

## eCPR Online Confirmation

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**Your payroll submission request has been processed.**

Please review the results of your submission. Should you have any questions please contact the eCPR unit at [publicworks@dir.ca.gov](mailto:publicworks@dir.ca.gov).

There is an existing payroll transaction for this contractor on this project for this week ending date.

Transaction ID for that transaction is: 11635251

This certified payroll will be treated as an amendment #: 1

Contractor Name: H B C ENTERPRISES

Contractor Address: 2743 E. SHAW AVE. FRESNO CA 93710

Awarding Body: CITY OF STOCKTON PUBLIC WORKS

Project ID: 369928

Contract With: CITY OF STOCKTON PUBLIC WORKS

Week Ending Date: 2021-07-17

Payroll Number: 1

Amendment Number: 1

3 employee payroll record(s) processed

Your Transaction ID is: 11638058

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Public Works Certified Payroll Reporting Form

Contractor Name: H B C ENTERPRISES      Project Name: WILSON WAY BRIDGE INSTALLATION OF SLOPE PROTECTION      Week Ending: 07/17/2021      Payroll Number: 1-1

Employee: FERNANDO MORA 313 FRITZ STREET, MADERA, CA, 93838

SSN: [REDACTED]	Sun 07/11	Mon 07/12	Tue 07/13	Wed 07/14	Thu 07/15	Fri 07/16	Sat 07/17	Total Hours	Base Hourly	Total Fringe	Vac/ Holiday	Health & Welf.	Pension	Other	Training	Total Hourly Rate
S CONSTRUCTION SPECIALIST AREA 2	0.00	6.00	0.00	0.00	0.00	0.00	0.00	6.00	59.74	0.00	0.00	0.00	0.00	0.00	0.00	59.74
S OPERATOR GROUP 8-A	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	72.41	0.00	0.00	0.00	0.00	0.00	0.00	72.41
O OPERATOR GROUP 8-A	0.00	0.00	0.00	0.00	0.00	0.00	8.00	8.00	92.93	0.00	0.00	0.00	0.00	0.00	0.00	92.93
NOTE:											Travel & Subsistence	20.00	Total Deductions	270.34		

Certified Payroll  
Verified by:  
*CK P/20*

**Public Works Certified Payroll Reporting Form**

<b>Contractor Name:</b> H B C ENTERPRISES		<b>Project Name:</b> WILSON WAY BRIDGE INSTALLATION OF SLOPE PROTECTION						<b>Week Ending:</b> 07/17/2021			<b>Payroll Number:</b> 1-1						
<b>Employee:</b> JOSHUA BOWMAN 35470 AVENUE 14, MADERA, CA, 93636																	
SSN: ██████████		Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total	Base Hourly	Total	Vac/	Health	Pension	Other	Training	Total
		07/11	07/12	07/13	07/14	07/15	07/16	07/17	Hours		Fringe	Holiday	& Wellf.				Hourly Rate
<b>S</b>	OPERATOR GROUP 8-A	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	72.41	0.00	0.00	0.00	0.00	0.00	0.00	72.41
<b>O</b>	OPERATOR GROUP 8-A	0.00	0.00	0.00	0.00	0.00	0.00	8.50	8.50	92.93	0.00	0.00	0.00	0.00	0.00	0.00	92.93
<b>NOTE:</b>												Travel & Subsistence	0.00	Total Deductions	0.00		



STATE OF CALIFORNIA  
STATEMENT OF COMPLIANCE

Date: July 21, 2021

Rob Harris JV Partner do hereby state:  
(Name of signatory party) (Title)

(1) That I pay or supervise the payment of the persons reported on the Certified Payroll Report by HBC Enterprises on the Wilson Way Bridge S, that during the payroll period (Contractor or subcontractor) (Project) commencing on the 11th day of July and ending the 17th day of July 20 21, all persons working on said project have been paid the full weekly sums earned, that no rebates have been or will be made either directly or indirectly to, or on behalf of, said HBC Enterprises from the full weekly sums earned by any person (Contractor or subcontractor)

and that no deductions have been made either directly or indirectly from the full sums earned by any person, other than permissible deductions, as described below:

- (2) That any payrolls or listings or 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.


- (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 or listings 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 or listings has been paid as indicated on the payroll or listings 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
All Crafts	Training Funds Paid to the Appropriate

Remarks:

NAME AND TITLE Rob Harris/JV Partner Rob Harris/JV Partner	SIGNATURE 
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Also, 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).

Print

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## eCPR Online Confirmation

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**Your payroll submission request has been processed.**

Please review the results of your submission. Should you have any questions please contact the eCPR unit at [publicworks@dir.ca.gov](mailto:publicworks@dir.ca.gov).

Contractor Name: H B C ENTERPRISES  
Contractor Address: 2743 E. SHAW AVE. FRESNO CA 93710  
Awarding Body: CITY OF STOCKTON PUBLIC WORKS  
Project ID: 369928  
Contract With: CITY OF STOCKTON PUBLIC WORKS  
Week Ending Date: 2021-07-24  
Payroll Number: 2  
Amendment Number: 0

4 employee payroll record(s) processed

Your Transaction ID is: 11669976

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**Public Works Certified Payroll Reporting Form**

**Certification under penalty of perjury:**

"I, ROB HARRIS, the undersigned, am the JV PARTNER (position in business) with the authority to act for and on behalf of HBC ENTERPRISES (name of business and/or contractor), certify under penalty of perjury that the records or copies thereof submitted and consisting of certified payroll records for the week ending 2021-07-24 are the originals or true, full, and correct copies of the originals which depict the payroll record(s) of the actual disbursements by way of cash, check, or whatever form to the individual or individuals named. I certify this on 2021-07-26."

<b>Contractor Name:</b> H B C ENTERPRISES		<b>Contractor PWR:</b> 100062361		<b>License Type:</b> CSLB		<b>License Number:</b> 1044524										
<b>Address:</b> 2743 E. SHAW AVE., FRESNO, CA 93710		<b>FEIN:</b> 371912894		<b>Contractor Email:</b> ROBATHBC@GMAIL.COM												
<b>Insurance Number:</b> 50613968																
<b>Awarding Body:</b> CITY OF STOCKTON PUBLIC WORKS		<b>DIR Project ID:</b> 369928		<b>Project Name:</b> WILSON WAY BRIDGE INSTALLATION OF SLOPE PROTECTION												
<b>Contract With:</b> CITY OF STOCKTON PUBLIC WORKS		<b>County:</b> SAN JOAQUIN		<b>Location Description:</b>												
<b>Payroll #:</b> 2 - 0		<b>Ctr Payroll #:</b>		<b>Week Ending:</b> 07/24/2021		<input type="checkbox"/> <b>Statement of Non-Performance?</b>										
						<input type="checkbox"/> <b>Final payroll for this project?</b>										
<b>Employee:</b> EIBAR BETANCOURT 16680 AUSTIN STREET, MADERA, CA, 93838																
SSN: ██████████																
	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total Hours	Base Hourly	Total Fringe	Vac/Holiday	Health & Well.	Pension	Other	Training	Total Hourly Rate
	07/18	07/19	07/20	07/21	07/22	07/23	07/24									
<b>S</b>	CONSTRUCTION SPECIALIST AREA 2	0.00	0.00	8.00	8.00	8.00	0.00	0.00	82.00	59.74	0.00	0.00	0.00	0.00	0.00	69.74
<b>D</b>	CONSTRUCTION SPECIALIST AREA 2	8.00	0.00	0.00	0.00	0.00	0.00	8.00	93.49	0.00	0.00	0.00	0.00	0.00	0.00	93.49
<b>NOTE:</b>											Travel & Subsistence		138.00	Total Deductions		751.39

**Public Works Certified Payroll Reporting Form**

<b>Contractor Name:</b> H B C ENTERPRISES		<b>Project Name:</b> WILSON WAY BRIDGE INSTALLATION OF SLOPE PROTECTION						<b>Week Ending:</b> 07/24/2021			<b>Payroll Number:</b> 2-0						
<b>Employee:</b> EDUARDO BETANCOURT 325 WILSON STREET, MADERA, CA, 93638																	
<b>SSN:</b> [REDACTED]		Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total Hours	Base Hourly	Total Fringe	Vac/ Holiday	Health & Well.	Pension	Other	Training	Total Hourly Rate
		07/18	07/19	07/20	07/21	07/22	07/23	07/24									
<b>S</b> CONSTRUCTION SPECIALIST AREA 2		0.00	0.00	8.00	8.00	8.00	0.00	0.00	24.00	59.74	0.00	0.00	0.00	0.00	0.00	0.00	59.74
<b>NOTE:</b>												Travel & Subsistence	103.50	Total Deductions	384.34		



Public Works Certified Payroll Reporting Form

Contractor Name: H B C ENTERPRISES      Project Name: WILSON WAY BRIDGE INSTALLATION OF SLOPE PROTECTION      Week Ending: 07/24/2021      Payroll Number: 2-0

Employee: FERNANDO MORA 313 FRITZ STREET, MADERA, CA, 93638

SSN: [REDACTED]

