U.S. Department of Labor

Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347inst.htm)

U.S. Wann and Hour Division

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

Rev. Dec. 2008

NAME OF CONTRACTOR		OR SUBCONTRACTOR					AD	ADDRESS										OMB No. 1235-0008		
PEC SOLUTIONS LLC					59	5960 MAIN ST NE MINNEAPOLIS, MN 55432									Expires: 07/31/2024					
PAYROLL NO. FOR WEEK ENDING 06/29/2024								PROJECT AND LOCATION C REISS DOCK ST LOUIS				BAY, SUPERIOR WI				PROJECT OR CONTRACT NO. 0 JOB/SUBJOB NO.: 301528 105 Project 23				
(1)	(2)	(3)		(4) DAY Af				AND DATE				(6)	(7)	(8)				_	(9)	
		ن ا	1	2	3	Ι 4	1 5 6 7				İ		DEDUCTIONS							
NAME AND INDIVIDUAL IDENTIFYING NUMBER	LDING		. OR S	6 -23	6 -24	6 -25	6 -26	6 -27	6 - 28	6 -29	1									NET WAGES
(e.g. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO. OF WITHOI EXEMP	WORK CLASSIFICATION	Б			HOURS	WORKED E	ACH DAY			TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	FED	ST	LOC	OTHER	TOTAL DEDUCTIONS	PAID FOR WEEK
RISTINEN, ANDREW R XXX- XX-8287	0	APP4	S T	.00	.00	.00	.00	3.00	.00	.00	3.00	30.050	1334.21 / 100.07	102.07	136.62	60.00	.00	172.06	470.75	863.46
JOB TOTALS -																				
			S T	.00	.00	.00	.00	3.00	.00	.00	3.00									
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contracts to respond to the information collection contracts to respond to the information collection contracts to respond to the information contra

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room \$3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210.

Date	
I, (Name of Signatory Party)	(Title)
do hereby state:	
(1) That I pay or supervise the payment of the persons employed by	
(Contractor or Subcontractor)	on the
,	
; that during the payroll	period commencing on the
(Building or Work)	
day of,, and ending the day of	
all persons employed on said project have been paid the full weekly wages earned been or will be made either directly or indirectly to or on behalf of said	
(Contractor or Cub contractor)	from the full
(Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made eifrom the full wages earned by any person, other than permissible deductions as a 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Ac 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below	defined in Řegulations, Part et, as amended (48 Stat. 948

- (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 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 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
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REMARKS:	
NAME AND TITLE THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STA	SIGNATURE ALL GASS JEMENTS MAY SUBJECT THE CONTRACTOR OR

Molly Musolf, Project Administrator

Molly Musolf, Project Administrator

Molly Musolf 7/9/24