

Olivencia, Mildred

From: efraass@ualocal475.org
Sent: Friday, June 26, 2015 12:31 PM
To: Olivencia, Mildred
Cc: Torres-Rojas, Genara; Van Duyne, Sheree; Ng, Danny
Subject: Freedom of Information Online Request Form

Information:

First Name: Ed
Last Name: Fraass
Company: Union Business Agent
Mailing Address 1: 136 Mt. Bethal Road
Mailing Address 2:
City: Warren
State: NJ
Zip Code: 07059
Email Address: efraass@ualocal475.org
Phone: 908-754-1030
Required copies of the records: Yes

List of specific record(s):
Certified Payroll Project EWR-154.183 Conti Enterprises

THE PORT AUTHORITY OF NY & NJ

FOI Administrator

July 22, 2015

Mr. Ed Fraass
UA Local 475
136 Mt. Bethal Road
Warren, NJ 07059

Re: Freedom of Information Reference No. 16115

Dear Mr. Fraass:

This is in response to your June 6, 2015 request, which has been processed under the Port Authority's Freedom of Information Code (the "Code", copy enclosed) for a copy of the Certified Payroll for Project No. EWR-154.183 Conti Enterprises.

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/16115-C.pdf>. Paper copies of the available records are available upon request.

Pursuant to the Code, certain portions of the material responsive to your request are exempt from disclosure as, among other classifications, personal privacy.

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

Very truly yours,



Danny Ng
FOI Administrator

Enclosure

*4 World Trade Center, 18th Floor
150 Greenwich Street
New York, NY 10007
T: 212 435 7348 F: 212 435 7555*

18

EWR-154.183
As Submitted
w/APP #2

Statement of Compliance

Date 3/4/2015

I, **BRENDA DAVIS** **PAYROLL MANAGER** do hereby state:
(Name of signatory party) (Title)

That I pay or supervise the payment of the persons employed by **CONTI ENTERPRISES, INC.** on the **EWR 154.183 Aviation Fuel System**
(Contractor or subcontractor) (Building or work)

That during the payroll period commencing on the 22nd day of February 2015 and ending the 28th day of February 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 **CONTI ENTERPRISES, INC.** from the full weekly wages earned by any person and that
(Contractor or Subcontractor)

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 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. 276c) and described below:

FED, FICA, SUI, SIT, UNION DUES, HEALTH INS., APPLICABLE GARNISHES

2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; 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 4c below.

(c) **EXCEPTIONS**

EXCEPTION (CRAFT)	EXPLANATION

Remarks

BRENDA DAVIS/PAYROLL MANAGER
(Name and Title)

Brenda Davis
(Signature)

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

R55CERTPR
BDAVIS

The Cont Group
Certified Payroll Register

Contl Enterprises, Inc. - EWR 154.183
2045 LINCOLN HIGHWAY
EDISON NJ 08817

Contractor X
Sub-Contractor

Project and Location 1407600
EWR154.183 Aviation Fuel Sys
Newark NJ
Contract No: 69950373

Pay Period Ending Date 02/28/2015
GL Period Number 9
Payroll Number 1

Name and Address	State	Fed Exempt	Pay Type	Day and Date							Total Hours	Rate	Gross Pay This Project	Benefits Paid		Total Gross Pay & Deductions for All projects Worked				
				SU	MO	TU	WE	TH	FR	SA				To Union This Project	Total					
Carlos A. Lamego		3	LBJ Straight Pay	22	23	24	25	26	27	28		8.00	8.00	8.00	8.00	24.00	846.00			257990
			CIAP									8.00	8.00	8.00	8.00	24.00	846.00			1,128.00
			Defined Cont									8.00	8.00	8.00	8.00	24.00	846.00			
			H & S Fund									8.00	8.00	8.00	8.00	24.00	846.00			
			Pension									8.00	8.00	8.00	8.00	24.00	846.00			
			Welfare									8.00	8.00	8.00	8.00	24.00	846.00			
			LECT									8.00	8.00	8.00	8.00	24.00	846.00			
			SEI Fund									8.00	8.00	8.00	8.00	24.00	846.00			
			Vacation									8.00	8.00	8.00	8.00	24.00	846.00			
Job Totals for Carlos A. Lamego												8.00	8.00	8.00	8.00	24.00	846.00			32.00
Totals for Job 1407600												8.00	8.00	8.00	8.00	24.00	846.00			

Payment Number: 257990
Gross Wages: 1,128.00
Federal Inco
Federal FICA
Federal Medi
NJ Department
NJ State Un
NJ Paid Lev
NJ Disabilit
Dues
LEROF
PAC
Total Deduct
Net Pay
Hrs This Chk

Statement of Compliance

Date 3/4/2015

I, **BRENDA DAVIS** PAYROLL MANAGER do hereby state:
(Name of signatory party) (Title)

That I pay or supervise the payment of the persons employed by **CONTI ENTERPRISES, INC.** on the EWR 154.183 Aviation Fuel System
(Contractor or subcontractor) (Building or work)

That during the payroll period commencing on the 22nd day of February 2015 and ending the 28th day of February 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 **CONTI ENTERPRISES, INC.** from the full weekly wages earned by any person and that
(Contractor or Subcontractor)

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 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. 276c) and described below:

FED, FICA, SUI, SIT, UNION DUES, HEALTH INS., APPLICABLE GARNISHES

2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; 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 4c below.

(c) **EXCEPTIONS**

EXCEPTION (CRAFT)	EXPLANATION

Remarks

BRENDA DAVIS/PAYROLL MANAGER
(Name and Title)


(Signature)

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

Conti Enterprises, Inc. - EWR 154,183
2045 LINCOLN HIGHWAY
EDISON NJ 08817

Contractor X
Sub-Contractor _____
Project and Location 1407600
EWR154,183 Aviation Fuel Sys
Newark NJ
Contract No: 69950373

Pay Period Ending Date 02/28/2015
GL Period Number 9
Payroll Number 1

Name and Address	State	Fed	Pay Type	Day and Date							Total Hours	Rate	Gross Pay This Project	Benefits Paid		Total Gross Pay & Deductions for All projects Worked
				SU	MO	TU	WE	TH	FR	SA				To Union This Project	Total Deduct	
Carlos A. Lamago		3	LBJ Straight Pay	22	23	24	25	26	27	28	24.00	8.00	846.00			257990 Gross Wages 1,128.00
			CIAP													Federal Inco
			Defined Cont													Federal Medi
			H & S Fund													NJ Departmen
			Pension													NJ State Une
			Welfare													NJ Paid Leav
			LEBCEP													NJ Disabilti
			SET Fund													Dues
			Vacation													LEROF
																PAC
																Total Deduct
																Net Pay
																Hrs This Chk
Job Totals for Carlos A. Lamago											24.00	8.00	846.00			32.00
Totals for Job 1407600			EWR154,183 Aviation Fuel Sys								24.00	8.00	846.00			

EWR-154.183
As Submitted
W/AFP #3

Statement of Compliance

Date 3/11/2015

I, **BRENDA DAVIS** PAYROLL MANAGER do hereby state:
(Name of signatory party) (Title)

That I pay or supervise the payment of the persons employed by **CONTI ENTERPRISES, INC.** on the EWR 154.183 Aviation Fuel System
(Contractor or subcontractor) (Building or work)

That during the payroll period commencing on the 1st day of March 2015 and ending the 7th day of March 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 **CONTI ENTERPRISES, INC.** from the full weekly wages earned by any person and that
(Contractor or Subcontractor)

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 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. 276c) and described below:

FED, FICA, SUI, SIT, UNION DUES, HEALTH INS., APPLICABLE GARNISHES

- 2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; 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 4c below.

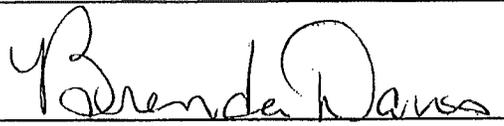
(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

Remarks

BRENDA DAVIS/PAYROLL MANAGER

(Name and Title)



(Signature)

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

R55CERTPR
BDAVIS

The Conti Group
Certified Payroll Register

Conti Enterprises, Inc. - EWR 154,183
2045 LINCOLN HIGHWAY
EDISON NJ 08817

Contractor X
Sub-Contractor
Project and Location 1407600
EWR154,183 Aviation Fuel Sys
Newark NJ
Contract No: 69950373

Pay Period Ending Date 03/07/2015
GL Period Number 10
Payroll Number 2

Name and Address	State	Fed	Pay	Day and Date							Total Hours	Rate	Gross Pay This Project	Benefits Paid To Union This Project	Total Gross Pay & Deductions for All projects Worked			
				Exempt	Exempt	Type	SU	MO	TU	WE						TH	FR	SA
Antonio Gracia		4	I.B.J										472	32.00	NJ Laborers H & G	1,144.00	125060	
			Straight Pay														1,430.00	
			CIAP															
			Defined Cont															
			H & S Fund															
			Pension															
			Welfare															
			LECEI															
			SET Fund															
			Vacation															
Job Totals for Antonio Gracia																		40.00
Totals for Job	1407600		EWR154,183 Aviation Fuel Sys															1,144.00

Payment Number: 125060
Gross Wages 1,430.00
Federal Inco
Federal FICA
Federal Medi
NJ Department
NJ State Un
NJ Paid Lev
NJ Disability
Dues
LEROF
PAC
Total Deduct
Net Pay
His This Chk

Statement of Compliance

Date 3/11/2015

I, **BRENDA DAVIS** **PAYROLL MANAGER** do hereby state:
(Name of signatory party) (Title)

That I pay or supervise the payment of the persons employed by **CONTI ENTERPRISES, INC.** on the **EWR 154.183 Aviation Fuel System**
(Contractor or subcontractor) (Building or work)

That during the payroll period commencing on the 1st day of March 2015 and ending the 7th day of March 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 **CONTI ENTERPRISES, INC.** from the full weekly wages earned by any person and that
(Contractor or Subcontractor)

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 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. 276c) and described below:

FED, FICA, SUI, SIT, UNION DUES, HEALTH INS., APPLICABLE GARNISHES

2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; 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 4c below.

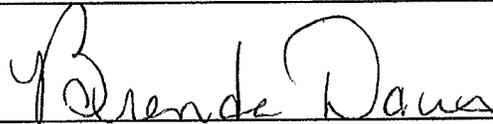
(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

Remarks

BRENDA DAVIS/PAYROLL MANAGER

(Name and Title)



(Signature)

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

Statement of Compliance

Date 3/18/2015

I, **BRENDA DAVIS** **PAYROLL MANAGER** do hereby state:
(Name of signatory party) (Title)

That I pay or supervise the payment of the persons employed by **CONTI ENTERPRISES, INC.** on the **EWR 154.183 Aviation Fuel System**
(Contractor or subcontractor) (Building or work)

That during the payroll period commencing on the **8TH** day of **March 2015** and ending the **14TH** day of **March 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 **CONTI ENTERPRISES, INC.** from the full weekly wages earned by any person and that
(Contractor or Subcontractor)

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 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. 276c) and described below:

FED, FICA, SUI, SIT, UNION DUES, HEALTH INS., APPLICABLE GARNISHES

2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; 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 4c below.

(c) **EXCEPTIONS**

EXCEPTION (CRAFT)

EXPLANATION

Remarks

BRENDA DAVIS/PAYROLL MANAGER

(Name and Title)



(Signature)

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

R55CERTPR
BDAVIS

The Conti Group
Certified Payroll Register

03/17/2015 14:12:28
Page - 1

Conti Enterprises, Inc.- EWR 154,183
2045 LINCOLN HIGHWAY
EDISON NJ 08817

Contractor: X
Sub-Contractor: _____
Project and Location: 1407600
EWR154,183 Aviation Fuel Sys
Newark NJ

Contract No: 69950373

Pay Period Ending Date: 03/14/2015
GL Period Number: 11
Payroll Number: 3

Name and Address	State	Fed Exempt	Pay Type	Day and Date							Total Hours	Rate	Gross Pay This Project	Benefits Paid		Total Gross Pay & Deductions for All projects Worked	
				ST	MO	TU	WE	TH	FR	SA				To Union This Project	Payment Number:		
Antonio Grace			LBJ								472						125159
			Straight Pay	8	9	10	11	12	13	14	16.00		572.00				1,298.75
			CIAP														
			Defined Cont														
			H & S Fund														
			Pension														
			Welfare														
			LEBCEI														
			SET Fund														
			Vacation														
Job Totals for Antonio Grace											16.00		572.00				34.00
Totals for Job 1407600			EWR154,183 Aviation Fuel Sys								16.00		572.00				34.00

Statement of Compliance

Date 3/18/2015

I, **BRENDA DAVIS** PAYROLL MANAGER do hereby state:
 (Name of signatory party) (Title)

That I pay or supervise the payment of the persons employed by **CONTI ENTERPRISES, INC.** on the EWR 154.183 Aviation Fuel System
 (Contractor or subcontractor) (Building or work)

That during the payroll period commencing on the 8TH day of March 2015 and ending the 14TH day of March 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 **CONTI ENTERPRISES, INC.** from the full weekly wages earned by any person and that
 (Contractor or Subcontractor)

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 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. 276c) and described below:

FED, FICA, SUI, SIT, UNION DUES, HEALTH INS., APPLICABLE GARNISHES

2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; 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 4c below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

Remarks

BRENDA DAVIS/PAYROLL MANAGER

(Name and Title)



(Signature)

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

Statement of Compliance

Date 3/25/2015

I, **BRENDA DAVIS** PAYROLL MANAGER do hereby state:
(Name of signatory party) (Title)

That I pay or supervise the payment of the persons employed by **CONTI ENTERPRISES, INC.** on the EWR 154.183 Aviation Fuel System
(Contractor or subcontractor) (Building or work)

That during the payroll period commencing on the 15TH day of March 2015 and ending the 21ST day of March 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 **CONTI ENTERPRISES, INC.** from the full weekly wages earned by any person and that
(Contractor or Subcontractor)

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 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. 276c) and described below:

FED, FICA, SUI, SIT, UNION DUES, HEALTH INS., APPLICABLE GARNISHES

2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; 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 4c below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

Remarks

BRENDA DAVIS/PAYROLL MANAGER

(Name and Title)



(Signature)

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

Statement of Compliance

Date 3/25/2015

I, **BRENDA DAVIS** **PAYROLL MANAGER** do hereby state:
 (Name of signatory party) (Title)

That I pay or supervise the payment of the persons employed by **CONTI ENTERPRISES, INC.** on the **EWR 154.183 Aviation Fuel System**
 (Contractor or subcontractor) (Building or work)

That during the payroll period commencing on the **15TH** day of **March 2015** and ending the **21ST** day of **March 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 **CONTI ENTERPRISES, INC.** from the full weekly wages earned by any person and that
 (Contractor or Subcontractor)

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 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. 276c) and described below:

FED, FICA, SUI, SIT, UNION DUES, HEALTH INS., APPLICABLE GARNISHES

2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; 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 4c below.

