18-2784-cv

United States Court of Appeals
for the
Second Circuit

NATIONAL LABOR RELATIONS BOARD,

Petitioner,

– v. –

NEWARK ELECTRIC CORPORATION, NEWARK ELECTRIC 2.0, INC.,
COLACINO INDUSTRIES, INC.,

Respondents.

ON PETITION FOR REVIEW FOR ENFORCEMENT OF A DECISION
AND ORDER OF THE NATIONAL LABOR RELATIONS BOARD
IN NLRB CASE NO. 03-CA-088127

JOINT APPENDIX
Volume II of II (Pages A-259 to A-526)

LINDA J. DREEBEN
MILAKSHMI RAJAPAKSE
NATIONAL LABOR RELATIONS BOARD
Appellate and Supreme Court
Litigation Branch
Petitioner
1015 Half Street SE, Suite 8100
Washington, DC 20570
(202) 273-2960

EDWARD A. TREVVETT
HARRIS BEACH PLLC
Attorneys for Respondents
99 Garnsey Road
Pittsford, New York 14534
(585) 419-8643

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Ex. GC-8

IBEW LOCAL UNION 840
REFERRAL/TERMINATION NOTICE

Referral Date 3/30/12

Name [illegible] S.S# [illegible] Classification CE 3

Card # 755654 LU# 840 Rate of Pay 13.10 Annuity Rate .50

Referral Information

Employer: Location: Foreman:

[illegible]

Report Date: 4/2/12 Report Time: 7:00 am Report To(Job/Shop/Location): Job

Special Conditions: Accepted by:

Termination Conditions

Hire Date _____ Rejected by: _____ Title: _____

Termination Date _____ Type of Termination: ____ Reduction in Workforce - Layoff

____ For Cause (explain) _____

____ Employee Quit

____ Other _____ explain

Eligible for rehire _____

Employer Representative _____

Employers retain three copies upon referral
Employer's send one (1) to LU840 and one (1) copy to Finger Lakes NECA upon termination

IBEW LOCAL UNION 840
REFERRAL/TERMINATION NOTICE

Referral Date 5/31/11

Name Scott Barra S.S# 077-62-4387 Classification CE3

Card # A275028 LU# 840 Rate of Pay 21.85 Annuity Rate .50

Referral Information

Employer:	Location:	Foreman:
Neeroth Electric		

Report Date:	Report Time:	Report To(Job/Shop/Location)
5/31/11	7:00am	Job

Special Conditions: Accepted by:

Termination Conditions

Hire Date _____ Rejected by: _____ Title: _____

Termination Date _____ Type of Termination: ____Reduction in Workforce- Layoff

____ For Cause (explain) _____

_____

____Employee Quit

____Other _____explain

Eligible for rehire _____

Employer Representative _____

Employers retain three copies upon referral
Employers send on (1) to LU840 and one (1) copy to Finger Lakes NECA upon termination

IBEW LOCAL UNION 840
REFERRAL/TERMINATION NOTICE

Referral Date 6/16/11

Name Roger Mahoney S.S# 124-60-4766 Classification CE-5

Card # 7556558 LU# 840 Rate of Pay 21.85 Annuity Rate .50

Referral Information

Employer:	Location:	Foreman:
Newark Elec	—	Tony Blondell

Report Date:	Report Time:	Report To (Job/Shop/Location)
6/16/11	7am	

Special Conditions: Accepted by:

Termination Conditions

Hire Date 6/16/11 Rejected by: _____ Title: _____

Termination Date 1/10/11 Type of Termination: X Reduction in Workforce- Layoff

___ For Cause (explain) _____

___ Employee Quit

___ Other _____ explain

Eligible for rehire NCA

Employer Representative Cory Brink

Employers retain three copies upon referral
Employers send on (1) to LU840 and one (1) copy to Finger Lakes NECA upon termination

General Counsel's Exhibit

IBEW LOCAL UNION 840
REFERRAL/TERMINATION NOTICE

Referral Date 6/16/11

Name Ray Wiggins S.S# 167-56-6100 Classification JW.

Card # A163096 LU# 840 Rate of Pay 29.10 Annuity Rate 2.75

Referral Information

Employer:	Location:	Foreman:
Newark Elec.		Tony Blondell

Report Date:	Report Time:	Report To(Job/Shop/Location)
6/16/11	7 am	

Special Conditions: Accepted by:

Termination Conditions

Hire Date 6/16/11 Rejected by: _____ Title: _____

Termination Date 6/17/11 Type of Termination: X Reduction in Workforce- Layoff

____ For Cause (explain) _____

____ Employee Quit

____ Other _____ explain

Eligible for rehire Yes

Employer Representative Tony Blondell

Employers retain three copies upon referral
Employers send on (1) to LU840 and one (1) copy to Finger Lakes NECA upon termination

IBEW LOCAL UNION 840
REFERRAL/TERMINATION NOTICE

Referral Date 6/17/11

Name [illegible] S.S# [illegible] Classification ADJ

Card # [illegible] LU# 840 Rate of Pay 13.[illegible] Annuity Rate N/A

Referral Information

Employer:	Location:	Foreman:
[illegible]		

Report Date:	Report Time:	Report To(Job/Shop/Location)
6/17/11	7:00 a.m.	Job

Special Conditions: Accepted by:

Termination Conditions

Hire Date 6/17/11 Rejected by: _____ Title: _____

Termination Date 6/17/11 Type of Termination: X Reduction in Workforce- Layoff

___ For Cause (explain) _____

___ Employee Quit

___ Other _____ explain

Eligible for rehire Yes

Employer Representative Cory Drunk

Employers retain three copies upon referral
Employers send on (1) to LU840 and one (1) copy to Finger Lakes NECA upon termination

Ex. GC-9

Date sent:_____

Contractor information:
NAME: Newark Electric 2.0
ADDRESS. 126 Harrison St
CITY, STATE. Newark, NY 14513
PAYROLL PERIOD: March 1 - March 31, 2011

WHEN REPORTING CONTRIBUTIONS, PLEASE REMIT TO THE FOLLOWING:
LOCAL UNION #840, I.B.E.W.
P.O. Box 851
Geneva, NY 14456

This sheet for Journeymen calculations
(all data is fed from the weekly hours sheet)

NOTE: PLEASE ATTACH COPY OF THIS FORM TO NEBF MONTHLY PR REPORT

SSN #	PARTICIPANT NAME (last, first, alpha order)		APPR (YR)	Pay Rate	TOTAL HRS	*JW rates* GROSS PAY	6.60 H&W	5.27 PENSION	3.25 ANNUITY	0.60 JATC	0.02 5 COPE	0.06 6 DUES	0.01 LMCC	0.10 GLMCC	0.15 AMF	0.03 NEBF	0.01 NEIF
125-60-4105	Blondell, Anthony	6	0	29.1	80	$ 2,328.00	528.00	421.60	260.00	48.00	1.60	128.04	0.80	8.00	12.00	69.84	23.28
	0	6	0	0	0	$ -	-	-	-	-	-	-	-	-	-	-	-
0	0	6	0	0	0	$ -	-	-	-	-	-	-	-	-	-	-	-
0	0	6	0	0	0	$ -	-	-	-	-	-	-	-	-	-	-	-
0	0	6	0	0	0	$ -	-	-	-	-	-	-	-	-	-	-	-
0	0	6	0	0	0	$ -	-	-	-	-	-	-	-	-	-	-	-
0	0	6	0	0	0	$ -	-	-	-	-	-	-	-	-	-	-	-
0	0	6	0	0	0	$ -	-	-	-	-	-	-	-	-	-	-	-
0	0	6	0	0	0	$ -	-	-	-	-	-	-	-	-	-	-	-
0	0	6	0	0	0	$ -	-	-	-	-	-	-	-	-	-	-	-
0	0	6	0	0	0	$ -	-	-	-	-	-	-	-	-	-	-	-
0	0	6	0	0	0	$ -	-	-	-	-	-	-	-	-	-	-	-
0	0	6	0	0	0	$ -	-	-	-	-	-	-	-	-	-	-	-
0	0	6	0	0	0	$ -	-	-	-	-	-	-	-	-	-	-	-
0	0	6	0	0	0	$ -	-	-	-	-	-	-	-	-	-	-	-
0	0	6	0	0	0	$ -	-	-	-	-	-	-	-	-	-	-	-
0	0	6	0	0	0	$ -	-	-	-	-	-	-	-	-	-	-	-
0	0	6	0	0	0	$ -	-	-	-	-	-	-	-	-	-	-	-
0	0	6	0	0	0	$ -	-	-	-	-	-	-	-	-	-	-	-
0	0	6	0	0	0	$ -	-	-	-	-	-	-	-	-	-	-	-
0	0	6	0	0	0	$ -	-	-	-	-	-	-	-	-	-	-	-
TOTALS PAGE 1	*journeymen*				80.00	2,328.00	528.00	421.60	260.00	48.00	1.60	128.04	0.80	8.00	12.00	69.84	23.28
TOTALS PAGE 2	*CWICE*				-	-	-	-	-	-	-	-	-	-	-	-	-
GRAND TOTAL ALL PAGES (check amounts)					80.00	2,328.00	528.00	421.60	260.00	48.00	1.60	128.04	0.80	8.00	12.00	69.84	23.28

RECEIVED
APR 27 2011

General Counsel's Exhibit

 Date sent: _____

Contractor Information
NAME: Newark Electric
ADDRESS: 125 Harrison St
CITY, STATE: Newark, NY 14513
PAYROLL PERIOD April 1 - April 31, 2011
This sheet for Journeymen calculations
(all data is fed from the weekly hours sheet)

WHEN REPORTING CONTRIBUTIONS, PLEASE REMIT TO THE FOLLOWING:
LOCAL UNION #840, I.B.E.W.
P.O. Box 851
Geneva, NY 14456

[redacted]

NOTE PLEASE ATTACH COPY OF THIS FORM TO NEBF MONTHLY P/R REPORT

SSN #	PARTICIPANT NAME (last, first, alpha order)		APPR (YR)	Pay Rate	TOTAL HRS	GROSS PAY	H&W	PENSION	ANNUITY	JATC	COPE	DUES	LMCC	GLMCC	AMF	NEBF	[redacted]
						JW rates	6.60	5.27	3.25	0.60	0.02	0.06	0.01	0.10	0.15	0.03	0.01
							[redacted]				5	6	[redacted]				[redacted]
125-60-4105	Blondell, Anthony	6	0	29.1	204	$ 5,994.60	1,346.40	1,075.08	663.00	122.40	4.08	329.70	2.04	20.40	30.60	179.84	[redacted]
	0	6	0	0	0	$ -	-	-	-	-	-	-	-	-	-	-	[redacted]
0	0	6	0	0	0	$ -	-	-	-	-	-	-	-	-	-	-	[redacted]
0	0	6	0	0	0	$ -	-	-	-	-	-	-	-	-	-	-	[redacted]
0	0	6	0	0	0	$ -	-	-	-	-	-	-	-	-	-	-	[redacted]
0	0	6	0	0	0	$ -	-	-	-	-	-	-	-	-	-	-	[redacted]
0	0	6	0	0	0	$ -	-	-	-	-	-	-	-	-	-	-	[redacted]
0	0	6	0	0	0	$ -	-	-	-	-	-	-	-	-	-	-	[redacted]
0	0	6	0	0	0	$ -	-	-	-	-	-	-	-	-	-	-	[redacted]
0	0	6	0	0	0	$ -	-	-	-	-	-	-	-	-	-	-	[redacted]
0	0	6	0	0	0	$ -	-	-	-	-	-	-	-	-	-	-	[redacted]
0	0	6	0	0	0	$ -	-	-	-	-	-	-	-	-	-	-	[redacted]
0	0	6	0	0	0	$ -	-	-	-	-	-	-	-	-	-	-	[redacted]
0	0	6	0	0	0	$ -	-	-	-	-	-	-	-	-	-	-	[redacted]
0	0	6	0	0	0	$ -	-	-	-	-	-	-	-	-	-	-	[redacted]
0	0	6	0	0	0	$ -	-	-	-	-	-	-	-	-	-	-	[redacted]
0	0	6	0	0	0	$ -	-	-	-	-	-	-	-	-	-	-	[redacted]
																	[redacted]
TOTALS PAGE 1	*journeymen*				204.00	5,994.60	1,346.40	1,075.08	663.00	122.40	4.08	329.70	2.04	20.40	30.60	179.84	[redacted]
TOTALS PAGE 2	*CWICE*				-	-	-	-	-	-	-	-	-	-	-	-	[redacted]
GRAND TOTAL ALL PAGES (check amounts)					204.00	5,994.60	1,346.40	1,075.08	663.00	122.40	4.08	329.70	2.04	20.40	30.60	179.84	[redacted]

MAKE CHECKS 1 THRU 4 PAYABLE TO	AMT. DUE
[redacted]	[redacted]
Total	[redacted]

FOR THE FOLLOWING COLUMNS MAKE CHECKS PAYABLE TO:		AMT. DUE
5	*COPE*	$ 4.08
6	IBEW Local 840 Working Dues	$ 329.70
[redacted]		$ 2.04
		$ 20.40
		$ 30.60
		$ 179.84
		[redacted]

MAKE 1 CHECK IN THE AMOUNT OF
Payable to: Finger Lakes Chapter NECA

Please mail remittances for NEBF, LMCC, GLMCC, NEBF, NEIF and AMF to the following:
Finger Lakes Chapter NECA
135 Old Cove Rd., Suite 208
Liverpool, NY 13090

SIGNATURE: _____
TITLE _____ DATE _____
LOCAL UNION COPY

RECEIVED
MAY 24 2011

Local 840 Time Sheet lead-jw1 4/28/2011

Contractor Information:
NAME: Newark Electric 2.0
ADDRESS: 126 Harrison St
CITY, STATE: Newark, NY 14513
PAYROLL PERIOD: May 1 - May 31, 2011
This sheet for Journeymen calculations
(all data is fed from the weekly hours sheet)

WHEN REPORTING CONTRIBUTIONS, PLEASE REMIT TO THE FOLLOWING:
LOCAL UNION #840, I.B.E.W.
P.O. Box 851
Geneva, NY 14456

[redacted]

NOTE: PLEASE ATTACH COPY OF THIS FORM TO NEBF MONTHLY PR REPORT

SSN #	PARTICIPANT NAME (last, first, alpha order)		APPR (YR)	Pay Rate	TOTAL HRS	GROSS PAY	H&W	PENSION	ANNUITY	JATC	COPE	DUES	LMCC	GLMCC	AMF	NEBF	[redacted]
	JW rates						6.60	5.27	3.25	0.60	0.02	0.06	0.01	0.10	0.15	0.03	0.01
							[redacted]				5	6	[redacted]				
125-80-4106	Blondell, Anthony	6	0	29.1	159.5	$ 4,641.45	1,052.70	840.57	518.38	95.70	3.19	256.48	1.60	15.95	23.93	139.90	[redacted]
0	0	6	0	43.65	3.5	$ 152.78	23.10	18.45	11.38	2.10	0.07	8.40	0.04	0.35	0.53	4.58	[redacted]
0	0	6	0	0	0	$ -	-	-	-	-	-	-	-	-	-	-	[redacted]
0	0	6	0	0	0	$ -	-	-	-	-	-	-	-	-	-	-	[redacted]
0	0	6	0	0	0	$ -	-	-	-	-	-	-	-	-	-	-	[redacted]
0	0	6	0	0	0	$ -	-	-	-	-	-	-	-	-	-	-	[redacted]
0	0	6	0	0	0	$ -	-	-	-	-	-	-	-	-	-	-	[redacted]
0	0	6	0	0	0	$ -	-	-	-	-	-	-	-	-	-	-	[redacted]
0	0	6	0	0	0	$ -	-	-	-	-	-	-	-	-	-	-	[redacted]
0	0	6	0	0	0	$ -	-	-	-	-	-	-	-	-	-	-	[redacted]
0	0	6	0	0	0	$ -	-	-	-	-	-	-	-	-	-	-	[redacted]
0	0	6	0	0	0	$ -	-	-	-	-	-	-	-	-	-	-	[redacted]
0	0	6	0	0	0	$ -	-	-	-	-	-	-	-	-	-	-	[redacted]
0	0	6	0	0	0	$ -	-	-	-	-	-	-	-	-	-	-	[redacted]
0	0	6	0	0	0	$ -	-	-	-	-	-	-	-	-	-	-	[redacted]
0	0	6	0	0	0	$ -	-	-	-	-	-	-	-	-	-	-	[redacted]
0	0	6	0	0	0	$ -	-	-	-	-	-	-	-	-	-	-	[redacted]
0	0	6	0	0	0	$ -	-	-	-	-	-	-	-	-	-	-	[redacted]
TOTALS PAGE 1	*Journeymen*				163.00	4,794.23	1,075.80	859.01	529.75	97.80	3.26	264.88	$ 1.63	16.30	24.45	144.48	[redacted]
TOTALS PAGE 2	*CW/CE*				-	-	-	-	-	-	-	-	-	-	-	-	
GRAND TOTAL ALL PAGES (check amounts)					163.00	4,794.23	1,075.80	859.01	529.75	97.80	3.26	264.88	1.63	16.30	24.45	144.48	[redacted]

MAKE CHECKS 1 THRU 4 PAYABLE TO	AMT. DUE
[redacted]	[redacted]
Total	[redacted]

FOR THE FOLLOWING COLUMNS MAKE CHECKS PAYABLE TO:		AMT. DUE
5	COPE	$ 3.26
6	IBEW Local 840 Working Dues	$ 264.88
[redacted]		$ 1.63
		$ 16.30
		$ 24.45
		$ 144.48
		[redacted]

MAKE 1 CHECK IN THE AMOUNT OF
Payable to: Finger Lakes Chapter NECA

Please mail remittances for NEBF, LMCC, GLMCC, NEBF, NEIF and AMF to the following:
Finger Lakes Chapter NECA
135 Old Cove Rd., Suite 286
Liverpool, NY 13090

SIGNATURE: Cory R Bu
TITLE: Office Manager DATE: 5/31/2011
LOCAL UNION COPY

RECEIVED
JUN 28 2011

JA-244

MONTHLY PAYROLL REPORT FOR ELECTRICAL CONTRACTORS

☐ PERMANENT CONTR.

NATIONAL ELECTRICAL BENEFIT FUND
together with LOCAL BENEFIT FUNDS, JATC, AND DEDUCTIONS

Page No. 1

840

PLEASE TYPE ONLY

NAME: Newark Electric 2.0, Inc
ADDRESS: 126 Hamson St
CITY, STATE: Newark, NY 14513
PHONE: 315-531-0004

LOCAL UNION NO. WHERE WORK IS PERFORMED:
EMPLOYER'S FEDERAL REGISTRATION NO.: 27-5569956
TOTAL NUMBER EMPLOYED THIS PERIOD: 2

Bldg. Const. Journeyman's Wage Rate Per Hour $

This Transmittal Covers All Payroll Weeks Ending as shown below: Month Jan 2011

This report and payment shall be mailed to reach the office of the appropriate Local Collection Agent not later than fifteen (15) calendar days following the end of each calendar month. SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS.

