State of California
Department of
Industrial Relations

Thank you for your submission!

Date Submitted	08/25/2025
Contractor Name	JOURNEY AIR CONDITIONING CO., INC.
PWCR Number	1000001097
Contractor Address	103 MICHIGAN STREET, BAKERSFIELD, CA 93307
Awarding Body	Bakersfield City School District 1
DIR Project ID	20250583535
Project Name	MCKINLEY - JOURNEY AIR - HVAC REPLACE
Contract with	Bakersfield City School District
Payroll Period	06/12/2025 – 06/18/2025
System Payroll Number	PRRUN3019880
eCPR Sequence Number	1

DIR State of California Department of Industrial Relations EST. 1927

Public Works Electronic Payroll Reporting Form

PWCR#	1000001097	**DIR Project ID**	20250583535	☐ Statement of Non-Performance
CSLB #	579030	**Awarding Body**	BAKERSFIELD CITY SCHOOL DISTRICT 1	
System Payroll #	PRRUN3019880			☐ Final Payroll
eCPR Sequence #	1	**Project Name**	MCKINLEY - JOURNEY AIR - HVAC REPLACE	
Payroll Period	06/12/2025 - 06/18/2025	**Project Address**	601 4TH STREET, BAKERSFIELD, CA, 93304	
Contractor	JOURNEY AIR CONDITIONING CO., INC.			
Contract With	BAKERSFIELD CITY SCHOOL DISTRICT	**Project County**	KERN	

Employee: MARTINEZ, MODESTO

Address 5213 Caballeros Dr , Bakersfield, CA, 93307 **SSN** 623582581 **Check #** 114430 **Fringe Paid** Fringe Benefit Plan

Hours Worked

Craft/Classification/Level SHEET METAL WORKER : OTHER (PLEASE SPECIFY) - Sheet Metal Worker - JOURNEYMAN

Type	Thu 06/12	Fri 06/13	Sat 06/14	Sun 06/15	Mon 06/16	Tue 06/17	Wed 06/18	Total Hours	Base Hourly	Total Hourly Rate
S	0.00	0.00	0.00	0.00	0.00	0.00	8.00	8.00	48.63	78.59

Contributions

Vac/Holi	H&W	Pension	Other	Training	Total Hourly Fringe
0.00	12.25	15.42	0.37	1.92	29.96

Deductions (lump sum/non hourly rates)

Fed Tax	FICA (Soc Sec)	State Tax	SDI	Fund/ Admin	Savings	Dues	Other	Total Deductions
267.00	120.60	114.95	23.35	0.00	194.52	80.40	46.15	846.97

Payments

Travel & subsistence
0.00

Wages Summary

Gross Wages for all projects	Gross Wages for this project	Net Wages Paid
1945.20	628.72	1098.23

Employee Notes

Other is Child Support Garnishment

Employee: RICE, MATTHEW

Address 11401 Pinehaven Ave , Bakersfield, CA, 93312 **SSN** 619054734 **Check #** 114434 **Fringe Paid** Fringe Benefit Plan

Hours Worked

Craft/Classification/Level SHEET METAL WORKER : OTHER (PLEASE SPECIFY) - Sheet Metal Worker - JOURNEYMAN

Type	Thu 06/12	Fri 06/13	Sat 06/14	Sun 06/15	Mon 06/16	Tue 06/17	Wed 06/18	Total Hours	Base Hourly	Total Hourly Rate
S	2.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00	58.36	88.32

Contributions

Vac/Holi	H&W	Pension	Other	Training	Total Hourly Fringe
0.00	12.25	15.42	0.37	1.92	29.96

Deductions (lump sum/non hourly rates)

Fed Tax	FICA (Soc Sec)	State Tax	SDI	Fund/ Admin	Savings	Dues	Other	Total Deductions
192.00	144.73	142.16	28.01	0.00	233.44	80.40	0.00	820.74

Payments

Travel & subsistence
0.00

Wages Summary

Gross Wages for all projects	Gross Wages for this project	Net Wages Paid
2334.40	176.64	1513.66

Employee: FLORES, JAVIER

Address 37335 Desert Willow Lane , Palmdale, CA, 93550 **SSN** 605014665 **Check #** 114426 **Fringe Paid** Fringe Benefit Plan

Hours Worked

Craft/Classification/Level SHEET METAL WORKER : OTHER (PLEASE SPECIFY) - Sheet Metal Worker - APPRENTICE-6