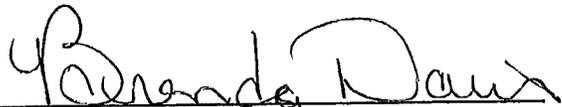
(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

Remarks

BRENDA DAVIS/PAYROLL MANAGER

(Name and Title)



(Signature)

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

Statement of Compliance

Date 4/8/2015

I, **BRENDA DAVIS** **PAYROLL MANAGER** do hereby state:
 (Name of signatory party) (Title)

That I pay or supervise the payment of the persons employed by **CONTI ENTERPRISES, INC.** on the **EWR 154.183 Aviation Fuel System**
 (Contractor or subcontractor) (Building or work)

That during the payroll period commencing on the 29th day of March 2015 and ending the 4th day of April 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 **CONTI ENTERPRISES, INC.** from the full weekly wages earned by any person and that
 (Contractor or Subcontractor)

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 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. 276c) and described below:

FED, FICA, SUI, SIT, UNION DUES, HEALTH INS., APPLICABLE GARNISHES

2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; 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 4c below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

Remarks

BRENDA DAVIS/PAYROLL MANAGER

(Name and Title)



(Signature)

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

Statement of Compliance

Date 4/8/2015

I, **BRENDA DAVIS** **PAYROLL MANAGER** do hereby state:
(Name of signatory party) (Title)

That I pay or supervise the payment of the persons employed by **CONTI ENTERPRISES, INC.** on the **EWB 154.183 Aviation Fuel System**
(Contractor or subcontractor) (Building or work)

That during the payroll period commencing on the **29th** day of **March 2015** and ending the **4th** day of **April 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 **CONTI ENTERPRISES, INC.** from the full weekly wages earned by any person and that
(Contractor or Subcontractor)

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 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. 276c) and described below:

FED, FICA, SUI, SIT, UNION DUES, HEALTH INS., APPLICABLE GARNISHES

2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; 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 4c below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

Remarks

BRENDA DAVIS/PAYROLL MANAGER

(Name and Title)


(Signature)

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

Statement of Compliance

Date 4/8/2015

I, **BRENDA DAVIS** PAYROLL MANAGER do hereby state:
(Name of signatory party) (Title)

That I pay or supervise the payment of the persons employed by **CONTI ENTERPRISES, INC.** on the **EWR 154.183 Aviation Fuel System**
(Contractor or subcontractor) (Building or work)

That during the payroll period commencing on the 29th day of March 2015 and ending the 4th day of April 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 **CONTI ENTERPRISES, INC.** from the full weekly wages earned by any person and that
(Contractor or Subcontractor)

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 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. 276c) and described below:

FED, FICA, SUI, SIT, UNION DUES, HEALTH INS., APPLICABLE GARNISHES

2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; 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 4c below.

(c) **EXCEPTIONS**

EXCEPTION (CRAFT)	EXPLANATION

Remarks

BRENDA DAVIS/PAYROLL MANAGER
(Name and Title)

Brenda Davis
(Signature)

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

R55CERTPR
BDAVIS

The Cont Group
Certified Payroll Register

Cont Enterprises, Inc - EWR 154.183
2045 LINCOLN HIGHWAY
EDISON NJ 08817

Contractor X
Sub-Contractor

Project and Location 1407600
EWR154.183 Aviation Fuel Sys
Newark NJ
Contract No: 69950373

Pay Period Ending Date 04/04/2015
GL Period Number 14
Payroll Number 6

Name and Address	State	Fed Exempt	Pay Type	Day and Date							Total Hours	Rate	Gross Pay This Project	Benefits Paid To Union This Project	Total Gross Pay & Deductions for All Projects Worked
				SU	MO	TU	WE	TH	FR	SA					

Timothy Hounhan		4	LBS Straight Pay										16.00		578.40		259321
			CIAP														
			Defined Cont														
			H & S Fund														
			Pension														
			Welfare														
			LECET														
			SET Fund														
			Reverse 4085														
			Vacation														
			Auto Allow														

Gender: Male
Race: White (Not of Hispanic Origin)

Job Totals for Timothy Hounhan
Totals for Job 1407600 EWR154.183 Aviation Fuel Sys

8.00	8.00	16.00	578.40	41.50
8.00	8.00	16.00	578.40	

Payment Number: 259321
Gross Wages: 1,527.35
Federal Inco
Federal FICA
Federal Medi
NJ Department
NJ State Unemp
NJ Paid Leave
NJ Disability
Child Support
Child Support
Child Support fee
Child Support fee
Dues
LEROF
PAC
Total Deduct
Net Pay
Hrs This Clk

ENR-154.183
AS submitted
W/AFP # 4

18

Statement of Compliance

Date 4/8/2015

I, **BRENDA DAVIS** **PAYROLL MANAGER** do hereby state:
(Name of signatory party) (Title)

That I pay or supervise the payment of the persons employed by **CONTI ENTERPRISES, INC.** on the **ENR 154.183 Aviation Fuel System**
(Contractor or subcontractor) (Building or work)

That during the payroll period commencing on the 29th day of March 2015 and ending the 4th day of April 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 **CONTI ENTERPRISES, INC.** from the full weekly wages earned by any person and that
(Contractor or Subcontractor)

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 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. 276c) and described below:

FED, FICA, SUI, SIT, UNION DUES, HEALTH INS., APPLICABLE GARNISHES

- 2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; 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 4c 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 4c below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

Remarks

BRENDA DAVIS/PAYROLL MANAGER

(Name and Title)

(Signature)

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

R35CERTPR
BDAYIS

The Conti Group
Certified Payroll Register

Conti Enterprises, Inc. - EWR 154,183
2045 LINCOLN HIGHWAY
EDISON NJ 08817

Contractor X
Sub-Contractor
Project and Location 1407600
EWR154,183 Aviation Fuel Sys
Newark NJ
Contract No: 69950373

Pay Period Ending Date 04/04/2015
GL Period Number 14
Payroll Number 6

Name and Address	State	Fed Exempt	Pay Type	Day and Date							Total Hours	Rate	Gross Pay This Project	Benefits Paid		Total Gross Pay & Deductions for All Projects Worked
				SU	MO	TU	WE	TH	FR	SA				To Union This Project	Total Deductions	

Timothy Houhnan		4	LBS Straight Pay	29	30	31	1	2	3	4	16.00	578.40	259321		1,527.35
			CIAP												
			Defined Cont												
			H & S Fund												
			Pension												
			Welfare												
			LECET												
			SET Fund												
			Reverse 4085												
			Vacation												
			Auto Allow												

Job Totals for Timothy Houhnan 8.00 8.00 16.00 578.40 41.50

Totals for Job 1407600 EWR154,183 Aviation Fuel Sys 8.00 8.00 16.00 578.40 41.50

Payment Number: 259321
Gross Wages 1,527.35
Federal Inco
Federal EICA
Federal Medi
NJ Department
NJ State Use
NJ Paid Leave
NJ Disability
Child Support
Child Support
Child Sup fee
Child Sup fee
Dues
LEROF
PAC
Total Deduct
Net Pay
Hrs This Clk

Statement of Compliance

Date 4/15/2015

I, **BRENDA DAVIS** **PAYROLL MANAGER** do hereby state:
(Name of signatory party) (Title)

That I pay or supervise the payment of the persons employed by **CONTI ENTERPRISES, INC.** on the **EWR 154.183 Aviation Fuel System**
(Contractor or subcontractor) (Building or work)

That during the payroll period commencing on the 5th day of April 2015 and ending the 11th day of April 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 **CONTI ENTERPRISES, INC.** from the full weekly wages earned by any person and that
(Contractor or Subcontractor)

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 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. 276c) and described below:

FED, FICA, SUI, SIT, UNION DUES, HEALTH INS., APPLICABLE GARNISHES

2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; 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 4c below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)

EXPLANATION

Remarks

BRENDA DAVIS/PAYROLL MANAGER

(Name and Title)



(Signature)

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

R55CERTPR
BDAVIS

The Const Group
Certified Payroll Register

Cont Enterprises, Inc. - EWR 154.183
2045 LINCOLN HIGHWAY
EDISON NJ 08817

Contractor X
Sub-Contractor

Project and Location 1407600
EWR154.183 Aviation Fuel Sys
Newark NJ
Contract No: 69950373

Pay Period Ending Date 04/11/2015
GL Period Number 15
Payroll Number 7

Name and Address	State	Fed Exempt	Pay Type	Day and Date							Total Hours	Rate	Gross Pay This Project	Benefits Paid		Total Gross Pay & Deductions for All Projects Worked		
				SU	MO	TU	WE	TH	FR	SA				To Union This Project	Net Pay			
Job Totals for Timothy Rouhhan												3.00	10.00	8.00	21.00	795.30		46.50

Kevin Lamego	IBJ	Labor Journeyman	Straight Pay	Overtime	CLAP	Defined Cont	H & S Fund	Pension	Welfare	LBCET	SET Fund	Vacation	Local: 472	NJ Laborers H & G	Payment Number: 259636	
																8.00
Gender: Male Race: White (Not of Hispanic Origin)																
Job Totals for Kevin Lamego			8.00	8.00	8.00	8.00	8.00	2.00					8.00	42.00	1537.25	42.00

David Marconi	OEC	Operator Engineer C	Straight Pay	Annuity ST	Apprentice ST	Pension ST	SUB Fund ST	Welfare ST	Lab MGMT ST	IAP ST	Savings ST	Local: 325	NJ Operators	Payment Number: 125659	
															8.00
Gender: Male Race: White (Not of Hispanic Origin)															
Job Totals for David Marconi			8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	16.00	681.12	16.00

Payment Number: 125659
Gross Wages 681.12
Federal Inco
Federal FICA
Federal Medi
NJ Department
NJ State Une
NJ Paid Leav
NJ Disabili
Dues
PAC
Total Deduct
Net Pay
His This Chk 16.00

R55CERTPR
BDANVS

The Conti Group
Certified Payroll Register

Conti Enterprises, Inc. - EWR 154,133
2045 LINCOLN HIGHWAY
EDISON NJ 08817

Contractor X
Sub-Contractor

Project and Location 1407600
EWR154,133 Aviation Fuel Sys
Newark NJ

Contract No: 69950373
Pay Period Ending Date 04/11/2015
GL Period Number 15
Payroll Number 7

Name and Address	State	Fed	Pay	Day and Date							Total	Rate	Gross Pay	Benefits Paid		Total Gross Pay & Deductions				
				SU	MO	TU	WE	TH	FR	SA				To Union	for All projects Worked					
Jose Purificaco			IBJ	5	6	7	8	9	10	11	472	24.00	558.00			125688				
			Overnight					2.00			2.00	2.00	107.25			1,553.25				
			CLAP																	
			Defined Cont																	
			H & S Fund																	
			Pension																	
			Welfare																	
			LECT																	
			SET Fund																	
			Vacation																	
Job Totals for Jose Purificaco													8.00	10.00	8.00	26.00	965.25			42.00

Name and Address	State	Fed	Pay	Day and Date							Total	Rate	Gross Pay	Benefits Paid		Total Gross Pay & Deductions			
				SU	MO	TU	WE	TH	FR	SA				To Union	for All projects Worked				
Edward Rihbo			OEA								825	16.00	737.12			259667			
			Straight Pay					8.00			8.00	8.00	138.22			2,084.69			
			Overnight					2.00			2.00	2.00	107.25			1,553.25			
			Amnity OT																
			Apprentice OT																
			Apprentice ST																
			Pension OT																
			Pension ST																
			SUB Fund OT																
			SUB Fund ST																
			Welfare OT																
			Welfare ST																
			Lab MGMT OT																
			Lab MGMT ST																
			IAP OT																
			IAP ST																
			Savings OT																
			Savings ST																
Job Totals for Edward Rihbo													8.00	10.00	18.00	875.34			43.50

R55CERTPR
BD/AVS

The Conti Group
Certified Payroll Register

Conti Enterprises, Inc - EWR 154,183
2045 LINCOLN HIGHWAY
EDISON NJ 08817

Contractor X
Sub-Contractor
Project and Location 1407600
EWR154,183 Aviation Fuel Sys
Newark NJ
Contract No: 69950373

Pay Period Ending Date 04/11/2015
GL Period Number 15
Payroll Number 7

Name and Address	State	Fed Exempt	Pay Type	Day and Date											Total Hours	Rate	Gross Pay This Project	Benefits Paid		Total Gross Pay & Deductions for All projects Worked
				SU	MO	TU	WE	TH	FR	SA	Local	Total	To Union	Total						