	Sun 07/18	Mon 07/19	Tue 07/20	Wed 07/21	Thu 07/22	Fri 07/23	Sat 07/24	Total Hours	Base Hourly	Total Fringe	Vac/ Holiday	Health & Well.	Pension	Other	Training	Total Hourly Rate
<b>S</b> OPERATOR GROUP 8-A	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	72.41	0.00	0.00	0.00	0.00	0.00	0.00	72.41
<b>O</b> OPERATOR GROUP 8-A	0.00	0.00	0.00	0.00	0.00	0.00	8.00	8.00	92.93	0.00	0.00	0.00	0.00	0.00	0.00	92.93
<b>D</b> OPERATOR GROUP 8-A	8.00	0.00	0.00	0.00	0.00	0.00	0.00	8.00	113.44	0.00	0.00	0.00	0.00	0.00	0.00	113.44

NOTE:

Travel & Subsistence      40.00      Total Deductions      278.80

Certified Payroll  
Verified by:  
*[Signature]*

**Public Works Certified Payroll Reporting Form**

<b>Contractor Name:</b> H B C ENTERPRISES		<b>Project Name:</b> WILSON WAY BRIDGE INSTALLATION OF SLOPE PROTECTION						<b>Week Ending:</b> 07/24/2021			<b>Payroll Number:</b> 2-0						
<b>Employee:</b> JOSHUA BOWMAN 36470 AVENUE 14, MADERA, CA, 93836																	
SSN: [REDACTED]		Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total Hours	Base Hourly	Total Fringe	Vac/Holiday	Health & Well.	Pension	Other	Training	Total Hourly Rate
		07/18	07/19	07/20	07/21	07/22	07/23	07/24									
<b>S</b>	OPERATOR GROUP 8-A	0.00	8.00	8.00	8.00	8.00	0.00	0.00	32.00	72.41	0.00	0.00	0.00	0.00	0.00	0.00	72.41
<b>O</b>	OPERATOR GROUP 8-A	0.00	0.50	0.50	0.50	1.00	0.00	0.00	3.50	92.93	0.00	0.00	0.00	0.00	0.00	0.00	92.93
<b>D</b>	OPERATOR GROUP 8-A	8.50	0.00	0.00	0.00	0.00	0.00	0.00	8.50	113.44	0.00	0.00	0.00	0.00	0.00	0.00	113.44
<b>NOTE:</b>												Travel & Subsistence	0.00	Total Deductions	0.00		

STATE OF CALIFORNIA  
STATEMENT OF COMPLIANCE

Date: July 26, 2021

Rob Harris JV Partner do hereby state:  
(Name of signatory party) (Title)

(1) That I pay or supervise the payment of the persons reported on the Certified Payroll Report by HBC Enterprises on the Wilson Way Bridge Slope (Contractor or subcontractor) (Project) that during the payroll period commencing on the 18th day of July and ending the 24th day of July 20 21, all persons working on said project have been paid the full weekly sums earned, that no rebates have been or will be made either directly or indirectly to, or on behalf of, said HBC Enterprises from the full weekly sums earned by any person (Contractor or subcontractor)

and that no deductions have been made either directly or indirectly from the full sums earned by any person, other than permissible deductions, as described below:

\_\_\_\_\_  
\_\_\_\_\_

- (2) That any payrolls or listings or 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.


- (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 or listings 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 or listings has been paid as indicated on the payroll or listings 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
All Crafts	Training Funds Paid to the Appropriate

Remarks:

NAME AND TITLE <u>Rob Harris/JV Partner</u> <u>Rob Harris/JV Partner</u>	SIGNATURE 
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Also, 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).

Print

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## eCPR Online Confirmation

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Your payroll submission request has been processed.

Please review the results of your submission. Should you have any questions please contact the eCPR unit at [publicworks@dir.ca.gov](mailto:publicworks@dir.ca.gov).

Contractor Name: H B C ENTERPRISES  
Contractor Address: 2743 E. SHAW AVE. FRESNO CA 93710  
Awarding Body: CITY OF STOCKTON PUBLIC WORKS  
Project ID: 369928  
Contract With: CITY OF STOCKTON PUBLIC WORKS  
Week Ending Date: 2021-07-31  
Payroll Number: 3  
Amendment Number: 0

4 employee payroll record(s) processed

Your Transaction ID is: 11722723

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**Public Works Certified Payroll Reporting Form**

**Certification under penalty of perjury:**

"I, ROB HARRIS, the undersigned, am the JV PARTNER (position in business) with the authority to act for and on behalf of HBC ENTERPRISES (name of business and/or contractor), certify under penalty of perjury that the records or copies thereof submitted and consisting of certified payroll records for the week ending 2021-07-31 are the originals or true, full, and correct copies of the originals which depict the payroll record(s) of the actual disbursements by way of cash, check, or whatever form to the individual or individuals named. I certify this on 2021-08-02."

<b>Contractor Name:</b> H B C ENTERPRISES		<b>Contractor PWCR:</b> 1000062361		<b>License Type:</b> CSLB		<b>License Number:</b> 1044524										
<b>Address:</b> 2743 E. SHAWAVE, FRESNO, CA 93710		<b>FEIN:</b> 371912894		<b>Contractor Email:</b> ROBATHBC@GMAIL.COM												
<b>Insurance Number:</b> 60513968																
<b>Awarding Body:</b> CITY OF STOCKTON PUBLIC WORKS		<b>DIR Project ID:</b> 369928		<b>Project Name:</b> WILSON WAY BRIDGE INSTALLATION OF SLOPE PROTECTION												
<b>Contract With:</b> CITY OF STOCKTON PUBLIC WORKS		<b>County:</b> SAN JOAQUIN		<b>Location Description:</b>												
<b>Payroll #:</b> 3 - 0		<b>Ctr Payroll #:</b>		<b>Week Ending:</b> 07/31/2021		<input type="checkbox"/> <b>Statement of Non-Performance?</b>										
						<input type="checkbox"/> <b>Final payroll for this project?</b>										
<b>Employee:</b> EIBAR BETANCOURT 16680 AUSTIN STREET, MADERA, CA, 93638																
SSN: [REDACTED]																
	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total Hours	Base Hourly	Total Fringe	Vac/Holiday	Health & Well.	Pension	Other	Training	Total Hourly Rate
	07/25	07/26	07/27	07/28	07/29	07/30	07/31									
<b>S</b>	CONSTRUCTION SPECIALIST AREA 2	8.00	8.00	8.00	8.00	8.00	8.00	0.00	56.00	60.74	0.00	0.00	0.00	0.00	0.00	59.74
<b>NOTE:</b>											Travel & Subsistence		138.00	Total Deductions		434.67

**Public Works Certified Payroll Reporting Form**

<b>Contractor Name:</b> H B C ENTERPRISES		<b>Project Name:</b> WILSON WAY BRIDGE INSTALLATION OF SLOPE PROTECTION						<b>Week Ending:</b> 07/31/2021			<b>Payroll Number:</b> 3-0						
<b>Employee:</b> EDUARDO BETANCOURT 325 WILSON STREET, MADERA, CA, 93638																	
<b>SSN:</b> [REDACTED]		<b>Sun</b>	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thu</b>	<b>Fri</b>	<b>Sat</b>	<b>Total Hours</b>	<b>Base Hourly</b>	<b>Total Fringe</b>	<b>Vac/ Holiday</b>	<b>Health &amp; Well.</b>	<b>Pension</b>	<b>Other</b>	<b>Training</b>	<b>Total Hourly Rate</b>
		07/25	07/26	07/27	07/28	07/29	07/30	07/31									
<b>S</b>	CONSTRUCTION SPECIALIST AREA 2	0.00	8.00	8.00	8.00	0.00	8.00	0.00	32.00	59.74	0.00	0.00	0.00	0.00	0.00	0.00	59.74
<b>NOTE:</b>												Travel & Subsistence		580.86	Total Deductions		580.86

**Public Works Certified Payroll Reporting Form**

**Contractor Name:** H B C ENTERPRISES      **Project Name:** WILSON WAY BRIDGE INSTALLATION OF SLOPE PROTECTION      **Week Ending:** 07/31/2021      **Payroll Number:** 3-0

**Employee:** FERNANDO MORA 313 FRITZ STREET, MADERA, CA, 93638

**SSN:** [REDACTED]

	Sun 07/25	Mon 07/26	Tue 07/27	Wed 07/28	Thu 07/29	Fri 07/30	Sat 07/31	Total Hours	Base Hourly	Total Fringe	Vac/ Holiday	Health & Well.	Pension	Other	Training	Total Hourly Rate
<b>S</b> CONSTRUCTION SPECIALIST AREA 2	0.00	0.00	0.00	0.00	0.00	2.00	0.00	2.00	59.74	0.00	0.00	0.00	0.00	0.00	0.00	59.74
<b>S</b> OPERATOR GROUP 8-A	0.00	0.00	0.00	0.00	0.00	6.00	0.00	6.00	72.41	0.00	0.00	0.00	0.00	0.00	0.00	72.41
<b>D</b> OPERATOR GROUP 8-A	8.00	0.00	0.00	0.00	0.00	0.00	0.00	8.00	113.44	0.00	0.00	0.00	0.00	0.00	0.00	113.44

**NOTE:**      Travel & Subsistence      54.50      Total Deductions      294.64

**Public Works Certified Payroll Reporting Form**

**Contractor Name:** H B C ENTERPRISES      **Project Name:** WILSON WAY BRIDGE INSTALLATION OF SLOPE PROTECTION      **Week Ending:** 07/31/2021      **Payroll Number:** 3-0