CLASSIFICATIONS TO BE USED IN COLUMN NO. 3

1 Journeyman, 2 Motor Repair, 3 Sign, 4 Communications, 26 Other (non-bargaining unit), 5 Maintenance, 27 ALUMNI, 6 Inside Apprentice, Residential: 22 Journeyman, 23 Apprentice

COLUMN 1 SOCIAL SECURITY NUMBER	COLUMN 2 NAME OF EMPLOYEE LAST NAME, FIRST NAME, MIDDLE INITIAL	COL. 3 CLASS	COL. 4 TOTAL CLOCK HOURS	COL. 5 GROSS EARNINGS	COL. 6 HOURLY WAGE RATE	COL. 7 LOCAL 840 WORKING DUES	COL. 8 BEAD/COPE DEDUCTION
126 10 4105	Oldham Anthony	JWM	103 /	3215.93	29.40	216.36	3.26
		JWM	7 /	42.65	43.65	2.40	.02
077 42 4287	Barra Scott	CF3	50.5 /	1103.45	21.85	22.11	1.04
		CF4	1 /	32.78	32.78	.99	.02
	TOTAL THIS PAGE		163	4395.43		213.36	3.36
TOTAL NUMBER OF PAGES THIS REPORT: 1	GRAND TOTAL ALL PAGES		163	4395.43		213.36	3.36

Make 1 Check for Items 1, 2, 9, 10, 11 & mail copies 1 & 2 to:
Finger Lakes NY Chapter NECA Inc.
135 Old Cove Rd., Suite #208, Liverpool, NY 13090

Mail checks 3-8 and copies 3 & 4 to:
IBEW #840
PO Box 851, Geneva, NY 14456

111.6 Jwm
61.9 CF3

1. National Electrical Benefit Fund: 8% of gross earnings (Col. 5) $ 351.57
2. National Electrical Industry Fund: 1% of gross earnings (Col. 5) $ n/a
3. IBEW 840 Welfare Fund ($ x Col. 4) $ 1177.56
4. IBEW 840 Pension Fund (3.34% x Col. 4) $ 364.67
5. IBEW #840 Annuity Fund (¢ x Col. 4) $ 388.13
6. IBEW 840 Education Fund (¢ x Col. 4) $ 10.25
7. IBEW 840 Working Dues $ 213.36
8. COPE (¢ x Col. 4) $ 3.26
9. Geneva LMCC (¢ x Col. 4) $ 14.76
10. National LMCC (.01¢ x Col. 4) $ 1.63
11. AMF (.15 ¢ x Col. 4) $ 24.43

The employer reporting herein recognizes that it is bound by the Restated Employees Benefit Agreement and Trust for the National Electrical Benefit Fund and agrees to make the required contributions to the Fund as provided for therein. The employer acknowledges having received a copy of the above Agreement. The employer certifies that the information contained in this report is a full and accurate statement of hours worked and wages earned of all employees subject to employer contributions (pursuant to Article 6 of the Agreement). The employer further certifies that if contributions are made on behalf of non-bargaining unit employees, it is making such contributions in accordance with Article 6 of the Agreement and it is either covering all such non-bargaining unit employees or alumni employees only, except those who may be excluded pursuant to Section 6.3 of the Agreement. The employer further certifies that if it is reporting on behalf of a related organization as defined in Article 6 of the Agreement, either all employees of the organization or alumni employees only are covered, except those who may be excluded pursuant to Section 6.3 of the NEBF Agreement.

FIRM NAME: Old Newark Electric 2.0
SIGNATURE & TITLE: Gary L. Bu... Office Manager
DATE: 7/1/11

Check here when:
☐ First report in area
☐ Final report in area
☐ More forms needed

CHECK TYPE OF BUSINESS ENTITY
☐ Sole Proprietor
☐ Partnership
☒ Corporation

FORM MPR-164 (REV. 5/05)

MONTHLY PAYROLL REPORT FOR ELECTRICAL CONTRACTORS
NATIONAL ELECTRICAL BENEFIT FUND
together with LOCAL BENEFIT FUNDS, JATC, AND DEDUCTIONS

☐ TRAVELING CONTR.
☐ PERMANENT CONTR.

Page No. 1
840

PLEASE TYPE ONLY

NAME Colacino Industries, Inc
ADDRESS 126 Harrison St
CITY, STATE Newark, NY 14513
PHONE 315 331 1330

LOCAL UNION NO. WHERE WORK IS PERFORMED
EMPLOYER'S FEDERAL REGISTRATION NO. 16-1586364
TOTAL NUMBER EMPLOYED THIS PERIOD → 6

Bldg. Constr. Journeyman's Wage Rate Per Hour $

This Transmittal Covers ALL Payroll Weeks Ending as shown below:
Month of June 2011

This report and payment shall be mailed to reach the office of the appropriate Local Collection Agent not later than fifteen (15) calendar days following the end of each calendar month. SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS.

CLASSIFICATIONS TO BE USED IN COLUMN NO. 3

1 Journeyman · 2 Motor-Repair · 3 Sign · 4 Communications · 5 Maintenance · 6 Inside Apprentice · 26 Other (non-bargaining unit) · 27 ALUMNI · Residential: 22 Journeyman · 23 Apprentice

COLUMN 1 SOCIAL SECURITY NUMBER	COLUMN 2 NAME OF EMPLOYEE LAST NAME, FIRST NAME, MIDDLE INITIAL	COL. 3 CLASS	COL. 4 TOTAL CLOCK HOURS	COL. 5 GROSS EARNINGS	COL. 6 HOURLY WAGE RATE	COL. 7 LOCAL 840 WORKING DUES	COL. 8 BRHD/COPE DEDUCTION
125 60 4105	Blondell, Anthony	JWM	40	1,171.20	29.10	64.42	.80
		JWM OT	18.5	807.53	43.65	44.42	.37
[illegible] 60 4266	Mahoney, Roger	CE3	16	349.28	21.83	10.48	.32
		CE3 OT	5	163.75	32.75	4.92	.10
265 67 2766	Reese, Cornelius	AP2	8	104.80	13.10	4.72	.16
		AP2 OT	4	78.60	19.65	3.54	.08
[illegible]2 56 6100	Wiggins, Raymond	JWM	16	465.60	29.10	25.61	.32
		JWM OT	5	218.25	43.65	12.01	.10
	TOTAL THIS PAGE		112.5	3359.01		170.12	2.25
TOTAL NUMBER OF PAGES THIS REPORT 2	GRAND TOTAL ALL PAGES		192	6189.40		315.45	3.84

Make 1 Check for items 1, 2, 9, 10, 11 & mail copies 1 & 2 to:
Finger Lakes NY Chapter NECA Inc.
135 Old Cove Rd., Suite #208, Liverpool, NY 13090

Mail checks 3-8 and copies 3 & 4 to:
IBEW #840
PO Box 851, Geneva, NY 14456

overpd. Ben - 39.24
" Ann. - 39.20
(Beson 7/22/11)

The employer reporting herein recognizes that it is bound by the Restated Employees Benefit Agreement and Trust for the National Electrical Benefit Fund and agrees to make the required contributions to the Fund as provided for therein. The employer acknowledges having received a copy of the above Agreement. The employer certifies that the information contained in this report is a full and accurate statement of hours worked and wages earned of all employees subject to employer contributions (pursuant to Article 6 of the Agreement). The employer further certifies that if contributions are made on behalf of non-bargaining unit employees, it is making such contributions in accordance with Article 6 of the Agreement and it is either covering all such non-bargaining unit employees or alumni employees only, except those who may be excluded pursuant to Section 6.3 of the Agreement. The employer further certifies that if it is reporting on behalf of a related organization as defined in Article 6 of the Agreement, either all employees of the organization or alumni employees only are covered, except those who may be excluded pursuant to Section 6.3 of the NEBF Agreement.

FIRM NAME Colacino Industries, Inc.
SIGNATURE & TITLE Cayt B. [illegible], Office Manager
DATE 7/20/11

Check here when:
☐ First report in area
☐ Final report in area
☒ More forms needed

CHECK TYPE OF BUSINESS ENTITY
☐ Sole Proprietor
☐ Partnership
☒ Corporation

1. National Electrial Benefit Fund: 3% of gross earnings (Col. 5) $ 185.69
2. National Electrical Industry Fund: 1% of gross earnings (Col. 5) $ N/A
3. IBEW 840 Welfare Fund ($ 3.27 x Col. 4) 152.5 hrs $ 1637.25
4. IBEW 840 Pension Fund (¢ x Col. 4) $ 498.68
5. IBEW #840 Annuity Fund (¢ x Col. 4) $ 515.38
6. IBEW 840 Education Fund (¢ x Col. 4) $ 116.63
7. IBEW 840 Working Dues $ 315.45
8. COPE (.02 ¢ x Col. 4) $ 3.84
9. Geneva LMCC (¢ x Col. 4) $ 18.02
10. National LMCC (.01¢ x Col. 4) $ 1.92
11. AMF (.15 ¢ x Col. 4) $ 28.80

FORM MPR-164 (REV. 5/05)

NATIONAL ELECTRICAL BENEFIT FUND
together with LOCAL BENEFIT FUNDS, JATC, AND DEDUCTIONS

Page No. 1

PLEASE TYPE ONLY

NAME: Colacino Industries
ADDRESS: 126 Harrison Ct
CITY, STATE: Newark, NY 14513
PHONE: 315-331-1330

LOCAL UNION NO. WHERE WORK IS PERFORMED: 840

EMPLOYER'S FEDERAL REGISTRATION NO.: 16-1586364

TOTAL NUMBER EMPLOYED THIS PERIOD → 6

Bldg.,Constr Journeyman's Wage Rate Per Hour $

This Transmittal Covers ALL Payroll Weeks Ending as shown below: Month of June 2011

This report and payment shall be mailed to reach the office of the appropriate Local Collection Agent not later than fifteen (15) calendar days following the end of each calendar month. SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS.

CLASSIFICATIONS TO BE USED IN COLUMN NO. 3

1 Journeyman, 2 Motor Repair, 3 Sign, 4 Communications, 5 Maintenance, 6 Inside Apprentice, 26 Other (non-bargaining unit), 27 ALUMNI; Residential: 22 Journeyman, 23 Apprentice

COLUMN 1 SOCIAL SECURITY NUMBER	COLUMN 2 NAME OF EMPLOYEE LAST NAME, FIRST NAME, MIDDLE INITIAL	COL. 3 CLASS	COL. 4 TOTAL CLOCK HOURS	COL. 5 GROSS EARNINGS	COL. 6 HOURLY WAGE RATE	COL. 7 LOCAL 840 WORKING DUES	COL. 8 BRHD/COPE DEDUCTION
077 72 6762	Beanch, Wesley	CE3	8	174.80	21.85	5.25	.16
~~77 62~~		~~CE3~~ OT	1	32.78	32.78	.99	.02
77 62 4287	Barra, Scott	CE3	9.5	207.58	21.85	6.23	.19
		JWM	30.5	894.75	29.10	49.22	.61
		JWM DT	1.3	756.60	58.20	41.62	.26
		JWM OT	17.5	763.88	43.65	42.02	.35
	TOTAL THIS PAGE		79.5	2830.39		145.33	1.59
TOTAL NUMBER OF PAGES THIS REPORT 2	GRAND TOTAL ALL PAGES		192.	6189.40		315.45	3.84

Make 1 Check for items 1, 2, 9, 10, 11 & mail copies 1 & 2 to:
Finger Lakes NY Chapter NECA Inc.
135 Old Cove Rd., Suite #208, Liverpool, NY 13090

Mail checks 3-8 and copies 3 & 4 to:
IBEW #840
PO Box 851, Geneva, NY 14456

152.5 hrs 9.70 = 1479.25
39.5 hr x 4.00 = 158.00

1. National Electrial Benefit Fund: 3% of gross earnings (Col. 5) $ 185.69
2. National Electrical Industry Fund: 1% of gross earnings (Col. 5) $ N/A
3. IBEW 840 Welfare Fund ($ ~~3.27~~ x Col. 4) 152.5 hrs $ 1637.25
4. IBEW 840 Pension Fund (3.27¢ x Col. 4) 152.5 hrs $ 498.68
5. IBEW #840 Annuity Fund (¢ x Col. 4) 152.5 x 3.35 39.5 x .60 $ 515.38
6. IBEW 840 Education Fund (¢ x Col. 4) 152.5 x .70 $ 116.63
7. IBEW 840 Working Dues 39.5 x .25 $ 315.45
8. COPE (.02 ¢ x Col. 4) $ 3.84
9. Geneva LMCC (¢ x Col. 4) 152.5 x .10 $ 18.02
10. National LMCC (.01¢ x Col. 4) 39.5 x .07 $ 1.92
11. AMF (.15 ¢ x Col. 4) $ 28.80

The employer reporting herein recognizes that it is bound by the Restated Employees Benefit Agreement and Trust for the National Electrical Benefit Fund and agrees to make the required contributions to the Fund as provided for therein. The employer acknowledges having received a copy of the above Agreement. The employer certifies the the information contained in this report is a full and accurate statement of hours worked and wages earned of all employees subject to employer contributions (pursuant to Article 6 of the Agreement). The employer further certifies that if contributions are made on behalf of non-bargaining unit employees, it is making such contributions in accordance with Article 6 of the Agreement and it is either covering all such non-bargaining unit employees or alumni employees only, except those who may be excluded pursuant to Section 6.3 of the Agreement. The employer further certifies that if it is reporting on behalf of a related organization as defined in Article 6 of the Agreement, either all employees of the organization or alumni employees only are covered, except those who may be excluded pursuant to Section 6.3 of the NEBF Agreement.

FIRM NAME: Colacino Industries, Inc
SIGNATURE & TITLE: Corporate Office Manager
DATE: 7/20/11

Check here when:
- ☐ First report in area
- ☐ Final report in area
- ☒ More forms needed

CHECK TYPE OF BUSINESS ENTITY
- ☐ Sole Proprietor
- ☐ Partnership
- ☒ Corporation

FORM MPR-164 (REV. 5/05)

Ex. GC-10

LETTER OF ASSENT C

This document shall be used only for employers becoming signatory for the first time or for first time contractors seeking affiliation as a direct result of a Membership Development campaign.

This is to certify that the undersigned employer has examined a copy of the current [1] Inside Agreement labor agreement between [2] Finger Lakes NECA and Local Union [3] 840, IBEW. It is understood that the signing of this letter of assent shall be as binding on the undersigned employer as though he had signed the above referred to agreement, including any amendments thereto, and any subsequent agreements.

This letter of assent shall become effective for the undersigned employer on the [4] 20th day of July, 2011 and shall remain in effect unless and until terminated as provided in the following paragraphs.

1. This letter of assent cannot be terminated within the first 180 days from its effective date, above.

2. After the first 180 days and within the first twelve (12) months from the effective date of this letter of assent, the undersigned employer may terminate this letter of assent and the collective bargaining agreement by giving written notice to [2] Finger Lakes NECA and the local union at least thirty (30) days prior to the selected termination date. If such notice is given but the undersigned employer has an outstanding debt to the local union or to any of the funds specified in the collective bargaining agreement on the selected date, the termination shall become effective when, following the selected termination date, payment in full of any outstanding debt to the local union or to any of the funds specified in the collective bargaining agreement has been made. Such payment of outstanding debt shall include those payments otherwise due as a result of this extension of the agreement caused by the outstanding debt.

3. After the first twelve (12) months from the effective date of this letter of assent, the undersigned employer shall be bound to the then current agreement between the parties until its stated termination date, as well as to all subsequent amendments and renewals. If the undersigned employer desires to terminate this letter of assent and does NOT intend to comply with and be bound by all of the provisions in any subsequent agreements between [2] Finger Lakes NECA and Local Union [3] 840, IBEW, he shall so notify [2] Finger Lakes NECA and the Local Union in writing at least one hundred (100) days prior to the termination date of the then current agreement.

After the twelve (12) months from the effective date of this letter of assent, the Employer agrees that if a majority of its employees authorizes the Local Union to represent them in collective bargaining, the Employer will

General Counsel's Exhibit

recognize the Local Union as the NLRA Section 9(a) collective bargaining agent for all employees performing electrical construction work within the jurisdiction of the Local Union on all present and future jobsites.

In accordance with Orders issued by the United States District Court of the District of Maryland on October 10, 1980, in Civil Action HM-77-1302, if the undersigned employer is not a member of the National Electrical Contractors Association, this letter of assent shall not bind the parties to any provision in the above-mentioned agreements requiring payment into the National Electrical Industry Fund, unless the above Orders of Court shall be stayed, reversed on appeal, or otherwise nullified.

SUBJECT TO THE APPROVAL OF THE INTERNATIONAL PRESIDENT, IBEW

Colacino Industires

5 Name of Firm

126 Harrison Street

Street Address/P. O. Box Number

Newark, NY 14513

City, State (Abbr.), Zip Code

APPROVED
INTERNATIONAL OFFICE - I.B.E.W.
AUG 5 2011
Edwin D. Hill, President
This approval does not make the International a party to this agreement.

6 Federal Employer Identification No. 16-1586364

SIGNED FOR THE EMPLOYER

BY 7 _____ (original signature)

NAME 8 James Colacino

TITLE President/CEO

DATE 7/20/2011

SIGNED FOR THE UNION 3 840 IBEW

BY 7 _____ (original signature)

NAME 8 Michael L. Davis

TITLE Business Manager

DATE 7/20/2011

INSTRUCTIONS: All items must be completed in order for assent to be processed.

1TYPE OF AGREEMENT:

Insert type of agreement. Example: Inside, Outside Utility, Outside Commercial, Outside Telephone, Residential, Motor Shop, Sign, Tree Trimming, etc. The Local Union must obtain a separate assent to each agreement the employer is assenting to.

[2]NAME OF CHAPTER OR ASSOCIATION
Insert full name of NECA Chapter or Contractors Association involved.

[3]LOCAL UNION
Insert Local Union Number.

[4]EFFECTIVE DATE
Insert date that the assent for this employer becomes effective. Do not use agreement date unless that is to be the effective date of this Assent.

[5]EMPLOYER'S NAME AND ADDRESS
Print of type Company name & address.

[6]FEDERAL EMPLOYER IDENTIFICATION NO.
Insert the identification number which must appear on all forms filed by the employer with the Internal Revenue Service.

[7]SIGNATURES

[8]SIGNER'S NAME
Print or type the name of the persons signing the Letter of Assent. International Office copy must contain actual signatures - not reproduced - of a Company representative as well as a Local Union officer.