Gilberto Gada Gender: Male Race: White (Not of Hispanic Origin)	OE		Operator Engineer A	SU	MO	TU	WE	TH	FR	SA	Local	Total	Rate	Gross Pay This Project	Benefits Paid To Union	Total			
				5	6	7	8	9	10	11	825	40.00	1.842.80		125641				
															1.00	69.11		1,911.91	
															8.00	8.00		64.00	
															8.00	8.00		64.00	
															1.00	1.00		6.91	
															8.00	8.00		64.00	
															8.00	8.00		64.00	
															8.00	8.00		64.00	
															8.00	8.00		64.00	
Job Totals for Gilberto Gada											8.00	8.00	8.00	9.00	8.00	41.00	1,911.91		41.00

Timothy Houlihan Gender: Male Race: White (Not of Hispanic Origin)	4	LBS	Labor Steward	SU	MO	TU	WE	TH	FR	SA	Local	Total	Rate	Gross Pay This Project	Benefits Paid To Union	Total			
				4							472	19.00	686.85		259621				
															2.00	108.45		1,798.47	
															8.00	8.00		64.00	
															8.00	8.00		64.00	
															2.00	2.00		16.00	
															8.00	8.00		64.00	
															8.00	8.00		64.00	
															8.00	8.00		64.00	
															8.00	8.00		64.00	
Job Totals for Timothy Houlihan											8.00	8.00	8.00	9.00	8.00	41.00	1,911.91		41.00

Payment Number: 259621
Gross Wages: 1,798.47
Federal Inco
Federal FICA
Federal Medi
NJ Department
NJ State Un
NJ Paid Leav
NJ Disabilit
Child Supprt
Child Supprt
Child Supp fee
Child Supp fee
Dues
LEROF
PAC
Total Deduct

R55CENTER
BD/AV7S

The Const Group
Certified Payroll Register

Comt Enterprises, Inc - EWR 154,183
2045 LINCOLN HIGHWAY
EDISON NJ 08817

Contractor X
Sub-Contractor _____
Project and Location 1407600
EWR154,183 Aviation Fuel Sys
Newark NJ
Contract No: 69950373

Pay Period Ending Date 04/11/2015
GL Period Number 15
Payroll Number 7

Name and Address	State	Fed Exempt	Pay Type	Day and Date							Total Hours	Rate	Gross Pay This Project	Benefits Paid To Union This Project	Total Gross Pay & Deductions for All projects Worked			
				ST	MO	TU	WE	TH	FR	SA								
Job Totals for Timothy Rouhhan												3.00	10.00	8.00	21.00	795.30		His This Chk 46.50

Kevin Lamrigo
Gender: Male
Race: White (Not of Hispanic Origin)

IBJ Labor Journeyman Local: 472
Straight Pay 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00
OverTime 2.00
CIAP
Defined Cont
H & S Fund
Pension
Wellfare
LECCET
SET Fund
Vacation

Payment Number: 259636
Gross Wages 1,537.25
Federal Inco
Federal FICA
Federal Medi
NJ Departmen
NJ State Line
NJ Paid Leav
NJ Disabilt
Dues
LEROF
PAC
Total Deduct
Net Pay
His This Chk 42.00

Job Totals for Kevin Lamrigo

8.00 8.00 8.00 10.00 8.00 42.00 1,537.25 42.00

David Marconi
Gender: Male
Race: White (Not of Hispanic Origin)

OEC Operator Engineer C Local: 825
Straight Pay 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00
Annuity ST
Apprentice ST
Pension ST
SUDS Fund ST
Wellfare ST
Lab MGMT ST
IAP ST
Savings ST

Payment Number: 125659
Gross Wages 681.12
Federal Inco
Federal FICA
Federal Medi
NJ Departmen
NJ State Line
NJ Paid Leav
NJ Disabilt
Dues
PAC
Total Deduct
Net Pay
His This Chk 16.00

Job Totals for David Marconi

8.00 8.00 8.00 16.00 8.00 681.12 16.00

R53CERTPR
BDAVIS

The Conit Group
Certified Payroll Register

Conit Enterprises, Inc. - EWR 154.183
2045 LINCOLN HIGHWAY
EDISON NJ 08817

Contractor X
Sub-Contractor ---

Project and Location 1407600
EWR154.183 Aviation Fuel Sys
Newark NJ

Contract No: 69950373

Pay Period Ending Date 04/11/2015
GL Period Number 15
Payroll Number 7

Name and Address	State	Fed Exempt	Pay Type	Day and Date							Total Hours	Rate	Gross Pay This Project	Benefits Paid To Union This Project	Total Gross Pay & Deductions for All projects Worked
				ST	MO	TU	WE	TH	FR	SA					
Robert White		4	IBJ	5	6	7	8	9	10	11	472				
			Straight Pay				8.00	8.00			16.00		572.00		259692
			Overime					2.00			2.00		107.25		1,555.85
			CIAP												
			Defined Cont												
			H & S Fund												
			Pension												
			Welfare												
			LECET												
			SET Fund												
			Vacation												
			IBPT												
			Labor Power Tools												
			Straight Pay							8.00	8.00		291.60		
			CIAP												
			Defined Cont												
			H & S Fund												
			Pension												
			Welfare												
			LECET												
			SET Fund												
			Vacation												
Job Totals for Robert White							8.00	10.00	8.00		26.00		970.85		
Totals for Job	1407600	EWR154.183 Aviation Fuel Sys					16.00	19.00	40.00	67.00	48.00	190.00	7,737.02		

Payment Number: 259692
Gross Wages 1,555.85
Federal Inco
Federal FI/CA
Federal Medi
NJ Departmen
NJ State Une
NJ Paid Leav
NJ Disabilit
Dues
LEROF
PAC
Total Deduct
Net Pay
His This Clk 42.00

Statement of Compliance

Date 4/29/2015

I, **BRENDA DAVIS** PAYROLL MANAGER do hereby state:
(Name of signatory party) (Title)

That I pay or supervise the payment of the persons employed by **CONTI ENTERPRISES, INC.** on the **EWR 154.183 Aviation Fuel System**
(Contractor or subcontractor) (Building or work)

That during the payroll period commencing on the 19th day of April 2015 and ending the 25th day of April 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 **CONTI ENTERPRISES, INC.** from the full weekly wages earned by any person and that
(Contractor or Subcontractor)

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 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. 276c) and described below:

FED, FICA, SUI, SIT, UNION DUES, HEALTH INS., APPLICABLE GARNISHES

2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; 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

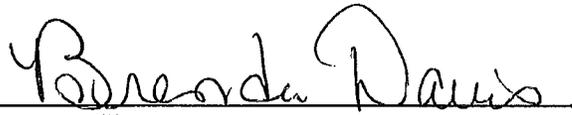
Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4c below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

Remarks

BRENDA DAVIS/PAYROLL MANAGER
(Name and Title)


(Signature)

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

**NEW JERSEY DEPARTMENT OF TRANSPORTATION
STATEMENT OF COMPLIANCE**

Date: May 5, 2015

I, Carlos A. Medina, President do hereby state:
(Name of signatory party) (Title)

(1) That I pay or supervise the payment of the persons employed by Robinson Aerial Surveys, Inc. on
(Contractor of Subcontractor)
the Newark Liberty Int'l Airport ; that during the payroll period commencing on the 6th day of April 20 15 and
(Project Name)
ending the 12th day of April 20 15 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 Robinson Aerial Surveys, Inc.
(Contractor of 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 Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 108, 72 Stat. 967; 76Stat 357; 40 U.S.C. §3145) and described below:

(2) That any payrolls otherwise under this contract to be submitted for the above period are correct and complete; that the wages rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage rate 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 in a State, are registered with the Bureau of Apprenticeship and Training, United State 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.

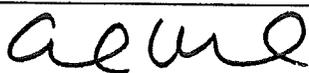
(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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 Carlos A. Medina, President	SIGNATURE 
---	---

The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution. See Section 100 of Title 18 and Section 231 of the United States Code.

NEW JERSEY DEPARTMENT OF TRANSPORTATION STATEMENT OF COMPLIANCE

Date: May 5, 2015

I, Carlos A. Medina, President do hereby state:
(Name of signatory party) (Title)

(1) That I pay or supervise the payment of the persons employed by Robinson Aerial Surveys, Inc. on
(Contractor of Subcontractor)
 the Newark Liberty Int'l Airport ; that during the payroll period commencing on the 13th day of April 20 15 and
(Project Name)
 ending the 19th day of April 20 15 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 Robinson Aerial Surveys, Inc.
(Contractor of 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 Subtitle A), issued by the Secretary of
 Labor under the Copeland Act, as amended (48 Stat. 108, 72 Stat. 967; 76Stat 357; 40 U.S.C. §3145) and described below:

(2) That any payrolls otherwise under this contract to be submitted for the above period are correct and complete; that the wages rates for
 laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage rate 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 in a State, are registered with the Bureau of Apprenticeship and Training, United State Department of Labor.

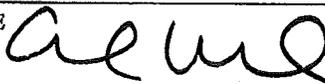
(4) That:

- (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 Carlos A. Medina, President	SIGNATURE 
---	---

**NEW JERSEY DEPARTMENT OF TRANSPORTATION
STATEMENT OF COMPLIANCE**

Date: May 5, 2015

I, Carlos A. Medina, President do hereby state:
(Name of signatory party) (Title)

(1) That I pay or supervise the payment of the persons employed by Robinson Aerial Surveys, Inc. on
(Contractor of Subcontractor)
the Newark Liberty Int'l Airport ; that during the payroll period commencing on the 20th day of April 20 15 and
(Project Name)
ending the 26th day of April 20 15 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 Robinson Aerial Surveys, Inc.
(Contractor of 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 Subtitle A), issued by the Secretary of
Labor under the Copeland Act, as amended (48 Stat. 108, 72 Stat. 967; 76Stat 357; 40 U.S.C. §3145) and described below:

(2) That any payrolls otherwise under this contract to be submitted for the above period are correct and complete; that the wages rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage rate 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 in a State, are registered with the Bureau of Apprenticeship and Training, United State Department of Labor.

(4) That:

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

In addition to 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: Carlos A. Medina, President SIGNATURE: 

NEW JERSEY DEPARTMENT OF TRANSPORTATION STATEMENT OF COMPLIANCE

Date: May 5, 2015

I, Carlos A. Medina, President do hereby state:
(Name of signatory party) (Title)

(1) That I pay or supervise the payment of the persons employed by Robinson Aerial Surveys, Inc. on
(Contractor of Subcontractor)
 the Newark Liberty Int'l Airport ; that during the payroll period commencing on the 27th day of April 20 15 and
(Project Name)
 ending the 3rd day of May 20 15 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 Robinson Aerial Surveys, Inc.
(Contractor of 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 Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 108, 72 Stat. 967; 76Stat 357; 40 U.S.C. §3145) and described below:

(2) That any payrolls otherwise under this contract to be submitted for the above period are correct and complete; that the wages rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage rate 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 in a State, are registered with the Bureau of Apprenticeship and Training, United State 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 Carlos A. Medina, President	SIGNATURE 
---	---

The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution. See Section 100 of Title 18 and Section 231 of the United States Code.

Statement of Compliance

I do hereby state:

1. That I, Lou Pacheco, Treasurer, during the payroll period indicated on the reverse side, supervise the payment of the persons employed by Ferreira Construction Company 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 Ferreira Construction Company 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 rates contained in any wage

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

grams 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 (GRAFD)

EXPLANATION

EXCEPTION (GRAFD)	EXPLANATION

LINDA KISSELL
 NOTARY PUBLIC
 STATE OF NEW JERSEY
 MY COMMISSION EXPIRES DEC. 3, 2019

Statement of Compliance

I do hereby state:

1. That I, Lou Paolero, Treasurer, during the payroll period indicated on the reverse side, supervise the payment of the persons employed by Ferreira Construction Company 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 Ferreira Construction Company 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 rates contained in any wage

3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program.

4. That 2

WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS
In addition to
grants 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 hired 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

GENERAL CONTRACTOR: Ferrara Construction Company, Inc
Sub-Contractor: Ferrara Construction Company, Inc
Contract Number: DR 154,113
Registration Number: Essex
31 Turner Road
Woodbridge, NJ 07096
508-334-8655
Job Code: 220
Week Ending Date: 04-19-15
Project Name & Location: CMRT-SBR Airport Aviation Fuel
3 Riverbank Road
Newark, NJ
Payroll Report
Page 1

REGISTRATION	OT	04-12	04-13	04-14	04-15	04-16	04-17	04-18	04-19	Total	Base Pay	Total	Benefit	Rate For	Total	Benefit	Group Pay	Total Tax &	Net Pay	Travel	All Other Pay
REG	REG	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Mon	Pay	Pay	Pay	Medical	Pay	Pay	Pay	Other	Pay	Pay	Pay
										2,501		2,501					2,047.50				
										.501		.501									

Totals for CMRT-SBR Airport Aviation Fuel
 04-12-15 04-14-15 04-15-15 04-16-15 04-17-15 04-18-15 04-19-15
 Monday Tuesday Wednesday Thursday Friday Saturday Sunday
 .00 .00 .00 3.00 .00 .00 .00
Total
Hours 3.00
Base Pay
Benefits
Gross Pay 2,047.50
Deductions
Net Pay

This certified payroll has been prepared in accordance with the instructions contained on the reverse side of this form. I certify that the above information represents wages and employment benefits paid to all persons employed by my firm for construction work on the above project during the period shown. I understand that falsification of this statement is a punishable offense.

Signature: Lou Pacheco Title: Treasurer

05-08-15
 LINDA KISSELL
 NOTARY PUBLIC
 STATE OF NEW JERSEY
 MY COMMISSION EXPIRES DEC. 3, 2019

Statement of Compliance

I do hereby state:

1. That I, Lou Pacheco, Treasurer, during the payroll period indicated on the reverse side, supervise the payment of the persons employed by Ferreira Construction Company 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 Ferreira Construction Company 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, Union Deductions, Child Support or Other Garnishments.

2. That any payrolls rates contained in any wage

3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program.

