB No.: 1235-0008 Expires: 02/28/2018

PAYROLL NO. **13** FOR WEEK ENDING **06/15/2014** PROJECT AND LOCATION **THREE ARTERIAL STREET REHABILITATION, GARDEN GROVE, CALIFORNIA** PROJECT OR CONTRACT NO. **PENCO JIN #4272**

NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NUMBER OF THIS HOLDING 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				
			M	T	W	TH	F	S	S				FICA	WITH-HOLDING TAX	STATE	SDI	OTHER		TOTAL DEDUCTIONS			
			9	10	11	12	13	14	15													
RANDOLPH CALAWAY 2991	3	PARTY CHIEF			4.00						4.00	\$64.52	\$172.04	\$188.89	\$139.29	\$59.71	\$18.21	\$60.54	\$466.64	\$1,359.85		
DAVID WALKER 0946	1	CHAINMAN			4.00						4.00	\$39.93	\$159.72	\$158.97	\$108.22	\$43.74	\$14.15	\$202.87	\$277.95	\$1,089.48		

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

PAYROLL REGISTER - MULTI STATE
PENCO ENGINEERING INC - 5887

CHECK DATE 06/20/2014
PERIOD BEGIN 06/02/2014 PERIOD END 06/15/2014

EMPLOYEE NAME	ID SSN STATE/FREQ STS LOCATION	EARNINGS DESCR	PAY RATE	HOURS	CURRENT AMOUNT	HOURS	YTD AMOUNT	DEDUCTIONS DESCR	CURRENT AMOUNT	YTD AMOUNT	TAXES DESCR	CURRENT AMOUNT	YTD AMOUNT	NET PAY CHECK NO
EMPLOYEE TOTAL														
CALAWAY, RANDOLPH 169 XXX-XX-XXXX CA CA CA 26 M3/M3 400 32:5000 Hourly Last Check Date 06/20/2014		1 REGULAR	409400	1700	404226	800	3233808		311659	2179613		92567	740536	
		1 REGULAR	487500	5500	55250	103600	3026121	C9 CHECKING NE	229373	2315506	FEDERAL	37777	356970	000
		2 OVERTIME	614100	200	9750	103600	3026121	CS CHILLD SUPRT	42600	564450	OASDI	22577	237950	DIRDEP
		H HOLIDAY		800	49128	12600	517577				MEDICARE	5280	55650	
		S SICK				3600	82000				CA STATE	11942	88483	
		V VACATION				3000	90000				CA SDI	3642	38380	
		1P MED 125			800	26000	136000							
		DP DEN 125				-143	-1716							
		K1 401K EE				-715	-8580							
		VP VIS 125				-10959	-112957							
					-290	-3480								
				9000	353191	127200	3724965		271973	2879956		81288	777433	
					365298		3851698							
				7100	106500	76300	1485133	C9 CHECKING NC	761480	4301481				

PAYROLL REGISTER - MULTI STATE
PENCO ENGINEERING INC - 5887

CHECK DATE 06/20/2014
PERIOD BEGIN 06/02/2014 PERIOD END 06/15/2014

06/19/2014
PAGE 8

EMPLOYEE NAME	EARNINGS	PAY	HOURS	CURRENT	YTD	DEDUCTIONS	CURRENT	YTD	TAXES	CURRENT	YTD	NET PAY
ID SSN STATE/FRO STS LOCATION	DESCR	RATE	HOURS	AMOUNT	AMOUNT	DESCR	AMOUNT	AMOUNT	DESCR	AMOUNT	AMOUNT	
WALKER, DAVID												
204 XXX-XX-XXXX CA CA CA	1 REGULAR	399300	2000	30000	1449404	C9 CHECKING NE	217601	1199677	FEDERAL	31793	109353	000
26 M1/M1 400	2 OVERTIME	598950	6000	239580	1449404	FI 24HR FITNES	300	3300	OASDI	17541	90528	DIRDEP
15.0000 Hourly	H HOLIDAY		900	53904	267961				MEDICARE	4102	21172	
Last Check Date 06/20/2014	S SICK				54000				CA STATE	8747	21504	
	V VACATION				40500				CA SDI	2829	14601	
	1P MED 125			-32138	-321380							
	DP DEN 125			-7675	-76750							
	VP VIS 125			-760	-7600							
EMPLOYEE TOTAL			8900	282913	1460135		217901	1202977		65012	257158	
				323486	1865863							

RANDOLPH CALAWAY

Manual Check

	Hours	Rate	Total
Previously Paid Prevailing Wage Straight Time WE 06/15/14	4.00	40.94	(163.76)
Previously Paid Prevailing Wage OT WE 06/15/14	-	-	-
CORRECTED Prevailing Wage Straight Time WE 06/15/14	4.00	43.01	172.04
CORRECTED Prevailing Wage OT WE 06/15/14	-	-	-
			<u>8.28</u>
	Total		8.28
Deductions:			
	GROSS		8.28
Medicare			0.12
OASDI			0.51
Federal withholdings			0.83
Ca. withholdings			0.25
SDI			0.10
			<u>1.81</u>
Sub Total			1.81
	Net		\$ <u>6.47</u>

STATEMENT OF NON-PERFORMANCE

Payroll Number: 14

I, Gina Ortega, Accounting/HR Manager do hereby state that
(Name of Signatory party) (Title)

NO PERSONS employed by PENCO Engineering, Inc. performed work on
(Name of submitting company)
the construction project known as Three Arterial Street, Garden Grove

for the payroll period commencing on the 16th day of June, 2014
(1st date of week) (month)

and ending on the 22nd day of June, 2014.
(last date of week) (month)