A MINIMUM OF FIVE COPIES OF THE JOINT SIGNED ASSENTS MUST BE SENT TO THE INTERNATIONAL OFFICE FOR PROCESSING. AFTER APPROVAL, THE INTERNATIONAL OFFICE WILL RETAIN ONE COPY FOR OUR FILES, FORWARD ONE COPY TO THE IBEW DISTRICT VICE PRESIDENT AND RETURN THREE COPIES TO THE LOCAL UNION OFFICE. THE LOCAL UNION SHALL RETAIN ONE COPY FOR THEIR FILES AND PROVIDE ONE COPY TO THE SIGNATORY EMPLOYER AND ONE COPY TO THE LOCAL NECA CHAPTER.

Ex. GC-11

Case #15-1118 Document #1576487 Filed 10/05/2015

MONTHLY PAYROLL REPORT FOR ELECTRICAL CONTRACTORS
NATIONAL ELECTRICAL BENEFIT FUND
together with LOCAL BENEFIT FUNDS, JATC, AND DEDUCTIONS

☐ Traveling Contractor
☐ Permanent Contractor

Page No. 1

PLEASE TYPE ONLY

NAME: Colocino Industries
ADDRESS: 126 Harrison St
CITY, STATE: Newark, NY 14513
PHONE: 315-331-1330

LOCAL UNION NO. WHERE WORK IS PERFORMED: 840
EMPLOYER'S FEDERAL REGISTRATION NO.: 16-1586364
TOTAL NUMBER EMPLOYED THIS PERIOD →: 2
Bldg. Constr. Journeyman's Wage Rate Per Hour $

This Transmittal Covers ALL Payroll Weeks Ending as shown below: Month of July 20 11

This report and payment shall be mailed to reach the office of the appropriate Local Collection Agent not later than fifteen (15) calendar days following the end of each calendar month.
SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS.

CLASSIFICATIONS TO BE USED IN COLUMN NO. 3

1 Journeyman, Foreman; 4 Communication / VDV; 5 Maintenance; 6 Inside Apprentice; 10 Construction Wireman; 15 Construction Electrician; 24 Seasonal Employee; 26 ALL; 27 Alumni; 28 Owner Working under a CBA; Residential: 22 Journeyman; 23 Apprentice

COLUMN 1			COLUMN 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	COL. 8
SOCIAL SECURITY NUMBER			NAME OF EMPLOYEE LAST NAME, FIRST NAME, MIDDLE INITIAL	CLASS	TOTAL CLOCK HOURS	GROSS EARNINGS	HOURLY WAGE RATE	LOCAL 840 WORKING DUES	BRHD/COPE DEDUCTION
25	60	4105	Blondell, Anthony	JWM	183.5	5373.60	29.10	295.55	3.67
				JWM OT	1.5	65.48	43.65	3.61	.03
17	62	4287	Barra, Scott	CE3	133	2906.09	21.85	87.19	2.66
				JWM	39.5	1,172.85	29.10	64.51	.79
			TOTAL THIS PAGE		357.50	9518.02		450.86	7.15
TOTAL NUMBER OF PAGES THIS REPORT 1			GRAND TOTAL ALL PAGES		357.50	9518.02		450.86	7.15

Make 1 check for items 1, 2, 9, 10, 11 & mail copies 1 & 2 to:
Finger Lakes NY Chapter NECA Inc.
135 Old Cove Rd., Suite #208, Liverpool, NY 13090

Mail check 3-8 and copies 3 & 4 to:
IBEW #840
P.O. Box 851, Geneva, NY 14456

The employer reporting herein recognizes that it is bound by the Restated Employees Benefit Agreement and Trust for the National Electrical Benefit Fund and agrees to make the required contributions to the Fund as provided for therein. The employer acknowledges having received a copy of the above Agreement. The employer certifies that the information contained in this report is full and accurate statement of hours worked and wages earned of all employees subject to employer contributions (pursuant to Article 6 of the Agreement). The employer further certifies that if contributions are made on behalf of non-bargaining unit employees, it is making such contributions in accordance with Article 6 of the Agreement and it is either covering all such non-bargaining unit employees or alumni employees only, except those who may be excluded pursuant to Section 6.3 of the Agreement. The employer further certifies that if it is reporting on behalf of a related organization as defined in Article 6 of the Agreement, either employees of the organization or alumni employees only are covered, except those who may be excluded pursuant to Section 6 of the NEBF Agreement.

FIRM NAME _____
SIGNATURE & TITLE _____
DATE _____

Check here when:
First report in area
Final report in area
More forms needed

CHECK TYPE OF BUSINESS ENTITY
☐ Sole Proprietor
☐ Partnership
☐ Corporation

1. National Electrical Benefit Fund 3% of gross earnings (Col. 5) $ 285.54
2. National Electrical Industry Fund 1% of gross earnings (Col. 5) $ N/A
3. IBEW #840 Welfare Fund ($ x Col. 4) 224.5 x 9.70, 133 x 4 $ 2709.65
4. IBEW #840 Pension Fund (¢ x Col. 4) 224.5 x 3.27 $ 734.12
5. IBEW #840 Annuity Fund (¢ x Col. 4) 224.5 x 3.25, 133 x .5 $ 796.13
6. IBEW #840 Education Fund (¢ x Col. 4) 224.5 x .70, 133 x .25 $ 190.40
7. IBEW #840 Working Dues (¢ x Col. 4) 224.5 x 2.5%, 133 x 5% $ 450.86
8. COPE (¢ x Col. 4) $ 7.15
9. Geneva LMCC (¢ x Col. 4) 224.5 x .10 $ 31.76
8. National LMCC (¢ x Col. 4) 133 x .07 $ 3.58
9. AMF (¢ x Col. 4) $ 53.63

FIRM MPR-164 (Rev 6-08)

General Counsel's Exhibit

MONTHLY PAYROLL REPORT FOR ELECTRICAL CONTRACTORS

☐ Traveling Contractor
☐ Permanent Contractor

NATIONAL ELECTRICAL BENEFIT FUND
together with LOCAL BENEFIT FUNDS, JATC, AND DEDUCTIONS

Page No. 1

PLEASE TYPE ONLY

NAME Colacino Industries, Inc
ADDRESS 126 Harrison St
CITY, STATE Newark, NY 14513
PHONE 315 331 1330

LOCAL UNION NO. WHERE WORK IS PERFORMED 840
EMPLOYER'S FEDERAL REGISTRATION NO. 16-1586364

TOTAL NUMBER EMPLOYED THIS PERIOD → 4

Bldg. Constr. Journeyman's Wage Rate Per Hour $

This Transmittal Covers ALL Payroll Weeks Ending as shown below: August 20 11

This report and payment shall be mailed to reach the office of the appropriate Local Collection Agent not later than fifteen (15) calendar days following the end of each calendar month. SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS.

CLASSIFICATIONS TO BE USED IN COLUMN NO. 3

1 Journeyman, Foreman; 4 Communication / VDV; 5 Maintenance; 6 Inside Apprentice; 10 Construction Wireman; 15 Construction Electrician; 24 Seasonal Employee; 26 ALL; 27 Alumni; 28 Owner Working under a CBA

Residential: 22 Journeyman; 23 Apprentice

COLUMN 1			COLUMN 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	COL. 8
SOCIAL SECURITY NUMBER			NAME OF EMPLOYEE LAST NAME, FIRST NAME, MIDDLE INITIAL	CLASS	TOTAL CLOCK HOURS	GROSS EARNINGS	HOURLY WAGE RATE	LOCAL 840 WORKING DUES	BRHD/COPE DEDUCTION
25	60	4105	Blondell, Anthony	JWM	157.5	4583.25	29.10	252.08	3.15
				JWM OT	4	174.60	43.65	9.61	.08
077	62	4287	Barra, Scott	CE-3	119.5	2611.10	21.85	78.34	2.39
				CE-3 OT	1	32.78	32.78	.99	.02
573	68	1179	Bebernitz, Michael	CE-2	35	661.50	18.90	NA	.70
				CE-2 OT	8.5	240.98	28.35	NA	.17
089	60	1817	Patterson, Mark	CE-1	35.25	564.00	16.00	NA	.71
				CE-1 OT	1	24.00	24.00	NA	.02
			TOTAL THIS PAGE		361.75	8892.21		341.02	7.24
TOTAL NUMBER OF PAGES THIS REPORT			GRAND TOTAL ALL PAGES		361.75	8892.21		341.02	7.24

- Make 1 check for items 1, 2, 9, 10, 11 & mail copies 1 & 2 to:
  Finger Lakes NY Chapter NECA Inc.
  135 Old Cove Rd., Suite #208, Liverpool, NY 13090
- Mail check 3-8 and copies 3 & 4 to:
  IBEW #840
  P.O. Box 851, Geneva, NY 14456

The employer reporting herein recognizes that it is bound by the Restated Employees Benefit Agreement and Trust for the National Electrical Benefit Fund and agrees to make the required contributions to the Fund as provided for therein. The employer acknowledges having received a copy of the above Agreement. The employer certifies that the information contained in this report is a full and accurate statement of hours worked and wages earned of all employees subject to employer contributions (pursuant to Article 6 of the Agreement). The employer further certifies that if contributions are made on behalf of non-bargaining unit employees, it is making such contributions in accordance with Article 6 of the Agreement and it is either covering all such non-bargaining unit employees or alumni employees only, except those who may be excluded pursuant to Section 6.3 of the Agreement. The employer further certifies that if it is reporting on behalf of a related organization as defined in Article 6 of the Agreement, either all employees of the organization or alumni employees only are covered, except those who may be excluded pursuant to Section 6.3 of the NEBF Agreement.

FIRM NAME Colacino Industries, Inc
SIGNATURE & TITLE Carol Bu... Office Manager
DATE 9/13/11

Check here when:
☐ First report in area
☐ Final report in area
☐ More forms needed

CHECK TYPE OF BUSINESS ENTITY
☐ Sole Proprietor
☐ Partnership
☒ Corporation

1. National Electrical Benefit Fund 3% of gross earnings (Col. 5) $ 266.77
2. National Electrical Industry Fund 1% of gross earnings (Col. 5) $ NA
3. IBEW #840 Welfare Fund ($ x Col. 4) $ 2367.55
4. IBEW #840 Pension Fund (¢ x Col. 4) $ 528.11
5. IBEW #840 Annuity Fund (¢ x Col. 4) $ 625.01
6. IBEW #840 Education Fund (¢ x Col. 4) $ 163.12
7. IBEW #840 Working Dues $ 341.02
8. COPE (¢ x Col. 4) $ 7.24
9. Geneva LMCC (¢ x Col. 4) $ 30.17
8. National LMCC (¢ x Col. 4) $ 3.62
9. AMF (¢ x Col. 4) $ 54.27

FORM MPR-164 (Rev. 6-08)

(A) LOCAL UNION 840-

Arlenn Press, Inc.

MONTHLY PAYROLL REPORT FOR ELECTRICAL CONTRACTORS

☐ Traveling Contractor
☐ Permanent Contractor

NATIONAL ELECTRICAL BENEFIT FUND
together with LOCAL BENEFIT FUNDS, JATC, AND DEDUCTIONS

Page No. 1

PLEASE TYPE ONLY

NAME Colacino Industries, Inc
ADDRESS 126 Harrison St
CITY, STATE Newark, NY 14513
PHONE 315 331 1330

LOCAL UNION NO. WHERE WORK IS PERFORMED 840

EMPLOYER'S FEDERAL REGISTRATION NO. 16-1586364

TOTAL NUMBER EMPLOYED THIS PERIOD → 5

Bldg. Constr. Journeyman's Wage Rate Per Hour $

This Transmittal Covers ALL Payroll Weeks Ending as shown below: September 2011

This report and payment shall be mailed to reach the office of the appropriate Local Collection Agent not later than fifteen (15) calendar days following the end of each calendar month.
SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS.

CLASSIFICATIONS TO BE USED IN COLUMN NO. 3

1 Journeyman, Foreman 4 Communication / VDV 5 Maintenance 6 Inside Apprentice 10 Construction Wireman
15 Construction Electrician 24 Seasonal Employee 26 ALL 27 Alumni 28 Owner Working under a CBA
Residential: 22 Journeyman 23 Apprentice

COLUMN 1			COLUMN 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	COL. 8
SOCIAL SECURITY NUMBER			NAME OF EMPLOYEE LAST NAME, FIRST NAME, MIDDLE INITIAL	CLASS	TOTAL CLOCK HOURS	GROSS EARNINGS	HOURLY WAGE RATE	LOCAL 840 WORKING DUES	BRHD/COPE DEDUCTION
708	62	4287	Barra, Scott	CE-3	177.5	3878.43	21.85	116.36	3.55
				CE-3 OT	4	131.12	32.78	3.94	.08
				JWM	13.5	405.00	30.00	22.22	.27
078	68	1179	Bebernitz, Michael	CE-3	162.5	3550.74	21.85	NA	3.25
			90 hrs. Aug 101.5 " Sept	CE-3 OT	29	950.62	32.78	NA	.58
125	60	4105	Blondell, Anthony	JWM	192.5	5626.05	24.10 / 30.00	309.44	3.85
				JWM OT	6	261.92	43.05	14.41	0.12
			TOTAL THIS PAGE		585	14803.88		466.43	11.70
TOTAL NUMBER OF PAGES THIS REPORT 2			GRAND TOTAL ALL PAGES		782	18701.84		476.04	15.64

- Make 1 check for items 1, 2, 9,10, 11 & mail copies 1 & 2 to:
  Finger Lakes NY Chapter NECA Inc.
  135 Old Cove Rd., Suite #208, Liverpool, NY 13090
- Mail check 3-8 and copies 3 & 4 to:
  IBEW #840
  P.O. Box 851, Geneva, NY 14456

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FIRM NAME _____

SIGNATURE & TITLE _____

DATE _____

Check here when:
☐ First report in area
☐ Final report in area
☐ More forms needed

CHECK TYPE OF BUSINESS ENTITY
☐ Sole Proprietor
☐ Partnership
☐ Corporation

1. National Electrical Benefit Fund 3% of gross earnings (Col. 5) $_____
2. National Electrical Industry Fund 1% of gross earnings (Col. 5) $_____
3. IBEW #840 Welfare Fund ($ x Col. 4) $_____
4. IBEW #840 Pension Fund (¢ x Col. 4) $_____
5. IBEW #840 Annuity Fund (¢ x Col. 4) $_____
6. IBEW #840 Education Fund (¢ x Col. 4) $_____
7. IBEW #840 Working Dues $_____
8. COPE (¢ x Col. 4) $_____
9. Geneva LMCC (¢ x Col. 4) $_____
8. National LMCC (¢ x Col. 4) $_____
9. AMF (¢ x Col. 4) $_____

FORM MPR 164 (Rev. 6-08)

Artcraft Press, Inc.

MONTHLY PAYROLL REPORT FOR ELECTRICAL CONTRACTORS

☐ Traveling Contractor
☐ Permanent Contractor

NATIONAL ELECTRICAL BENEFIT FUND
together with LOCAL BENEFIT FUNDS, JATC, AND DEDUCTIONS

Reported this, in error, somehow, see August

Page No. 1

PLEASE TYPE ONLY

NAME Colacino Industries, Inc
ADDRESS 126 Harrison St
CITY, STATE Newark, NY 14513
PHONE 315 331 1330

LOCAL UNION NO. WHERE WORK IS PERFORMED 840

EMPLOYER'S FEDERAL REGISTRATION NO. 16-1586364

TOTAL NUMBER EMPLOYED THIS PERIOD →

Bldg. Constr. Journeyman's Wage Rate Per Hour $

This Transmittal Covers ALL Payroll Weeks Ending as shown below: September 20 11

This report and payment shall be mailed to reach the office of the appropriate Local Collection Agent, not later than fifteen (15) calendar days following the end of each calendar month. SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS.

CLASSIFICATIONS TO BE USED IN COLUMN NO. 3

1 Journeyman, Foreman; 4 Communication / VDV; 5 Maintenance; 6 Inside Apprentice; 10 Construction Wireman; 15 Construction Electrician; 24 Seasonal Employee; 26 ALL; 27 Alumni; 28 Owner Working under a CBA; Residential: 22 Journeyman; 23 Apprentice

COLUMN 1			COLUMN 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	COL. 8
SOCIAL SECURITY NUMBER			NAME OF EMPLOYEE LAST NAME, FIRST NAME, MIDDLE INITIAL	CLASS	TOTAL CLOCK HOURS	GROSS EARNINGS	HOURLY WAGE RATE	LOCAL 840 WORKING DUES	BRHD/COPE DEDUCTION
108	60	1817	Patterson, Mark	CE-2	179	3383.12	18.90	NA	3.58
			94 hrs. Aug. / 97 hrs. Sept.	CE-2 OT	12	340.24	28.35	NA	.24
062	56	6100	Wiggins, Raymond	JWM	6	174.60	29.10	9.61	.12
			TOTAL THIS PAGE		197	3897.96		9.61	3.94
TOTAL NUMBER OF PAGES THIS REPORT 2			GRAND TOTAL ALL PAGES		782	18701.84		476.04	15.64

- Make 1 check for items 1, 2, 9,10, 11 & mail copies 1 & 2 to:
  Finger Lakes NY Chapter NECA Inc.
  135 Old Cove Rd., Suite #208, Liverpool, NY 13090
- Mail check 3-8 and copies 3 & 4 to:
  IBEW-#840
  P.O. Box 851, Geneva, NY 14456

The employer reporting herein recognizes that it is bound by the Restated Employees Benefit Agreement and Trust for the National Electrical Benefit Fund and agrees to make the required contributions to the Fund as provided for therein. The employer acknowledges having received a copy of the above Agreement. The employer certifies that the information contained in this report is a full and accurate statement of hours worked and wages earned of all employees subject to employer contributions (pursuant to Article 6 of the Agreement). The employer further certifies that if contributions are made on behalf of non-bargaining unit employees, it is making such contributions in accordance with Article 6 of the Agreement and it is either covering all such non-bargaining unit employees or alumni employees only, except those who may be excluded pursuant to Section 6.3 of the Agreement. The employer further certifies that if it is reporting on behalf of a related organization as defined in Article 6 of the Agreement, either all employees of the organization or alumni employees only are covered, except those who may be excluded pursuant to Section 6.3 of the NEBF Agreement.