**Employee:** JOSHUA BOWMAN 35470 AVENUE 14, MADERA, CA, 93836  
**SSN:** [REDACTED]

	Sun 07/25	Mon 07/26	Tue 07/27	Wed 07/28	Thu 07/29	Fri 07/30	Sat 07/31	Total Hours	Base Hourly	Total Fringe	Vac/ Holiday	Health & Well.	Pension	Other	Training	Total Hourly Rate
<b>S</b> OPERATOR GROUP 8-A	0.00	8.00	8.00	8.00	0.00	3.50	0.00	27.50	72.41	0.00	0.00	0.00	0.00	0.00	0.00	72.41
<b>O</b> OPERATOR GROUP 8-A	0.00	1.00	0.50	1.00	0.00	0.00	0.00	2.50	52.93	0.00	0.00	0.00	0.00	0.00	0.00	52.93
<b>D</b> OPERATOR GROUP 8-A	8.50	0.00	0.00	0.00	0.00	0.00	0.00	8.50	113.44	0.00	0.00	0.00	0.00	0.00	0.00	113.44
<b>NOTE:</b>											Travel & Subsistence		0.00	Total Deductions		0.00





STATE OF CALIFORNIA  
STATEMENT OF COMPLIANCE

Date: August 2, 2021

Rob Harris JV Partner do hereby state:  
(Name of signatory party) (Title)

(1) That I pay or supervise the payment of the persons reported on the Certified Payroll Report by HBC Enterprises on the Wilson Way Bridge, that during the payroll period (Contractor or subcontractor) (Project) commencing on the 25th day of July and ending the 31st day of July 20 21, all persons working on said project have been paid the full weekly sums earned, that no rebates have been or will be made either directly or indirectly to, or on behalf of, said HBC Enterprises from the full weekly sums earned by any person (Contractor or subcontractor) and that no deductions have been made either directly or indirectly from the full sums earned by any person, other than permissible deductions, as described below:


- (2) That any payrolls or listings or 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.

- (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 or listings 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 or listings has been paid as indicated on the payroll or listings 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
All Crafts	Training Funds is Paid to the Appropriate

Remarks:

NAME AND TITLE <u>Rob Harris/JV Partner</u>	SIGNATURE 
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Also, 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).

## eCPR Online Confirmation

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**Your payroll submission request has been processed.**

Please review the results of your submission. Should you have any questions please contact the eCPR unit at [publicworks@dir.ca.gov](mailto:publicworks@dir.ca.gov).

Contractor Name: H B C ENTERPRISES  
Contractor Address: 2743 E. SHAW AVE. FRESNO CA 93710  
Awarding Body: CITY OF STOCKTON PUBLIC WORKS  
Project ID: 369928  
Contract With: CITY OF STOCKTON PUBLIC WORKS  
Week Ending Date: 2021-08-07  
Payroll Number: 4  
Amendment Number: 0

7 employee payroll record(s) processed

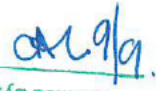
Your Transaction ID is: 11911220

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View your submission

Submit another set of payroll records

  
 Certified Payroll  
 Verified by:

**Public Works Certified Payroll Reporting Form**

**Certification under penalty of perjury:**

"I, ROB HARRIS, the undersigned, am the JV PARTNER (position in business) with the authority to act for and on behalf of HBC ENTERPRISES (name of business and/or contractor), certify under penalty of perjury that the records or copies thereof submitted and consisting of certified payroll records for the week ending 2021-08-07 are the originals or true, full, and correct copies of the originals which depict the payroll record(s) of the actual disbursements by way of cash, check, or whatever form to the individual or individuals named. I certify this on 2021-08-25."

<b>Contractor Name:</b> H B C ENTERPRISES		<b>Contractor PWCR:</b> 100062361		<b>License Type:</b> CSLB		<b>License Number:</b> 1044524											
<b>Address:</b> 2743 E. SHAW AVE., FRESNO, CA 93710		<b>FEIN:</b> 371912894		<b>Contractor Email:</b> ROBATHBC@GMAIL.COM													
<b>Insurance Number:</b> 60513968																	
<b>Awarding Body:</b> CITY OF STOCKTON PUBLIC WORKS		<b>DIR Project ID:</b> 369928		<b>Project Name:</b> WILSON WAY BRIDGE INSTALLATION OF SLOPE PROTECTION													
<b>Contract With:</b> CITY OF STOCKTON PUBLIC WORKS		<b>County:</b> SAN JOAQUIN		<b>Location Description:</b>													
<b>Payroll #:</b> 4 - 0		<b>Ctr Payroll #:</b>		<b>Week Ending:</b> 08/07/2021		<input type="checkbox"/> <b>Statement of Non-Performance?</b>		<input type="checkbox"/> <b>Final payroll for this project?</b>									
<b>Employee:</b> EIBAR BETANCOURT 16680 AUSTIN STREET, MADERA, CA, 93638																	
SSN: [REDACTED]																	
	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total	Base	Total	Vac/	Health	Pension	Other	Training	Total	
	08/01	08/02	08/03	08/04	08/05	08/06	08/07	Hours	Hourly	Fringe	Holiday	& Welf.				Hourly Rate	
<b>S</b>	CONSTRUCTION SPECIALIST AREA 2	0.00	8.00	8.00	8.00	0.00	0.00	24.00	59.74	0.00	0.00	0.00	0.00	0.00	0.00	59.74	
<b>NOTE:</b>											Travel & Subsistence		103.50		Total Deductions		243.16

**Public Works Certified Payroll Reporting Form**

**Contractor Name:** H B C ENTERPRISES      **Project Name:** WILSON WAY BRIDGE INSTALLATION OF SLOPE PROTECTION      **Week Ending:** 08/07/2021      **Payroll Number:** 4-0

**Employee:** JASON NELSON 2926 PIERCE DRIVE, CLOVIS, CA, 93612

**SSN:** [REDACTED]

	Sun 08/01	Mon 08/02	Tue 08/03	Wed 08/04	Thu 08/05	Fri 08/06	Sat 08/07	Total Hours	Base Hourly	Total Fringe	Vac/ Holiday	Health & Well.	Pension	Other	Training	Total Hourly Rate
<b>S</b> CONSTRUCTION SPECIALIST AREA 2	0.00	8.00	8.00	3.00	8.00	4.00	0.00	23.00	89.74	0.00	0.00	0.00	0.00	0.00	0.00	89.74
<b>S</b> OPERATOR GROUP A-8	0.00	0.00	0.00	5.00	0.00	0.00	0.00	5.00	72.41	0.00	0.00	0.00	0.00	0.00	0.00	72.41
<b>O</b> CEMENT MASON	0.00	0.00	0.00	0.00	2.50	0.00	0.00	2.50	88.21	0.00	0.00	0.00	0.00	0.00	0.00	88.21
<b>O</b> CONSTRUCTION SPECIALIST AREA 2	0.00	0.00	0.00	0.00	0.50	0.00	0.00	0.50	76.62	0.00	0.00	0.00	0.00	0.00	0.00	76.62

**NOTE:**

Travel & Subsistence      0.00      Total Deductions      877.86

**Public Works Certified Payroll Reporting Form**

<b>Contractor Name:</b> H B C ENTERPRISES	<b>Project Name:</b> WILSON WAY BRIDGE INSTALLATION OF SLOPE PROTECTION	<b>Week Ending:</b> 08/07/2021	<b>Payroll Number:</b> 4-0													
<b>Employee:</b> EDUARDO BETANCOURT 325 WILSON STREET, MADERA, CA, 93838																
SSN: [REDACTED]	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total Hours	Base Hourly	Total Fringe	Vac/ Holiday	Health & Welf.	Pension	Other	Training	Total Hourly Rate
	08/01	08/02	08/03	08/04	08/05	08/06	08/07									
<b>S</b> CONSTRUCTION SPECIALIST AREA 2	0.00	8.00	8.00	8.00	8.00	8.00	0.00	40.00	59.74	0.00	0.00	0.00	0.00	0.00	0.00	48.74
<b>O</b> CONSTRUCTION SPECIALIST AREA 2	0.00	0.00	0.00	0.00	4.00	0.00	0.00	4.00	76.62	0.00	0.00	0.00	0.00	0.00	0.00	76.62
<b>NOTE:</b>											Travel & Subsistence	172.50	Total Deductions	918.77		

**Public Works Certified Payroll Reporting Form**

**Contractor Name:** H B C ENTERPRISES      **Project Name:** WILSON WAY BRIDGE INSTALLATION OF SLOPE PROTECTION      **Week Ending:** 08/07/2021      **Payroll Number:** 4-0