Signature of Authorized Person

10.7.16

Date

U.S. Department of Labor
Wage and Hour Division

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

PAYROLL



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

NAME OF CONTRACTOR OR SUBCONTRACTOR **PENCO ENGINEERING, INC.**
ADDRESS **16842 VON KARMAN AVENUE, SUITE 150**
IRVINE, CA 92606
OMB No.: 1235-0008
Expires: 02/28/2018

PAYROLL NO. **15 - FINAL** FOR WEEK ENDING **06/29/2014**
PROJECT AND LOCATION **THREE ARTERIAL STREET REHABILITATION, GARDEN GROVE, CALIFORNIA**
PROJECT OR CONTRACT NO. **PENCO JN #4272**

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

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) W/THOLDING 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			
				M	T	W	TH	F	S	S				FICA	WITH- HOLDING TAX	STATE	SDI	OTHER		TOTAL DEDUCTIONS		
				23	24	25	26	27	28	29												
RANDOLPH CALAWAY 2991	3	PARTY CHIEF				6.00						6.00	\$64.52	\$258.06	\$145.69	\$116.79	\$38.48	\$15.27	\$146.70	\$462.93	\$1,161.73	
DAVID WALKER 0946	1	CHAINMAN				6.00						6.00	\$59.90	\$359.58	\$83.63	\$69.80	\$16.18	\$9.13	\$232.67	\$411.41	\$733.57	

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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

PAYROLL REGISTER - MULTI STATE
GENCO ENGINEERING INC - 5887

CHECK DATE 07/03/2014
PERIOD BEGIN 06/16/2014 PERIOD END 06/29/2014

EMPLOYEE NAME	EARNINGS DESCR	PAY RATE	CURRENT HOURS	YTD HOURS	CURRENT AMOUNT	YTD AMOUNT	DEDUCTIONS DESCR	CURRENT AMOUNT	YTD AMOUNT	TAXES DESCR	CURRENT AMOUNT	YTD AMOUNT	NET PAY CHECK NO
CALAWAY, RANDOLPH 169 XXX-XX-XXXX CA CA CA 26 M3/M3 400 32,5000 Hourly Last Check Date 07/03/2014	1 REGULAR	409.400	5100	111600	165750	3310597	C9 CHECKING NE	1897.48	2505254	FEDERAL	29137	386107	DIRDEP 000
	1 REGULAR	487300	2900	111600	118726	3310597	CS CHILDR SUPRT	42600	607050	OASDI	18931	256881	
	2 OVERTIME	614100	500	13300	9750	558032				MEDICARE	4427	60077	
	H HOLIDAY			3600	82000	558032				CA STATE	7686	96179	
	S SICK			3000	90000	82000				CA SDI	3053	41453	
	V VACATION			4400	136000	90000							
	1P MED 125					-18586							
	DP DEN 125					-715							
	K1 401K EE					-9748							
	VP VIS 125					-290							
EMPLOYEE TOTAL			8700	135900	419690	3980772		232348	3112304		63244	840677	

PAYROLL REGISTER - MULTI STATE
PENCO ENGINEERING INC - 5887

CHECK DATE 07/03/2014
PERIOD BEGIN 06/16/2014 PERIOD END 06/29/2014

EMPLOYEE NAME ID SSN STATE/FREQ STS LOCATION	EARNINGS DESCR	PAY RATE	CURRENT HOURS	AMOUNT	YTD HOURS	AMOUNT	DEDUCTIONS DESCR	CURRENT AMOUNT	YTD AMOUNT	TAXES DESCR	CURRENT AMOUNT	YTD AMOUNT	NET PAY CHECK NO
WALKER, DAVID 204 XXX-XX-XXXX CA CA CA 26 M1/M1 400 15.0000 Hourly Last Check Date 07/03/2014	K1 401K EE KC 401K EE			-65385 -21154		-784620 -253848							
	1 REGULAR	399300	5100	588877	8750	8571923		399413	5390104		189434	2782406	
	1 REGULAR	228000	2900	675386	82700	9610391							
	2 OVERTIME	598950	300	76500	9300	1641701	C9 CHECKING NE	146418	1346095	FEDERAL	16725	126078	0000
	H HOLIDAY		500	115797	9300	1641701	F1 24HR FITNES	300	3600	DASDI	11313	101841	DIRDEP
	S SICK			6750	3600	304659				MEDICARE	2646	23818	
	V VACATION			29948	3600	54000				CA STATE	3235	24739	
	1P MED 125			-39435	3600	54000				CA SDI	1825	16426	
	DP DEN 125			-6415	2700	40500							
	VP VIS 125			-683									
EMPLOYEE TOTAL			8800	182462	101900	1642597		146718	1349695		35744	292902	
				228995		2094860							

RANDOLPH CALAWAY

Manual Check

	Hours	Rate	Total
Previously Paid Prevailing Wage Straight Time WE 06/29/14	6.00	40.94	(245.64)
Previously Paid Prevailing Wage OT WE 06/29/14	-		-
CORRECTED Prevailing Wage Straight Time WE 06/29/14	6.00	43.01	258.06
CORRECTED Prevailing Wage OT WE 06/29/14	-	-	-
			<u>12.42</u>
	Total		12.42
Deductions:			
		GROSS	12.42
Medicare			0.18
OASDI			0.77
Federal withholdings			1.24
Ca. withholdings			0.37
SDI			0.15
			<u>2.71</u>
Sub Total			<u>2.71</u>
	Net		<u><u>\$ 9.71</u></u>