FIRM NAME Colacino Industries, Inc.
SIGNATURE & TITLE Gary R Burt Office Mngr
DATE 10/3/11

Check here when:
☐ First report in area
☐ Final report in area
☐ More forms needed

CHECK TYPE OF BUSINESS ENTITY
☐ Sole Proprietor
☐ Partnership
☐ Corporation

1. National Electrical Benefit Fund 3% of gross earnings (Col. 5)		$ 561.00
2. National Electrical Industry Fund 1% of gross earnings (Col. 5)		$ NA
3. IBEW #840 Welfare Fund ($ x Col. 4)		$ 4370.6
4. IBEW #840 Pension Fund (¢ x Col. 4)		$ 712.81
5. IBEW #840 Annuity Fund (¢ x Col. 4)		$ 990.5
6. IBEW #840 Education Fund (¢ x Col. 4)		$ 293.60
7. IBEW #840 Working Dues	476.04	$ ~~15.64~~
8. COPE (¢ x Col. 4)		$ 15.64
9. Geneva LMCC (¢ x Col. 4)	61.28	$ ~~21.80~~
8. National LMCC (¢ x Col. 4)		$ 7.82
9. AMF (¢ x Col. 4)		$ 117.36

FORM MPR-184 (Rev. 6-06)

Artcraft Press, Inc.

MONTHLY PAYROLL REPORT FOR ELECTRICAL CONTRACTORS

☐ Traveling Contractor
☐ Permanent Contractor

NATIONAL ELECTRICAL BENEFIT FUND
together with LOCAL BENEFIT FUNDS, JATC, AND DEDUCTIONS

Page No. 1

PLEASE TYPE ONLY

NAME: Colacino Industries, Inc
ADDRESS: 120 Harrison St
CITY, STATE: Newark, NY 14513
PHONE: 315 331 1330

LOCAL UNION NO. WHERE WORK IS PERFORMED: 840

EMPLOYER'S FEDERAL REGISTRATION NO.: 16-1586360

TOTAL NUMBER EMPLOYED THIS PERIOD →: 4

Bldg. Constr. Journeyman's Wage Rate Per Hour $: 29.10

This Transmittal Covers ALL Payroll Weeks Ending as shown below: October 20 11

This report and payment shall be mailed to reach the office of the appropriate Local Collection Agent not later than fifteen (15) calendar days following the end of each calendar month.
SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS.

CLASSIFICATIONS TO BE USED IN COLUMN NO. 6

1 Journeyman, Foreman; 4 Communication / VDV; 5 Maintenance; 6 Inside Apprentice; 10 Construction Wireman; 15 Construction Electrician; 24 Seasonal Employee; 26 ALL; 27 Alumni; 28 Owner Working under a CBA

Residential: 22 Journeyman; 23 Apprentice

COLUMN 1			COLUMN 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	COL. 8
SOCIAL SECURITY NUMBER			NAME OF EMPLOYEE LAST NAME, FIRST NAME, MIDDLE INITIAL	CLASS	TOTAL CLOCK HOURS	GROSS EARNINGS	HOURLY WAGE RATE	LOCAL 840 WORKING DUES	BRHD/COPE DEDUCTION
177	62	4287	Barra, Scott	CE-3	158.5	3463.27	21.85	103.90	3.17
				CE-3 OT	1	32.78	32.78	.98	.02
73	68	1179	Bebernitz, Michael	CE-3	150.5	3288.54	21.85	N/A	3.01
				CE-3 OT	29.5	967.01	32.78	N/A	.59
25	60	4105	Blondell, Anthony	JWM	160	4668.15	29.10	256.75	3.20
				JWM OT	2.5	~~49.09~~ 43.65	43.65	6.00	.05
80	60	1817	Patterson, Mark	CE-2	160	3024.01	18.90	N/A	3.20
				CE-2 OT	4.5	127.59	28.35	N/A	.09
			TOTAL THIS PAGE		666.5	15680.48		367.63	13.33
TOTAL NUMBER OF PAGES THIS REPORT 1			GRAND TOTAL ALL PAGES		666.5	15680.48		367.63	13.33

Make 1 check for items 1, 2, 9, 10, 11 & mail copies 1 & 2 to:
Finger Lakes NY Chapter NECA Inc.
135 Old Cove Rd., Suite #208, Liverpool, NY 13090

Mail check 3-8 and copies 3 & 4 to:
IBEW #840
P.O. Box 851, Geneva, NY 14456

The employer reporting herein recognizes that it is bound by the Restated Employees Benefit Agreement and Trust for the National Electrical Benefit Fund and agrees to make the required contributions to the Fund as provided for therein. The employer acknowledges having received a copy of the above Agreement. The employer certifies that the information contained in this report is a full and accurate statement of hours worked and wages earned of all employees subject to employer contributions (pursuant to Article 6 of the Agreement). The employer further certifies that if contributions are made on behalf of non-bargaining unit employees, it is making such contributions in accordance with Article 6 of the Agreement and it is either covering all such non-bargaining unit employees or alumni employees only, except those who may be excluded pursuant to Section 6.3 of the Agreement. The employer further certifies that if it is reporting on behalf of a related organization as defined in Article 6 of the Agreement, either all employees of the organization or alumni employees only are covered, except those who may be excluded pursuant to Section 6.3 of the NEBF Agreement.

FIRM NAME: Colacino Industries, Inc.
SIGNATURE & TITLE: Corey R Bur
DATE: 11/9/11

Check here when:
☐ First report in area
☐ Final report in area
☐ More forms needed

CHECK TYPE OF BUSINESS ENTITY
☐ Sole Proprietor
☐ Partnership
☒ Corporation

1. National Electrical Benefit Fund 3% of gross earnings (Col. 5) $ 470.41
2. National Electrical Industry Fund 1% of gross earnings (Col. 5) $ NA
3. IBEW #840 Welfare Fund ($ x Col. 4) $ 3563.71
4. IBEW #840 Pension Fund (¢ x Col. 4) $ 515.25
5. IBEW #840 Annuity Fund (¢ x Col. 4) $ 766.38
6. IBEW #840 Education Fund (¢ x Col. 4) $ 237.50
7. IBEW #840 Working Dues $ 367.63
8. COPE (¢ x Col. 4) $ 13.33
9. Geneva LMCC (¢ x Col. 4) $ 51.38
8. National LMCC (¢ x Col. 4) $ 16.67
9. AMF (¢ x Col. 4) $ 99.98

FORM MPR-164 (Rev 6-08)

(A) LOCAL UNION 840

MONTHLY PAYROLL REPORT FOR ELECTRICAL CONTRACTORS
NATIONAL ELECTRICAL BENEFIT FUND
together with LOCAL BENEFIT FUNDS, JATC, AND DEDUCTIONS

☐ Traveling Contractor
☑ Permanent Contractor

Page No. 1

PLEASE TYPE ONLY

NAME: Colacino Industries, Inc
ADDRESS: 126 Harrison St
CITY, STATE: Newark, NY 14513
PHONE: 315 331 1330

LOCAL UNION NO. WHERE WORK IS PERFORMED: 840
EMPLOYER'S FEDERAL REGISTRATION NO.: 16-1586314
TOTAL NUMBER EMPLOYED THIS PERIOD →: 4
Bldg. Constr. Journeyman's Wage Rate Per Hour $: 29.10

This Transmittal Covers ALL Payroll Weeks Ending as shown below: November 20 11

This report and payment shall be mailed to reach the office of the appropriate Local Collection Agent not later than fifteen (15) calendar days following the end of each calendar month. SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS.

CLASSIFICATIONS TO BE USED IN COLUMN NO. 3

1 Journeyman, Foreman; 4 Communication / VDV; 5 Maintenance; 6 Inside Apprentice; 10 Construction Wireman; 15 Construction Electrician; 24 Seasonal Employee; 26 ALL; 27 Alumni; 28 Owner Working under a CBA

Residential: 22 Journeyman; 23 Apprentice

COLUMN 1			COLUMN 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	COL. 8
SOCIAL SECURITY NUMBER			NAME OF EMPLOYEE LAST NAME, FIRST NAME, MIDDLE INITIAL	CLASS	TOTAL CLOCK HOURS	GROSS EARNINGS	HOURLY WAGE RATE	LOCAL 840 WORKING DUES	BRHD/COPE DEDUCTION
125	60	4105	Blondell, Anthony	JWM	28	840.00	30.00	46.20	.56
		CE	HTS	JWM	4	121.40	30.35	6.68	.08
			Total HTS 160	JWM	128	3724.80	29.10	204.84	2.56
			HTS OT - 5	JWM OT	2.5	112.50	45.00	6.19	.05
				JWM OT	2.5	109.13	43.65	6.00	.05
100	60	1817	Patterson, Mark K.	CE-2	157	2967.30	18.90	N/A	3.14
			Total	CE-2 OT	9	255.15	28.35	N/A	.18
			TOTAL THIS PAGE		331	8130.28		269.94	6.62
TOTAL NUMBER OF PAGES THIS REPORT 2			GRAND TOTAL ALL PAGES		669.75	16,139.84		415.81	13.40

- Make 1 check for items 1, 2, 9, 10, 11 & mail copies 1 & 2 to:
  Finger Lakes NY Chapter NECA Inc.
  135 Old Cove Rd., Suite #208, Liverpool, NY 13090
- Mail check 3-8 and copies 3 & 4 to:
  IBEW #840
  P.O. Box 851, Geneva, NY 14456

The employer reporting herein recognizes that it is bound by the Restated Employees Benefit Agreement and Trust for the National Electrical Benefit Fund and agrees to make the required contributions to the Fund as provided for therein. The employer acknowledges having received a copy of the above Agreement. The employer certifies that the information contained in this report is a full and accurate statement of hours worked and wages earned of all employees subject to employer contributions (pursuant to Article 6 of the Agreement). The employer further certifies that if contributions are made on behalf of non-bargaining unit employees, it is making such contributions in accordance with Article 6 of the Agreement and it is either covering all such non-bargaining unit employees or alumni employees only, except those who may be excluded pursuant to Section 6.3 of the Agreement. The employer further certifies that if it is reporting on behalf of a related organization as defined in Article 6 of the Agreement, either all employees of the organization or alumni employees only are covered, except those who may be excluded pursuant to Section 6.3 of the NEBF Agreement.

FIRM NAME _____

SIGNATURE & TITLE _____

DATE _____

Check here when:
☐ First report in area
☐ Final report in area
☐ More forms needed

CHECK TYPE OF BUSINESS ENTITY
☐ Sole Proprietor
☐ Partnership
☐ Corporation

1. National Electrical Benefit Fund 3% of gross earnings (Col. 5) $_____
2. National Electrical Industry Fund 1% of gross earnings (Col. 5) $_____
3. IBEW #840 Welfare Fund ($ x Col. 4) $_____
4. IBEW #840 Pension Fund (¢ x Col. 4) $_____
5. IBEW #840 Annuity Fund (¢ x Col. 4) $_____
6. IBEW #840 Education Fund (¢ x Col. 4) $_____
7. IBEW #840 Working Dues $_____
8. COPE (¢ x Col. 4) $_____
9. Geneva LMCC (¢ x Col. 4) $_____
8. National LMCC (¢ x Col. 4) $_____
9. AMF (¢ x Col. 4) $_____

FORM MPR-164 (Rev. 6-08).

(4) LOCAL UNION 840

Artcraft Press, Inc.

MONTHLY PAYROLL REPORT FOR ELECTRICAL CONTRACTORS

☐ Traveling Contractor
☑ Permanent Contractor

NATIONAL ELECTRICAL BENEFIT FUND
together with LOCAL BENEFIT FUNDS, JATC, AND DEDUCTIONS

Page No. 1

PLEASE TYPE ONLY

NAME: Colacino Industries, Inc.
ADDRESS: 126 Harrison St
CITY, STATE: Newark, NY 14513
PHONE: 315 331 1330

LOCAL UNION NO. WHERE WORK IS PERFORMED: 840
EMPLOYER'S FEDERAL REGISTRATION NO.: 16-1586314
TOTAL NUMBER EMPLOYED THIS PERIOD →: 4
Bldg. Constr. Journeyman's Wage Rate Per Hour: 29.10

This Transmittal Covers ALL Payroll Weeks Ending as shown below: November 20 11

This report and payment shall be mailed to reach the office of the appropriate Local Collection Agent not later than fifteen (15) calendar days following the end of each calendar month. SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS.

CLASSIFICATIONS TO BE USED IN COLUMN NO. 3

1 Journeyman, Foreman; 4 Communication/VDV; 5 Maintenance; 6 Inside Apprentice; 10 Construction Wireman; 15 Construction Electrician; 24 Seasonal Employee; 26 ALL; 27 Alumni; 28 Owner Working under a CBA

Residential: 22 Journeyman; 23 Apprentice

COLUMN 1			COLUMN 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	COL. 8
SOCIAL SECURITY NUMBER			NAME OF EMPLOYEE LAST NAME, FIRST NAME, MIDDLE INITIAL	CLASS	TOTAL CLOCK HOURS	GROSS EARNINGS	HOURLY WAGE RATE	LOCAL 840 WORKING DUES	BRHD/COPE DEDUCTION
125	60	4105	Blondell, Anthony	JWM	28	840.00	30.00	46.20	.56
		CF	HTS -	JWM	4	121.40	30.35	6.68	.08
			Total HTS 160	JWM	128	3724.80	29.10	204.84	2.56
			HTS OT - 5	JWM OT	2.5	112.50	45.00	6.19	.05
				JWM OT	2.5	109.13	43.65	6.00	.05
100	60	1817	Patterson, Mark K.	CE-2	157	2967.30	18.90	N/A	3.14
			Hte	CE-2 OT	9	255.15	28.35	N/A	.18
			TOTAL THIS PAGE		331	8130.28		269.94	6.62
TOTAL NUMBER OF PAGES THIS REPORT 2			GRAND TOTAL ALL PAGES		669.75	16,139.84		415.81	13.40

- Make 1 check for items 1, 2, 9, 10, 11 & mail copies 1 & 2 to:
  Finger Lakes NY Chapter NECA Inc.
  135 Old Cove Rd., Suite #208, Liverpool, NY 13090
- Mail check 3-8 and copies 3 & 4 to:
  IBEW #840
  P.O. Box 851, Geneva, NY 14456

The employer reporting herein recognizes that it is bound by the Restated Employees Benefit Agreement and Trust for the National Electrical Benefit Fund and agrees to make the required contributions to the Fund as provided for therein. The employer acknowledges having received a copy of the above Agreement. The employer certifies that the information contained in this report is a full and accurate statement of hours worked and wages earned of all employees subject to employer contributions (pursuant to Article 6 of the Agreement). The employer further certifies that if contributions are made on behalf of non-bargaining unit employees, it is making such contributions in accordance with Article 6 of the Agreement and it is either covering all such non-bargaining unit employees or alumni employees only, except those who may be excluded pursuant to Section 6.3 of the Agreement. The employer further certifies that if it is reporting on behalf of a related organization as defined in Article 6 of the Agreement, either all employees of the organization or alumni employees only are covered, except those who may be excluded pursuant to Section 6.3 of the NEBF Agreement.

FIRM NAME _____

SIGNATURE & TITLE _____

DATE _____

Check here when:
☐ First report in area
☐ Final report in area
☐ More forms needed

CHECK TYPE OF BUSINESS ENTITY
☐ Sole Proprietor
☐ Partnership
☐ Corporation

1. National Electrical Benefit Fund 3% of gross earnings (Col. 5) $_____
2. National Electrical Industry Fund 1% of gross earnings (Col. 5) $_____
3. IBEW #840 Welfare Fund ($ x Col. 4) $_____
4. IBEW #840 Pension Fund (¢ x Col. 4) $_____
5. IBEW #840 Annuity Fund (¢ x Col. 4) $_____
6. IBEW #840 Education Fund (¢ x Col. 4) $_____
7. IBEW #840 Working Dues $_____
8. COPE (¢ x Col. 4) $_____
9. Geneva LMCC (¢ x Col. 4) $_____
8. National LMCC (¢ x Col. 4) $_____
9. AMF (¢ x Col. 4) $_____

FORM MPR-184 (Rev. 6-08)

(4) LOCAL UNION 840

MONTHLY PAYROLL REPORT FOR ELECTRICAL CONTRACTORS
NATIONAL ELECTRICAL BENEFIT FUND
together with LOCAL BENEFIT FUNDS, JATC, AND DEDUCTIONS

☐ Traveling Contractor
☐ Permanent Contractor

Page No. 1

PLEASE TYPE ONLY

NAME Colacino Inc Elec, Inc.
ADDRESS 126 Hamson St.
CITY, STATE Pittsford, NY 14513
PHONE (315) 331-1330

LOCAL UNION NO. WHERE WORK IS PERFORMED 840

EMPLOYER'S FEDERAL REGISTRATION NO. 16-1586364

TOTAL NUMBER EMPLOYED THIS PERIOD → 4

Bldg. Constr. Journeyman's Wage Rate Per Hour $ 27.10

This Transmittal Covers ALL Payroll Weeks Ending as shown below: December 20 11

This report and payment shall be mailed to reach the office of the appropriate Local Collection Agent not later than fifteen (15) calendar days following the end of each calendar month. SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS

CLASSIFICATIONS TO BE USED IN COLUMN NO. 3

1 Journeyman, Foreman 4 Communication / VDV 5 Maintenance 6 Inside Apprentice 10 Construction Wireman
15 Construction Electrician 24 Seasonal Employee 26 ALL 27 Alumni 28 Owner Working under a CBA
Residential: 22 Journeyman 23 Apprentice

COLUMN 1			COLUMN 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	COL. 8
SOCIAL SECURITY NUMBER			NAME OF EMPLOYEE LAST NAME, FIRST NAME, MIDDLE INITIAL	CLASS	TOTAL CLOCK HOURS	GROSS EARNINGS	HOURLY WAGE RATE	LOCAL 840 WORKING DUES	BRHD/COPE DEDUCTION
125	60	4105	Blondell Hillary ✓	Journ	161	4,685.10	29.10	257.68	3.22
				Journ	23	674.05	30.35	35.39	.46
				Journ OT	8	347.20	43.65	19.21	.16
				Journ OT	3	136.59	45.53	7.51	.06
139	60	1817	Patterson, Mark	CE-2	181.25	3,425.63	18.90	N/A	3.63
				CE-2 OT	24 ✓	689.40	28.35	N/A	.48 ✓
			TOTAL THIS PAGE		402.25	9,874.17		322.79	8.01
TOTAL NUMBER OF PAGES THIS REPORT 2			GRAND TOTAL ALL PAGES		810.25	19,585.20		467.12	16.21

- Make 1 check for items 1, 2, 9,10, 11 & mail copies 1 & 2 to:
  Finger Lakes NY Chapter NECA Inc.
  135 Old Cove Rd., Suite #208, Liverpool, NY 13090.
- Mail check 3-8 and copies 3 & 4 to:
  IBEW #840
  P.O. Box 851, Geneva, NY 14456

The employer reporting herein recognizes that it is bound by the Restated Employees Benefit Agreement and Trust for the National Electrical Benefit Fund and agrees to make the required contributions to the Fund as provided for therein. The employer acknowledges having received a copy of the above Agreement. The employer certifies that the information contained in this report is a full and accurate statement of hours worked and wages earned of all employees subject to employer contributions (pursuant to Article 6 of the Agreement) The employer further certifies that if contributions are made on behalf of non-bargaining unit employees, it is making such contributions in accordance with Article 6 of the Agreement and it is either covering all such non-bargaining unit employees or alumni employees only, except those who may be excluded pursuant to Section 6.3 of the Agreement. The employer further certifies that if it is reporting on behalf of a related organization as defined in Article 6 of the Agreement, either all employees of the organization or alumni employees only are covered, except those who may be excluded pursuant to Section 6.3 of the NEBF Agreement.