Type	Thu 06/12	Fri 06/13	Sat 06/14	Sun 06/15	Mon 06/16	Tue 06/17	Wed 06/18	Total Hours	Base Hourly	Total Hourly Rate
S	0.00	0.00	0.00	0.00	0.00	0.00	8.00	8.00	31.61	42.79

Contributions

Vac/Holi	H&W	Pension	Other	Training	Total Hourly Fringe
0.00	6.20	2.69	0.37	1.92	11.18

Deductions (lump sum/non hourly rates)

Fed Tax	FICA (Soc Sec)	State Tax	SDI	Fund/ Admin	Savings	Dues	Other	Total Deductions
127.00	81.33	52.34	15.74	0.00	131.18	53.71	0.00	461.30

Payments

Travel & subsistence
0.00

Wages Summary

Gross Wages for all projects	Gross Wages for this project	Net Wages Paid
1531.82	342.32	1070.52

Employee: MORRISON, MICHAEL

DIR State of California Department of Industrial Relations EST. 1927

Public Works Electronic Payroll Reporting Form

Address 6350 Abby Rose , Bakersfield, CA, 93308 **SSN** 545971781 **Check #** 24625 **Fringe Paid** Fringe Benefit Plan

Hours Worked

Craft/Classification/Level SHEET METAL WORKER : OTHER (PLEASE SPECIFY) - Sheet Metal Worker - JOURNEYMAN

Type	Thu 06/12	Fri 06/13	Sat 06/14	Sun 06/15	Mon 06/16	Tue 06/17	Wed 06/18	Total Hours	Base Hourly	Total Hourly Rate
S	0.00	0.00	0.00	0.00	0.00	0.00	8.00	8.00	58.36	88.32

Contributions

Vac/Holi	H&W	Pension	Other	Training	Total Hourly Fringe
0.00	12.25	15.42	0.37	1.92	29.96

Deductions (lump sum/non hourly rates)

Fed Tax	FICA (Soc Sec)	State Tax	SDI	Fund/ Admin	Savings	Dues	Other	Total Deductions
758.00	282.23	297.60	54.62	0.00	455.21	156.78	66.00	2070.44

Payments

Travel & subsistence
0.00

Wages Summary

Gross Wages for all projects	Gross Wages for this project	Net Wages Paid
4552.08	706.56	2481.64

Employee Notes

Other is for Medicare

Certification under penalty of perjury:

"I, Lauren Foreman, the undersigned, certify on 08/25/2025, that I have the authority to act for and on behalf of JOURNEY AIR CONDITIONING CO., INC. , certify under penalty of perjury that the records or copies thereof submitted and consisting of certified payroll records for the dates 06/12/2025 to 06/18/2025 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."

diR California Department of Industrial Relations

PUBLIC WORKS PAYROLL REPORTING FORM

NAME OF CONTRACTOR OR SUBCONTRACTOR	Journey Air Conditioning Co., Inc.	CONTRACTOR'S LICENSE # / SPECIALTY LICENSE #	579030
ADDRESS	103 Michigan St. Bakersfield, CA 93307		
PAYROLL NUMBER	1	FOR WEEK ENDING	6/18/2025
SELF-INSURED CERTIFICATE # / WORKERS' COMPENSATION POLICY #	WSD502221412		
PROJECT OR CONTRACT #	25-044 Mckinley Elem (2) HVAC	PROJECT & LOCATION	601 4th st., Bakersfield,CA 93304

(1) NAME, ADDRESS AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(2) Number of Withholding Exemptions	(3) WORK CLASSIFICATION		(4) DAY / DATE / HOURS WORKED EACH DAY Thu 6/12	Fri 6/13	Sat 6/14	Sun 6/15	Mon 6/16	Tue 6/17	Wed 6/18	(5) TOTAL HOURS	(6) HOURLY RATE OF PAY	(7) GROSS AMOUNT EARNED THIS PROJECT	(7) GROSS AMOUNT EARNED ALL PROJECTS	(9) NET WAGES PAID FOR WEEK
Flores, Javier 37335 Desert Willow Ln Palmdale, CA 93550 605-01-4665	0	Sheet Metal Worker - 65% Apprentice	S	0	0	0	0	0	0	8	8	$ 31.61	$ 252.88	$ 1,531.82	$ 1,070.52
			D												
			O												
Martinez, Modesto 5213 Caballeros Dr Bakersfield, CA 93307 623-58-2581	M-2	Sheet Metal Worker - Journeyman	S	0	0	0	0	0	0	8	8	$ 48.63	$ 389.04	$ 1,945.20	$ 1,098.23
			D												
			O												
Rice, Matthew W. 11401 Pinehaven Ave Bakersfield, CA 93312 619-05-4734	M-4	Sheet Metal Worker - Gen Foreman	S	2	0	0	0	0	0	0	2	$ 58.36	$ 116.72	$ 2,334.40	$ 1,513.66
			D												
			O												

