

CERTIFIED PAYROLL REPORT

Employer Name & Address Ohio Demo 2378 Dane Hill Road West Charleston, OH 55273										Name of General/Prime Contractor SLCP Inc.					Project Name & Location 25-111				Contracting Public Authority Name of Contracting Authority										
Check if subcontractor <input checked="" type="checkbox"/>		Week Ending 1/4/2003		Payroll Number 1 Page 1 of 1						Project Number Fed Proj # 25-111 St Proj # OH25111-2001-11																			
1. Employee Name, Address and Social Security Number		2. Work Class		3. Hours Worked - Day and Date							4. Project Total Hrs.	5. Base Rate	6. Project Gross	7. Fringes					8. Total Hours All Jobs	9. Total Gross All Jobs	10. Taxes Withheld	11. Other Deductions	12. NET Paid						
				Cash	Approved Plans	Cash & Approved Plans	H & W	Pens	Vac	App				Other															
				Sun	Mon	Tue	Wed	Thu	Fri	Sat																			
				12/29	12/30	12/31	1/1	1/2	1/3	1/4																			
Supervisor, Sam L. 177 Main Street West Charleston, OH 55273 010-22-3345		Supervisors		OT																									
				ST	0	8	8	8	8	8	0	40	\$ 45.00	\$1,800.00	\$ -	\$120.00	\$ -	\$ -	\$ 10.00	40.00	\$1,800.00	\$ 511.61	\$ 100.00	\$1,188.39					
Laborer, Laura B. PO Box 798 West Charleston, OH 55273 002-55-1234		Laborer, Semi-Skilled		OT																									
				ST	0	8	8	8	8	8	0	40	\$ 18.00	\$720.00	\$ -	\$120.00	\$ -	\$ -	\$ 10.00	40.00	\$ 720.00	\$ 137.23	\$ 100.00	\$482.77					
Mason, Mark L. PO Box 888 Derby, OH 55273 004-66-9987		Cement Masons		OT																									
				ST	0	8	8	8	8	8	0	40	\$ 23.50	\$940.00	\$ -	\$ -	\$ -	\$ -	\$ -	40.00	\$ 940.00	\$ 280.52	\$ 100.00	\$559.48					
Equipment, John J PO Box 111 Newport, OH 33572 005-66-9987		Equip. Opers.		OT																									
				ST	0	8	8	8	8	8	0	40	\$ 20.00	\$800.00	\$ -	\$120.00	\$ -	\$ -	\$ 10.00	40.00	\$ 800.00	\$ 223.89	\$ 150.00	\$426.11					
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Date: 12/22/2003

My signature on this form signifies that I pay, or supervise the payment of the employees shown above. I am certifying: 1) That during the pay period reported on this form, all hours worked on this project have been paid at the appropriate prevailing wage rate for the class of work done. 2) That the fringe benefits have been paid as indicated above. 3) That no rebates or deductions have been or will be made, directly or indirectly from the total wages earned, other than permissible deductions as defined in the Ohio Revised Code Chapter 4115. 4) That apprentices are registered with the U.S. Department of Labor, Bureau of Apprenticeship and Training. The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution.

Name and Title: Betty A. Bookkeeper Bookkeeper

Signature _____