FIRM NAME Colacino Electric, Inc.
SIGNATURE & TITLE [signature] Pres
DATE 1/13/2012

Check here when:
☐ First report in area
☐ Final report in area
☐ More forms needed

CHECK TYPE OF BUSINESS ENTITY
☐ Sole Proprietor
☐ Partnership
☒ Corporation

1. National Electrical Benefit Fund .3% of gross earnings (Col. 5) $ 587.56
2. National Electrical Industry Fund 1% of gross earnings (Col. 5) $ N/A
3. IBEW #840 Welfare Fund ($ x Col. 4) $ 4,418.05
4. IBEW #840 Pension Fund (¢ x Col. 4) $ 675.26
5. IBEW #840 Annuity Fund (¢ x Col. 4) $ 973.00
6. IBEW #840 Education Fund (¢ x Col. 4) $ 295.46
7. IBEW #840 Working Dues $ 467.12
8. COPE (¢ x Col. 4) $ 16.21
9. Geneva LMCC (¢ x Col. 4) $ 62.91
8. National LMCC (¢ x Col. 4) $ 8.10
9. AMF (¢ x Col. 4) $ 131.54

FORM MPR-164 (Rev 6-08)

(6) LOCAL UNION 840

Artcraft Press, Inc.

MONTHLY PAYROLL REPORT FOR ELECTRICAL CONTRACTORS

☐ Traveling Contractor
☐ Permanent Contractor

NATIONAL ELECTRICAL BENEFIT FUND
together with LOCAL BENEFIT FUNDS, JATC, AND DEDUCTIONS

Page No. 1

PLEASE TYPE ONLY

NAME Colacino Industries, Inc.
ADDRESS 126 Harrison St.
CITY, STATE Penna, NY 14513
PHONE (315) 331-1530

LOCAL UNION NO. WHERE WORK IS PERFORMED..... 840
EMPLOYER'S FEDERAL REGISTRATION NO. 16-1586364

TOTAL NUMBER EMPLOYED THIS PERIOD → 4

Bldg. Constr. Journeyman's Wage Rate Per Hour $ 23.10

This Transmittal Covers ALL Payroll Weeks Ending as shown below: December 20 11

This report and payment shall be mailed to reach the office of the appropriate Local Collection Agent not later than fifteen (15) calendar days following the end of each calendar month.
SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS.

CLASSIFICATIONS TO BE USED IN COLUMN NO. 8

1 Journeyman, Foreman; 4 Communication / VDV; 5 Maintenance; 6 Inside Apprentice; 10 Construction Wireman; 15 Construction Electrician; 24 Seasonal Employee; 26 ALL; 27 Alumni; 28 Owner Working under a CBA

Residential: 22 Journeyman; 23 Apprentice

COLUMN 1			COLUMN 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	COL. 8
SOCIAL SECURITY NUMBER			NAME OF EMPLOYEE LAST NAME, FIRST NAME, MIDDLE INITIAL	CLASS	TOTAL CLOCK HOURS	GROSS EARNINGS	HOURLY WAGE RATE	LOCAL 840 WORKING DUES	BRHD/COPE DEDUCTION
077	62	4287	Bara, Scott	CE-3	170	3,714.50	21.85	111.44	3.40
				CE-3 OT	45.5	442.53	32.78	13.28	.27
				JWM	11.5	356.50	31.0	17.61	.23
273	68	1179	Bebenite, Michael	CE-3	178.5	3,900.33	21.85	N/A	3.57
03				CE 3 OT	36.5	1,196.47	32.78	N/A	.73
			TOTAL THIS PAGE		410	7,610.33		144.33	8.20
TOTAL NUMBER OF PAGES THIS REPORT 2			GRAND TOTAL ALL PAGES		810.25	19,585.20		467.12	16.21

- Make 1 check for Items 1, 2, 9,10, 11 & mail copies 1 & 2 to:
  Finger Lakes NY Chapter NECA Inc.
  135 Old Cove Rd., Suite #208, Liverpool, NY 13090
- Mail check 3-8 and copies 3 & 4 to:
  IBEW #840
  P.O. Box 851, Geneva, NY 14456

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FIRM NAME Colacino Industries, Inc.
SIGNATURE & TITLE [illegible]
DATE 1/13/20[illegible]

Check here when:
☐ First report in area
☐ Final report in area
☐ More forms needed

CHECK TYPE OF BUSINESS ENTITY
☐ Sole Proprietor
☐ Partnership
☒ Corporation

1. National Electrical Benefit Fund 3% of gross earnings (Col. 5) $ 569.56
2. National Electrical Industry Fund 1% of gross earnings (Col. 5) $ N/A
3. IBEW #840 Welfare Fund ($ x Col. 4) $ 4,418.09
4. IBEW #840 Pension Fund (¢ x Col. 4) $ 815.26
5. IBEW #840 Annuity Fund (¢ x Col. 4) $ 973.00
6. IBEW #840 Education Fund (¢ x Col. 4) $ 295.49
7. IBEW #840 Working Dues $ 467.12
8. COPE (¢ x Col. 4) $ 16.21
9. Geneva LMCC (¢ x Col. 4) $ 62.91
8. National LMCC (¢ x Col. 4) $ 9.10
9. AMF (¢ x Col. 4) $ 12.15

FORM MPR-164 (Rev 6-08)

(A) LOCAL UNION RA[illegible]

MONTHLY PAYROLL REPORT FOR ELECTRICAL CONTRACTORS

☐ Traveling Contractor
☐ Permanent Contractor

NATIONAL ELECTRICAL BENEFIT FUND
together with LOCAL BENEFIT FUNDS, JATC, AND DEDUCTIONS

Page No. 1

PLEASE TYPE ONLY

NAME Colasino Industries, Inc.

ADDRESS 126 Harrison St.

CITY, STATE Hoosick Falls, NY 12090

PHONE (315) 331-1330

LOCAL UNION NO. WHERE WORK IS PERFORMED 840

EMPLOYER'S FEDERAL REGISTRATION NO. 16-1586364

TOTAL NUMBER EMPLOYED THIS PERIOD → 4

Bldg. Constr. Journeyman's Wage Rate Per Hour: $29.10

This Transmittal Covers ALL Payroll Weeks Ending as shown below: January 20 12

This report and payment shall be mailed to reach the office of the appropriate Local Collection Agent not later than fifteen (15) calendar days following the end of each calendar month. SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS.

CLASSIFICATIONS TO BE USED IN COLUMN NO. 3

1 Journeyman, Foreman 4 Communication / VDV 5 Maintenance 6 Inside Apprentice 10 Construction Wireman

15 Construction Electrician 24 Seasonal Employee 26 ALL 27 Alumni 28 Owner Working under a CBA

Residential: 22 Journeyman 23 Apprentice

COLUMN 1			COLUMN 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	COL. 8
SOCIAL SECURITY NUMBER			NAME OF EMPLOYEE LAST NAME, FIRST NAME, MIDDLE INITIAL	CLASS	TOTAL CLOCK HOURS	GROSS EARNINGS	HOURLY WAGE RATE	LOCAL 840 WORKING DUES	BRHD/COPE DEDUCTION
377	62	4287	Barra, Scott	CE-3	119	$2,600.15	$21.85	$78.00	2.38
				CE-3 OT	2	65.56	32.78	1.97	.04
				CE-3 DT	3.5	157.25	43.70	4.59	.07
				SMW	8	248.00	31.00	13.64	.16
				SMF	5.5	176.00	32.00	9.68	.11
376	68	1774	Bebernitz, Michael	CE-3	150.25	$3,293.49	21.85	N/A	3.02
				CE-3 OT	15.25	499.90	32.78	N/A	.31
			TOTAL THIS PAGE		304	$7,036.45		107.88	6.09
TOTAL NUMBER OF PAGES THIS REPORT 2			GRAND TOTAL ALL PAGES		576	$13,852.04		344.74	11.53

- Make 1 check for items 1, 2, 9, 10, 11 & mail copies 1 & 2 to:
  Finger Lakes NY Chapter NECA Inc
  135 Old Cove Rd., Suite #208, Liverpool, NY 13090
- Mail check 3-8 and copies 3 & 4 to:
  IBEW #840
  P.O. Box 851, Geneva, NY 14456

The employer reporting herein recognizes that it is bound by the Restated Employees Benefit Agreement and Trust for the National Electrical Benefit Fund and agrees to make the required contributions to the Fund as provided for therein. The employer acknowledges having received a copy of the above Agreement. The employer certifies that the information contained in this report is a full and accurate statement of hours worked and wages earned of all employees subject to employer contributions (pursuant to Article 6 of the Agreement). The employer further certifies that if contributions are made on behalf of non-bargaining unit employees, it is making such contributions in accordance with Article 6 of the Agreement and it is either covering all such non-bargaining unit employees or alumni employees only, except those who may be excluded pursuant to Section 6.3 of the Agreement. The employer further certifies that if it is reporting on behalf of a related organization as defined in Article 6 of the Agreement, either all employees of the organization or alumni employees only are covered, except those who may be excluded pursuant to Section 6.3 of the NEBF Agreement.

FIRM NAME Colasino Industries, Inc.

SIGNATURE & TITLE [signature] Pres.

DATE 2/15/2012

Check here when:
☐ First report in area
☐ Final report in area
☐ More forms needed

CHECK TYPE OF BUSINESS ENTITY
☐ Sole Proprietor
☐ Partnership
☑ Corporation

1. National Electrical Benefit Fund 3% of gross earnings (Col. 5)	$ 415.56
2. National Electrical Industry Fund 1% of gross earnings (Col. 5)	$ N/A
3. IBEW #840 Welfare Fund ($ x Col. 4)	$ 2884.15
4. IBEW #840 Pension Fund (¢ x Col. 4)	$ 840.57
5. IBEW #840 Annuity Fund (¢ x Col. 4)	$ 726.63
6. IBEW #840 Education Fund (¢ x Col. 4)	$ 215.78
7. IBEW #840 Working Dues	$ 344.74
8. COPE (¢ x Col. 4)	$ 11.53
9. Geneva LMCC (¢ x Col. 4)	$ 45.11
8. National LMCC (¢ x Col. 4)	$ 5.76
9. AMF (¢ x Col. 4)	$ 86.40

FORM MPR-164 (Rev 6-08)

(2) LOCAL UNION 840

Aitkraft Press, Inc.

MONTHLY PAYROLL REPORT FOR ELECTRICAL WORKERS UNDER — PERMANENT CONTR.

NATIONAL ELECTRICAL BENEFIT FUND
together with LOCAL BENEFIT FUNDS, JATC, AND DEDUCTIONS

Page No. 1

PLEASE TYPE ONLY

NAME
ADDRESS
CITY, STATE
PHONE

LOCAL UNION NO. WHERE WORK IS PERFORMED 840

EMPLOYER'S FEDERAL REGISTRATION NO. 1: 1526 324

TOTAL NUMBER EMPLOYED THIS PERIOD → 4

Bldg. Constr. Journeyman's Wage Rate Per Hour

This Transmittal Covers ALL Payroll Weeks Ending as shown below: 20 12

This report and payment shall be mailed to reach the office of the appropriate Local Collection Agent not later than fifteen (15) calendar days following the end of each calendar month. SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS.

CLASSIFICATIONS TO BE USED IN COLUMN NO. 3

26 Other (non-bargaining unit) 27 ALUMNI

1 Journeyman 2 Motor Repair 3 Sign 4 Communications 5 Maintenance 6 Inside Apprentice | Residential: 22 Journeyman 23 Apprentice

COLUMN 1			COLUMN 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	COL. 8
SOCIAL SECURITY NUMBER			NAME OF EMPLOYEE LAST NAME, FIRST NAME, MIDDLE INITIAL	CLASS	TOTAL CLOCK HOURS	GROSS EARNINGS	HOURLY WAGE RATE	LOCAL 840 WORKING DUES	BRHD/COPE DEDUCTION
125	61	4105	[illegible]	Journ	127.5	$3710.25	29.10	24.16	2.55
				Journ	13.5	411.73	30.35	22.54	.27
				Journ	2.5	77.50	31.00	4.26	.05
				Journ OT	2.5	119.13	43.65	6.00	.05
				Total					
[illegible]	60	1017	Robinson, Mark	CE 2	116	2,172.40	18.90	N/A	2.32
				CE 2	6.5	184.28	28.35	N/A	.13
				CE 2 DI	3.5	132.30	37.80	N/A	.07
			TOTAL THIS PAGE		272	$6815.59		23.86	5.44
TOTAL NUMBER OF PAGES THIS REPORT 2			GRAND TOTAL ALL PAGES						

Make 1 Check for items 1, 2, 9, 10, 11 & mail copies 1 & 2 to:
Finger Lakes NY Chapter NECA Inc.
135 Old Cove Rd., Suite #208, Liverpool, NY 13090

Mail checks 3-8 and copies 3 & 4 to:
IBEW #840
PO Box 851, Geneva, NY 14456

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FIRM NAME [illegible] Inc
SIGNATURE & TITLE [illegible]
DATE 3/15/2012

1. National Electrial Benefit Fund: 3% of gross earnings (Col. 5) $_____
2. National Electrical Industry Fund: 1% of gross earnings (Col. 5) $_____
3. IBEW 840 Welfare Fund ($ x Col. 4) $_____
4. IBEW 840 Pension Fund (¢ x Col. 4) $_____
5. IBEW #840 Annuity Fund (¢ x Col. 4) $_____
6. IBEW 840 Education Fund (¢ x Col. 4) $_____
7. IBEW 840 Working Dues $_____
8. COPE (¢ x Col. 4) $_____
9. Geneva LMCC (¢ x Col. 4) $_____
10. National LMCC (.01¢ x Col. 4) $_____
11. AMF (¢ x Col. 4) $_____

Check here when:
- ☐ First report in area
- ☐ Final report in area
- ☐ More forms needed

CHECK TYPE OF BUSINESS ENTITY
- ☐ Sole Proprietor
- ☐ Partnership
- ☒ Corporation

FORM MPR-164 (REV. 5/05)

MONTHLY PAYROLL REPORT FOR ELECTRICAL CONTRACTORS
NATIONAL ELECTRICAL BENEFIT FUND
together with LOCAL BENEFIT FUNDS, JATC, AND DEDUCTIONS

☐ Traveling Contractor
☐ Permanent Contractor

Page No. 1

PLEASE TYPE ONLY

NAME: Colacino Industries, Inc.
ADDRESS: 126 Harrison St
CITY, STATE: Newark, NY 14513
PHONE:

LOCAL UNION NO. WHERE WORK IS PERFORMED: 840

EMPLOYER'S FEDERAL REGISTRATION NO.: 16-1586364

TOTAL NUMBER EMPLOYED THIS PERIOD →: 4

Bldg. Constr. Journeyman's Wage Rate Per Hour $: 29.10

This Transmittal Covers ALL Payroll Weeks Ending as shown below: February 20 12

This report and payment shall be mailed to each the office of the appropriate Local Collection Agent not later than fifteen (15) calendar days following the end of each calendar month.
SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS

CLASSIFICATIONS TO BE USED IN COLUMN NO. 6

1 Journeyman, Foreman; 4 Communication / VDV; 5 Maintenance; 6 Inside Apprentice; 10 Construction Wireman; 15 Construction Electrician; 24 Seasonal Employee; 26 ALL; 27 Alumni; 28 Owner Working under a CBA

Residential: 22 Journeyman; 23 Apprentice

COLUMN 1 SOCIAL SECURITY NUMBER	COLUMN 2 NAME OF EMPLOYEE LAST NAME, FIRST NAME, MIDDLE INITIAL	COL. 3 CLASS	COL. 4 TOTAL CLOCK HOURS	COL. 5 GROSS EARNINGS	COL. 6 HOURLY WAGE RATE	COL. 7 LOCAL 840 WORKING DUES	COL. 8 BRHD/COPE DEDUCTION
077 62 4267	Barra, Scott	CE-3	160	3,496.00	21.85	104.88	3.20
	Barra, Scott	CE-5 OT	11	360.58	32.78	10.82	.22
078 68 1179	Bebernitz, Michael	CE-3	151.75	3,315.74	21.85	99.47	3.04
	Bebernitz, Michael	CE-3 OT	42.25	1,401.35	32.78	42.04	.86
108 60 1817	Patterson, Mark	CE-2	74	1,378.60	18.90	41.36	1.48
	Patterson, Mark	CE-2 OT	1	28.35	28.35	.85	.02
	TOTAL THIS PAGE		440.50	10,000.62		300.02	8.82
TOTAL NUMBER OF PAGES THIS REPORT 2	GRAND TOTAL ALL PAGES		598	14,698.62		558.41	11.98

Make 1 check for items 1, 2, 9, 10, 11 & mail copies 1 & 2 to:
Finger Lakes NY Chapter NECA Inc.
135 Old Cove Rd., Suite #208, Liverpool, NY 13090

- Mail check 3-8 and copies 3 & 4 to:
IBEW #840
P.O. Box 851, Geneva, NY 14456

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FIRM NAME: Colacino Industries, Inc.
SIGNATURE & TITLE: Vice
DATE: 3/15/2012

Check here when:
☐ First report in area
☐ Final report in area
☐ More forms needed

CHECK TYPE OF BUSINESS ENTITY
☐ Sole Proprietor
☐ Partnership
☐ Corporation

1. National Electrical Benefit Fund 3% of gross earnings (Col. 5) $ 440.96
2. National Electrical Industry Fund 1% of gross earnings (Col. 5) $ N/A
3. IBEW #840 Welfare Fund ($ x Col. 4) $ 2,974.2
4. IBEW #840 Pension Fund (¢ x Col. 4) $ 830.03
5. IBEW #840 Annuity Fund (¢ x Col. 4) $ 732.13
6. IBEW #840 Education Fund (¢ x Col. 4) $ 220.38
7. IBEW #840 Working Dues $ 558.41
8. COPE (¢ x Col. 4) $ 11.97
9. Geneva LMCC (¢ x Col. 4) $ 46.59
8. National LMCC (¢ x Col. 4) $ 5.74
9. AMF (¢ x Col. 4) $ 89.70

FORM MPR-164 (Rev. 6-08)

(4) LOCAL UNION 840

Artcraft Press, Inc.