(8) DEDUCTIONS, CONTRIBUTIONS AND PAYMENTS

Employee	FWH	MCARE	FICA	ST TAX	SDI	VAC/HOL	HEALTH/WELF	PENSION
Flores, Javier	$ 127.00	$ -	$ 81.33	$ 52.34	$ 15.74	$ -	$ 248.00	$ 107.60
Martinez, Modesto	$ 267.00	$ -	$ 120.60	$ 114.95	$ 23.35	$ -	$ 318.50	$ 400.92
Rice, Matthew W.	$ 192.00	$ -	$ 144.73	$ 142.16	$ 28.01	$ -	$ 306.25	$ 385.50

Employee	TRAINING	FUND ADMIN	DUES	TRV/SUBS	SAVINGS	OTHER	TOTAL DED	CHK NUM
Flores, Javier	$ 76.80	$ 15.17	$ 53.71	$ -	$ 131.18	$ -	$ 461.30	114426
Martinez, Modesto	$ 49.92	$ 14.80	$ 80.40	$ -	$ 194.52	$ 46.15	$ 846.97	114430
Rice, Matthew W.	$ 48.00	$ 14.80	$ 80.40	$ -	$ 233.44	$ -	$ 820.74	114434

S = Straight time
O = Overtime
D = Doubletime

FORM A-1-131 (New 2-80)

* OTHER - Any other deductions, contributions and/or payments whether or not included or required by prevailing wage determinations must be separately listed. Use extra sheet if necessary.

CERTIFICATION must be completed (see back)

diR California Department of Industrial Relations

PUBLIC WORKS PAYROLL REPORTING FORM

NAME OF CONTRACTOR OR SUBCONTRACTOR	JAC Services, Inc.	CONTRACTOR'S LICENSE #	579030
		SPECIALTY LICENSE #	
ADDRESS	103 Michigan St. Bakersfield, CA 93307		
PAYROLL NUMBER	1	FOR WEEK ENDING	6/18/2025
SELF-INSURED CERTIFICATE #		WORKERS' COMPENSATION POLICY #	WSD502221412
PROJECT OR CONTRACT #	25-044 McKinley Elem. C/O	PROJECT & LOCATION	601 4th St., Bakersfield, CA 93307

(1) NAME, ADDRESS AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(2) Number of Withholding Exemptions	(3) WORK CLASSIFICATION		(4) DAY / DATE / HOURS WORKED EACH DAY: Thu 6/12	Fri 6/13	Sat 6/14	Sun 6/15	Mon 6/16	Tue 6/17	Wed 6/18	(5) TOTAL HOURS	(6) HOURLY RATE OF PAY	(7) GROSS AMOUNT EARNED: THIS PROJECT	ALL PROJECTS	(9) NET WAGES PAID FOR WEEK
Morrison, Michael A. 6350 Abby Rose Bakersfield, CA 93308 545-97-1781	M0	Sheet Metal Worker - Foreman	S	0	0	0	0	0	0	8	8	$ 58.36	$ 466.88	$ 4,552.08	$ 2,481.64
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(8) DEDUCTIONS, CONTRIBUTIONS AND PAYMENTS