**Employee:** FERNANDO MORA 313 FRITZ STREET, MADERA, CA, 93838  
**SSN:** [REDACTED]

	Sun 08/01	Mon 08/02	Tue 08/03	Wed 08/04	Thu 08/05	Fri 08/06	Sat 08/07	Total Hours	Base Hourly	Total Fringe	Vac/ Holiday	Health & Welf.	Pension	Other	Training	Total Hourly Rate
<b>S</b> CEMENT MASON	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	67.71	0.00	0.00	0.00	0.00	0.00	0.00	67.71
<b>S</b> CONSTRUCTION SPECIALIST AREA 2	0.00	3.00	0.00	0.00	0.00	0.00	0.00	3.00	58.74	0.00	0.00	0.00	0.00	0.00	0.00	58.74
<b>S</b> OPERATOR GROUP 8-A	0.00	5.00	2.00	0.00	0.00	2.00	0.00	9.00	72.41	0.00	0.00	0.00	0.00	0.00	0.00	72.41
<b>O</b> CEMENT MASON	0.00	0.00	0.00	0.00	2.50	0.00	0.00	2.50	88.21	0.00	0.00	0.00	0.00	0.00	0.00	88.21
<b>O</b> CONSTRUCTION SPECIALIST AREA 2	0.00	0.00	0.00	0.00	1.50	0.00	0.00	1.50	76.62	0.00	0.00	0.00	0.00	0.00	0.00	76.62
<b>NOTE:</b>												Travel & Subistence	138.00	Total Deductions	556.97	

**Public Works Certified Payroll Reporting Form**

<b>Contractor Name:</b> H B C ENTERPRISES		<b>Project Name:</b> WILSON WAY BRIDGE INSTALLATION OF SLOPE PROTECTION						<b>Week Ending:</b> 08/07/2021			<b>Payroll Number:</b> 4-0						
<b>Employee:</b> FRANCISCO JIMENEZ 1827 PULLMAN WAY APT. A, OAKLAND, CA, 94607																	
<b>SSN:</b> [REDACTED]		Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total Hours	Base Hourly	Total Fringe	Vac/Holiday	Health & Well.	Pension	Other	Training	Total Hourly Rate
		08/01	08/02	08/03	08/04	08/05	08/06	08/07									
<b>S</b>	CEMENT MASON	0.00	4.00	0.00	0.00	8.00	0.00	0.00	12.00	67.71	0.00	0.00	0.00	0.00	0.00	0.00	67.71
<b>O</b>	CEMENT MASON	0.00	4.00	0.00	0.00	1.00	0.00	0.00	5.00	88.21	0.00	0.00	0.00	0.00	0.00	0.00	88.21
<b>NOTE:</b>												Travel & Subsistence	0.00	Total Deductions	55.74		



**Public Works Certified Payroll Reporting Form**

**Contractor Name:** H B C ENTERPRISES      **Project Name:** WILSON WAY BRIDGE INSTALLATION OF SLOPE PROTECTION      **Week Ending:** 08/07/2021      **Payroll Number:** 4-0

**Employee:** JUAN F. GAMEZ 1527 PULLMAN WAY APT. B, OAKLAND, CA, 94607

**SSN:** [REDACTED]

	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total Hours	Base Hourly	Total Fringe	Vac/Holiday	Health & Well.	Pension	Other	Training	Total Hourly Rate
<b>S</b> CEMENT MASON	0.00	0.00	0.00	0.00	8.00	0.00	0.00	8.00	67.71	0.00	0.00	0.00	0.00	0.00	0.00	67.71
<b>O</b> CEMENT MASON	0.00	0.00	0.00	0.00	1.00	0.00	0.00	1.00	85.21	0.00	0.00	0.00	0.00	0.00	0.00	85.21
<b>NOTE:</b>											Travel & Subsistence		0.00	Total Deductions		55.74

**Public Works Certified Payroll Reporting Form**

<b>Contractor Name:</b> H B C ENTERPRISES		<b>Project Name:</b> WILSON WAY BRIDGE INSTALLATION OF SLOPE PROTECTION							<b>Week Ending:</b> 08/07/2021			<b>Payroll Number:</b> 4-0					
<b>Employee:</b> DYLAN RIVERO 838 15TH STREET, OAKLAND, CA, 94607																	
SSN: [REDACTED]		Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total Hours	Base Hourly	Total Fringe	Vac/Holiday	Health & Welf.	Pension	Other	Training	Total Hourly Rate
		08/01	08/02	08/03	08/04	08/05	08/06	08/07									
<b>S</b>	CEMENT MASON	0.00	0.00	0.00	0.00	8.00	0.00	0.00	8.00	67.71	0.60	0.00	0.00	0.00	0.00	0.00	68.31
<b>O</b>	CEMENT MASON	0.00	0.00	0.00	0.00	1.00	0.00	0.00	1.00	88.21	0.60	0.00	0.00	0.00	0.00	0.50	88.71
<b>NOTE:</b>												Travel & Subsistence	0.00	Total Deductions	62.19		



STATE OF CALIFORNIA  
STATEMENT OF COMPLIANCE

Date: 8/25/2021

Rob Harris JV Partner do hereby state:  
(Name of signatory party) (Title)

(1) That I pay or supervise the payment of the persons reported on the Certified Payroll Report by HBC Enterprises on the Wilson Way Bridge Slope (Project) that during the payroll period commencing on the 1st day of August and ending the 7th day of August 20 21, all persons working on said project have been paid the full weekly sums earned, that no rebates have been or will be made either directly or indirectly to, or on behalf of, said HBC Enterprises from the full weekly sums earned by any person (Contractor or subcontractor) and that no deductions have been made either directly or indirectly from the full sums earned by any person, other than permissible deductions, as described below:

(2) That any payrolls or listings or 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.

(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 or listings 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 or listings has been paid as indicated on the payroll or listings 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
All Crafts	Training Funds Paid to the Appropriate

Remarks:

NAME AND TITLE <u>Rob Harris, JV Partner</u>	SIGNATURE 
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Also, 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).

## eCPR Online Confirmation

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**Your payroll submission request has been processed.**

Please review the results of your submission. Should you have any questions please contact the eCPR unit at [publicworks@dir.ca.gov](mailto:publicworks@dir.ca.gov).

Contractor Name: H B C ENTERPRISES  
Contractor Address: 2743 E. SHAW AVE. FRESNO CA 93710  
Awarding Body: CITY OF STOCKTON PUBLIC WORKS  
Project ID: 369928  
Contract With: CITY OF STOCKTON PUBLIC WORKS  
Week Ending Date: 2021-08-14  
Payroll Number: 5  
Amendment Number: 0

8 employee payroll record(s) processed

Your Transaction ID is: 11912887

[Print this Page](#)



[View your submission](#)

[Submit another set of payroll records](#)

**Public Works Certified Payroll Reporting Form**

**Certification under penalty of perjury:**

"I, ROB HARRIS, the undersigned, am the JV PARTNER (position in business) with the authority to act for and on behalf of HBC ENTERPRISES (name of business and/or contractor), certify under penalty of perjury that the records or copies thereof submitted and consisting of certified payroll records for the week ending 2021-08-14 are the originals or true, full, and correct copies of the originals which depict the payroll record(s) of the actual disbursements by way of cash, check, or whatever form to the individual or individuals named. I certify this on 2021-08-25."

*Certified Payroll*  
*True & Copy*

<b>Contractor Name:</b> H B C ENTERPRISES	<b>Contractor PWCR:</b> 1000082361	<b>License Type:</b> CSLB	<b>License Number:</b> 1044524
<b>Address:</b> 2743 E. SHAW AVE., FRESNO, CA 93710	<b>FEIN:</b> 371912894	<b>Contractor Email:</b> ROBATHBC@GMAIL.COM	
<b>Insurance Number:</b> 60513968			

<b>Awarding Body:</b> CITY OF STOCKTON PUBLIC WORKS	<b>DIR Project ID:</b> 369928	<b>Project Name:</b> WILSON WAY BRIDGE INSTALLATION OF SLOPE PROTECTION
<b>Contract With:</b> CITY OF STOCKTON PUBLIC WORKS	<b>County:</b> SAN JOAQUIN	<b>Location Description:</b>

<b>Payroll #:</b> 5 - 0	<b>Ctr Payroll #:</b>	<b>Week Ending:</b> 08/14/2021	<input type="checkbox"/> <b>Statement of Non-Performance?</b>	<input type="checkbox"/> <b>Final payroll for this project?</b>
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<b>Employee:</b> EIBAR BETANCOURT 16680 AUSTIN STREET, MADERA, CA, 93638																
SSN: [REDACTED]																
	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total	Base	Total	Vac/	Health	Pension	Other	Training	Total
	08/08	08/09	08/10	08/11	08/12	08/13	08/14	Hours	Hourly	Fringe	Holiday	& Well.				Hourly Rate
<b>S</b>	0.00	0.00	0.00	0.00	7.00	0.00	0.00	7.00	57.71	0.00	0.00	0.00	0.00	0.00	0.00	67.71
<b>S</b>	0.00	8.00	5.50	0.00	0.00	5.00	0.00	18.50	59.74	0.00	0.00	0.00	0.00	0.00	0.00	59.74
<b>NOTE:</b>											Travel & Subsistence	103.50	Total Deductions	299.88		

**Public Works Certified Payroll Reporting Form**

**Contractor Name:** H B C ENTERPRISES      **Project Name:** WILSON WAY BRIDGE INSTALLATION OF SLOPE PROTECTION      **Week Ending:** 08/14/2021      **Payroll Number:** 5-0