MONTHLY PAYROLL REPORT FOR ELECTRICAL CONTRACTORS
NATIONAL ELECTRICAL BENEFIT FUND
together with LOCAL BENEFIT FUNDS, JATC, AND DEDUCTIONS

☐ Traveling Contractor
☐ Permanent Contractor

Page No. 1

PLEASE TYPE ONLY

NAME: Colacino Industries, Inc.
ADDRESS: 126 Harrison St
CITY, STATE: Newark NY 14513
PHONE:

LOCAL UNION NO. WHERE WORK IS PERFORMED: 840

EMPLOYER'S FEDERAL REGISTRATION NO.: 16-1586364

TOTAL NUMBER EMPLOYED THIS PERIOD: 4

Bldg. Constr. Journeyman's Wage Rate Per Hour $: 29.10

This Transmittal Covers ALL Payroll Weeks Ending as shown below: February 20

This report and payment shall be mailed to reach the office of the appropriate Local Collection Agent not later than fifteen (15) calendar days following the end of each calendar month. SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS.

CLASSIFICATIONS TO BE USED IN COLUMN NO. 6

1 Journeyman, Foreman; 4 Communication / VDV; 5 Maintenance; 6 Inside Apprentice; 10 Construction Wireman; 15 Construction Electrician; 24 Seasonal Employee; 26 ALL; 27 Alumni; 28 Owner Working under a CBA

Residential: 22 Journeyman; 23 Apprentice

COLUMN 1 SOCIAL SECURITY NUMBER			COLUMN 2 NAME OF EMPLOYEE LAST NAME, FIRST NAME, MIDDLE INITIAL	COL. 3 CLASS	COL. 4 TOTAL CLOCK HOURS	COL. 5 GROSS EARNINGS	COL. 6 HOURLY WAGE RATE	COL. 7 LOCAL 840 WORKING DUES	COL. 8 BRHD/COPE DEDUCTION
125	60	4105	Blondell Anthony	146	100.75	2,931.83	29.10	161.25	2.02
			Blondell Anthony	15 7.5	45.25	1,373.34	30.35	75.53	.91
			Blondell A Anthony	15 1.5	9	279.00	31.00	15.35	.18
			Blondell A Anthony	over	2.50	115.83	45.53	6.26	.105
			03						
			TOTAL THIS PAGE		157.50	4,698		258.39	3.16
TOTAL NUMBER OF PAGES THIS REPORT 2			GRAND TOTAL ALL PAGES		598	14,698.62		558.41	11.98

- Make 1 check for items 1, 2, 9,10, 11 & mail copies 1 & 2 to:
  Finger Lakes NY Chapter NECA Inc.
  135 Old Cove Rd., Suite #208, Liverpool, NY 13090
- Mail check 3-8 and copies 3 & 4 to:
  IBEW #840
  P.O. Box 851, Geneva, NY 14456

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FIRM NAME: Colacino Industries, Inc.
SIGNATURE & TITLE: [signature], Pres
DATE: 3/15/2012

Check here when:
☐ First report in area
☐ Final report in area
☐ More forms needed

CHECK TYPE OF BUSINESS ENTITY
☐ Sole Proprietor
☐ Partnership
☒ Corporation

1. National Electrical Benefit Fund 3% of gross earnings (Col. 5) $ 440.96
2. National Electrical Industry Fund 1% of gross earnings (Col. 5) $ N/A
3. IBEW #840 Welfare Fund ($ x Col. 4) $ 2,974.75
4. IBEW #840 Pension Fund (¢ x Col. 4) $ 830.03
5. IBEW #840 Annuity Fund (¢ x Col. 4) $ 732.13
6. IBEW #840 Education Fund (¢ x Col. 4) $ 220.38
7. IBEW #840 Working Dues $ 558.41
8. COPE (¢ x Col. 4) $ 11.97
9. Geneva LMCC (¢ x Col. 4) $ 46.59
8. National LMCC (¢ x Col. 4) $ 5.98
9. AMF (¢ x Col. 4) $ 89.70

FORM MPR-164 (Rev 6-08)

Artcraft Press, Inc.

MONTHLY PAYROLL REPORT FOR ELECTRICAL CONTRACTORS ☐ PERMANENT CONTR.

NATIONAL ELECTRICAL BENEFIT FUND
together with LOCAL BENEFIT FUNDS, JATC, AND DEDUCTIONS

Page No. 1

PLEASE TYPE ONLY

NAME
ADDRESS
CITY, STATE
PHONE (315) 331-0414

LOCAL UNION NO. WHERE WORK IS PERFORMED 840

EMPLOYER'S FEDERAL REGISTRATION NO.

TOTAL NUMBER EMPLOYED THIS PERIOD → 3

Bldg. Constr. Journeyman's Wage Rate Per Hour $

This Transmittal Covers ALL Payroll Weeks Ending as shown below: March 2012

This report and payment shall be mailed to reach the office of the appropriate Local Collection Agent not later than fifteen (15) calendar days following the end of each calendar month. SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS.

CLASSIFICATIONS TO BE USED IN COLUMN NO. 3

26 Other (non-bargaining unit) 27 ALUMNI

1 Journeyman 2 Motor Repair 3 Sign 4 Communications 5 Maintenance 6 Inside Apprentice | Residential: 22 Journeyman 23 Apprentice

COLUMN 1 SOCIAL SECURITY NUMBER			COLUMN 2 NAME OF EMPLOYEE LAST NAME, FIRST NAME, MIDDLE INITIAL	COL. 3 CLASS	COL. 4 TOTAL CLOCK HOURS	COL. 5 GROSS EARNINGS	COL. 6 HOURLY WAGE RATE	COL. 7 LOCAL 840 WORKING DUES	COL. 8 BRHD/COPE DEDUCTION
077	62	4287	Baker, Scott	CE-3	131	4,173.35	31.85	125.20	3.82
077	62	4287	Baker, Scott	[illegible]	22	726.16	33.01	21.53	1.41
077	62	4287	Baker, Scott Jr.		8	25.6	32.00	14.78	1.12
078	68	1179	[illegible]	[illegible]	149.25	4,355.11	[illegible]	—	3.19
078	68	1179	[illegible]	3310	111	3,634.58	32.74	—	2.22
			TOTAL THIS PAGE		534.25	13,142.70		160.71	12.[illegible]
TOTAL NUMBER OF PAGES THIS REPORT 2			GRAND TOTAL ALL PAGES		743.75	19,577.23		515.31	14.88

Make 1 Check for items 1, 2, 9, 10, 11 & mail copies 1 & 2 to:
Finger Lakes NY Chapter NECA Inc.
135 Old Cove Rd., Suite #208, Liverpool, NY 13090

Mail checks 3-8 and copies 3 & 4 to:
IBEW #840
PO Box 851, Geneva, NY 14456

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FIRM NAME Colonial Electric, Inc.
SIGNATURE & TITLE [illegible]
DATE 4/13/2012

Check here when:
☐ First report in area
☐ Final report in area
☐ More forms needed

CHECK TYPE OF BUSINESS ENTITY
☐ Sole Proprietor
☐ Partnership
☒ Corporation

1. National Electrial Benefit Fund: 3% of gross earnings (Col. 5) $ 587.32
2. National Electrical Industry Fund: 1% of gross earnings (Col. 5) $ —
3. IBEW 840 Welfare Fund ($ x Col. 4) $ 3,710.85
4. IBEW 840 Pension Fund (¢ x Col. 4) $ 1,162.19
5. IBEW #840 Annuity Fund (¢ x Col. 4) $ 179.25
6. IBEW 840 Education Fund (¢ x Col. 4) $ 285.16
7. IBEW 840 Working Dues $ 515.31
8. COPE (¢ x Col. 4) $ 14.88
9. Geneva LMCC (¢ x Col. 4) $ 58.63
10. National LMCC (.01¢ x Col. 4) $ 7.44
11. AMF (¢ x Col. 4) $ 1.15

NATIONAL ELECTRICAL BENEFIT FUND
together with LOCAL BENEFIT FUNDS, JATC, AND DEDUCTIONS

Page No. 1

PLEASE TYPE ONLY

NAME
ADDRESS
CITY, STATE
PHONE (315) 331-0414

LOCAL UNION NO. WHERE WORK IS PERFORMED 840
EMPLOYER'S FEDERAL REGISTRATION NO.
TOTAL NUMBER EMPLOYED THIS PERIOD → 3
Bldg Constr. Journeyman's Wage Rate Per Hour $

This Transmittal Covers ALL Payroll Weeks Ending as shown below: March 2012

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CLASSIFICATIONS TO BE USED IN COLUMN NO. 3

26 Other (non-bargaining unit) 27 ALUMNI

1 Journeyman 2 Motor Repair 3 Sign 4 Communications 5 Maintenance 6 Inside Apprentice | Residential: 22 Journeyman 23 Apprentice

COLUMN 1			COLUMN 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	COL. 8
SOCIAL SECURITY NUMBER			NAME OF EMPLOYEE LAST NAME, FIRST NAME, MIDDLE INITIAL	CLASS	TOTAL CLOCK HOURS	GROSS EARNINGS	HOURLY WAGE RATE	LOCAL 840 WORKING DUES	BRHD/COPE DEDUCTION
125	60	4105	Blanchett Anthony	Jm	145	4,218.50	29.10	252.7	2.10
125	60	4105	[illegible]	Jm	24	728.40	30.35	4.06	.48
125	60	4105	[illegible]	Jm	31	961.00	31.00	52.86	.62
125	60	4105	[illegible]	Jm	12.50	546.3	43.65	30.01	.25
3									
			TOTAL THIS PAGE		212.50	6,454.53		355.00	4.25
TOTAL NUMBER OF PAGES THIS REPORT 2			GRAND TOTAL ALL PAGES		743.75	19,591.23		515.91	14.89

Make 1 Check for items 1, 2, 9, 10, 11 & mail copies 1 & 2 to:
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135 Old Cove Rd., Suite #208, Liverpool, NY 13090

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PO Box 851, Geneva, NY 14456

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FIRM NAME
SIGNATURE & TITLE
DATE 4/13/2012

Check here when:
- ☐ First report in area
- ☐ Final report in area
- ☐ More forms needed

CHECK TYPE OF BUSINESS ENTITY
- ☐ Sole Proprietor
- ☐ Partnership
- ☑ Corporation

1. National Electrial Benefit Fund: 3% of gross earnings (Col. 5) $587.73
2. National Electrical Industry Fund: 1% of gross earnings (Col. 5) $
3. IBEW 840 Welfare Fund ($ x Col. 4) $301.[illegible]
4. IBEW 840 Pension Fund (¢ x Col. 4) $1,1[illegible]
5. IBEW #840 Annuity Fund (¢ x Col. 4) $74.15
6. IBEW 840 Education Fund (¢ x Col. 4) $[illegible]
7. IBEW 840 Working Dues $515.91
8. COPE (¢ x Col. 4) $14.89
9. Geneva LMCC (¢ x Col. 4) $76.68
10. National LMCC (.01¢ x Col. 4) $7.44
11. AMF (¢ x Col. 4) $[illegible]

FORM MPR-164 (REV 5/05)

Ex. GC-12

Colacino INDUSTRIES

126 Harrison Street
Newark, New York 14513
315-331-1330

April 12, 2012
IBEW Local 840
Attn: Mike Davis
PO Box 851
Geneva, NY 14456

Dear Mr. Davis:

Enclosed please find a letter to the IBEW #840 as notification that Colacino Industries, Inc. will be terminating the letter of assent dated July 20, 2011. A letter of termination has also been sent to the Finger Lakes NECA. I would like to schedule a meeting with you to discuss the reasons for this decision and how the IBEW can support NEC 2.0, Inc.

Please call me at your earliest convenience to schedule a meeting.

Sincerely,

James R. Colacino
President, Colacino Industries, Inc.

General Counsel's Exhibit

Colacino INDUSTRIES

126 Harrison Street
Newark, New York 14513
315-331-1330

April 12, 2012
IBEW Local 840
Attn: Mike Davis
PO Box 851
Geneva, NY 14456

Dear Mr. Davis:

In compliance with the letter of assent dated 7/20/2011, Colacino Industries, Inc. is terminating the letter of assent and the collective bargaining agreement as of May 26, 2012 A copy of the letter of assent has been included with this correspondence.

Sincerely,

James R. Colacino
President, Colacino Industries, Inc.

Enclosure

LETTER OF ASSENT C

This document shall be used only for employers becoming signatory for the first time or for first time contractors seeking affiliation as a direct result of a Membership Development campaign.

This is to certify that the undersigned employer has examined a copy of the current [1] Inside Agreement labor agreement between [2] Finger Lakes NECA and Local Union [3] 840, IBEW. It is understood that the signing of this letter of assent shall be as binding on the undersigned employer as though he had signed the above referred to agreement, including any amendments thereto, and any subsequent agreements.

This letter of assent shall become effective for the undersigned employer on the [4] 20th day of July, 2011 and shall remain in effect unless and until terminated as provided in the following paragraphs.

1. This letter of assent cannot be terminated within the first 180 days from its effective date, above.

2. After the first 180 days and within the first twelve (12) months from the effective date of this letter of assent, the undersigned employer may terminate this letter of assent and the collective bargaining agreement by giving written notice to [2] Finger Lakes NECA and the local union at least thirty (30) days prior to the selected termination date. If such notice is given but the undersigned employer has an outstanding debt to the local union or to any of the funds specified in the collective bargaining agreement on the selected date, the termination shall become effective when, following the selected termination date, payment in full of any outstanding debt to the local union or to any of the funds specified in the collective bargaining agreement has been made. Such payment of outstanding debt shall include those payments otherwise due as a result of this extension of the agreement caused by the outstanding debt.

3. After the first twelve (12) months from the effective date of this letter of assent, the undersigned employer shall be bound to the then current agreement between the parties until its stated termination date, as well as to all subsequent amendments and renewals. If the undersigned employer desires to terminate this letter of assent and does NOT intend to comply with and be bound by all of the provisions in any subsequent agreements between [2] Finger Lakes NECA and Local Union [3] 840, IBEW, he shall so notify [2] Finger Lakes NECA and the Local Union in writing at least one hundred (100) days prior to the termination date of the then current agreement.

After the twelve (12) months from the effective date of this letter of assent, the Employer agrees that if a majority of its employees authorizes the Local Union to represent them in collective bargaining, the Employer will

recognize the Local Union as the NLRA Section 9(a) collective bargaining agent for all employees performing electrical construction work within the jurisdiction of the Local Union on all present and future jobsites.

In accordance with Orders issued by the United States District Court of the District of Maryland on October 10, 1980, in Civil Action HM-77-1302, if the undersigned employer is not a member of the National Electrical Contractors Association, this letter of assent shall not bind the parties to any provision in the above-mentioned agreements requiring payment into the National Electrical Industry Fund, unless the above Orders of Court shall be stayed, reversed on appeal, or otherwise nullified.

SUBJECT TO THE APPROVAL OF THE INTERNATIONAL PRESIDENT, IBEW

Colacino Industires

5 Name of Firm

126 Harrison Street

Street Address/P. O. Box Number

Newark, NY 14513

City, State (Abbr.), Zip Code

APPROVED
INTERNATIONAL OFFICE - I. B. E. W.
AUG 5 2011
Edwin D. Hill, President
This approval does not make the International a party to this agreement.

6 Federal Employer Identification No. 16-1586364

SIGNED FOR THE EMPLOYER	SIGNED FOR THE UNION 3 840 IBEW
BY 7 (original signature)	BY 7 (original signature)
NAME 8 James Colacino	NAME 8 Michael L. Davis
TITLE President/CEO	TITLE Business Manager
DATE 7/20/2011	DATE 7/20/2011

INSTRUCTIONS: All items must be completed in order for assent to be processed.

1TYPE OF AGREEMENT:

Insert type of agreement. Example: Inside, Outside Utility, Outside Commercial, Outside Telephone, Residential, Motor Shop, Sign, Tree Trimming, etc. The Local Union must obtain a separate assent to each agreement the employer is assenting to.

[2]NAME OF CHAPTER OR ASSOCIATION
Insert full name of NECA Chapter or Contractors Association involved.

[3]LOCAL UNION
Insert Local Union Number.

[4]EFFECTIVE DATE
Insert date that the assent for this employer becomes effective. Do not use agreement date unless that is to be the effective date of this Assent.

[5]EMPLOYER'S NAME AND ADDRESS
Print of type Company name & address.

[6]FEDERAL EMPLOYER IDENTIFICATION NO.
Insert the identification number which must appear on all forms filed by the employer with the Internal Revenue Service.

[7]SIGNATURES

[8]SIGNER'S NAME
Print or type the name of the persons signing the Letter of Assent. International Office copy must contain actual signatures - not reproduced - of a Company representative as well as a Local Union officer.

A MINIMUM OF FIVE COPIES OF THE JOINT SIGNED ASSENTS MUST BE SENT TO THE INTERNATIONAL OFFICE FOR PROCESSING. AFTER APPROVAL, THE INTERNATIONAL OFFICE WILL RETAIN ONE COPY FOR OUR FILES, FORWARD ONE COPY TO THE IBEW DISTRICT VICE PRESIDENT AND RETURN THREE COPIES TO THE LOCAL UNION OFFICE. THE LOCAL UNION SHALL RETAIN ONE COPY FOR THEIR FILES AND PROVIDE ONE COPY TO THE SIGNATORY EMPLOYER AND ONE COPY TO THE LOCAL NECA CHAPTER.

Ex. GC-13

NEWARK ELECTRIC
The Power Authority
Automation Systems - Power Distribution
Fire and Security Systems - SCADA / Telemetry
315-331-0414 Phone 800-355-0414 Pager

June 29, 2012

IBEW Local 840
Attn: Mike Davis
PO Box 851
Geneva, NY 14456

Dear Mr. Davis:

In compliance with the letter of assent dated 7/20/2011, Newark Electric 2.0 is terminating the letter of assent and the collective bargaining agreement effective today, the 29th of June, 2012. If you have any questions, please feel free to contact Harris Beach PLLC.

Sincerely,

James R. Colacino
President, Newark Electric 2.0
132 Harrison Street
Newark, NY 14513
315-331-0414

General Counsel's Exhibit

Ex. GC-14

MONTHLY PAYROLL REPORT FOR ELECTRICAL CONTRACTORS
NATIONAL ELECTRICAL BENEFIT FUND
together with LOCAL BENEFIT FUNDS, JATC, AND DEDUCTIONS

☐ Traveling Contractor
☐ Permanent Contractor

Page No. 1

PLEASE TYPE ONLY

NAME: Colacino Industries
ADDRESS: 126 Harrison St
CITY, STATE: Newark, NY 14513
PHONE:

LOCAL UNION NO. WHERE WORK IS PERFORMED: 840

EMPLOYER'S FEDERAL REGISTRATION NO.

TOTAL NUMBER EMPLOYED THIS PERIOD →

Bldg. Constr. Journeyman's Wage Rate Per Hour $

This Transmittal Covers ALL Payroll Weeks Ending as shown below: June 2012 20 12

This report and payment shall be mailed to reach the office of the appropriate Local Collection Agent not later than fifteen (15) calendar days following the end of each calendar month. SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS.