FWH	MCARE	FICA	ST TAX	SDI	VAC/HOL	HEALTH/WELF	PENSION
$ 758.00	$ 66.00	$ 282.23	$ 297.60	$ 54.62	$ -	$ 465.50	$ 585.96
TRAINING	FUND ADMIN	DUES	TRV/SUBS	SAVINGS	OTHER	TOTAL DED	CHK NUM
$ 72.96	$ 28.86	$ 156.78	$ -	$ 455.21	$ -	$ 2,070.44	24625
FWH	MCARE	FICA	ST TAX	SDI	VAC/HOL	HEALTH/WELF	PENSION
TRAINING	FUND ADMIN	DUES	TRV/SUBS	SAVINGS	OTHER	TOTAL DED	CHK NUM
FWH	MCARE	FICA	ST TAX	SDI	VAC/HOL	HEALTH/WELF	PENSION
TRAINING	FUND ADMIN	DUES	TRV/SUBS	SAVINGS	OTHER	TOTAL DED	CHK NUM
FWH	MCARE	FICA	ST TAX	SDI	VAC/HOL	HEALTH/WELF	PENSION
TRAINING	FUND ADMIN	DUES	TRV/SUBS	SAVINGS	OTHER	TOTAL DED	CHK NUM
FWH	MCARE	FICA	ST TAX	SDI	VAC/HOL	HEALTH/WELF	PENSION
TRAINING	FUND ADMIN	DUES	TRV/SUBS	SAVINGS	OTHER	TOTAL DED	CHK NUM
FWH	MCARE	FICA	ST TAX	SDI	VAC/HOL	HEALTH/WELF	PENSION
TRAINING	FUND ADMIN	DUES	TRV/SUBS	SAVINGS	OTHER	TOTAL DED	CHK NUM
FWH	MCARE	FICA	ST TAX	SDI	VAC/HOL	HEALTH/WELF	PENSION
TRAINING	FUND ADMIN	DUES	TRV/SUBS	SAVINGS	OTHER	TOTAL DED	CHK NUM
FWH	MCARE	FICA	ST TAX	SDI	VAC/HOL	HEALTH/WELF	PENSION
TRAINING	FUND ADMIN	DUES	TRV/SUBS	SAVINGS	OTHER	TOTAL DED	CHK NUM
FWH	MCARE	FICA	ST TAX	SDI	VAC/HOL	HEALTH/WELF	PENSION
TRAINING	FUND ADMIN	DUES	TRV/SUBS	SAVINGS	OTHER	TOTAL DED	CHK NUM
FWH	MCARE	FICA	ST TAX	SDI	VAC/HOL	HEALTH/WELF	PENSION
TRAINING	FUND ADMIN	DUES	TRV/SUBS	SAVINGS	OTHER	TOTAL DED	CHK NUM
FWH	MCARE	FICA	ST TAX	SDI	VAC/HOL	HEALTH/WELF	PENSION
TRAINING	FUND ADMIN	DUES	TRV/SUBS	SAVINGS	OTHER	TOTAL DED	CHK NUM
FWH	MCARE	FICA	ST TAX	SDI	VAC/HOL	HEALTH/WELF	PENSION
TRAINING	FUND ADMIN	DUES	TRV/SUBS	SAVINGS	OTHER	TOTAL DED	CHK NUM

S = Straight time
O = Overtime
D = Doubletime

FORM A-1-131 (New 2-80)

* OTHER - Any other deductions, contributions and/or payments whether or not included or required by prevailing wage determinations must be separately listed. Use extra sheet if necessary.

CERTIFICATION must be completed (see back)

STATEMENT OF COMPLIANCE – CERTIFICATION UNDER PENALTY OF PERJURY

Date: **08/25/2025**

I, **Lauren Foreman** , the undersigned, am the **Office Administrator** with the authority to act for and on behalf of **Journey Air Conditioning Co., Inc.**. I certify under penalty of perjury that the records or copies thereof submitted and consisting of **2** pages 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.

(1) That I pay or supervise the payment of the persons employed by **Journey Air Conditioning Co., Inc.** *(Contractor or Subcontractor)* on the **Bakersfield City School District 25-044 Mckinley Elem (2) HVAC** *(Building or Work)*; that during the payroll period commencing on the **12th** day of **June, 2025**, and ending the **18th** day of **June, 2025**, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said **Journey Air Conditioning Co., Inc.** *(Contractor or Subcontractor)* 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 defined in Regulations, Part 3 (29 C.F.R. 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. § 3145), **and California Department of Industrial Relations Authority cited: Labor Code sections 54 and 1773.5. Reference: Labor Code section 1776** and described below:
Deductions are based on gross wages and include but are not limited to: Federal Withholding, FICA, Medicare, State Withholding, State Disability Insurance, Union Deductions, Child Support or Other Garnishments. Explanations for deductions listed in the "Other" Column are described on the Certified Payroll Report.

(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. That this employer has complied with the requirements of the California Labor Code Sections 54, 1773.5, and 1776 for all work performed on this public works project, and that the classifications set forth therein for each trade rate conform with the 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.

(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
Lauren Foreman , Office Administrator	Lauren Foreman

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 AND CALIFORNIA LABOR CODES 54, 1773.5, AND 1776.