4. ¹ ~~2~~ ² WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS
In addition to

grams 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 (GRAFD)

EXPLANATION

LINDA KISSELL
NOTARY PUBLIC
STATE OF NEW JERSEY
MY COMMISSION EXPIRES DEC. 3, 2019

General Contractor: **Stetson Construction Company Inc** 31 Ramsey Road Branchburg, NJ 08976 908-521-8655
 Job Code: 220 **Rock Ealing Base** Project Name & Location
 Contract Number: **2014-183** 04-20-15 **CONTRACTOR Airport Aerial Field**
 Registration Number: **2200** 2 Brewer Road Newark, NJ

Genr Name: **Genr Name**

Male
 04-20 | 04-21 | 04-22 | 04-23 | 04-24 | 04-25 | 04-26 | 04-27
 TUE | WED | THU | FRI | SAT | SUN
 4.00 | 4.00 | 4.00 | 4.00 | 4.00 | 4.00
 Total: 24.00
 Base Pay: 2,252.71
 Total Tax & Other Deductions: 2,252.71
 Net Pay: 0.00
 Taxable Vacation/Dues: 0.00
 All Other Pay: 0.00

Male
 04-20 | 04-21 | 04-22 | 04-23 | 04-24 | 04-25 | 04-26 | 04-27
 TUE | WED | THU | FRI | SAT | SUN
 2.00 | 2.00 | 2.00 | 2.00 | 2.00 | 2.00
 Total: 12.00
 Base Pay: 1,976.79
 Total Tax & Other Deductions: 1,976.79
 Net Pay: 0.00
 Taxable Vacation/Dues: 0.00
 All Other Pay: 0.00

Male
 04-20 | 04-21 | 04-22 | 04-23 | 04-24 | 04-25 | 04-26 | 04-27
 TUE | WED | THU | FRI | SAT | SUN
 8.00 | 8.00 | 8.00 | 8.00 | 8.00 | 8.00
 Total: 48.00
 Base Pay: 1,129.89
 Total Tax & Other Deductions: 1,129.89
 Net Pay: 0.00
 Taxable Vacation/Dues: 0.00
 All Other Pay: 0.00

Male
 04-20 | 04-21 | 04-22 | 04-23 | 04-24 | 04-25 | 04-26 | 04-27
 TUE | WED | THU | FRI | SAT | SUN
 8.00 | 8.00 | 8.00 | 8.00 | 8.00 | 8.00
 Total: 48.00
 Base Pay: 2,000.00
 Total Tax & Other Deductions: 2,000.00
 Net Pay: 0.00
 Taxable Vacation/Dues: 0.00
 All Other Pay: 0.00

This certified journal has been prepared in accordance with the instructions contained on the reverse side of this form. I certify that the above information represents wages and supplemental benefits paid to all persons employed by my firm for construction work on the above project during the period shown. I understand that falsification of this statement is a punishable offense.

Signature: *[Handwritten Signature]* Name: **Genr Name** Title: **Treasurer** Date: **05-08-15**

LINDA KISSELL
 NOTARY PUBLIC
 STATE OF NEW JERSEY
 MY COMMISSION EXPIRES DEC. 3, 2019

General Contractor: Ferritin Construction Company, Inc
 Job Code: 220
 Project Name & Location: CONVI-SBR Airport Andam Field
 3 Kennedy Road
 New York, NY

Payroll Report

984-331-8133

Page 1

REF: 03/15

Male	04-10	04-21	04-22	04-23	04-24	04-25	04-26	Total	Base Pay	Benefit	Total												
Hours	4.00	8.00	8.00	8.00	8.00	8.00	8.00	56.00	4,000.00	1,120.00	5,120.00	4,000.00	1,120.00	5,120.00	4,000.00	1,120.00	5,120.00	4,000.00	1,120.00	5,120.00	4,000.00	1,120.00	5,120.00
Rate	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
Total	400.00	800.00	800.00	800.00	800.00	800.00	800.00	5,120.00	4,000.00	1,120.00	5,120.00	4,000.00	1,120.00	5,120.00	4,000.00	1,120.00	5,120.00	4,000.00	1,120.00	5,120.00	4,000.00	1,120.00	5,120.00

Total for CONVI-SBR Airport Andam Field

Date	Day	Hours	Rate	Base Pay	Benefit	Gross Pay	Deductions	Net Pay
04-20-15	Monday	8.00	100.00	800.00	112.00	912.00	11.20	900.80
04-21-15	Tuesday	8.00	100.00	800.00	112.00	912.00	11.20	900.80
04-22-15	Wednesday	8.00	100.00	800.00	112.00	912.00	11.20	900.80
04-23-15	Thursday	8.00	100.00	800.00	112.00	912.00	11.20	900.80
04-24-15	Friday	8.00	100.00	800.00	112.00	912.00	11.20	900.80
04-25-15	Saturday	8.00	100.00	800.00	112.00	912.00	11.20	900.80
	Total	56.00		5,600.00	784.00	6,384.00	78.40	6,305.60

This certified payroll has been prepared in accordance with the applicable statute and regulations. I understand that falsification of this statement is a punishable offense.

[Signature]
 Name (Print): FOR RANCO TREASURER
 Title: Treasurer

LINDA KISSELL
 NOTARY PUBLIC
 STATE OF NEW JERSEY
 MY COMMISSION EXPIRES DEC. 3, 2019

05-08-15
[Signature]
 Date

As submitted w/ AFP #5

Statement of Compliance

Date 5/13/2015

I, **BRENDA DAVIS** PAYROLL MANAGER do hereby state:
(Name of signatory party) (Title)

That I pay or supervise the payment of the persons employed by **CONTI ENTERPRISES, INC.** on the **EWR 154.183 Aviation Fuel System**
(Contractor or subcontractor) (Building or work)

That during the payroll period commencing on the 3rd day of May 2015 and ending the 9th day of May 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 **CONTI ENTERPRISES, INC.** from the full weekly wages earned by any person and that
(Contractor or Subcontractor)

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 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. 276c) and described below:

FED, FICA, SUI, SIT, UNION DUES, HEALTH INS., APPLICABLE GARNISHES

2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; 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 4c below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

Remarks

BRENDA DAVIS/PAYROLL MANAGER
(Name and Title)

Brenda Davis
(Signature)

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

Conti Enterprises, Inc - EWR 154.183 Contractor X Project and Location 1407600
 2045 LINCOLN HIGHWAY Sub-Contractor EWR154.183 Aviation Fuel Sys
 EDISON NJ 08817 Newark NJ
 Contract No: 69950373
 Pay Period Ending Date 05/09/2015
 GL Period Number 19
 Payroll Number 9

Name and Address	State	Fed Exempt	Pay Type	Day and Date					Total Hours	Rate	Gross Pay This Project	Benefits Paid		Total Gross Pay & Deductions for All Projects Worked														
				SU	MO	TU	WE	TH				FR	SA		To Union	This Project												
Gilberto Genda Gender: Male Race: White (Not of Hispanic Origin)	OEA		Operator Engineer A	3	4	5	6	7	8	9	24.00	1,105.68	111.60	126113														
				Straight Pay											Gross Wages	1,942.80												
				Annuity ST													Federal Inco											
				Apprentice ST														Federal FTCA										
				Pension ST															Federal Medi									
				SUB Fund ST																NJ Departmen								
				Welfare ST																	Dues							
				Lab MGMT ST																		PAC						
				IAP ST																			Total Deduct					
				Savings ST																				Net Pay				
Benefit											His This Clk	40.00																
Job Totals for Gilberto Genda													8.00	8.00	8.00	8.00									8.00	24.00	1,105.68	707.52

Name and Address	State	Fed Exempt	Pay Type	Day and Date					Total Hours	Rate	Gross Pay This Project	Benefits Paid		Total Gross Pay & Deductions for All Projects Worked																	
				SU	MO	TU	WE	TH				FR	SA		To Union	This Project															
Kevin Lamago Gender: Male Race: White (Not of Hispanic Origin)	LBJ		Labor Journeyman	3	4	5	6	7	8	9	24.00	858.00	111.60	260859																	
				Straight Pay											Gross Wages	1,446.00															
				CLAP													Federal Inco														
				Defined Cont														Federal FTCA													
				H & S Fund															Federal Medi												
				Pension																NJ Departmen											
				Welfare																	NJ State Use										
				LECEIT																		NJ Paid Leav									
				SET Fund																			NJ Disabilt								
				Vacation																				Dues							
Benefit											LEROF	PAC	Total Deduct	Net Pay											His This Clk	40.00					
Job Totals for Kevin Lamago															8.00	8.00											8.00	8.00	24.00	858.00	630.72

David Marconi	OEC	Operator Engineer C	3.00	Local: 2.00	825	5.00	NJ Operators	212.85	Payment Number: 260873
Gender: Male	Benefit	Benefit						Gross Wages	1,958.25
Race: White (Not of Hispanic Origin)	Apprentice ST	Benefit						Federal Inco	
	Pension ST	Benefit						Federal FTCA	
	SUB Fund ST	Benefit						Federal Medi	
	Welfare ST	Benefit						NJ Departmen	
		Benefit						NJ State Use	

R55CERTPR
BDAYIS

The Conti Group
Certified Payroll Register

Conti Enterprises, Inc - EWR 154.183
2045 LINCOLN HIGHWAY
EDISON NJ 08817

Contractor X
Sub-Contractor ---

Project and Location 1407600
EWR154.183 Aviation Fuel Sys
Newark NJ
Contract No: 69950373

Pay Period Ending Date 05/09/2015
GL Period Number 19
Payroll Number 9

Name and Address	State	Fed Exempt	Pay Type	Day and Date							Total Hours	Rate	Gross Pay This Project	Benefits Paid		Total Gross Pay & Deductions for All Projects Worked		
				SU	MO	TU	WE	TH	FR	SA				To Union This Project	Net Pay			
Lab MGMT ST				3	4	5	6	7	8	9								
IAP ST																		
Savings ST																		
Job Totals for David Marconi													5.00	212.85				
Totals for Job 1407600 EWR154.183 Aviation Fuel Sys													53.00	2,176.53			44.00	

Statement of Compliance

Date 5/13/2015

I, **BRENDA DAVIS** PAYROLL MANAGER do hereby state:
(Name of signatory party) (Title)

That I pay or supervise the payment of the persons employed by **CONTI ENTERPRISES, INC.** on the **EWR 154.183 Aviation Fuel System**
(Contractor or subcontractor) (Building or work)

That during the payroll period commencing on the 3rd day of May 2015 and ending the 9th day of May 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 **CONTI ENTERPRISES, INC.** from the full weekly wages earned by any person and that
(Contractor or Subcontractor)

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 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. 276e) and described below:

FED, FICA, SUI, SIT, UNION DUES, HEALTH INS., APPLICABLE GARNISHES

2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; 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 4c below.

(c) **EXCEPTIONS**

EXCEPTION (CRAFT)	EXPLANATION

Remarks

BRENDA DAVIS/PAYROLL MANAGER
(Name and Title)


(Signature)

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

Conti Enterprises, Inc - EWR 154.183
2045 LINCOLN HIGHWAY
EDISON NJ 08817

Contractor X
Sub-Contractor ---

Project and Location 1407600
EWR154.183 Aviation Fuel Sys
Newark NJ

Pay Period Ending Date 05/09/2015
GL Period Number 19
Payroll Number 9

Contract No: 69950373

Name and Address	State	Fed Exempt	Pay Type	Day and Date							Total Hours	Rate	Gross Pay This Project	Benefits Paid		Total Gross Pay & Deductions for All Projects Worked
				ST	MO	TU	WE	TH	FR	SA				To Union This Project		

Giberto Geda Gender: Male Race: White (Not of Hispanic Origin)	OEA		Operator Engineer A	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	24.00	1,105.68	126113	1,842.80						
				Straight Pay	Benefit																
				Annuit/ ST	Benefit																
				Apprentice ST	Benefit																
				Pension ST	Benefit																
				STUB Fund ST	Benefit																
				Welfare ST	Benefit																
				Lab M/GMT ST	Benefit																
				LAP ST	Benefit																
				Savings ST	Benefit																
Job Totals for: Giberto Geda				8.00	8.00	8.00	8.00	8.00	8.00	8.00	24.00	1,105.68		40.00							

Kevin Lamago Gender: Male Race: White (Not of Hispanic Origin)	LBJ		Labor Journeyman	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	24.00	858.00	260859	1,446.00					
				Straight Pay	Benefit															
				CIAP	Benefit															
				Defined Cont	Benefit															
				H & S Fund	Benefit															
				Pension	Benefit															
				Welfare	Benefit															
				IECER	Benefit															
				SET Fund	Benefit															
				Vacation	Benefit															
Job Totals for: Kevin Lamago				8.00	8.00	8.00	8.00	8.00	8.00	8.00	24.00	858.00		40.00						

David Marconi Gender: Male Race: White (Not of Hispanic Origin)	OEC		Operator Engineer C	3.00	2.00	5.00	212.85	260873	1,958.25		
				Straight Pay	Benefit						
				Annuit/ ST	Benefit						
				Apprentice ST	Benefit						
				Pension ST	Benefit						
				STUB Fund ST	Benefit						
				Welfare ST	Benefit						
					Benefit						
					Benefit						
					Benefit						
Job Totals for: David Marconi				3.00	2.00	5.00	212.85		40.00		

R55CERTPR
BDAY15

The Conti Group
Certified Payroll Register

Conti Enterprises, Inc - EWR 154,183
2045 LINCOLN HIGHWAY
EDISON NJ 08817

Contractor
Sub-Contractor

Project and Location
EWR154,183 Aviation Fuel Sys Newark NJ

Contract No: 69950373

Pay Period Ending Date 05/09/2015
GL Period Number 19
Payroll Number 9

Name and Address	State	Fed Exempt	Pay Type	Day and Date							Total Hours	Rate	Gross Pay This Project	Benefits Paid		Total Gross Pay & Deductions for All projects Worked		
				ST	M/O	TU	WE	TH	FR	SA				To Union This Project	Total Gross Pay & Deductions for All projects Worked			
Lab MGMT ST				3														
IAP ST																		
Savings ST																		
Job Totals for David Marconi																		
Totals for Job 1407600																		
EWR154,183 Aviation Fuel Sys																		
											19.00	16.00	18.00	53.00		217,653		
Job Totals for David Marconi											3.00	2.00	5.00		212.85			44.00