CLASSIFICATIONS TO BE USED IN COLUMN NO. 3

1 Journeyman, Foreman; 4 Communication / VDV; 5 Maintenance; 6 Inside Apprentice; 10 Construction Wireman; Residential: 22 Journeyman, 23 Apprentice; 15 Construction Electrician; 24 Seasonal Employee; 26 ALL; 27 Alumni; 28 Owner Working under a CBA

COLUMN 1			COLUMN 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	COL. 8
SOCIAL SECURITY NUMBER			NAME OF EMPLOYEE LAST NAME, FIRST NAME, MIDDLE INITIAL	CLASS	TOTAL CLOCK HOURS	GROSS EARNINGS	HOURLY WAGE RATE	LOCAL 840 WORKING DUES	BRHD/COPE DEDUCTION
125	60	4105	Blondell, Anthony	Jm	51	1494.30	29.30	82.19	5.10
125	60	4105	Blondell, Anthony	Jm	133.5	4,205.25	31.50	231.29	13.35
125	60	4105	Blondell, Anthony 194.5	Jm	1	43.75	43.75	2.42	.10
125	60	4105	Blondell Anthony	Jm	4.5	212.63	47.25	11.67	.45
125	60	4105	Blondell Anthony	Jm	4.5	139.50	31.00	7.67	.45
077	62	4287	Barra, Scott	Jm	39.5	1273.88	32.25	71.44	3.95
077	62	4287	Barra, Scott	CE3	144	3168.00	22.00	95.04	14.40
077	62	4287	Barra Scott 144.5	CE30	.5	16.50	33.00	.50	.05
			TOTAL THIS PAGE		378.5	10,554.01		500.86	37.85
TOTAL NUMBER OF PAGES THIS REPORT 1			GRAND TOTAL ALL PAGES						

- Make 1 check for items 1, 2, 9,10, 11 & mail copies 1 & 2 to:
  Finger Lakes NY Chapter NECA Inc.
  135 Old Cove Rd., Suite #208, Liverpool, NY 13090
- Mail check 3-8 and copies 3 & 4 to:
  IBEW #840
  P.O. Box 851, Geneva, NY 14456

The employer reporting herein recognizes that it is bound by the Restated Employees Benefit Agreement and Trust for the National Electrical Benefit Fund and agrees to make the required contributions to the Fund as provided for therein. The employer acknowledges having received a copy of the above Agreement. The employer certifies that the information contained in this report is a full and accurate statement of hours worked and wages earned of all employees subject to employer contributions (pursuant to Article 6 of the Agreement). The employer further certifies that if contributions are made on behalf of non-bargaining unit employees, it is making such contributions in accordance with Article 6 of the Agreement and it is either covering all such non-bargaining unit employees or alumni employees only, except those who may be excluded pursuant to Section 6.3 of the Agreement. The employer further certifies that if it is reporting on behalf of a related organization as defined in Article 6 of the Agreement, either all employees of the organization or alumni employees only are covered, except those who may be excluded pursuant to Section 6.3 of the NEBF Agreement.

FIRM NAME: Colacino Industries Inc.
SIGNATURE & TITLE: [illegible]
DATE: 6/29/12

Check here when:
☐ First report in area
☐ Final report in area
☐ More forms needed

CHECK TYPE OF BUSINESS ENTITY
☐ Sole Proprietor
☐ Partnership
☒ Corporation

1. National Electrical Benefit Fund 3% of gross earnings (Col. 5) $ 316.62
2. National Electrical Industry Fund 1% of gross earnings (Col. 5) $ —
3. IBEW #840 Welfare Fund ($ x Col. 4) $ 2485.10
4. IBEW #840 Pension Fund (¢ x Col. 4) $ 1233.18
5. IBEW #840 Annuity Fund (¢ x Col. 4) $ 832.77
6. IBEW #840 Education Fund (¢ x Col. 4) $ 199.93
7. IBEW #840 Working Dues $ 500.86
8. COPE (¢ x Col. 4) $ 37.85
9. Geneva LMCC (¢ x Col. 4) $ 33.52
8. National LMCC (¢ x Col. 4) $ 3.79
9. AMF (¢ x Col. 4) $ 56.78

FORM MPR-164 (Rev. 6-08)

(4) LOCAL UNION 840

General Counsel's Exhibit

Colacino Industries, Inc. 4340

IBEW Local 840 Annuity Fund 6/29/2012

IBEW Annutiy 832.77

WCTA Payroll 832.77

Colacino Industries, Inc. 4339

IBEW Local 840 Pension Fund 6/29/2012

IBEW Pension 1,233.18

WCTA Payroll 1,233.18

Colacino Industries, Inc. 4341

IBEW Local 840 Education Fund 6/29/2012
IBEW JATC 199.93

WCTA Payroll 199.93

Colacino Industries, Inc. 4338

IBEW Local 840 Healthcare Fund 6/29/2012
IBEW Health & Welfare 2,485.10

WCTA Payroll 2,485.10

Colacino Industries, Inc. 4342

IBEW Local 840 Working Dues	6/29/2012	
IBEW Dues		500.86
WCTA Payroll		500.86

Colacino Industries, Inc. 4343

COPE	6/29/2012	
IBEW COPE		37.85
WCTA Payroll		37.85

MONTHLY PAYROLL REPORT FOR ELECTRICAL CONTRACTORS
NATIONAL ELECTRICAL BENEFIT FUND
together with LOCAL BENEFIT FUNDS, JATC, AND DEDUCTIONS

☐ Traveling Contractor
☐ Permanent Contractor

Page No. 1

PLEASE TYPE ONLY

NAME Pioneer Industries
ADDRESS 116 Harrison Street
CITY, STATE Newark, NY 14513
PHONE 315-331-1330

LOCAL UNION NO. WHERE WORK IS PERFORMED. 840

EMPLOYER'S FEDERAL REGISTRATION NO. .....

TOTAL NUMBER EMPLOYED THIS PERIOD → 4

Bldg. Constr Journeyman's Wage Rate Per Hour $ 29.10

This Transmittal Covers ALL Payroll Weeks Ending as shown below: MAY 20 12

This report and payment shall be mailed to reach the office of the appropriate Local Collection Agent not later than fifteen (15) calendar days following the end of each calendar month. SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS.

CLASSIFICATIONS TO BE USED IN COLUMN NO. 3

1 Journeyman, Foreman 4 Communication/VDV 5 Maintenance 6 Inside Apprentice 10 Construction Wireman
15 Construction Electrician 24 Seasonal Employee 26 ALL 27 Alumni 28 Owner Working under a CBA
Residential: 22 Journeyman 23 Apprentice

COLUMN 1			COLUMN 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	COL. 8
SOCIAL SECURITY NUMBER			NAME OF EMPLOYEE LAST NAME, FIRST NAME, MIDDLE INITIAL	CLASS	TOTAL CLOCK HOURS	GROSS EARNINGS	HOURLY WAGE RATE	LOCAL 840 WORKING DUES	BRHD/COPE DEDUCTION
125	60	4105	Blondell, Anthony		110	3,201.00	29.10	176.00	2.20
			Blondell, Anthony	159.5	36	1092.60	30.35	60.09	0.72
			Blondell, Anthony		13	403.00	31.00	22.17	0.26
			Blondell, Anthony		.5	22.77	45.53	1.25	0.01
577	62	4287	Barra, Scott	Journ	24	768.00	32.00	42.24	0.48
			Barra, Scott 216	Journ	2	96.00	48.00	5.28	0.04
			Barra, Scott	CE-3	132.5	2,895.13	21.85	86.85	2.65
			Barra, Scott 136.5	CE-3	4	131.12	32.78	3.93	0.08
			TOTAL THIS PAGE		322	8609.62		397.87	5.34
TOTAL NUMBER OF PAGES THIS REPORT 2			GRAND TOTAL ALL PAGES		585.5	15044.76		458.50	11.71

- Make 1 check for items 1, 2, 9,10, 11 & mail copies 1 & 2 to:
  Finger Lakes NY Chapter NECA Inc.
  135 Old Cove Rd., Suite #208, Liverpool, NY 13090
- Mail check 3-8 and copies 3 & 4 to:
  IBEW #840
  P.O. Box 851, Geneva, NY 14456

The employer reporting herein recognizes that it is bound by the Restated Employees Benefit Agreement and Trust for the National Electrical Benefit Fund and agrees to make the required contributions to the Fund as provided for therein. The employer acknowledges having received a copy of the above Agreement. The employer certifies that the information contained in this report is a full and accurate statement of hours worked and wages earned of all employees subject to employer contributions (pursuant to Article 6 of the Agreement). The employer further certifies that if contributions are made on behalf of non-bargaining unit employees, it is making such contributions in accordance with Article 6 of the Agreement and it is either covering all such non-bargaining unit employees or alumni employees only, except those who may be excluded pursuant to Section 6.3 of the Agreement. The employer further certifies that if it is reporting on behalf of a related organization as defined in Article 6 of the Agreement, either all employees of the organization or alumni employees only are covered, except those who may be excluded pursuant to Section 6.3 of the NEBF Agreement.

FIRM NAME _____

SIGNATURE & TITLE _____

DATE _____

Check here when:
☐ First report in area
☐ Final report in area
☒ More forms needed

CHECK TYPE OF BUSINESS ENTITY
☐ Sole Proprietor
☐ Partnership
☒ Corporation

1. National Electrical Benefit Fund 3% of gross earnings (Col. 5) $ 451.34
2. National Electrical Industry Fund 1% of gross earnings (Col. 5) $ N/A
3. IBEW #840 Welfare Fund ($ x Col. 4) $ 3028.35
4. IBEW #840 Pension Fund (¢ x Col. 4) $ 977.59
5. IBEW #840 Annuity Fund (¢ x Col. 4) $ 802.88
6. IBEW #840 Education Fund (¢ x Col. 4) $ 229.86
7. IBEW #840 Working Dues $ 458.50
8. COPE (¢ x Col. 4) $ 11.71
9. Geneva LMCC (¢ x Col. 4) $ 46.55
8. National LMCC (¢ x Col. 4) $ 5.86
9. AMF (¢ x Col. 4) $ 87.83

FORM MPR-164 (Rev 6-08)

(4) LOCAL UNION 840

Artcraft Press, Inc.

MONTHLY PAYROLL REPORT FOR ELECTRICAL CONTRACTORS
NATIONAL ELECTRICAL BENEFIT FUND
together with LOCAL BENEFIT FUNDS, JATC, AND DEDUCTIONS

☐ Traveling Contractor
☐ Permanent Contractor

Page No. 1

PLEASE TYPE ONLY

NAME Colacino Industries
ADDRESS 126 Harrison St.
CITY, STATE Newark, NY 14513
PHONE 315-331-1330

LOCAL UNION NO. WHERE WORK IS PERFORMED 840

EMPLOYER'S FEDERAL REGISTRATION NO. 16-1586364

TOTAL NUMBER EMPLOYED THIS PERIOD → 4

Bldg. Constr. Journeyman's Wage Rate Per Hour $ 29.10

This Transmittal Covers ALL Payroll Weeks Ending as shown below: May 20 12

This report and payment shall be mailed to reach the office of the appropriate Local Collection Agent not later than fifteen (15) calendar days following the end of each calendar month. SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS.

CLASSIFICATIONS TO BE USED IN COLUMN NO 3

1 Journeyman, Foreman 4 Communication/VDV 5 Maintenance 6 Inside Apprentice 10 Construction Wireman
15 Construction Electrician 24 Seasonal Employee 26 ALL 27 Alumni 28 Owner Working under a CBA
Residential: 22 Journeyman 23 Apprentice

COLUMN 1			COLUMN 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	COL. 8
SOCIAL SECURITY NUMBER			NAME OF EMPLOYEE LAST NAME, FIRST NAME, MIDDLE INITIAL	CLASS	TOTAL CLOCK HOURS	GROSS EARNINGS	HOURLY WAGE RATE	LOCAL 840 WORKING DUES	BRHD/COPE DEDUCTION
[redacted]									
373	68	1179	Bebernitz, Michael		113.5	2479.98	21.85	–	2.27
			Bebernitz, Michael		59	1934.02	32.78	–	1.18
110	68	5953	Chekansky, Joseph		88	1922.80	21.85	57.68	1.76
			Chekansky, Joseph		3	98.34	32.78	2.95	0.06
			TOTAL THIS PAGE		263.5	6435.14		60.63	5.27
TOTAL NUMBER OF PAGES THIS REPORT 2			GRAND TOTAL ALL PAGES		585.5	15044.76		458.50	11.71

Make 1 check for items 1, 2, 9, 10, 11 & mail copies 1 & 2 to:
Finger Lakes NY Chapter NECA Inc.
135 Old Cove Rd., Suite #208, Liverpool, NY 13090

- Mail check 3-8 and copies 3 & 4 to:
IBEW #840
P.O. Box 851, Geneva, NY 14456

The employer reporting herein recognizes that it is bound by the Restated Employees Benefit Agreement and Trust for the National Electrical Benefit Fund and agrees to make the required contributions to the Fund as provided for therein. The employer acknowledges having received a copy of the above Agreement. The employer certifies that the information contained in this report is a full and accurate statement of hours worked and wages earned of all employees subject to employer contributions (pursuant to Article 6 of the Agreement). The employer further certifies that if contributions are made on behalf of non-bargaining unit employees, it is making such contributions in accordance with Article 6 of the Agreement and it is either covering all such non-bargaining unit employees or alumni employees only, except those who may be excluded pursuant to Section 6.3 of the Agreement. The employer further certifies that if it is reporting on behalf of a related organization as defined in Article 6 of the Agreement, either all employees of the organization or alumni employees only are covered, except those who may be excluded pursuant to Section 6.3 of the NEBF Agreement.

FIRM NAME _____

SIGNATURE & TITLE _____

DATE _____

Check here when:
☐ First report in area
☐ Final report in area
☐ More forms needed

CHECK TYPE OF BUSINESS ENTITY
☐ Sole Proprietor
☐ Partnership
☒ Corporation

1. National Electrical Benefit Fund 3% of gross earnings (Col. 5) $ 451.94
2. National Electrical Industry Fund 1% of gross earnings (Col. 5) $ _____
3. IBEW #840 Welfare Fund ($ x Col. 4) $ 3028.35
4. IBEW #840 Pension Fund (¢ x Col. 4) $ 977.59
5. IBEW #840 Annuity Fund (¢ x Col. 4) $ 802.88
6. IBEW #840 Education Fund (¢ x Col. 4) $ 229.86
7. IBEW #840 Working Dues $ 458.50
8. COPE (¢ x Col. 4) $ 11.71
9. Geneva LMCC (¢ x Col. 4) $ 46.55
8. National LMCC (¢ x Col. 4) $ 5.86
9. AMF (¢ x Col. 4) $ 87.83

FORM MPR-164 (Rev 6-08)

(A) LOCAL UNION 840

Colacino Industries, Inc. 4330

IBEW Local 840 Healthcare Fund 6/29/2012
IBEW Health & Welfare 3,028.35

WCTA Payroll MAY 3,028.35

Colacino Industries, Inc. 4335

COPE 6/29/2012
IBEW COPE 11.71

WCTA Payroll MAY 11.71

Colacino Industries, Inc. 4332

IBEW Local 840 Annuity Fund 6/29/2012
IBEW Annutiy 802.88

WCTA Payroll MAY 802.88

Colacino Industries, Inc. 4333

IBEW Local 840 Education Fund 6/29/2012
IBEW JATC 229.86

WCTA Payroll May 229.86

Colacino Industries, Inc. 4334

IBEW Local 840 Working Dues 6/29/2012

IBEW Dues 458.50

WCTA Payroll May 458.50

Colacino Industries, Inc. 4331

IBEW Local 840 Pension Fund 6/29/2012

IBEW Pension 977.59

WCTA Payroll MAY 977.59

MONTHLY PAYROLL REPORT FOR ELECTRICAL CONTRACTORS
NATIONAL ELECTRICAL BENEFIT FUND
together with LOCAL BENEFIT FUNDS, JATC, AND DEDUCTIONS

☐ Traveling Contractor
☐ Permanent Contractor

Page No. 1

PLEASE TYPE ONLY

NAME: Cokecino Industries, Inc
ADDRESS: 126 Harrison St
CITY, STATE: Newark, NY 14513
PHONE: (315) 331-0414

LOCAL UNION NO. WHERE WORK IS PERFORMED: 840

EMPLOYER'S FEDERAL REGISTRATION NO.

TOTAL NUMBER EMPLOYED THIS PERIOD → 4

Bldg. Constr. Journeyman's Wage Rate Per Hour $

This Transmittal Covers ALL Payroll Weeks Ending as shown below: April 20 12

This report and payment shall be mailed to reach the office of the appropriate Local Collection Agent not later than fifteen (15) calendar days following the end of each calendar month. SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS.