**Employee:** JASON P NELSON 2928 PIERCE DRIVE, CLOVIS, CA, 93612

**SSN:** [REDACTED]

	Sun 08/09	Mon 08/09	Tue 08/10	Wed 08/11	Thu 08/12	Fri 08/13	Sat 08/14	Total Hours	Base Hourly	Total Fringe	Vac/ Holiday	Health & Well.	Pension	Other	Training	Total Hourly Rate
<b>S</b> CEMENT MASON	0.00	0.00	0.00	0.00	8.00	0.00	0.00	8.00	67.71	0.00	0.00	0.00	0.00	0.00	0.00	67.71
<b>S</b> CONSTRUCTION SPECIALIST AREA 2	0.00	8.00	5.50	8.00	0.00	4.00	0.00	25.50	69.74	0.00	0.00	0.00	0.00	0.00	0.00	69.74
<b>S</b> OPERATOR GROUP A-3	0.00	0.00	0.00	0.00	0.00	1.00	0.00	1.00	72.41	0.00	0.00	0.00	0.00	0.00	0.00	72.41
<b>NOTE:</b>											Travel & Subsistence		0.00	Total Deductions		308.76

**Public Works Certified Payroll Reporting Form**

<b>Contractor Name:</b> H B C ENTERPRISES		<b>Project Name:</b> WILSON WAY BRIDGE INSTALLATION OF SLOPE PROTECTION						<b>Week Ending:</b> 06/14/2021			<b>Payroll Number:</b> 5-D						
<b>Employee:</b> EDUARDO BETANCOURT 325 WILSON STREET, MADERA, CA, 93638																	
SSN [REDACTED]		Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total Hours	Base Hourly	Total Fringe	Vacat Holiday	Health & Well.	Pension	Other	Training	Total Hourly Rate
		08/08	08/09	08/10	08/11	08/12	08/13	08/14									
<b>S</b>	CEMENT MASON	0.00	0.00	0.00	0.00	7.00	0.00	0.00	7.00	67.71	0.00	0.00	0.00	0.00	0.00	0.00	67.71
<b>S</b>	CONSTRUCTION SPECIALIST AREA 2	0.00	8.00	6.50	0.00	0.00	6.00	0.00	14.50	69.74	0.00	0.00	0.00	0.00	0.00	0.00	69.74
<b>NOTE:</b>												Travel & Subsistence	109.50	Total Deductions	279.73		



**Public Works Certified Payroll Reporting Form**

**Contractor Name:** H B C ENTERPRISES      **Project Name:** WILSON WAY BRIDGE INSTALLATION OF SLOPE PROTECTION      **Week Ending:** 08/14/2021      **Payroll Number:** 5-0

**Employee:** FERNANDO MORA 313 FRITZ STREET, MADERA, CA, 93638  
**SSN:** [REDACTED]

	Sun 08/08	Mon 08/09	Tue 08/10	Wed 08/11	Thu 08/12	Fri 08/13	Sat 08/14	Total Hours	Base Hourly	Total Fringe	Vacat Holiday	Health & Welf.	Pension	Other	Training	Total Hourly Rate
<b>S</b> CEMENT MASON	0.00	0.00	0.00	0.00	8.00	0.00	0.00	8.00	67.71	0.00	0.00	0.00	0.00	0.00	0.00	67.71
<b>S</b> CONSTRUCTION SPECIALIST AREA 2	0.00	3.00	3.00	8.00	0.00	0.00	0.00	14.00	59.74	0.00	0.00	0.00	0.00	0.00	0.00	59.74
<b>S</b> OPERATOR GROUP B-A	0.00	5.00	2.00	0.00	0.00	0.00	0.00	7.00	72.41	0.00	0.00	0.00	0.00	0.00	0.00	72.41
<b>NOTE:</b>												Travel & Subsistence	100.50	Total Deductions	340.33	

**Public Works Certified Payroll Reporting Form**

<b>Contractor Name:</b> H B C ENTERPRISES		<b>Project Name:</b> WILSON WAY BRIDGE INSTALLATION OF SLOPE PROTECTION						<b>Week Ending:</b> 08/14/2021			<b>Payroll Number:</b> 5-0						
<b>Employee:</b> FRANCISCO JIMENEZ 1627 PULLMAN WAY APT. A, OAKLAND, CA, 94607																	
<b>SSN:</b> [REDACTED]		Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total Hours	Base Hourly	Total Fringe	Vac/ Holiday	Health & Well.	Pension	Other	Training	Total Hourly Rate
		08/08	08/09	08/10	08/11	08/12	08/13	08/14									
<b>S</b>	CEMENT MASON	0.00	0.00	0.00	0.00	8.00	0.00	0.00	8.00	67.71	0.00	0.00	0.00	0.00	0.00	0.00	67.71
<b>O</b>	CEMENT MASON	0.00	0.00	0.00	0.00	1.00	0.00	0.00	1.00	88.21	0.00	0.00	0.00	0.00	0.00	0.00	88.21
<b>NOTE:</b>												Travel & Subsistence	0.00	Total Deductions	55.74		

**Public Works Certified Payroll Reporting Form**

<b>Contractor Name:</b> H B C ENTERPRISES		<b>Project Name:</b> WILSON WAY BRIDGE INSTALLATION OF SLOPE PROTECTION						<b>Week Ending:</b> 08/14/2021			<b>Payroll Number:</b> 5-0						
<b>Employee:</b> JUAN F. GAMEZ 1527 PULLMAN WAY APT. B, OAKLAND, CA, 94607																	
<b>SSN:</b> [REDACTED]		<b>Sun</b>	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thu</b>	<b>Fri</b>	<b>Sat</b>	<b>Total</b>	<b>Base Hourly</b>	<b>Total Fringe</b>	<b>Vac/ Holiday</b>	<b>Health &amp; Well.</b>	<b>Pension</b>	<b>Other</b>	<b>Training</b>	<b>Total Hourly Rate</b>
		08/08	08/09	08/10	08/11	08/12	08/13	08/14									
<b>S</b>	CEMENT MASON	0.00	0.00	0.00	0.00	8.00	0.00	0.00	8.00	57.71	0.00	0.00	0.00	0.00	0.00	0.00	67.71
<b>O</b>	CEMENT MASON	0.00	0.00	0.00	0.00	1.00	0.00	0.00	1.00	88.21	0.00	0.00	0.00	0.00	0.00	0.00	89.21
<b>NOTE:</b>												<b>Travel &amp; Subsistence</b>	0.00	<b>Total Deductions</b>	65.74		

Public Works Certified Payroll Reporting Form

Certified Payroll  
Verified by:

Contractor Name: H B C ENTERPRISES      Project Name: WILSON WAY BRIDGE INSTALLATION OF SLOPE PROTECTION      Week Ending: 08/14/2021      Payroll Number: 5-0

Employee: DYLAN RIVERO 836 15TH STREET, OAKLAND, CA, 94607

SSN: [REDACTED]

	Sun 08/08	Mon 08/09	Tue 08/10	Wed 08/11	Thu 08/12	Fri 08/13	Sat 08/14	Total Hours	Base Hourly	Total Fringe	Vac/ Holiday	Health & Weif	Pension	Other	Training	Total Hourly Rate
<b>S</b> CEMENT MASON	0.00	0.00	0.00	0.00	8.00	0.00	0.00	8.00	67.71	0.00	0.00	0.00	0.00	0.00	0.00	67.71
<b>O</b> CEMENT MASON	0.00	0.00	0.00	0.00	1.00	0.00	0.00	1.00	88.21	0.00	0.00	0.00	0.00	0.00	0.00	88.21
NOTE:											Travel & Subsistence		0.00	Total Deductions		62.19

**Public Works Certified Payroll Reporting Form**

<b>Contractor Name:</b> H B C ENTERPRISES		<b>Project Name:</b> WILSON WAY BRIDGE INSTALLATION OF SLOPE PROTECTION						<b>Week Ending:</b> 08/14/2021			<b>Payroll Number:</b> 5-0						
<b>Employee:</b> JUAN LUIS GAMEZ 1527 PULLMAN WAY APT. B, OAKLAND, CA, 94607																	
<b>SSN:</b> ██████████		<b>Sun</b>	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thu</b>	<b>Fri</b>	<b>Sat</b>	<b>Total Hours</b>	<b>Base Hourly</b>	<b>Total Fringe</b>	<b>Van/Holiday</b>	<b>Health &amp; Wellf.</b>	<b>Pension</b>	<b>Other</b>	<b>Training</b>	<b>Total Hourly Rate</b>
		08/08	08/09	08/10	08/11	08/12	08/13	08/14									
<b>S</b>	CEMENT MASON	0.00	0.00	0.00	0.00	8.00	9.00	0.00	17.00	87.71	0.00	0.00	0.00	0.00	0.00	0.00	87.71
<b>O</b>	CEMENT MASON	0.00	0.00	0.00	0.00	1.00	0.00	0.00	1.00	88.21	0.00	0.00	0.00	0.00	0.00	0.00	88.21
<b>NOTE:</b>												<b>Travel &amp; Subsistence</b>	0.00	<b>Total Deductions</b>	55.74		



STATE OF CALIFORNIA  
STATEMENT OF COMPLIANCE

Date: 8/25/2021

Rob Harris JV Partner do hereby state:  
(Name of signatory party) (Title)

(1) That I pay or supervise the payment of the persons reported on the Certified Payroll Report by HBC Enterprises on the Wilson Way Bridge that during the payroll period (Contractor or subcontractor) (Project) commencing on the 8th day of August and ending the 14th day of August 20 21, all persons working on said project have been paid the full weekly sums earned, that no rebates have been or will be made either directly or indirectly to, or on behalf of, said HBC Enterprises from the full weekly sums earned by any person (Contractor or subcontractor)

and that no deductions have been made either directly or indirectly from the full sums earned by any person, other than permissible deductions, as described below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- (2) That any payrolls or listings or 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.


