

PRIME CONTRACTOR ☐SUBCONTRACTOR ☒

PAYROLL NO.

1

FINAL PAYROLL ☒

Business Name (DBA): LIGHTHOUSE ELECTRICAL CONTRACTORS, INC.

Phone: (541) 991-7015

CCB Registration Number: 206039

Project Name: Siu law SD Siu law HS Project Number: 09-22-011N

Type of Work: Electrical

Street Address: 2975 Oak Street, Florence, OR 97439

Project Location: Florence, OR

Mailing Address:

Project County: Lane County

Date Pay Period Began: 8/14/2022

Date Pay Period Ended: 08/20/2022

THIS SECTION FOR PRIME CONTRACTORS ONLY

Public Contracting Agency Name:

Phone: ()

Date Contract Specifications First Advertised for Bid:

Contract Amount:

THIS SECTION FOR SUBCONTRACTORS ONLY

Subcontract Amount:

Prime Contractor Business Name (DBA):

Prime Contractor Phone: ()

Prime Contractor's CCB Registration Number:

Date You Began Work on the Project:

(1)	(2)	(3) DAY AND DATE	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)								
NAME, ADDRESS AND EMPLOYEE'S IDENTIFICATION NUMBER	CLASSIFICATION (INCLUDE GROUP # AND APPRENTICESHIP STEP IF APPLICABLE)								TOTAL HOURS	HOURLY BASE RATE	HOURLY FRINGE BENEFIT AMOUNTS PAID AS WAGES TO EMPLOYEE	GROSS AMOUNT EARNED (see directions)	ITEMIZED DEDUCTIONS FICA, FED, STATE, ETC.	NET WAGES PAID	HOURLY FRINGE BENEFITS PAID TO BENEFIT PARTY, PLAN, FUND, OR PROGRAM	NAME OF BENEFIT PARTY, PLAN, FUND, OR PROGRAM		
		14	15	16	17	18	19	20										
		S	M	T	W	TH	F	S										
		HOURS WORKED EACH DAY																
RYAN LESTER 1020 PRESTWICK CT FLORENCE, OR 97439 571-85-3155	ELECTRICAL	OT																
		ST			8	5				13	49.36	18.00		172.79	764.59	\$2.20	REGENCE	
		Schedule: 5/8 <input checked="" type="checkbox"/> 4/10 <input type="checkbox"/> ; Reg. Hrly. Schd: to															BLUE CROSS	
TANNER WILSON 11608 1 ST STREET MAPLETON, OR 97453 542-57-2732	ELECTRICAL	OT		1/2					1/2									
		ST		8		8				16	49.36	18.00		271.27	852.51	\$2.20	REGENCE	
		Schedule: 5/8 <input checked="" type="checkbox"/> 4/10 <input type="checkbox"/> ; Reg. Hrly. Schd: to															BLUE CROSS	
		OT																
		ST																
		Schedule: 5/8 <input type="checkbox"/> 4/10 <input type="checkbox"/> ; Reg. Hrly. Schd: to																
		OT																
		ST																
		Schedule: 5/8 <input type="checkbox"/> 4/10 <input type="checkbox"/> ; Reg. Hrly. Schd: to																
		OT																
		ST																
		Schedule: 5/8 <input type="checkbox"/> 4/10 <input type="checkbox"/> ; Reg. Hrly. Schd: to																

*Although this form has not been officially approved by the U.S. Department of Labor, it is designed to meet the requirements of both the state PWR law and the federal Davis-Bacon Act.

CERTIFIED STATEMENT

Date: 8/24/2022

I, DAN CLARK PRESIDENT
(NAME OF SIGNATORY PARTY) (TITLE)

do hereby state:

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

LIGHTHOUSE ELECTRICAL CONTRACTORS, INC.

(CONTRACTOR, SUBCONTRACTOR OR SURETY)

on the _____; that during the payroll period

(BUILDING OR WORK)

commencing on the 14TH day of AUGUST 2022, and ending the 20TH day
(MONTH) (YEAR)

of AUGUST 2022, all persons employed on said project have been paid the
(MONTH) (YEAR)

full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said _____

(CONTRACTOR, SUBCONTRACTOR OR SURETY)

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 specified in ORS 652.610, and 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:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for workers 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 worker conform with work 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.

I HAVE READ THIS CERTIFIED STATEMENT, KNOW THE CONTENTS THEREOF AND IT IS TRUE TO MY KNOWLEDGE:

DAN CLARK - PRESIDENT

(NAME AND TITLE)

8/24/2022

(SIGNATURE AND DATE)

In addition to completing sections (1) - (3), if your project is subject to the federal Davis-Bacon Act requirements, complete the following section as well:

(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

SIGNATURE

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

FILE THIS FORM WITH THE PUBLIC AGENCY ASSOCIATED WITH THE PROJECT
NOTE TO CONTRACTORS: YOU MUST ATTACH COPIES OF THIS FORM TO EACH OF YOUR PAYROLL SUBMISSIONS ON THIS PROJECT.
INSTRUCTIONS AND ADDITIONAL FORMS ARE AVAILABLE ON OUR WEBSITE: WWW.OREGON.GOV/BOLI.

PRIME CONTRACTOR ☐SUBCONTRACTOR ☒

PAYROLL NO.

2

FINAL PAYROLL ☒

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Phone: (541) 991-7015

CCB Registration Number: 206039

Project Name: Siuslaw SD Siuslaw HS Project Number: 09-22-0111

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2975 Oak Street, Florence, OR 97439

Project Location:

Florence, OR

Mailing Address:

Project County:

Lane County

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		14 S	15 M	16 T	17 W	18 TH	19 F	20 S								
RYAN LESTER 1020 PRESTWICK CT. FLORENCE, OR 97439 571-85-3155	ELECTRICAL	OT											206.70	871.06	\$2.20	REGENCE
		ST				8	8		16	49.36	18.00					BLUE CROSS
		Schedule: 5/8 <input checked="" type="checkbox"/> 4/10 <input type="checkbox"/> ; Reg. Hrly. Schd: _____ to _____										1077.76				
TANNER WILSON 11606 1 ST STREET MAPLETON, OR 97453 542-57-2732	ELECTRICAL	OT											393.48	1054.76	\$2.20	REGENCE
		ST				8	8	5.5	21.50	49.36	18.00					BLUE CROSS
		Schedule: 5/8 <input checked="" type="checkbox"/> 4/10 <input type="checkbox"/> ; Reg. Hrly. Schd: _____ to _____										1448.24				
		OT														
		ST														
		Schedule: 5/8 <input type="checkbox"/> 4/10 <input type="checkbox"/> ; Reg. Hrly. Schd: _____ to _____														
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(SIGNATURE AND DATE)

8/24/2022

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