PRIME CONTRACTOR	<b>✓</b>	SUBCONTRACTOR □ WEEK #:								'EEK #:	3	(optional; see	directions)	FINAL PAYROLL □							
Business Name:	Wooley Construction	P									Phone #: (971) 673-0853				CCB Registration #: 1234567						
Project Name:	Adrienne C. Nelson H	e C. Nelson High School										NA			Type of Work: General Contractor						
Street Address:	40983 SE Davis, Port	is, Portland OR 97232										Project Location: 14897 SE Parklane Dr. Happy Valley, OR 97015									
Mailing Address:	PO Box 1652, Portland 97252											Project County: Clackamas									
Date Pay Period Began: 2/3/2025											Date Pay Period Ended: 2/16/2025										
COMPLETE THIS SECTION IF BUSINESS IS PRIME CONTRACTOR ON PROJECT											COMPLETE THIS SECTION IF BUSINESS IS SUBCONTRACTOR ON PROJECT Subcontract Amount:										
Phone:													Prime Contractor Business Name:								
	Date Contract Specifications First Advertised for Bid: April 7, 2024										Prime Contractor Phone:										
Contract Amount:	\$50,670,240.00											Prime Contractor's CCB Registration Number:									
	T										Date You Began Work on the Project:										
(1)	(2)		M	<u>         (</u> I т	3) DA	Y AND H	DAT F	Sa	Su	(4)	(5)	(6)	(7)	(8)	(9)	(10) HOURLY	(11)				
EMPLOYEE NAME AND ADDRESS	CLASSIFICATION (INCLUDE GROUP # & APPRENTICESHIP STEP IF APPLICABLE)		2/3	2/4	2/5	2/6	2/7	2/8		TOTAL HOURS	HOURLY BASE RATE	Paid as Wages	Gross Amount Earned (see directions)	Total Deductions (FICA, Fed,	NET WAGES PAID	FRINGE BENEFITS PAID TO BENEFIT PARTY,	NAME OF BENEFIT PARTY, PLAN, FUND, OR				
			I HOURS WORKED FACH DAY I I TO EMPLOYAGE 'I STATE ATCLE								PLAN, FUND, OR PROGRAM	PROGRAM									
	Carpenter Group 1	ОТ									\$45.00		\$90.00	\$316.38	\$949.13	\$5.20	Med - BC/BS				
Joe Schmoe		<u> </u>									Ψ10.00					\$4.95	Pension - Fin Group				
14658 SE 165th Ave		<sup>1</sup> st		3						3	\$30.00	\$0.00				\$1.33	Vacation				
Portland OR 97222		Rea	Hrly S	Schd.	8am	to	4·30r	Sch	edule	<u> </u> 5/8	<u> </u> /10 □	}	\$1,265.50								
	Carpenter Group 1 60% apprentice	Ť		T T	Jain		7.50	00	T				\$54.00			\$4.50	Med - BC/BS				
Rick Frick		ОТ									\$27.00			\$236.44	\$709.31	\$5.85	Pension - Fin Group				
6549 SE Burnside		ST								_	¢40.00	\$0.00				\$1.13	Vacation				
Portland OR 97232		51		3						3	7.000										
		Reg	Hrly S	Schd:	8am	to	4:30ր	Sch	edule	5/8 🗹 4	/10 🗆		\$945.75								
Carl Schmarl 727 NE Halladay St. Portland OR 97232	Laborer Group 1	ОТ						1		1	\$37.50	\$4.00			\$5.00	Med - BC/BS					
		<u> </u>						ļ .			ψο7.00					\$1.00	Vacation				
		ST		3						3	\$25.00			\$290.94	\$872.81						
		Rea	Hrlv S	i Schd:	8am	to	4:30r	Sch	<u>l</u> edule	5/8 <b>☑</b> 4	<u> </u> /10 □	†	\$1,163.75								
Ed Bread 800 NE Oregon St. Portland OR 97232	Laborer Group 1	ОТ			- Cum						\$37.50		\$105.00								
		<u> </u>									ψο1.00				\$841.69						
		ST		3						3	\$25.00	\$10.00		\$280.56							
		Reg	Hrly S	chd:	8am	to	4:30r	Sch	<u>l</u> edule	<u>5</u> /8	/10 🗆	1	\$1,122.25								
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		ST																			
				Schd:		to	Scho			 5/8	/10 □	-	/								
I	<u> </u>	Livea	Reg Hrly Schd: to Sch						<u> </u>	310 <u></u> 4	10 L		$\nu$		<u> </u>	<u> </u>	<u> </u>				

(1) (2) (3) DAY AND DATE (4) (5) (6) (7) (8) (9) (10) (11)																	
(1)	(2)			(3	3) DAY	/ AND	DAT	E		(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
EMPLOYEE NAME AND ADDRESS	CLASSIFICATION (INCLUDE GROUP # & APPRENTICESHIP STEP IF APPLICABLE)			HOUF	RS WO	RKED	EACH	DAY		TOTAL HOURS	HOURLY BASE RATE	Hourly Fringe Paid as Wages to Employee	Gross Amount Earned (see directions)	Total Deductions (FICA, Fed, State, etc)	NET WAGES PAID	HOURLY FRINGE BENEFITS PAID TO BENEFIT PARTY, PLAN, FUND,	NAME OF BENEFIT PARTY, PLAN, FUND, OR PROGRAM
	II AIT EIGABLE)	HOURS WORKED EACH DAY									<u> </u>	to Employee	/	Otato, oto,		OR PROGRAM	T NOOTO-III
		ОТ															
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CERTIFIED STATEMENT																	
I,			Woole	•				,				Owner		, do hereby sta	ate:		
	(name o	of sigi	natory	party	<b>/</b> )							(title)					
(1) That I paid or sup	ervised the payment of	f the p	person			•						onstruction		on the	Adrien	ne C. Nelson High	
and that during the pa	(contractor, subcontractor, or surety) (project name)  nd that during the payroll period commencing on 2/3/25 and ending on 2/16/25 , all persons employed on said project have been																
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paid the full weekly wa	paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of														ourofi ()		
deductions as specifie	ages earned by any pe ed in ORS 652.610, as FICA, State withholding	desc	ribed b	pelow	<b>/</b> :			ve bee	en ma	ade eithe	er directl	y or indirectly f	rom the full wa	ages earned b	•		-,
	under this contract requ contained in any wage											•	-				
	ces employed in the ab raining, United States [ Labor.																
Additional Remarks																	
HAVE READ THIS (	CERTIFIED STATEME	NT M	(NOW	THE	COV	ITFN	rs Ti	HFRF	OF A	ND IT I	S TRUF	TO MY KNOW	/I FDGF·				
NEAD IIIIO					- 551	14		. <b></b> ! \ <b></b>		11 11	oL					-	
Susan Wooley, Owner  (name and title)												(signature	)				l <b>/21/25</b> h/day/year)
	(name and title)											(Signature	/			(11101111	"aay, your,

NOTE TO CONTRACTORS: You must attach copies of this form to each of your payroll submissions on this project. File this form with the public agency associated with the project.

Instructions and additional forms are available on BOLI's website: www.oregon.gov/BOLI

WH-38 (Rev. 2/18/25)