NI Paid Leave
NJ Disablnr
Dues
PAC
Total Deduct
Net Pay
HS This Clk

Statement of Compliance

Date 5/20/2015

I, **BRENDA DAVIS** PAYROLL MANAGER do hereby state:
 (Name of signatory party) (Title)

That I pay or supervise the payment of the persons employed by **CONTI ENTERPRISES, INC.** on the EWR 154.183 Aviation Fuel System
 (Contractor or subcontractor) (Building or work)

That during the payroll period commencing on the 10th day of May 2015 and ending the 16th day of May 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 **CONTI ENTERPRISES, INC.** from the full weekly wages earned by any person and that
 (Contractor or Subcontractor)

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 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. 276c) and described below:

FED, FICA, SUI, SIT, UNION DUES, HEALTH INS., APPLICABLE GARNISHES

2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; 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 4c below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

Remarks

BRENDA DAVIS/PAYROLL MANAGER
 (Name and Title)


 (Signature)

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

R35CERTTR
FADELEYE

The Conti Group
Certified Payroll Register

Conti Enterprises, Inc - EWR 154,183
2045 LINCOLN HIGHWAY
EDISON NJ 08817

Contractor
Sub-Contractor

Project and Location
EWR154,183 Aviation Fuel Sys
 Newark NJ

Contract No: 69950373
Pay Period Ending Date 05/16/2015
GL Period Number 20
Payroll Number 10

Name and Address	State	Fed Exempt	Pay Type	Day and Date							Total Hours	Rate	Gross Pay This Project	Benefits Paid		Total Gross Pay & Deductions for All projects Worked	
				SU	MO	TU	WE	TH	FR	SA				To Union This Project			
Gilberto Ceada Gender: Male Race: White (Not of Hispanic Origin)	NJ		Operator Engineer A	Straight Pay	8.00	8.00	8.00	8.00	8.00	8.00	40.00	1,842.80	126,237				
				Annuit ST													
				Apprentice ST													
				Pension ST													
				SUB Fund ST													
				Welfare ST													
				Lab MGMT ST													
				LAP ST													
				Savings ST													
Job Totals for Gilberto Ceada				8.00	8.00	8.00	8.00	8.00	8.00	40.00	1,842.80						

Antonio Graca Gender: Male Race: White (Not of Hispanic Origin)	NJ		Labor Journeyman	Straight Pay	8.00						8.00	286.00	126,242			
				CIAP												
				Defined Cont												
				H & S Fund												
				Pension												
				Welfare												
				LEDCET												
				SEI Fund												
				Vacation												
Job Totals for Antonio Graca				8.00						8.00	286.00					

Timothy Bonham Gender: Male Race: White (Not of Hispanic Origin)	NJ		Labor Steward	Straight Pay	6.00						6.00	216.90	261,155			
				CIAP												
				Defined Cont												
				H & S Fund												
				Pension												
				Welfare												
Job Totals for Timothy Bonham				6.00						6.00	216.90					

Job Totals for Antonio Graca				8.00						8.00	286.00					
Job Totals for Timothy Bonham				6.00						6.00	216.90					

Job Totals for Antonio Graca				8.00						8.00	286.00					
Job Totals for Timothy Bonham				6.00						6.00	216.90					

Statement of Compliance

Date 5/20/2015

I, **BRENDA DAVIS** PAYROLL MANAGER do hereby state:
(Name of signatory party) (Title)

That I pay or supervise the payment of the persons employed by **CONTI ENTERPRISES, INC.** on the **EWR 154.183 Aviation Fuel System**
(Contractor or subcontractor) (Building or work)

That during the payroll period commencing on the 10th day of May 2015 and ending the 16th day of May 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 **CONTI ENTERPRISES, INC.** from the full weekly wages earned by any person and that
(Contractor or Subcontractor)

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 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. 276c) and described below:

FED, FICA, SUI, SIT, UNION DUES, HEALTH INS., APPLICABLE GARNISHES

2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; 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 4c below.

(c) **EXCEPTIONS**

EXCEPTION (CRAFT)	EXPLANATION

Remarks

BRENDA DAVIS/PAYROLL MANAGER
(Name and Title)


(Signature)

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

Conri Enterprises, Inc - EWR 154.183
2045 LINCOLN HIGHWAY
EDISON NJ 08817

Contractor X
Sub-Contractor
Project and Location 1407600
EWR154.183 Aviation Fuel Sys
Newark NJ

Contract No: 69950373

Pay Period Ending Date 05/16/2015
GL Period Number 20
Payroll Number 10

Name and Address	State	Fed Exempt	Pay Type	Day and Date							Total Hours	Rate	Gross Pay This Project	Benefits Paid		Total Gross Pay & Deductions for All projects Worked		
				SU	MO	TU	WE	TH	FR	SA				To Union This Project	Total			
IECET			Benefit	10	11	12	13	14	15	16								
SET Fund			Benefit															
Reverse 4085			Benefit															
Vacation			Benefit															
Auto Allow			Benefit															

Job Totals for Timothy Boubhan

6.00 6.00 216.90 40.50

Scott J Jacobs

I OEA Operator Engineer A

Local: 825 NJ Operators

Payment Number: 261157

Straight Pay	Benefit	8.00	8.00	16.00	737.12	261157
Annuity ST	Benefit					Gross Wages 1,842.80
Apprentice ST	Benefit					Federal Inco
Pension ST	Benefit					Federal FICA
SUB Fund ST	Benefit					Federal Medi
Welfare ST	Benefit					NJ Departmen
Lab M/GM/T ST	Benefit					Dues
IAP ST	Benefit					PAC
Savings ST	Benefit					Total Deduct
						Net Pay
						Hrs This Clk

Job Totals for Scott J Jacobs

8.00 8.00 16.00 737.12 40.00

Kevin Lamago

IBJ Labor Journeyman

Local: 472 NJ Laborers H & G

Payment Number: 261162

Straight Pay	Benefit	8.00	8.00	16.00	1,430.00	261162
CLAP	Benefit					Gross Wages 1,430.00
Defined Cont	Benefit					Federal Inco
H & S Fund	Benefit					Federal FICA
Pension	Benefit					Federal Medi
Welfare	Benefit					NJ Departmen
IECET	Benefit					NJ State Use
SET Fund	Benefit					NJ Paid Leave
Vacation	Benefit					NJ Disabilt
						Dues
						IEROF

Gender: Male
Race: White (Not of Hispanic Origin)

R53CRTPR
FADELEYE

The Cont Group
Certified Payroll Register

Cont Enterprises, Inc - EWR 154.183
2045 LINCOLN HIGHWAY
EDISON NJ 08817

Contractor X
Sub-Contractor
Project and Location 1407600
EWR154.183 Aviation Fuel Sys
Newark NJ
Contract No: 69950373

Pay Period Ending Date 05/16/2015
GL Period Number 20
Payroll Number 10

Name and Address	State	Fed	Pay Type	Day and Date							Total Hours	Rate	Gross Pay This Project	Benefits Paid		Total Gross Pay & Deductions for All Projects Worked	
				SU	MO	TU	WE	TH	FR	SA				To Union This Project	PAC		
Job Totals for Kevin Lamigo													40.00	1,430.00			

David Marconi OEC Operator Engineer C Local: 825 NJ Operators Payment Number: 261175
 Straight Pay 1.00 8.00 Gross Wages 2,405.27
 Overtime 1.00 1.00 Federal Inco Federal Inco
 Annuity OT Benefit Annuity ST Federal Medi
 Apprentices OT Benefit Apprentices ST NJ Department
 Pension ST Benefit Pension ST NJ State Unemp
 SUB Fund OT Benefit SUB Fund ST NJ Paid Leave
 Welfare OT Benefit Welfare ST NJ Disability
 Lab MGMT OT Benefit Lab MGMT ST Dues
 IAP OT Benefit IAP ST PAC
 Savings OT Benefit Savings ST Total Deduct
 Net Pay
 Hrs This Clk 51.00

Job Totals for David Marconi

IBJ Labor Journeyman Local: 472 NJ Laborers H & G Payment Number: 126298
 Straight Pay 8.00 Gross Wages 1,598.88
 CLAP Benefit CLAP Federal Inco
 Defined Cont Benefit H & S Fund Federal FICA
 Pension Benefit Pension NJ Department
 Welfare Benefit Welfare NJ State Unemp
 IECET Benefit IECET NJ Paid Leave
 SET Fund Benefit SET Fund NJ Disability
 Vacation Benefit Vacation Dues
 LEROF

Gender: Male
Race: White (Not of Hispanic Origin)

Gender: Male
Race: White (Not of Hispanic Origin)

RSCERTPR
EADBEIYE

The Conti Group
Certified Payroll Register

Conti Enterprises, Inc - EWR 154.183
2045 LINCOLN HIGHWAY
EDISON NJ 08817

Contractor X
Sub-Contractor

Project and Location 1407600
EWR154.183 Aviation Fuel Sys
Newark NJ

Pay Period Ending Date 05/16/2015
GL Period Number 20
Payroll Number 10

Contract No: 69950373

Name and Address	State	Fed Exempt	Pay Type	Day and Date							Total Hours	Rate	Gross Pay This Project	Benefits Paid		Total Gross Pay & Deductions for All projects Worked
				SU	MO	TU	WE	TH	FR	SA				To Union This Project	Total Deduct	
Robert White			4 IBJ Straight Pay	10	11	12	13	14	15	16	8.00	8.00	286.00			261224
Job Totals for Jose Purificacao											8.00	8.00	286.00			43.00

Gender: Male
Race: White (Not of Hispanic Origin)

Payment Number: 261224
Gross Wages: 1,446.00
Federal Inco
Federal FICA
Federal Medi
NJ Deparment
NJ State Unemp
NJ Paid Leave
NJ Disability
Dues
LEROF
PAC
Total Deduct
Net Pay
His This Clk

Job Totals for Robert White	Local: 472	NJ Laborers H & G	Total	Rate	Gross Pay This Project	Total Gross Pay & Deductions for All projects Worked
8.00	8.00	24.00	8.00	8.00	358.00	40.00

Totals for Job 1407600 EWR154.183 Aviation Fuel Sys

18.00	17.00	32.00	54.00	32.00	153.00	6,167.67
-------	-------	-------	-------	-------	--------	----------

Statement of Compliance

Date 5/27/2015

I, **BRENDA DAVIS** PAYROLL MANAGER do hereby state:
(Name of signatory party) (Title)

That I pay or supervise the payment of the persons employed by **CONTI ENTERPRISES, INC.** on the EWR 154.183 Aviation Fuel System
(Contractor or subcontractor) (Building or work)

That during the payroll period commencing on the 17th day of May 2015 and ending the 23th day of May 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 **CONTI ENTERPRISES, INC.** from the full weekly wages earned by any person and that
(Contractor or Subcontractor)

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 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. 276c) and described below:

FED, FICA, SUI, SIT, UNION DUES, HEALTH INS., APPLICABLE GARNISHES

2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; 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 4c below.

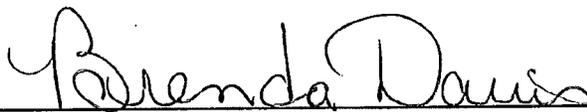
(c) **EXCEPTIONS**

EXCEPTION (CRAFT)	EXPLANATION

Remarks

BRENDA DAVIS/PAYROLL MANAGER

(Name and Title)



(Signature)

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

Conti Enterprises, Inc - EWR 154,183
2045 LINCOLN HIGHWAY
EDISON NJ 08817

Contractor X
Sub-Contractor

Project and Location 1407600
EWR154,183 Aviation Fuel Sys
Newark NJ

Contract No: 69950373

Pay Period Ending Date 05/23/2015
GL Period Number 21
Payroll Number 11

Name and Address	State	Fed	Pay Type	Day and Date							Total Hours	Rate	Gross Pay This Project	Benefits Paid		Total Gross Pay & Deductions for All projects Worked	
				ST	MO	TU	WE	TH	FR	SA				To Union This Project	Total		
Gender: Male			Defined Cont	17	18	19	20	21	22	23							
Race: White (Not of Hispanic Origin)			H & S Fund														
			Pension														
			Welfare														
			LECT														
			SET Fund														
			Vacation														

Job Totals for Kevin Lamego 9.00 8.00 8.00 8.00 8.00 33.00 1,197.63 41.00

David Marconi	OEC	Operator Engineer C	Local: 825	NI Operators	Payment Number:	261485
	Straight Pay			7.00	Gross Wages	1,798.62
	Overtime			50	Federal Inco	
	Annunty OT	Benefit			Federal FICA	
	Annunty ST	Benefit			Federal Medit	
	Apprentice OT	Benefit			NI Department	
	Pension OT	Benefit			NI State Une	
	Pension ST	Benefit			NI Paid Leav	
	STUB Fund OT	Benefit			NI Disability	
	STUB Fund ST	Benefit			Dues	
	Welfare OT	Benefit			PAC	
	Welfare ST	Benefit			Total Deduct	
	Lab MGMT OT	Benefit			Net Pay	41.50
	Lab MGMT ST	Benefit			Hrs This Clk	
	IAP OT	Benefit				
	IAP ST	Benefit				
	Savings OT	Benefit				
	Savings ST	Benefit				
Job Totals for David Marconi				7.50		329.92

Steven M. Pettiv	OEA	Operator Engineer A	Local: 825	NI Operators	Payment Number:	261496
	Straight Pay			1.50	Gross Wages	2,015.61
	Annunty ST	Benefit			Federal Inco	
	Apprentice ST	Benefit			Federal FICA	
Job Totals for Steven M. Pettiv				1.50		

Statement of Compliance

Date 5/27/2015

I, **BRENDA DAVIS** PAYROLL MANAGER do hereby state:
(Name of signatory party) (Title)

That I pay or supervise the payment of the persons employed by **CONTI ENTERPRISES, INC.** on the EWR 154.183 Aviation Fuel System
(Contractor or subcontractor) (Building or work)

That during the payroll period commencing on the 17th day of May 2015 and ending the 23th day of May 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 **CONTI ENTERPRISES, INC.** from the full weekly wages earned by any person and that
(Contractor or Subcontractor)

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 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. 276c) and described below:

FED, FICA, SUI, SIT, UNION DUES, HEALTH INS., APPLICABLE GARNISHES

2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; 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 4c below.