- (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 or listings 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 or listings has been paid as indicated on the payroll or listings 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
All Crafts	Training Funds Paid to the Appropriate

Remarks:

NAME AND TITLE <u>Rob Harris/JV Partner</u> <u>Rob Harris/JV Partner</u>	SIGNATURE 
--	---

Also, 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).

Print

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## eCPR Online Confirmation

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**Your payroll submission request has been processed.**

Please review the results of your submission. Should you have any questions please contact the eCPR unit at [publicworks@dir.ca.gov](mailto:publicworks@dir.ca.gov).

Contractor Name: H B C ENTERPRISES  
Contractor Address: 2743 E. SHAW AVE. FRESNO CA 93710  
Awarding Body: CITY OF STOCKTON PUBLIC WORKS  
Project ID: 369928  
Contract With: CITY OF STOCKTON PUBLIC WORKS  
Week Ending Date: 2021-08-21  
Payroll Number: 6  
Amendment Number: 0

3 employee payroll record(s) processed

Your Transaction ID is: 11913881

[Print this Page](#)



[View your submission](#)

[Submit another set of payroll records](#)



**Public Works Certified Payroll Reporting Form**

**Certification under penalty of perjury:**

"I, ROB HARRIS, the undersigned, am the JV PARTNER (position in business) with the authority to act for and on behalf of HBC ENTERPRISES (name of business and/or contractor), certify under penalty of perjury that the records or copies thereof submitted and consisting of certified payroll records for the week ending 2021-08-21 are the originals or true, full, and correct copies of the originals which depict the payroll record(s) of the actual disbursements by way of cash, check, or whatever form to the individual or individuals named. I certify this on 2021-08-25."

<b>Contractor Name:</b> H B C ENTERPRISES	<b>Contractor PWCR:</b> 100062361	<b>License Type:</b> CSLB	<b>License Number:</b> 1044524
<b>Address:</b> 2743 E. SHAW AVE., FRESNO, CA 93710	<b>FEIN:</b> 371912894	<b>Contractor Email:</b> ROBATHBC@GMAIL.COM	
<b>Insurance Number:</b> 60513968			

<b>Awarding Body:</b> CITY OF STOCKTON PUBLIC WORKS	<b>DIR Project ID:</b> 306928	<b>Project Name:</b> WILSON WAY BRIDGE INSTALLATION OF SLOPE PROTECTION
<b>Contract With:</b> CITY OF STOCKTON PUBLIC WORKS	<b>County:</b> SAN JOAQUIN	<b>Location Description:</b>

<b>Payroll #:</b> 6 -0	<b>Clr Payroll #:</b>	<b>Week Ending:</b> 08/21/2021	<input type="checkbox"/> <b>Statement of Non-Performance?</b>	<input checked="" type="checkbox"/> <b>Final payroll for this project?</b>
------------------------	-----------------------	--------------------------------	---	--

<b>Employee:</b> EIBAR BETANCOURT 16680 AUSTIN STREET, MADERA, CA, 93638																	
<b>SSN:</b> [REDACTED]		Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total	Base	Total	Vac/H	Health	Pension	Other	Training	Total
		08/16	08/16	08/17	08/18	08/19	08/20	08/21	Hours	Hourly	Fringe	Holiday	& Well.				Hourly Rate
<b>S</b> CONSTRUCTION SPECIALIST AREA 2		0.00	6.00	0.00	0.00	0.00	0.00	0.00	6.00	59.74	0.00	0.00	0.00	0.00	0.00	0.00	59.74
<b>NOTE:</b>												Travel & Subsistence		34.50	Total Deductions		31.71

**Public Works Certified Payroll Reporting Form**

<b>Contractor Name:</b> H B C ENTERPRISES		<b>Project Name:</b> WILSON WAY BRIDGE INSTALLATION OF SLOPE PROTECTION						<b>Week Ending:</b> 08/21/2021			<b>Payroll Number:</b> 6-0						
<b>Employee:</b> JASON P NELSON 2926 PIERCE DRIVE, CLOVIS, CA, 93612																	
<b>SSN:</b> [REDACTED]		Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total Hours	Base Hourly	Total Fringe	Vac/Holiday	Health & Welf.	Pension	Other	Training	Total Hourly Rate
		08/15	08/16	08/17	08/18	08/19	08/20	08/21									
<b>S</b>	CONSTRUCTION SPECIALIST AREA 2	0.00	6.00	0.00	2.00	0.00	0.00	0.00	8.00	59.74	0.00	0.00	0.00	0.00	0.00	0.00	59.74
<b>S</b>	OPERATOR GROUP A-4	0.00	2.00	0.00	0.00	0.00	0.00	0.00	2.00	72.41	0.00	0.00	0.00	0.00	0.00	0.00	72.41
<b>NOTE:</b>												Travel & Subsistence	0.00	Total Deductions	185.07		

**Public Works Certified Payroll Reporting Form**

<b>Contractor Name:</b> H B C ENTERPRISES		<b>Project Name:</b> WILSON WAY BRIDGE INSTALLATION OF SLOPE PROTECTION						<b>Week Ending:</b> 08/21/2021			<b>Payroll Number:</b> 6-0							
<b>Employee:</b> EDUARDO BETANCOURT 325 WILSON STREET, MADERA, CA, 93838																		
SSN: [REDACTED]		Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total Hours	Base Hourly	Total Fringe	Vacat Holiday	Health & Well	Pension	Other	Training	Total Hourly Rate	
		08/16	08/16	08/17	08/18	08/19	08/20	08/21										
<b>S</b> CONSTRUCTION SPECIALIST AREA 2		0.00	8.00	0.00	0.00	0.00	0.00	0.00	8.00	59.74	0.00	0.00	0.00	0.00	0.00	0.00	59.74	
<b>NOTE:</b>												Travel & Subsistence		34.50		Total Deductions		31.73

**Certified Payroll Report**

**Contractor:** HBC Enterprises  
1840 Shaw Ave. Ste. 105-08  
Clovis, CA 93211

**Project:** Wilson Way Bridge Installation of Slope Protection  
Project No. 1912  
**Contract:** 41900052

**DIR Project #** 309928  
**Payroll Number:** 6-FRUAL  
**For Week Ending:** 8/21/2021

Employee Name	SSN	Work Classification	Pay Type	Hours Worked by Day							Timesheet Hours	Paid Hours	Pay Rate	Job Gross Pay	Gross Pay this job	Check Number	Total Gross Pay	Social Security	Medicare	Federal Tax	State Tax	Other	Total Deduct	Net Pay
				Sun	Mon	Tue	Wed	Thu	Fri	Sat														
Eibar Betancourt 19680 Austin Street Madera, CA 93638		Const. Spec. A2 Const. Spec. A2 Cement Mason	RT OT RT	6.00							6.00 0.00 0.00	59.74 76.62 67.71	358.44 0.00 0.00	358.44	Direct Dep Travel \$34.50	392.94	22.22	5.19	0.00	0.00	4.90	31.71	361.23	
Jason Nelson 2925 Pierce Drive Clovis, CA 93212		Const. Spec. A2 Const. Spec. A2 CM Area 2 CM Area 2 Opr Crp. 8-A Opr Crp. 8-A	RT OT RT OT RT OT	6.00		2.00					6.00 0.00 0.00 0.00 2.00 0.00	59.74 76.62 67.71 88.21 72.41 84.86	477.92 0.00 0.00 0.00 144.82 0.00	622.74	Direct Dep Travel	1,190.27	73.80	17.25	87.33	12.40	14.28	185.07	1,005.20	
Eduardo Betancourt 325 Wilson Street Madera, CA 93638		Const. Spec. A2 Const. Spec. A2 Cement Mason	RT OT RT	6.00							6.00 0.00 0.00	59.74 76.62 87.71	358.44 0.00 0.00	358.44	Direct Dep Travel \$34.50	392.94	22.22	5.20	0.00	0.00	4.90	81.73	361.21	

STATE OF CALIFORNIA  
STATEMENT OF COMPLIANCE

Date: 8/25/2021

Rob Harris JV Partner do hereby state:  
(Name of signatory party) (Title)

(1) That I pay or supervise the payment of the persons reported on the Certified Payroll Report by HBC Enterprises on the Wilson Way Bridge that during the payroll period commencing on the 15th day of August and ending the 21st day of August 20 21, all persons working on said project have been paid the full weekly sums earned, that no rebates have been or will be made either directly or indirectly to, or on behalf of, said HBC Enterprises from the full weekly sums earned by any person and that no deductions have been made either directly or indirectly from the full sums earned by any person, other than permissible deductions, as described below:

(2) That any payrolls or listings or 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.

(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 or listings 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 or listings has been paid as indicated on the payroll or listings 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
All Crafts	Training Funds Is Paid to the Appropriate

Remarks:

FINAL

NAME AND TITLE <u>Rob Harris/JV Partner</u>	SIGNATURE 
--	---

Also, 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).

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**STATEMENT OF COMPLIANCE**

CEM-2503 (REV 05/2019)

Page 1 of 2

**CONTRACTOR/SUBCONTRACTOR**

Kleinfelder, Inc.