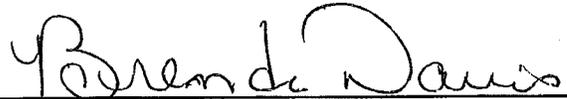
(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

Remarks

BRENDA DAVIS/PAYROLL MANAGER

(Name and Title)



(Signature)

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

R55CERTPR
FADELJEVE

The Cont Group
Certified Payroll Register

05/27/2015 8:11:16
Page - 1

Conti Enterprises, Inc.- EWR 154,183
2045 LINCOLN HIGHWAY
EDISON NJ 08817

Contractor: X
Sub-Contractor: _____

Project and Location: 1407600
EWR154,183 Aviation Fuel Sys
Newark NJ

Contract No: 69950373
Pay Period Ending Date: 05/23/2015
G/L Period Number: 21
Payroll Number: 11

Name and Address	State	Fed Exempt	Pay Type	Day and Date							Total Hours	Rate	Gross Pay This Project	Benefits Paid		Total Gross Pay & Deductions for All projects Worked
				ST	MO	TU	WE	TH	FR	SA				To Union This Project	Total	

Gilberto Genda
 OEA Operator Engineer A Local: 825 NJ Operators
 Straight Pay 8.00 8.00 8.00 8.00
 Overtime 1.00 1.00
 Annuity OT Benefit
 Annuity ST Benefit
 Apprentice OT Benefit
 Apprentice ST Benefit
 Pension OT Benefit
 Pension ST Benefit
 SUB Fund OT Benefit
 SUB Fund ST Benefit
 Welfare OT Benefit
 Welfare ST Benefit
 Lab MGMT OT Benefit
 Lab MGMT ST Benefit
 IAP OT Benefit
 IAP ST Benefit
 Savings OT Benefit
 Savings ST Benefit

Job Totals for Gilberto Genda
 9.00 9.00 8.00 8.00 8.00 34.00 1,612.46

Antonio Graca
 4 IRLJ Labor Journeyman Local: 472 NJ Laborers H & G
 Straight Pay 8.00 8.00 8.00 24.00 858.00
 Overtime 1.00 1.00 53.63
 CLAP Benefit
 Defined Cont Benefit
 H & S Fund Benefit
 Pension Benefit
 Welfare Benefit
 IBCETI Benefit
 SET Fund Benefit
 Vacation Benefit

Job Totals for Antonio Graca
 9.00 8.00 8.00 25.00 911.63

Payment Number: 126370
 Gross Wages 1,510.44
 Federal Inco
 Federal FICA
 Federal Medi
 NJ Department
 NJ State Un
 NJ Paid Lev
 NJ Disablit
 Dues
 LEROF
 PAC
 Total Deduct
 Net Pay
 His This Ck 41.50

R55CENTR
EADLEBYE

The Conti Group
Certified Payroll Register

Conti Enterprises, Inc - EWR 154.183 Contractor X Project and Location 1407600
 2045 LINCOLN HIGHWAY Sub-Contractor EWR154.183 Aviation Fuel Sys
 EDISON NJ 08817 Newark NJ
 Contract No: 69950373

Benefits Paid

Name and Address	State	Fed Exempt	Pay Type	Day and Date							Total Hours	Rate	Gross Pay This Project	To Union This Project	Total Gross Pay & Deductions for All projects Worked		
				SU	MO	TU	WE	TH	FR	SA							
Timothy Houlhan Gender: Male Race: White (Not of Hispanic Origin)	4		LBS	17	18	19	20	21	22	23	6.50	234.98		234.98		234.98	
			Straight Pay		5.00								1.00	54.23		54.23	
			Overtime					1.50									
			CIAP														
			Defined Cont														
			H & S Fund														
			Pension														
			Welfare														
			IECER														
			SEI Fund														
Reverse 4085																	
Vacation																	
Avro Allow																	
Job Totals for Timothy Houlhan											6.00	1.50	7.50	289.21		41.50	

Name and Address	State	Fed Exempt	Pay Type	Day and Date							Total Hours	Rate	Gross Pay This Project	To Union This Project	Total Gross Pay & Deductions for All projects Worked	
				SU	MO	TU	WE	TH	FR	SA						
Scott J Jacobs Gender: Male Race: Hispanic or Latino	1		OEA													
			Straight Pay		8.00											
			Amnuty ST													
			Apprentice ST													
			Pension ST													
			SUB Fund ST													
			Welfare ST													
			Lab M/GM/T ST													
			IAP ST													
			Savings ST													
Job Totals for Scott J Jacobs											8.00	8.00	8.00	32.00	1,474.25	32.00

Name and Address	State	Fed Exempt	Pay Type	Day and Date							Total Hours	Rate	Gross Pay This Project	To Union This Project	Total Gross Pay & Deductions for All projects Worked	
				SU	MO	TU	WE	TH	FR	SA						
Kevin Lamego			LBJ													
			Straight Pay		8.00											
			Overtime													
			CIAP													
Job Totals for Kevin Lamego											8.00	8.00	8.00	32.00	1,474.25	32.00

Payment Number:	261465
Gross Wages	1,474.25
Federal Inco	
Federal FICA	
Federal Medi	
NI Department	
Dues	
PAC	
Total Deduct	
Net Pay	
Hrs This Cbk	32.00

Payment Number:	261471
Gross Wages	1,483.63
Federal Inco	
Federal FICA	

RSSCERTPR
FADEL,EVE

The Conit Group
Certified Payroll Register

05/27/2015 8:11:16
Page - 5

Conit Enterprises, Inc - EWR 154183
2045 LINCOLN HIGHWAY
EDISON NJ 08817

Contractor X
Sub-Contractor

Project and Location 1407600
EWR154,183 Aviation Fuel Sys
Newark NJ

Contract No: 69950373

Pay Period Ending Date 05/23/2015
GL Period Number 21
Payroll Number 11

Name and Address	State	Fed Exempt	Pay Type	Day and Date							Total Hours	Rate	Gross Pay This Project	Benefits Paid		Total Gross Pay & Deductions for All projects Worked
				SU	MO	TU	WE	TH	FR	SA				To Union This Project	Dues	
Robert White					17	18	19	20	21	22	23	32.00	1,144.02			40.00
Totals for Job	1407600	EWR154,183 Aviation Fuel Sys			41.50	50.00	48.00	57.00				196.50	7,886.23			

Dues
LEROF
PAC
Total Deduct
Net Pay
Hrs This Chk

Statement of Compliance

Date 6/3/2015

I, **BRENDA DAVIS** **PAYROLL MANAGER** do hereby state:
(Name of signatory party) (Title)

That I pay or supervise the payment of the persons employed by **CONTI ENTERPRISES, INC.** on the **EWR 154.183 Aviation Fuel System**
(Contractor or subcontractor) (Building or work)

That during the payroll period commencing on the 24th day of May 2015 and ending the 30th day of May 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 **CONTI ENTERPRISES, INC.** from the full weekly wages earned by any person and that
(Contractor or Subcontractor)

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 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. 276c) and described below:

FED, FICA, SUI, SIT, UNION DUES, HEALTH INS., APPLICABLE GARNISHES

2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; 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 4c below.

(c) **EXCEPTIONS**

EXCEPTION (CRAFT)	EXPLANATION

Remarks

BRENDA DAVIS/PAYROLL MANAGER

(Name and Title)



(Signature)

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

R55CERTRP
FADBELEYE

The Cont Group
Certified Payroll Register

Cont Enterprises, Inc - EWR 154.183
2045 LINCOLN HIGHWAY
EDISON NJ 08817

Contractor X
Sub-Contractor
Project and Location 1407600
EWR154.183 Aviation Fuel Sys
Newark NJ
Contract No: 69950373

Pay Period Ending Date 05/30/2015
GL Period Number 22
Payroll Number 12

Name and Address	State	Fed Exempt	Pay Type	Day and Date							Total Hours	Rate	Gross Pay This Project	Benefits Paid		Total Gross Pay & Deductions for All Projects Worked				
				ST	MO	TU	WE	TH	FR	SA				To Union This Project	Total					
Gilberto Gada Gender: Male Race: White (Not of Hispanic Origin)	OEA		Operator Engineer A	24	25	26	27	28	29	30										
				8.00	8.00	8.00														
				Benefit																
				Benefit																
				Benefit																
				Benefit																
				Benefit																
				Benefit																
				Benefit																
				Benefit																
Job Totals for Gilberto Gada				8.00	8.00	8.00	8.00	8.00	8.00	8.00	32.00		1,474.24				40.00			

Antonio Garcia Gender: Male Race: White (Not of Hispanic Origin)	4	LBJ	Labor Journeyman	24	25	26	27	28	29	30									
				8.00	8.00	8.00	8.00	8.00	8.00	8.00									
				Benefit															
				Benefit															
				Benefit															
				Benefit															
				Benefit															
				Benefit															
				Benefit															
				Benefit															
Job Totals for Antonio Garcia				8.00	8.00	8.00	8.00	8.00	8.00	8.00	32.00		1,144.00				41.00		

Timothy Houlihan Gender: Male Race: White (Not of Hispanic Origin)	4	LBS	Labor Steward	24	25	26	27	28	29	30									
				8.00	8.00	8.00	8.00	8.00	8.00	8.00									
				Benefit															
				Benefit															
				Benefit															
				Benefit															
				Benefit															
				Benefit															
				Benefit															
				Benefit															
Job Totals for Timothy Houlihan				8.00	8.00	8.00	8.00	8.00	8.00	8.00	32.00		1,144.00				41.00		

Payment Number: 261775
Gross Wages 1,473.11
Federal Inco
Federal FICA
Federal Medit
NJ Department
Child Supprt

R55CERTPR
FADLEVEYE

The Count Group
Certified Payroll Register

Cont Enterprises, Inc. - EWR 154183
2045 LINCOLN HIGHWAY
EDISON NJ 08817

Contractor Sub-Contractor X
Project and Location 1407600
EWR154183 Aviation Fuel Sys
Newark NJ

Contract No: 69950373

Pay Period Ending Date 05/30/2015
GL Period Number 22
Payroll Number 12

Name and Address	State	Fed Exempt	Pay Type	Day and Date							Total Hours	Rate	Gross Pay This Project	Benefits Paid		Total Gross Pay & Deductions for All Projects Worked
				SU	MO	TU	WE	TH	FR	SA				To Union This Project	Hrs This Ck	

Job Totals for Joe Purificacao

8.00 8.00 8.00 8.00 8.00 8.00 8.00 24.00 858.00 261847

Robert White 4 IBI Labor Journeyman Local 472 NJ Laborers H & G Payment Number: 261847
 Straight Pay 8.00 Gross Wages 1430.00
 CIAP
 Defined Cont Benefit Federal Inco
 H & S Fund Benefit Federal FICA
 Pension Benefit NJ Department
 Welfare Benefit NJ State Use
 IECET Benefit NJ Paid Leave
 SETI Fund Benefit NJ Disability
 Vacation Benefit Dues
 IEROF
 ZAC
 Total Deduct
 Net Pay
 Hrs This Ck 40.00

Job Totals for Robert White

8.00 8.00 8.00 8.00 8.00 8.00 8.00 24.00 858.00 261847

Totals for Job 1407600 EWR154183 Aviation Fuel Sys

24.00 24.00 50.50 24.00 57.00 179.50 7314.70

Statement of Compliance

Date 6/3/2015

I, **BRENDA DAVIS** PAYROLL MANAGER do hereby state:
 (Name of signatory party) (Title)

That I pay or supervise the payment of the persons employed by **CONTI ENTERPRISES, INC.** on the EWR 154.183 Aviation Fuel System
 (Contractor or subcontractor) (Building or work)

That during the payroll period commencing on the 24th day of May 2015 and ending the 30th day of May 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 **CONTI ENTERPRISES, INC.** from the full weekly wages earned by any person and that
 (Contractor or Subcontractor)

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 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. 276c) and described below:

FED, FICA, SUI, SIT, UNION DUES, HEALTH INS., APPLICABLE GARNISHES

2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; 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 4c below.