**CONTRACT NUMBER & PROJECT NUMBER**

N419000431 &amp; 20202112.012A

**DEPT. OF INDUSTRIAL RELATIONS REGISTRATION NUMBER**

369928

**CONTRACTORS STATE LICENSE BOARD NUMBER****FIRST DAY AND DATE OF PAY PERIOD**

08/02/2021

**LAST DAY AND DATE OF PAY PERIOD**


08/15/2021

I do hereby certify under penalty of perjury:

- (1) That I pay or supervise payment to employees of the above-referenced contractor on the above-referenced contract. All persons employed on said project for the above-referenced time period have been paid their full weekly wages earned; that no rebates have been or will be made either directly or indirectly to or on behalf of said contractor 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.
- (2) That any payrolls otherwise under this control 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:
- (a) Specified in the applicable wage determination incorporated in the contract;
- (b)  Determined by the Director of Industrial Relations for the county or counties in which the work is performed; that the classification set forth therein for each laborer or mechanic conform with the work he or she 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.
- (4) That fringe benefits as listed in the contract:
- (a)  Have been or will be paid to the approved plan(s), fund(s), or programs(s) for the benefit or listed employees(s), except as listed below.
- (b) Have been paid directly to the listed employee(s), except as noted below.
- (c)  See exceptions noted below.

EXCEPTION CRAFT	EXPLANATION
SEE ATTACHED FRINGE BENEFIT STATEMENT	SEE ATTACHED FRINGE BENEFIT STATEMENT FOR
	HOURLY RATES AND DELTA PAID TO EMPLOYEE

Remarks:

<b>NAME</b> Christina Ortiz Brown	<b>TITLE</b> Payroll Accountant
<b>SIGNATURE</b> 	<b>DATE</b> 08/24/2021

On federally-funded projects, permissible deductions are defined in Code of Federal Regulations, Title 29, Part 3.

Also, the willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution (see United States Code, Title 18, Section 1001 and Title 31, Section 3729).

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**FRINGE BENEFIT STATEMENT**

CONTRACTOR/SUBCONTRACTOR Kleinfelder, Inc.	CONTRACT NUMBER & PROJECT NUMBER 419000431 & 20202112.012A	FEDERAL-AID PROJECT NUMBER	Date 08/24/2021
TO: RESIDENT ENGINEER OR DISTRICT LABOR COMPLIANCE OFFICER		BUSINESS ADDRESS 550 West C Street, Suite 1200 San Diego, CA 92101	
Labor Compliance uses the following fringe benefits information (shown or referenced on wage rate determinations) paid to or on behalf of employees in various crafts or classifications to check payroll or apply to force account work on the above contract.			
<b>COMPLETE AND SUBMIT THIS FORM WITH THE FIRST CERTIFIED PAYROLL OR WHEN THERE HAVE BEEN CHANGES.</b>			

Classification	Fringe Benefit Hourly Amount	Name and Address of Plan, Fund, or Program
Grp 4 WC498 - NC Concrct/Fireprflng	Vacation \$ 4.26	Kleinfelder - Company Policy Ch. 5 Employee Benefits
<b>Employee</b> Carpenter, Russ	Health and Welfare \$ 5.61	BUSINESSSOLVER.COM, INC. P.O. Box 310411, Des Moines, IA 50331-0411
<b>Effective Date</b> 08/02/2021	Pension \$ 0.87	The Vanguard Group, Attn: Plan #091189 14321 N. Northsight Blvd., Scottsdale, AZ 85260
<b>Subsistence and/or Travel Pay</b> N/A	Apprentice or Training Fees \$ 1.13	Operating Engineers Trust Fund P.O. Box 3157, Hayward, CA 94540
ST Base Pay: \$29.10 Delta Paid to Employee: \$28.59	Other \$ 0.00	Operating Engineers Trust Funds P.O. Box 844633, Los Angeles, CA 90084-4633

Classification	Fringe Benefit Hourly Amount	Name and Address of Plan, Fund, or Program
WC498 - NC Concrct/Fireprflng	Vacation \$ 0.00	Kleinfelder - Company Policy Ch. 5 Employee Benefits
<b>Employee</b> Carpenter, Russ	Health and Welfare \$ 0.00	BUSINESSSOLVER.COM, INC. P.O. Box 310411, Des Moines, IA 50331-0411
<b>Effective Date</b> 08/02/2021	Pension \$ 0.00	The Vanguard Group, Attn: Plan #091189 14321 N. Northsight Blvd., Scottsdale, AZ 85260
<b>Subsistence and/or Travel Pay</b> N/A	Apprentice or Training fees \$ 0.00	Operating Engineers Trust Fund P.O. Box 3157, Hayward, CA 94540
OT Base Pay: \$43.65 Delta Paid to Employee: \$41.94	Other \$ 0.00	Operating Engineers Trust Funds P.O. Box 844633, Los Angeles, CA 90084-4633

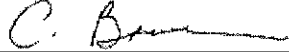
Classification	Fringe Benefit Hourly Amount	Name and Address of Plan, Fund, or Program
WC498 - NC Concrct/Fireprflng	Vacation \$ 0.00	Kleinfelder - Company Policy Ch. 5 Employee Benefits
<b>Employee</b> Carpenter, Russ	Health and Welfare \$ 0.00	BUSINESSSOLVER.COM, INC. P.O. Box 310411, Des Moines, IA 50331-0411
<b>Effective Date</b> 08/02/2021	Pension \$ 0.00	The Vanguard Group, Attn: Plan #091189 14321 N. Northsight Blvd., Scottsdale, AZ 85260
<b>Subsistence and/or Travel Pay</b> N/A	Apprentice or Training Fees \$ 0.00	Operating Engineers Trust Fund P.O. Box 3157, Hayward, CA 94540
DT Base Pay: \$58.20 Delta Paid to Employee: \$45.54	Other \$ 0.00	Operating Engineers Trust Funds P.O. Box 844633, Los Angeles, CA 90084-4633

I certify under penalty of perjury that fringe benefits are paid to the approved Plans, Funds, or Programs listed above.

**NAME AND TITLE**

Christina Ortiz Brown/Payroll Accountant

**SIGNATURE**



**BUSINESS TELEPHONE NUMBER**

619-831-4600





## STATEMENT OF COMPLIANCE

CEM-2503 (REV 05/2019)

Page 1 of 2

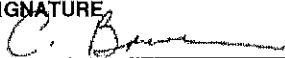
<b>CONTRACTOR/SUBCONTRACTOR</b> Kleinfelder, Inc.	<b>CONTRACT NUMBER &amp; PROJECT NUMBER</b> 419000431 & 20202112.017A
<b>DEPT. OF INDUSTRIAL RELATIONS REGISTRATION NUMBER</b> 281698	<b>CONTRACTORS STATE LICENSE BOARD NUMBER</b>
<b>FIRST DAY AND DATE OF PAY PERIOD</b> 08/02/2021	<b>LAST DAY AND DATE OF PAY PERIOD</b> 08/15/2021

I do hereby certify under penalty of perjury:

- (1) That I pay or supervise payment to employees of the above-referenced contractor on the above-referenced contract. All persons employed on said project for the above-referenced time period have been paid their full weekly wages earned; that no rebates have been or will be made either directly or indirectly to or on behalf of said contractor 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.
- (2) That any payrolls otherwise under this control 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:
  - (a) Specified in the applicable wage determination incorporated in the contract;
  - (b)  Determined by the Director of Industrial Relations for the county or counties in which the work is performed; that the classification set forth therein for each laborer or mechanic conform with the work he or she 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.
- (4) That fringe benefits as listed in the contract:
  - (a)  Have been or will be paid to the approved plan(s), fund(s), or programs(s) for the benefit or listed employees(s), except as listed below.
  - (b) Have been paid directly to the listed employee(s), except as noted below.
  - (c)  See exceptions noted below.

EXCEPTION CRAFT	EXPLANATION
SEE ATTACHED FRINGE BENEFIT STATEMENT	SEE ATTACHED FRINGE BENEFIT STATEMENT FOR
	HOURLY RATES AND DELTA PAID TO EMPLOYEE

Remarks:

<b>NAME</b> Christina Ortiz Brown	<b>TITLE</b> Payroll Accountant
<b>SIGNATURE</b> 	<b>DATE</b> 08/24/2021

On federally-funded projects, permissible deductions are defined in Code of Federal Regulations, Title 29, Part 3.

Also, the willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution (see United States Code, Title 18, Section 1001 and Title 31, Section 3729).

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# FRINGE BENEFIT STATEMENT

CONTRACTOR/SUBCONTRACTOR Kleinfelder, Inc.	CONTRACT NUMBER & PROJECT NUMBER 419000431 & 20202112.017A	FEDERAL-AID PROJECT NUMBER	Date 08/24/2021
TO: RESIDENT ENGINEER OR DISTRICT LABOR COMPLIANCE OFFICER		BUSINESS ADDRESS 550 West C Street, Suite 1200 San Diego, CA 92101	

Labor Compliance uses the following fringe benefits information (shown or referenced on wage rate determinations) paid to or on behalf of employees in various crafts or classifications to check payroll or apply to force account work on the above contract.