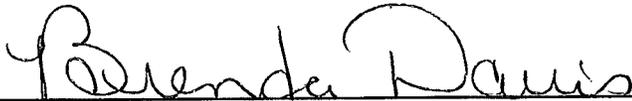
(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

Remarks

BRENDA DAVIS/PAYROLL MANAGER

(Name and Title)



(Signature)

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

RS3CERTPR
FADDELEYE

The Cont Group
Certified Payroll Register

Cont Enterprises, Inc - EWR 154.183
2045 LINCOLN HIGHWAY
EDISON NJ 08817

Contractor X
Sub-Contractor
Project and Location 1407600
EWR154.183 Aviation Fuel Sys
Newark NJ
Contract No: 69950373

Pay Period Ending Date 05/30/2015
GL Period Number 22
Payroll Number 12

Name and Address	State	Fed Exempt	Pay Type	Day and Date							Total Hours	Rate	Gross Pay This Project	Benefits Paid		Total Gross Pay & Deductions for All Projects Worked
				SU	MO	TU	WE	TH	FR	SA				To Union This Project	Total	

Gilberto Genda Gender: Male Race: White (Not of Hispanic Origin)	OEA		Operator Engineer A	24	25	26	27	28	29	30	32.00	1,474.24	1,474.24	1,892.80	126488	1,473.11	261775								
				Straight Pay			8.00			8.00								Local: 825			NJ Laborers H & G				
				Annuity ST			Benefit			Benefit								Benefit			Benefit				
				Apprentice ST			Benefit			Benefit								Benefit			Benefit				
				Pension ST			Benefit			Benefit								Benefit			Benefit				
				SUB Fund ST			Benefit			Benefit								Benefit			Benefit				
				Welfare ST			Benefit			Benefit								Benefit			Benefit				
				Lab MGMT ST			Benefit			Benefit								Benefit			Benefit				
				IAP ST			Benefit			Benefit								Benefit			Benefit				
				Savings ST			Benefit			Benefit								Benefit			Benefit				
Job Totals for Gilberto Genda				8.00	8.00	8.00	8.00	8.00	8.00	8.00	32.00	1,474.24	1,474.24	1,892.80	1,473.11	261775									

Antonio Graca Gender: Male Race: White (Not of Hispanic Origin)	4	IBJ	Labor Journeyman	24	25	26	27	28	29	30	32.00	1,144.00	1,144.00	1,483.63	1,473.11	261775								
				Straight Pay			8.00			8.00							Local: 472			NJ Laborers H & G				
				CIAP			Benefit			Benefit							Benefit			Benefit				
				Defined Cont			Benefit			Benefit							Benefit			Benefit				
				H & S Fund			Benefit			Benefit							Benefit			Benefit				
				Pension			Benefit			Benefit							Benefit			Benefit				
				Welfare			Benefit			Benefit							Benefit			Benefit				
				LECT			Benefit			Benefit							Benefit			Benefit				
				SEI Fund			Benefit			Benefit							Benefit			Benefit				
				Vacation			Benefit			Benefit							Benefit			Benefit				
Job Totals for Antonio Graca				8.00	8.00	8.00	8.00	8.00	8.00	8.00	32.00	1,144.00	1,144.00	1,483.63	1,473.11	261775								

Timothy Houlihan Gender: Male Race: White (Not of Hispanic Origin)	4	IBS	Labor Steward	24	25	26	27	28	29	30	16.00	578.40	578.40	1,473.11	261775								
				Straight Pay			8.00			8.00						Local: 472			NJ Laborers H & G				
				Overtime			50			50						50			50				
				CIAP			Benefit			Benefit						Benefit			Benefit				
				Defined Cont			Benefit			Benefit						Benefit			Benefit				
				H & S Fund			Benefit			Benefit						Benefit			Benefit				
				Pension			Benefit			Benefit						Benefit			Benefit				
				Vacation			Benefit			Benefit						Benefit			Benefit				
				Savings			Benefit			Benefit						Benefit			Benefit				
				Job Totals for Timothy Houlihan				8.00	8.00	8.00						8.00	8.00	8.00	8.00	16.00	578.40	578.40	1,473.11

Conti Enterprises, Inc - EWR 154,183
2045 LINCOLN HIGHWAY
EDISON NJ 08817

Contractor X
Sub-Contractor
Project and Location 1407600
EWR154,183 Aviation Fuel Sys
Newark NJ
Contract No: 69950373

Pay Period Ending Date 05/30/2015
GL Period Number 22
Payroll Number 12

Name and Address	State	Fed Exempt	Pay Type	Day and Date							Total Hours	Rate	Gross Pay This Project	Benefits Paid		Total Gross Pay & Deductions for All projects Worked			
				ST	MO	TU	WE	TH	FR	SA				To Union This Project	Net Pay				
Welfare				24	25	26	27	28	29	30									
	IECET																		
	SET Fund																		
	Reverse 4085																		
	Vacation																		
	Auto Allow																		
Job Totals for Timothy Houlihan																			

Name and Address	State	Fed Exempt	Pay Type	Day and Date							Total Hours	Rate	Gross Pay This Project	Benefits Paid		Total Gross Pay & Deductions for All projects Worked				
				ST	MO	TU	WE	TH	FR	SA				To Union This Project	Net Pay					
OEA																				
	Operator Engineer A																			
	Straight Pay			8.00	8.00	8.00	8.00	8.00	8.00											
	Annuit ST																			
	Apprentice ST																			
	Pension ST																			
	STUB Fund ST																			
	Welfare ST																			
	Lab MGMT ST																			
	LAP ST																			
Savings ST																				
Job Totals for Scott J Jacobs																				

Name and Address	State	Fed Exempt	Pay Type	Day and Date							Total Hours	Rate	Gross Pay This Project	Benefits Paid		Total Gross Pay & Deductions for All projects Worked				
				ST	MO	TU	WE	TH	FR	SA				To Union This Project	Net Pay					
LBJ																				
	Labor Journeyman																			
	Straight Pay			8.00	8.00	8.00	8.00	8.00	8.00											
	CIAP																			
	Defined Cont																			
	H & S Fund																			
	Pension																			
	Welfare																			
	IECET																			
	SET Fund																			
Job Totals for Kevin Lamego																				

Gender: Male
Race: White (Not of Hispanic Origin)

Payment Number:	261734
Gross Wages	1,430.00
Federal Inco	
Federal FICA	
Federal Medi	
NJ Deparment	
NJ State Use	
NJ Paid Leav	
NJ Disability	
Dues	
LEROF	
PAC	
Total Deduct	1,430.00
Net Pay	40.00

R55CERTR
 RADELEYE

The Conti Group
 Certified Payroll Register

Conti Enterprises, Inc - EWR 154.183
 2045 LINCOLN HIGHWAY
 EDISON NJ 08817

Contractor X
 Sub-Contractor _____
 Project and Location 1407600
 EWR154.183 Aviation Fuel Sys
 Newark NJ
 Contract No: 69950373

Pay Period Ending Date 05/30/2015
 GL Period Number 22
 Payroll Number 12

Name and Address	State	Fed Exempt	Pay Type	Day and Date							Total Hours	Rate	Gross Pay This Project	Benefits Paid		Total Gross Pay & Deductions for All projects Worked His This Clk	
				SU	MO	TU	WE	TH	FR	SA				To Union	This Project		
Job Totals for Kevin Lamego																	

David Marconi		OEC	Operator Engineer C	Local: 825	NI Operators	Payment Number:	261799
Straight Pay		8.00			8.00	Gross Wages	1,926.35
Overtime		2.00			3.00	Federal Inco	
Annuity OT			Benefit			Federal FICA	
Annuity ST			Benefit			Federal Medi	
Apprentice OT			Benefit			NI Departmen	
Apprentice ST			Benefit			NI State Use	
Pension OT			Benefit			NI Paid Leav	
Pension ST			Benefit			NI Disabilit	
SUB Fund OT			Benefit			Dues	
SUB Fund ST			Benefit			PAC	
Welfare OT			Benefit			Total Deduct	43.50
Welfare ST			Benefit			Net Pay	
Lab MGMT OT			Benefit			His This Clk	
Lab MGMT ST			Benefit				
IAP OT			Benefit				
IAP ST			Benefit				
Savings OT			Benefit				
Savings ST			Benefit				
Job Totals for David Marconi				10.00	1.00	11.00	532.15

Jose Purificacao		IRJ	Labor Journeyman	Local: 472	NI Laborers H & G	Payment Number:	126543
Straight Pay		8.00			24.00	Gross Wages	1,144.00
CIAP			Benefit			Federal Inco	
Defined Cont			Benefit			Federal FICA	
H & S Fund			Benefit			NI Departmen	
Pension			Benefit			NI State Use	
Welfare			Benefit			NI Paid Leav	
LECTET			Benefit			NI Disabilit	
SET Fund			Benefit			Dues	
Vacation			Benefit			PAC	
Job Totals for Jose Purificacao				8.00	8.00	16.00	1,144.00

Gender: Male
 Race: White (Not of Hispanic Origin)

RESCENTER
FADBELEYE

The Cont Group
Certified Payroll Register

Cont Enterprises, Inc. - EWR 154.183
2045 LINCOLN HIGHWAY
EDISON NJ 08817

Contractor X
Sub-Contractor
Project and Location 1407600
EWR154.183 Aviation Fuel Sys
Newark NJ

Contract No: 69950373

Pay Period Ending Date 05/30/2015
GL Period Number 22
Payroll Number 12

Name and Address	State	Fed Exempt	Pay Type	Day and Date							Total Hours	Rate	Gross Pay This Project	Benefits Paid		Total Gross Pay & Deductions for All projects Worked			
				SU	MO	TU	WE	TH	FR	SA				To Union This Project	Hrs This Clk				
Job Totals for Joe Purificacio												8.00	8.00	8.00	24.00	\$58.00			32.00

Robert White 4 LBJ Labor Journeyman Local: 472 NJ Laborers H & G Payment Number: 261847
 Straight Pay 8.00 Gross Wages 1,430.00
 CIAP Benefit
 Defined Cont Benefit
 H & S Fund Benefit
 Pension Benefit
 Welfare Benefit
 ILCET Benefit
 SET Fund Benefit
 Vacation Benefit

Job Totals for Robert White 8.00 8.00 8.00 286.00 40.00
 Net Pay
 His This Clk

Totals for Job 1407600 EWR154.183 Aviation Fuel Sys 24.00 24.00 50.50 24.00 57.00 179.50 7,314.70

**NEW JERSEY DEPARTMENT OF TRANSPORTATION
STATEMENT OF COMPLIANCE**

Date: June 4, 2015

I, Carlos A. Medina, President do hereby state:
(Name of signatory party) (Title)

(1) That I pay or supervise the payment of the persons employed by Robinson Aerial Surveys, Inc. on
(Contractor of Subcontractor)
the Newark Liberty Int'l Airport ; that during the payroll period commencing on the 4th day of May 20 15 and
(Project Name)
ending the 10th day of May 20 15 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 Robinson Aerial Surveys, Inc.
(Contractor of 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 Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 108, 72 Stat. 967; 76Stat 357; 40 U.S.C. §3145) and described below:

(2) That any payrolls otherwise under this contract to be submitted for the above period are correct and complete; that the wages rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage rate 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 in a State, are registered with the Bureau of Apprenticeship and Training, United State 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
Carlos A. Medina, President

SIGNATURE


The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution. See Section 100 of Title 18 and Section 231 of the United States Code.

**NEW JERSEY DEPARTMENT OF TRANSPORTATION
STATEMENT OF COMPLIANCE**

Date: June 4, 2015

I, Carlos A. Medina, President do hereby state:
(Name of signatory party) (Title)

(1) That I pay or supervise the payment of the persons employed by Robinson Aerial Surveys, Inc. on
(Contractor of Subcontractor)
the Newark Liberty Int'l Airport; that during the payroll period commencing on the 11th day of May 20 15 and
(Project Name)
ending the 17th day of May 20 15 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 Robinson Aerial Surveys, Inc.
(Contractor of 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 Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 108, 72 Stat. 967; 76Stat 357; 40 U.S.C. §3145) and described below:

(2) That any payrolls otherwise under this contract to be submitted for the above period are correct and complete; that the wages rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage rate 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 in a State, are registered with the Bureau of Apprenticeship and Training, United State Department of Labor.

(4) That:

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

In addition to 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 Carlos A. Medina, President	SIGNATURE 
---	---

The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution. See Section 100 of Title 18 and Section 231 of the United States Code.

NEW JERSEY DEPARTMENT OF TRANSPORTATION STATEMENT OF COMPLIANCE

Date: June 4, 2015

I, Carlos A. Medina, President do hereby state:
(Name of signatory party) (Title)

(1) That I pay or supervise the payment of the persons employed by Robinson Aerial Surveys, Inc. on
(Contractor of Subcontractor)
 the Newark Liberty Int'l Airport ; that during the payroll period commencing on the 25th day of May 20 15 and
(Project Name)
 ending the 31st day of May 20 15 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 Robinson Aerial Surveys, Inc.
(Contractor of 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 Subtitle A), issued by the Secretary of
 Labor under the Copeland Act, as amended (48 Stat. 108, 72 Stat. 967; 76Stat 357; 40 U.S.C. §3145) and described below:

(2) That any payrolls otherwise under this contract to be submitted for the above period are correct and complete; that the wages rates for
 laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage rate 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 in a State, are registered with the Bureau of Apprenticeship and Training, United State 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 Carlos A. Medina, President	SIGNATURE 
---	---

The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution. See Section 100 of Title 18 and Section 231 of the United States Code.

Statement of Compliance

I do hereby state:

1. That I, Lou Pacheco, Treasurer, during the payroll period indicated on the reverse side, supervise the payment of the persons employed by Ferreira Construction Company 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 Ferreira Construction Company 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 rates contained in any wage
3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program.