**COMPLETE AND SUBMIT THIS FORM WITH THE FIRST CERTIFIED PAYROLL OR WHEN THERE HAVE BEEN CHANGES.**

Classification	Fringe Benefit Hourly Amount	Name and Address of Plan, Fund, or Program
Grp 3 WC497 - NC Soils/Asphalt	Vacation \$ 5.12	Kleinfelder - Company Policy Ch. 5 Employee Benefits
<b>Employee</b> Zepeda, James	Health and Welfare \$ 5.64	BUSINESSSOLVER.COM, INC. P.O. Box 310411, Des Moines, IA 50331-0411
<b>Effective Date</b> 08/02/2021	Pension \$ 0.00	The Vanguard Group, Attn: Plan #091189 14321 N. Northsight Blvd., Scottsdale, AZ 85260
<b>Subsistence and/or Travel Pay</b> N/A	Apprentice or Training Fees \$ 1.13	Operating Engineers Trust Fund P.O. Box 3157, Hayward, CA 94540
ST Base Pay: \$35.00 Delta Paid to Employee: \$28.64	Other \$ 0.00	Operating Engineers Trust Funds P.O. Box 844633, Los Angeles, CA 90084-4633

Classification	Fringe Benefit Hourly Amount	Name and Address of Plan, Fund, or Program
WC497 - NC Soils/Asphalt	Vacation \$ 0.00	Kleinfelder - Company Policy Ch. 5 Employee Benefits
<b>Employee</b> Zepeda, James	Health and Welfare \$ 0.00	BUSINESSSOLVER.COM, INC. P.O. Box 310411, Des Moines, IA 50331-0411
<b>Effective Date</b> 08/02/2021	Pension \$ 0.00	The Vanguard Group, Attn: Plan #091189 14321 N. Northsight Blvd., Scottsdale, AZ 85260
<b>Subsistence and/or Travel Pay</b> N/A	Apprentice or Training fees \$ 0.00	Operating Engineers Trust Fund P.O. Box 3157, Hayward, CA 94540
OT Base Pay: \$52.50 Delta Paid to Employee: \$43.32	Other \$ 0.00	Operating Engineers Trust Funds P.O. Box 844633, Los Angeles, CA 90084-4633

Classification	Fringe Benefit Hourly Amount	Name and Address of Plan, Fund, or Program
WC497 - NC Soils/Asphalt	Vacation \$ 0.00	Kleinfelder - Company Policy Ch. 5 Employee Benefits
<b>Employee</b> Zepeda, James	Health and Welfare \$ 0.00	BUSINESSSOLVER.COM, INC. P.O. Box 310411, Des Moines, IA 50331-0411
<b>Effective Date</b> 08/02/2021	Pension \$ 0.00	The Vanguard Group, Attn: Plan #091189 14321 N. Northsight Blvd., Scottsdale, AZ 85260
<b>Subsistence and/or Travel Pay</b> N/A	Apprentice or Training Fees \$ 0.00	Operating Engineers Trust Fund P.O. Box 3157, Hayward, CA 94540
DT Base Pay: \$70.00 Delta Paid to Employee: \$47.24	Other \$ 0.00	Operating Engineers Trust Funds P.O. Box 844633, Los Angeles, CA 90084-4633

I certify under penalty of perjury that fringe benefits are paid to the approved Plans, Funds, or Programs listed above.

**NAME AND TITLE**

Christina Ortiz Brown/Payroll Accountant

**SIGNATURE**



**BUSINESS TELEPHONE NUMBER**

619-831-4600

## Contractor Fringe Benefit Statement

Project Name: Wilson Way Bridge Installation of Slope Protection Project No. 1912		Today's Date: May 13, 2021
Contractor / Subcontractor: HBC Enterprises		Business Address: 1840 Shaw Ave. Ste. 105-08 Clovis, CA 93611
Contractor's License No.: 1044524	Phone: 559-575-3000	Fax: 559-775-5194

In order that the proper Prevailing Wage Rates can be verified when checking payrolls on the above project, the **hourly rates** for fringe benefits, subsistence and/or travel allowance payments to employees, of the various classes of work, are to be tabulated below.

<b>Classification: Operator</b>	<b>Bid Advertisement Date:</b>		<b>Subsistence or Travel:</b> Required: YES \$ 20.00
	<b>Determination: NC-23-63-1-2020-2A</b>		
<b>Group/Period:</b>	<b>Increase Date(s): June 27, 2022</b>		
<b>Area 1/Group 8-A</b>	<b>Office Use Only</b>	<b>Indicate where fringes and training are paid.</b>	
<b>Base Rate: \$41.03</b>		<b>Indicate "cash to employee" when fringes are paid to the employee in their wages.</b>	
<b>Employer Payments</b>	Health & Welfare \$13.88		Paid To: Name: _____ Cash to employees Address: _____
	Pension \$10.78		Paid To: Name: _____ Cash to employees Address: _____
	Vacation/Holiday \$5.34		Paid To: Name: _____ Cash to employees Address: _____
	Other \$1.38		Paid To: Name: _____ Cash to employees Address: _____
	Training \$1.07		Paid To: Name: DIR CA Apprenticeship Address: PO Box 511283 Los Angeles, CA 90051
	<b>Total Rate: \$73.48</b>		

<b>Classification: Cement Mason</b>	<b>Bid Advertisement Date:</b>		<b>Subsistence or Travel:</b> Required: NO \$ 0.00
	<b>Determination: NC-23-203-1-2020-1</b>		
<b>Group/Period:</b>	<b>Increase Date(s): July 1, 2022</b>		
	<b>Office Use Only</b>	<b>Indicate where fringes and training are paid.</b>	
<b>Base Rate: \$41.00</b>		<b>Indicate "cash to employee" when fringes are paid to the employee in their wages.</b>	
<b>Employer Payments</b>	Health & Welfare \$8.85		Paid To: Name: _____ Cash to employee Address: _____
	Pension \$11.61		Paid To: Name: _____ Cash to employee Address: _____
	Vacation/Holiday \$6.15		Paid To: Name: _____ Cash to employee Address: _____
	Other \$0.10		Paid To: Name: _____ Cash to employee Address: _____
	Training \$0.60		Paid To: Name: DIR CA Apprenticeship Address: PO Box 511283 Los Angeles, CA 90051
	<b>Total Rate: \$68.31</b>		

**Revised fringe benefit statements must be submitted during the progress of work if a change in any rate of pay for any work classification is made.**

Submitted By: Dallanara Miguel	Title / Position: Administrative Assistant
Signature: <i>Dallanara Miguel</i>	

## Contractor Fringe Benefit Statement

Project Name: Wilson Way Bridge Installation of Slope Protection Project No. 1912		Today's Date: May 13, 2021
Contractor / Subcontractor: HBC Enterprises		Business Address: 1840 Shaw Ave. Ste. 105-08 Clovis, CA 93611
Contractor's License No.: 1044524	Phone: 559-575-3000	Fax: 559-775-5194

In order that the proper Prevailing Wage Rates can be verified when checking payrolls on the above project, the **hourly rates** for fringe benefits, subsistence and/or travel allowance payments to employees, of the various classes of work, are to be tabulated below.

<b>Classification:</b> Construction Specialist		<b>Bid Advertisement Date:</b> Determination: NC-23-102-1-2020-2	<b>Subsistence or Travel:</b> Required: YES \$ 34.50
<b>Group/Period:</b>		<b>Increase Date(s):</b> June 27, 2022	
<b>Area 2</b>		Office Use Only	<b>Indicate where fringes and training are paid.</b>
<b>Base Rate:</b> \$33.75			<b>Indicate "cash to employee" when fringes are paid to the employee in their wages.</b>
<b>Employer Payments</b>	Health & Welfare \$9.30		Paid To: Name: _____ Cash to employees Address: _____
	Pension \$13.36		Paid To: Name: _____ Cash to employees Address: _____
	Vacation/Holiday \$3.05		Paid To: Name: _____ Cash to employees Address: _____
	Other \$0.28		Paid To: Name: _____ Cash to employees Address: _____
	Training \$0.50		Paid To: Name: DIR CA Apprenticeship Address: PO Box 511283 Los Angeles, CA 90051
	<b>Total Rate: \$60.24</b>		
<b>Classification:</b> Operator		<b>Bid Advertisement Date:</b> Determination: NC-23-63-1-2020-2A	<b>Subsistence or Travel:</b> Required: YES \$ 20.00
<b>Group/Period:</b>		<b>Increase Date(s):</b> June 27, 2022	
<b>Area 1/Group 4</b>		Office Use Only	<b>Indicate where fringes and training are paid.</b>
<b>Base Rate:</b> \$47.80			<b>Indicate "cash to employee" when fringes are paid to the employee in their wages.</b>
<b>Employer Payments</b>	Health & Welfare \$13.88		Paid To: Name: _____ Cash to employee Address: _____
	Pension \$10.78		Paid To: Name: _____ Cash to employee Address: _____
	Vacation/Holiday \$5.34		Paid To: Name: _____ Cash to employee Address: _____
	Other \$1.38		Paid To: Name: _____ Cash to employee Address: _____
	Training \$1.07		Paid To: Name: DIR CA Apprenticeship Address: PO Box 511283 Los Angeles, CA 90051
	<b>Total Rate: \$80.25</b>		

**Revised fringe benefit statements must be submitted during the progress of work if a change in any rate of pay for any work classification is made.**

Submitted By: Dallanara Miguel	Title / Position: Administrative Assistant
Signature: 