4. That **2** WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS
In addition to
grams 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 (GRAFD)	EXPLANATION

General Contractor: **Ferris Construction Company Inc** 31 Trainers Road Branchburg, NJ 08876 908-524-8655
 Sub-Contractor: **Ferris Construction Company Inc**
 Contract Number: **SMR 154.183**
 Registration Number: **Essex**
 Job Code: **Week Ending Date**
220 05-10-15
 Project Name & Location: **CONTR-SMR Airport Andam Fuel**
3 Newover Road
 Kewaskank, NJ
 PAYROLL REPORT
 Page 1

Brian McCarthy

Male	05-04	05-05	05-06	05-07	05-08	05-09	05-10	Total	Base	Total	Benefit	Rate	Per	Hour	Local	Total	Benefit	Rate	Per	Hour	Local	Total	Gross Pay	Total Tax & Other Deductions	Net Pay	Taxable Vacation/Dues	All Other Pay
OPERATORS	Reg																										
OPERATORS	Reg																										
OPERATORS	CR																										

Jose V. Angeles

Male	05-04	05-05	05-06	05-07	05-08	05-09	05-10	Total	Base	Total	Benefit	Rate	Per	Hour	Local	Total	Benefit	Rate	Per	Hour	Local	Total	Gross Pay	Total Tax & Other Deductions	Net Pay	Taxable Vacation/Dues	All Other Pay
LABORER	Reg																										
LABORER	Reg																										
LABORER	Reg																										

Julio Flores

Male	05-04	05-05	05-06	05-07	05-08	05-09	05-10	Total	Base	Total	Benefit	Rate	Per	Hour	Local	Total	Benefit	Rate	Per	Hour	Local	Total	Gross Pay	Total Tax & Other Deductions	Net Pay	Taxable Vacation/Dues	All Other Pay
OPERATORS	Reg																										
OPERATORS	Reg																										
OPERATORS	Reg																										

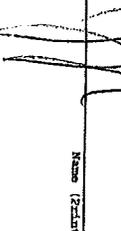
Scott Pelletier

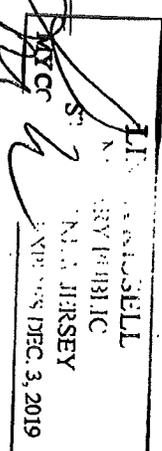
Male	05-04	05-05	05-06	05-07	05-08	05-09	05-10	Total	Base	Total	Benefit	Rate	Per	Hour	Local	Total	Benefit	Rate	Per	Hour	Local	Total	Gross Pay	Total Tax & Other Deductions	Net Pay	Taxable Vacation/Dues	All Other Pay
LABORER	Reg																										
LABORER	Reg																										
LABORER	Reg																										

Ramon Ramos

Male	05-04	05-05	05-06	05-07	05-08	05-09	05-10	Total	Base	Total	Benefit	Rate	Per	Hour	Local	Total	Benefit	Rate	Per	Hour	Local	Total	Gross Pay	Total Tax & Other Deductions	Net Pay	Taxable Vacation/Dues	All Other Pay
LABORER	Reg																										
LABORER	Reg																										
LABORER	Reg																										

This certified payroll has been prepared in accordance with the instructions contained on the reverse side of this form. I certify that the above information represents used and supplemental benefits paid to all persons employed by my firm for construction work on the above project during the period shown. I understand that falsification of this statement is a punishable offense.

Signature:  Name: **Lou Padresco** Title: **Treasurer** Date: **05-18-15**



General Contractor: Petrelia Construction Company Inc
 Sub-Contractor: 31 Ranney Road Bannaburg, NY 08976
 Contract Number: EWR 154.183
 Registration Number: Essex
 Job Code: 220
 Week Ending Date: 05-10-15
 Project Name & Location: COME-DMR Airport Aviation Fuel
 3 Bannaburg Road
 908-534-8655
 Remark: NY

Henry Swain

LABORER	Male	05-04	05-05	05-06	05-07	05-08	05-09	05-10	Total	Base	Total	Benefit	Total	Gross Pay	Total Tax &	Ret Pay	Travel	All Other Pay
Reg	Man	Tue	Wed	Thu	Fri	Sat	Sun	Hours	Hours	Pay	Pay	Rate	Local	Pay	Deductions	Pay	Per Diem	Pay
8.00								40.00					472	1,568.00				
Total										204.50				11,716.47				

Totals for COME-DMR Airport Aviation Fuel

05-04-15	05-05-15	05-06-15	05-07-15	05-08-15	05-09-15	05-10-15	Total	Base Pay	Benefits	Gross Pay	Deductions	Net Pay
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Hours			11,716.47		
40.00	40.00	40.00	42.00	42.50	.00	.00	204.50					

This certified payroll has been prepared in accordance with the instructions contained on the reverse side of this form.
 Information represents wages and supplemental benefits paid to all persons employed by my firm for construction work on the above project during the period shown.
 I understand that falsification of this statement is a punishable offense.

Signature: _____ Name (Print): **Low Posner** Title: **Treasurer** Date: 05-18-15

LINDA KISSE
 NOTARY PUBLIC
 STATE OF NEW YORK
 1019

Statement of Compliance

I do hereby state:

1. That I, Lou Pacheco, Treasurer, during the payroll period indicated on the reverse side, supervise the payment of the persons employed by Ferreira Construction Company 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 Ferreira Construction Company 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 rates contained in any wage

3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program.

4. That WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS in addition to grams 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 (GRAFD

EXPLANATION

Four horizontal lines for providing details under exceptions and explanation.

Payroll Report

General Contractor: Ferruck Construction Company Inc
 Sub-Contractor: 31 Tammany Road Branchburg, NJ 08876
 Contract Number: SMR 154.183
 Registration Number: Essex
 Job Code: 220
 Week Ending Date: 05-17-15
 Project Name & Location: CONT-SMR Airport Aviatn Pval
 3 Brewster Road
 Newark, NJ
 908-534-8655

Andrew M. Rolfs

Employee Name	Sex	Date							Total Hours	Base Rate	Total Base Pay	Benefit Rate	Benefit Pay	Total Tax & Other Deductions	Net Pay	Vacation/Dues	All Other Pay
		05-11	05-12	05-13	05-14	05-15	05-16	05-17									
Jose M. Aquilino	Male																
	OPERATORS of Crane Mon	1.50						1.50									
	REG																
Julio Flores	Male																
	OPERATORS of Crane Mon	1.50						1.50									
	REG																
Raymon Ramos	Male																
	OPERATORS of Crane Mon	1.50						1.50									
	REG																

This certified payroll has been prepared in accordance with the instructions contained on the reverse side of this form. I understand that falsification of this statement is a punishable offense.

Signature

Name (Print)

Low Padeco Treasures

Date



LINDA KISSELL
 NOTARY PUBLIC
 STATE OF NEW JERSEY
 MY COMMISSION EXPIRES DEC. 3, 2019

General Contractor: **Parrella Construction Company Inc** 31 Tannery Road Branaburg, NJ 08876 908-534-8655
 Sub-Contractor: **Essex** Job Code: **220** Week Ending Date: **05-17-15** Project Name & Location: **CONTR-28R Airport Aviation Fuel**
 Contract Number: **28R 154.183** Registration Number: **Essex** 05-17-15 3 Newwater Road Newark, NJ

TERRY SWAN

LABORER	Male	05-11	05-12	05-13	05-14	05-15	05-16	05-17	Total	Base	Total	Benefit	Rate	Paid to	Total	Gross	Total	Net	Table
		Mon	Tue	Wed	Thu	Fri	Sat	Sun		Rate	Base Pay	Rate	Hour	Local	Benefit	Pay	Other	Pay	Other
LABORER	Reg	8.00	8.00	8.00	8.00	8.00			40.00	8.00	320.00	1.50	40	1472	1.50	1,554.15		1,554.15	
LABORER	OT						.50		1.50		1.50								

Totals for **CONTR-28R Airport Aviation Fuel**

Date	Day	Hours	Rate	Base Pay	Benefits	Gross Pay	Deductions	Net Pay
05-11-15	Monday	32.00	8.00	256.00		256.00		256.00
05-12-15	Tuesday	32.00	8.00	256.00		256.00		256.00
05-13-15	Wednesday	32.00	8.00	256.00		256.00		256.00
05-14-15	Thursday	36.00	8.00	288.00		288.00		288.00
05-15-15	Friday	36.00	8.00	288.00		288.00		288.00
05-16-15	Saturday	.00	8.00	.00		.00		.00
05-17-15	Sunday	.00	8.00	.00		.00		.00
	Total			168.00		168.00		168.00

REGISTRATION OF THIS STATEMENT IS A PENNSYLVANIA OFFENSE
 I certify that the above information represents a true and correct statement of the hours worked and the amount of pay earned by the persons employed by my firm for construction work on the above project during the period shown. I understand that falsification of this statement is a punishable offense.

Signature: Lou Pacheco Title: Treasurer Date: 05-22-15

LINDA KISSELL
 NOTARY PUBLIC
 STATE OF NEW JERSEY
 MY COMMISSION EXPIRES DEC. 3, 2019

Statement of Compliance

I do hereby state:

1. That I, Lou Pacheco, Treasurer, during the payroll period indicated on the reverse side, supervise the payment of the persons employed by Ferreira Construction Company 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 Ferreira Construction Company 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 rates contained in any wage
3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program.

4. That ¹4 WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS
In addition to
grams 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 (GRAFT)

EXPLANATION

Brian McCarthy

Male	05-18	05-19	05-20	05-21	05-22	05-23	05-24	Total	Base	Total	Benefit	Rate	Per	Paid to	Total	Gross	Total	Net	Taxable
	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hours	Rate	Base Pay	Hour	Rate	Local	Local	Benefits Paid	Pay	Deductions	Pay	Vacation/Dues
OPERATORS			2.50					2.50		2.50			825	825		2,730.11			
OT																			
Total																			

Jose X Aguiles

Male	05-18	05-19	05-20	05-21	05-22	05-23	05-24	Total	Base	Total	Benefit	Rate	Per	Paid to	Total	Gross	Total	Net	Taxable
	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hours	Rate	Base Pay	Hour	Rate	Local	Local	Benefits Paid	Pay	Deductions	Pay	Vacation/Dues
LABORER			8.00					8.00		22.00			472	472		1,311.81			
OT																			
Total																			

Julio Flores

Male	05-18	05-19	05-20	05-21	05-22	05-23	05-24	Total	Base	Total	Benefit	Rate	Per	Paid to	Total	Gross	Total	Net	Taxable
	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hours	Rate	Base Pay	Hour	Rate	Local	Local	Benefits Paid	Pay	Deductions	Pay	Vacation/Dues
OPERATORS			8.00					8.00		40.00			825	825		1,553.41			
OT																			
Total																			

Frankie Mendham

Male	05-18	05-19	05-20	05-21	05-22	05-23	05-24	Total	Base	Total	Benefit	Rate	Per	Paid to	Total	Gross	Total	Net	Taxable
	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hours	Rate	Base Pay	Hour	Rate	Local	Local	Benefits Paid	Pay	Deductions	Pay	Vacation/Dues
LABORER			8.00					8.00		16.00			472	472		1,568.00			110.00
OT																			
Total																			

Scott Pedfer

Male	05-18	05-19	05-20	05-21	05-22	05-23	05-24	Total	Base	Total	Benefit	Rate	Per	Paid to	Total	Gross	Total	Net	Taxable
	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hours	Rate	Base Pay	Hour	Rate	Local	Local	Benefits Paid	Pay	Deductions	Pay	Vacation/Dues
LABORER			8.00					8.00		40.00			472	472		1,938.75			
OT																			
Total																			

Ramon Ramos

Male	05-18	05-19	05-20	05-21	05-22	05-23	05-24	Total	Base	Total	Benefit	Rate	Per	Paid to	Total	Gross	Total	Net	Taxable
	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hours	Rate	Base Pay	Hour	Rate	Local	Local	Benefits Paid	Pay	Deductions	Pay	Vacation/Dues
LABORER			8.00					8.00		40.00			472	472		1,525.43			
OT																			
Total																			

This certified payroll has been prepared in accordance with the instructions contained on the reverse side of this form. I certify that the above information represents true and correct data and that all benefits paid to all persons employed by my firm for construction work on the above project during the period shown. I understand that falsification of this statement is a punishable offense.

EMPLOYMENT OF THIS STATEMENT IS A PUNISHABLE OFFENSE

Signature: *[Signature]* Name (Print): **Law Ramos** Title: **Treasurer** Date: **05-29-15**

LINDA KISSELL
 NOTARY PUBLIC
 STATE OF NEW JERSEY
 MY COMMISSION EXPIRES DEC. 3, 2019

General Contractor: Perrella Construction Company Inc
 31 Ramsey Road Southbury, CT 04876
 908-534-8655
 Contract Number: EBR 154.183
 Job Code: Week Ending Date: Project Name & Location
 220 05-24-15 CONTI-EMR Airport Aviation Fuel
 Registration Number: Dover 3 Brewster Road
 Remark, CT

TERRY SWAIN

LABORER	Male	05-18 05-19 05-20 05-21 05-22 05-23 05-24							Total	Base	Total	Benefit	Rate	Paid to	Total	Gross Pay	Deductions	Total Tax &	Vacation/Paid	All Other Pay
		Mon	Tue	Wed	Thu	Fri	Sat	Sun												
LABORER	8.00	8.00	8.00	8.00	8.00			40.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00
LABORER	OT			1.00				1.00												
Total									41.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00

Total for CONTI-EMR Airport Aviation Fuel

05-18-15	05-19-15	05-20-15	05-21-15	05-22-15	05-23-15	05-24-15	Total
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Hours
32.00	40.00	47.50	48.00	48.00	.00	.00	215.50
							Base Pay
							Benefits
							Gross Pay
							Deductions
							Net Pay

This certified payroll has been prepared in accordance with the instructions contained on the reverse side of this form. I understand that falsification of this statement is a punishable offense.

REGISTRATION OF THIS STATEMENT IS A PUNISHABLE OFFENSE.

I certify that the above

Signature

Name (Print)

Lee Pacheco Treasurer

Date

05-29-15

LINDA KISSELL
 NOTARY PUBLIC
 STATE OF NEW JERSEY
 MY COMMISSION EXPIRES DEC. 3, 2011

Statement of Compliance

I do hereby state:

1. That I, Lou Pacheco, Treasurer, during the payroll period indicated on the reverse side, supervise the payment of the persons employed by Exetria Construction Company 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 Exetria Construction Company 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 rates contained in any wage

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 grants 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 (CRAE):

EXPLANATION

Year	Rate	01-25	04-25	07-25	10-25	12-31	01-31	04-30	07-31	10-31	12-31	Total	Profit	Total	Total Tax					
2018	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
2019	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
2020	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
2021	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
2022	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
2023	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
2024	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
2025	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
2026	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
2027	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
2028	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
2029	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
2030	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000

I hereby certify that the information contained in this statement is true and correct to the best of my knowledge and belief. I certify that no other information, reports, or data have been furnished to the Commission in connection with this statement or any other statement.

Signature: Lou Pacheco Title: Treasurer

LINDA KISSELI
 NOTARY PUBLIC
 STATE OF NEW JERSEY
 MY COMMISSION EXPIRES DEC. 3, 2019

[Handwritten Signature]