CLASSIFICATIONS TO BE USED IN COLUMN NO. 3

1 Journeyman, Foreman; 4 Communication/VDV; 5 Maintenance; 6 Inside Apprentice; 10 Construction Wireman; 15 Construction Electrician; 24 Seasonal Employee; 26 ALL; 27 Alumni; 28 Owner Working under a CBA

Residential: 22 Journeyman; 23 Apprentice

COLUMN 1			COLUMN 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	COL. 8
SOCIAL SECURITY NUMBER			NAME OF EMPLOYEE LAST NAME, FIRST NAME, MIDDLE INITIAL	CLASS	TOTAL CLOCK HOURS	GROSS EARNINGS	HOURLY WAGE RATE	LOCAL 840 WORKING DUES	BRHD/COPE DEDUCTION
077	62	4287	Barra, Scott (CE 3)	15	130	2840.50	21.85	85.20	2.60
077	62	4287	Barra, Scott	15	24	786.72	32.78	23.60	.48
077	62	4287	Barra, Scott Jump 1	32	30	960.00	32.00	52.80	.60
077	62	4287	Barra, Scott		3	96.00	48.00	5.28	.04
110	68	5953	Chekansky, Joseph 124.5	15	111.50	2,436.28	21.85	73.09	2.23
110	68	5953	Chekansky, Joseph (CE)	15	13	426.14	32.78	12.79	.26
110	68	5953	Chekansky, Joseph Jump	15	3	96.00	32.00	5.28	.06
			TOTAL THIS PAGE		313.50	7,641.64		258.05	6.27
TOTAL NUMBER OF PAGES THIS REPORT 2			GRAND TOTAL ALL PAGES		651.75	17,074.47		465.14	13.04

- Make 1 check for items 1, 2, 9,10, 11 & mail copies 1 & 2 to:
  Finger Lakes NY Chapter NECA Inc.
  135 Old Cove Rd., Suite #208, Liverpool, NY 13090
- Mail check 3-8 and copies 3 & 4 to:
  IBEW #840
  P.O. Box 851, Geneva, NY 14456

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FIRM NAME: Cokecino Industries, Inc.
SIGNATURE & TITLE: [signature]
DATE: 5/7/2012

Check here when:
☐ First report in area
☐ Final report in area
☐ More forms needed

CHECK TYPE OF BUSINESS ENTITY
☐ Sole Proprietor
☐ Partnership
☐ Corporation

1. National Electrical Benefit Fund 3% of gross earnings (Col. 5) $ 512.23
2. National Electrical Industry Fund 1% of gross earnings (Col. 5) $
3. IBEW #840 Welfare Fund ($ x Col. 4) $ 3,187.90
4. IBEW #840 Pension Fund (¢ x Col. 4) $ 827.39
5. IBEW #840 Annuity Fund (¢ x Col. 4) $ 257.63
6. IBEW #840 Education Fund (¢ x Col. 4) $ 233.59
7. IBEW #840 Working Dues $ 465.14
8. COPE (¢ x Col. 4) $ 13.04
9. Geneva LMCC (¢ x Col. 4) $ 50.33
8. National LMCC (¢ x Col. 4) $ 61.52
9. AMF (¢ x Col. 4) $ 97.74

FORM MPR-164 (Rev. 6-08)

(4) LOCAL UNION 840

MONTHLY PAYROLL REPORT FOR ELECTRICAL CONTRACTORS
NATIONAL ELECTRICAL BENEFIT FUND
together with LOCAL BENEFIT FUNDS, JATC, AND DEDUCTIONS

☐ Traveling Contractor
☐ Permanent Contractor

Page No. 1

PLEASE TYPE ONLY

NAME Colucino Industries, Inc
ADDRESS 126 Hudson St.
CITY, STATE Newark, NY 14513
PHONE (315) 331-0414

LOCAL UNION NO. WHERE WORK IS PERFORMED..... 840

EMPLOYER'S FEDERAL REGISTRATION NO. .....

TOTAL NUMBER EMPLOYED THIS PERIOD → 4

Bldg. Constr. Journeyman's Wage Rate Per Hour $

This Transmittal Covers ALL Payroll Weeks Ending as shown below: April 20 12

This report and payment shall be mailed to reach the office of the appropriate Local Collection Agent not later than fifteen (15) calendar days following the end of each calendar month
SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS

CLASSIFICATIONS TO BE USED IN COLUMN NO. 3

1 Journeyman, Foreman; 4 Communication / VDV; 5 Maintenance; 6 Inside Apprentice; 10 Construction Wireman; 15 Construction Electrician; 24 Seasonal Employee; 26 ALL; 27 Alumni; 28 Owner Working under a CBA; Residential: 22 Journeyman; 23 Apprentice

COLUMN 1			COLUMN 2	COL. 3	COL. 4	COL. 5	COL. 6	COL. 7	COL. 8
SOCIAL SECURITY NUMBER			NAME OF EMPLOYEE LAST NAME, FIRST NAME, MIDDLE INITIAL	CLASS	TOTAL CLOCK HOURS	GROSS EARNINGS	HOURLY WAGE RATE	LOCAL 840 WORKING DUES	BRHD/COPE DEDUCTION
376	68	1179	Bebernite, Michael 216.25	15 CE3	130	2,840.50	21.85	—	2.60
376	68	1179	Bebernite, Michael 216.25	15 CE3	86.25	2,827.28	32.78	—	1.73
125	60	4105	Blondell Anthony	Jm	78.50	2,284.35	29.10	125.64	1.57
125	60	4105	Blondell Anthony 122	Jm	33.50	1,038.50	31.00	57.12	.67
125	60	4105	Blondell Anthony	Jm	8	349.20	43.65	19.21	.16
125	60	4105	Blondell Anthony	Jm	2	93.00	46.50	5.12	.04
			TOTAL THIS PAGE		338.25	9,432.83 ~~9,396.83~~		207.09	6.77
TOTAL NUMBER OF PAGES THIS REPORT 2			GRAND TOTAL ALL PAGES		651.75	17,074.47		465.14	13.04

- Make 1 check for items 1, 2, 9,10, 11 & mail copies 1 & 2 to:
  Finger Lakes NY Chapter NECA Inc.
  135 Old Cove Rd., Suite #208, Liverpool, NY 13090
- Mail check 3-8 and copies 3 & 4 to:
  IBEW #840
  P.O. Box 851, Geneva, NY 14456

The employer reporting herein recognizes that it is bound by the Restated Employees Benefit Agreement and Trust for the National Electrical Benefit Fund and agrees to make the required contributions to the Fund as provided for therein. The employer acknowledges having received a copy of the above Agreement. The employer certifies that the information contained in this report is a full and accurate statement of hours worked and wages earned of all employees subject to employer contributions (pursuant to Article 6 of the Agreement). The employer further certifies that if contributions are made on behalf of non-bargaining unit employees, it is making such contributions in accordance with Article 6 of the Agreement and it is either covering all such non-bargaining unit employees or alumni employees only, except those who may be excluded pursuant to Section 6.3 of the Agreement. The employer further certifies that if it is reporting on behalf of a related organization as defined in Article 6 of the Agreement, either all employees of the organization or alumni employees only are covered, except those who may be excluded pursuant to Section 6.3 of the NEBF Agreement.

FIRM NAME Colucino Industries Inc
SIGNATURE & TITLE [signature] Pres
DATE 5/7/2012

Check here when:
☐ First report in area
☐ Final report in area
☐ More forms needed

CHECK TYPE OF BUSINESS ENTITY
☐ Sole Proprietor
☐ Partnership
☒ Corporation

1. National Electrical Benefit Fund 3% of gross earnings (Col. 5) $ 512.23
2. National Electrical Industry Fund 1% of gross earnings (Col. 5) $ —
3. IBEW #840 Welfare Fund ($ x Col. 4) $ 3,187.90
4. IBEW #840 Pension Fund (¢ x Col. 4) $ 827.39
5. IBEW #840 Annuity Fund (¢ x Col. 4) $ 757.62
6. IBEW #840 Education Fund (¢ x Col. 4) $ 233.59
7. IBEW #840 Working Dues $ 465.14
8. COPE (¢ x Col. 4) $ 13.04
9. Geneva LMCC (¢ x Col. 4) $ 50.33
8. National LMCC (¢ x Col. 4) $ 6.52
9. AMF (¢ x Col. 4) $ 97.76

FORM MPR-164 (Rev 6-08)

(4) LOCAL UNION 840

Artcraft Press, Inc.

Colacino Industries, Inc. 4327

IBEW Local 840 Working Dues 6/29/2012
IBEW Dues 465.14

WCTA Payroll April 465.14

Colacino Industries, Inc. 4328

COPE 6/29/2012
IBEW COPE 13.04

WCTA Payroll April 13.04

Colacino Industries, Inc. 4325

IBEW Local 840 Annuity Fund 6/29/2012
IBEW Annutiy 757.63

WCTA Payroll April 757.63

Colacino Industries, Inc. 4326

IBEW Local 840 Education Fund 6/29/2012
IBEW JATC 233.59

WCTA Payroll April 233.59

Colacino Industries, Inc.

4324

IBEW Local 840 Pension Fund
IBEW Pension

6/29/2012

827.39

WCTA Payroll April

827.39

Colacino Industries, Inc.

4323

IBEW Local 840 Healthcare Fund
IBEW Health & Welfare

6/29/2012

3,187.90

WCTA Payroll April

3,187.90

Ex. GC-15

126 Harrison Street
Newark, New York 14513
315-331-1330

I, _____ _____ received the monthly union payments for April, May and June 2012 along with a letter of termination of assent for Colacino Industries, Inc.

IBEW Local 840
PO Box 851
Geneva, New York 14456

General Counsel's Exhibit

Ex. GC-16

I Scott Barra would like to
surrender my Card #A275038 to
the IBEW. I do not wish to Be
a member of the IBEW [redacted]

thank you
Scott Barra

Rec'd July 9th, 2012
Mike [illegible]

General Counsel's Exhibit

Ex. GC-17

Michael Davis, 7-16-12

I Rick Bush Card # 7556548
would like to with draw my membership
from Local Union # 840

Thank you
Rick Bush

Rec'd July 16th 2012

General Counsel's Exhibit

Ex. GC-18

Bernard T. King
Charles E. Blitman*
Jules L. Smith
James R. LaVaute
Donald D. Oliver
Jennifer A. Clark
Melvin H. Pizer*
Monica R. Heath
Kenneth L. Wagner
Timothy R. Bauman
Nathaniel G. Lambright
Daniel E. Kornfeld^Δ◊
Daniel R. Brice
Jonathan M. Cerrito^Δ

Ginger B. LaChapelle°
Brian J. LaClair
Bryan T. Arnault*
Michael R. Daum

* Also admitted in MA
• Also admitted in FL
◊ Also admitted in MD
Δ Also admitted in CT
° Also admitted in DC

Blitman&King
Attorneys and Counselors at Law LLP
Syracuse • Rochester • Albany
bklawyers.com

DONALD D. OLIVER
Voice Mail Ext. 223
Direct Dial (315) 671-3223
ddoliver@bklawyers.com

Franklin Center, Suite 300
443 North Franklin Street
Syracuse, NY 13204-5412
Phone: 315.422.7111
Fax: 315.471.2623

Kelly L. Cook, CEBS
Leslie A. DiGenova, CEBS
Marlene G. Groskin, MBA

Nathan H. Blitman
(1909-1990)

July 13, 2012

Via Certified Mail, Return Receipt Requested

James R. Colasino, President
Newark Electric 2.0
132 Harrison Street
Newark, New York 14513

Re: Collective Bargaining Agreement Between IBEW Local 840 and Newark Electric

Dear Mr. Colasino:

This firm represents IBEW Local 840 in connection with the above-referenced matter. Please be advised that Newark Electric remains fully bound and obligated under the provisions of the current Inside Construction labor agreement between Finger Lakes Chapter NECA and IBEW Local 840 and that Newark Electric's obligations under that collective bargaining agreement can only be terminated in accordance with its terms. It is IBEW Local 840's intention to fully enforce and exercise all rights and obligations as provided for under the agreement.

Please contact my office should you have any questions concerning this matter.

Very truly yours,

BLITMAN & KING LLP

Donald D. Oliver

DDO/lmf

cc: Michael Davis, Business Manager
IBEW Local 840

LMF\IBEW840\COLASINOLET.DOCX

General Counsel's Exhibit

Ex. GC-19

NEWARK ELECTRIC
ELECTRICAL CONTRACTORS
AUTOMATION SYSTEMS
NEWARK ELECTRIC
GMC
Phone 315-331-0414
DEDICATED TO ELECTRICAL SAFETY

Ex. GC-20

Aug 20 12 08:38p Tony Blondell 315-331-6743 p.1

Newark Electric 2.0, Inc.

0148

Employee
Anthony J Blondell 243 Edgett St. Newark, NY 14513

SSN ***-**-4105 | Status (Fed/State) Married using Single Rate/Married using | Allowances/Extra Fed-2/0/NY-2
Pay Period: 05/29/2011 - 06/04/2011 | Pay Date: 06/10/2011

Earnings and Hours	Qty	Rate	Current	YTD Amount
Journeyman Electrician	32:00	29.10	931.20	14,797.35
Journeyman Electrician OT	1:00	43.65	43.65	436.51
			974.85	15,233.86

Taxes	Current	YTD Amount
Federal Withholding	-124.00	-2,248.00
Social Security Employee	-40.94	-639.82
Medicare Employee	-14.13	-220.89
NY - Withholding	-47.32	-790.81
NY - Disability	-0.60	-7.20
	-226.99	-3,906.52

Adjustments to Net Pay	Current	YTD Amount
IBEW Dues	-53.62	-837.86
IBEW COPE	-0.66	-10.37
	-54.28	-848.23

Net Pay	693.58	10,479.11

Non-taxable Company Items	Current	YTD Amount
IBEW Annuity	107.25	1,685.14

IBEW Health & Welfare	320.10	3,643.75
IBEW JATC	23.10	318.25
NECA NEBF	29.25	457.02
IBEW Pension	107.91	2,589.51
NECA NLMCC	0.33	5.20
NECA GLMCC	3.30	44.65
NECA AMF	4.95	77.77
NECA NEIF	0.00	23.28

Newark Electric 2.0, Inc., 126 Harrison St, Newark, NY 14513 315-331-0414

Newark Electric 2.0, Inc.

0149

Employee
Anthony J Blondell, 243 Edgett St, Newark, NY 14513

SSN ***-**-4105 | Status (Fed/State) Married using Single Rate/Married using | Allowances/Extra Fed-2/0/NY-2
Pay Period: 06/05/2011 - 06/11/2011 | Pay Date: 06/17/2011

Earnings and Hours	Qty	Rate	Current	YTD Amount
Journeyman Electrician	40:00	29.10	1,164.00	15,861.35
Journeyman Electrician OT			0.00	436.51
			1,164.00	16,397.86

Taxes	Current	YTD Amount
Federal Withholding	-171.00	-2,419.00
Social Security Employee	-48.89	-688.71
Medicare Employee	-16.88	-237.77
NY - Withholding	-60.28	-850.89
NY - Disability	-0.60	-7.80
	-297.65	-4,204.17

Adjustments to Net Pay	Current	YTD Amount
IBEW Dues	-64.02	-901.88
IBEW COPE	-0.80	-11.17
	-64.82	-913.05

Net Pay	801.53	11,280.84

Non-taxable Company Items	Current	YTD Amount
IBEW Annuity	130.00	1,815.14

IBEW Health & Welfare	388.00	4,031.75
IBEW JATC	28.00	346.25
NECA NEBF	34.92	491.94
IBEW Pension	130.80	2,720.31
NECA NLMCC	0.40	5.60
NECA GLMCC	4.00	48.65
NECA AMF	6.00	83.77
NECA NEIF	0.00	23.28

Newark Electric 2.0, Inc., 126 Harrison St, Newark, NY 14513 315-331-0414

COLACINO INDUSTRIES, INC.

3542

PAYROLL ACCOUNT
Employee
Anthony Blondell, 243 Edgett Street, Newark, NY 14513

SSN ***-**-4105 | Status (Fed/State) Married using Single Rate/Married using | Allowances/Extra Fed-2/0/NY-2/0
Pay Period: 06/12/2011 - 06/18/2011 | Pay Date: 06/24/2011

Earnings and Hours	Qty	Rate	Current	YTD Amount
Journeyman Wireman	8.00	30.00	240.00	
Journeyman Wireman	32.00	29.10	931.20	1,171.20
Journeyman Wireman OT	18.50	43.65	807.53	807.53
			1,978.73	1,978.73

Taxes	Current	YTD Amount
Federal Withholding	-380.00	-380.00
Social Security Employee	-83.11	-83.11
Medicare Employee	-28.59	-28.59
NY - Withholding	-118.68	-118.68
NY - Disability Employee	-0.60	-0.60
	-609.08	-609.08

Adjustments to Net Pay	Current	YTD Amount
IBEW COPE	-1.17	-1.17
IBEW Dues	-108.83	-108.83
	-110.00	-110.00

Net Pay	1,259.65	1,259.65

Non-taxable Company Items	Current	YTD Amount

IBEW Pension	191.30	191.30
IBEW Annuity	190.13	190.13
IBEW Health & Welfare	567.45	567.45
IBEW JATC	40.95	40.95
NECA NEBF	59.36	59.36
NECA GLMCC	5.85	5.85
NECA NLMCC	0.59	0.59
NECA AMF	8.78	8.78

Colacino Industries, Inc, 128 Harrison Street, Newark, NY 14513 315-331-1330 COLACINO INDUSTRIES, INC.

General Counsel's Exhibit

Aug 20 12 08:38p Tony Blondell 315-331-6743 p.2

Colacino Industries, Inc.

Employee	SSN	Status (Fed/State)	Allowances/Extra
Anthony Blondell, 243 Edgett Street, Newark, NY 14513	***-**-4105	Married using Single Rate/Married using	Fed-2/0/NY-2/0

Pay Period: 07/08/2012 - 07/14/2012 Pay Date: 07/20/2012

Earnings and Hours	Qty	Rate	Current	YTD Amount
Journeyman Wireman	21.00	30.60	642.60	
Journeyman Wireman	19.00	29.30	556.71	30,346.02
Journeyman Wireman OT			0.00	1,481.96
Journeyman Foreman			0.00	630.00
			1,199.31	32,457.98

Taxes	Current	YTD Amount
Federal Withholding	-177.00	-4,789.00
Social Security Employee	-50.38	-1,383.24
Medicare Employee	-17.39	-470.84
NY - Withholding	-60.13	-1,634.18
NY - Disability Employee	-0.60	-16.20
	-305.50	-8,273.27

Adjustments to Net Pay	Current	YTD Amount
IBEW COPE	-4.00	-43.40
IBEW Dues	-65.98	-1,785.21
	-69.98	-1,828.61

Non-taxable Company Items	Current	YTD Amount
IBEW Pension	210.80	4,962.48
IBEW Annuity	130.00	3,484.04
IBEW Health & Welfare	326.00	8,664.83
IBEW JATC	28.00	750.40
NECA NEBF	35.98	973.75
NECA GLMCC	4.00	107.20
NECA NLMCC	0.40	10.76
NECA AMF	6.00	160.84

Net Pay	823.85	22,356.10

Colacino Industries, Inc, 126 Harrison Street, Newark, NY 14513, COLACINO INDUSTRIES, INC. Powered by Intuit Payroll

Colacino Industries, Inc. 4388

Employee	SSN	Status (Fed/State)	Allowances/Extra
Anthony Blondell, 243 Edgett Street, Newark, NY 14513	***-**-4105	Married using Single Rate/Married using	Fed-2/0/NY-2/0

Pay Period: 07/15/2012 - 07/21/2012 Pay Date: 07/20/2012

Earnings and Hours	Qty	Rate	Current	YTD Amount
Journeyman Wireman	8.00	32.05	256.40	
Journeyman Wireman	29.00	29.30	849.70	
Journeyman Wireman	3.00	30.60	91.80	31,543.92
Journeyman Wireman OT			0.00	1,481.96
Journeyman Foreman			0.00	630.00
			1,197.90	33,655.88

Taxes	Current	YTD Amount
Federal Withholding	-176.00	-4,965.00
Social Security Employee	-50.31	-1,413.55
Medicare Employee	-17.37	-488.01
NY - Withholding	-60.04	-1,694.23
NY - Disability Employee	-0.60	-16.80
	-304.32	-8,577.59

Adjustments to Net Pay	Current	YTD Amount
IBEW COPE	-4.00	-47.40
IBEW Dues	-65.88	-1,851.09
	-69.88	-1,898.49

Non-taxable Company Items	Current	YTD Amount
IBEW Pension	210.80	5,173.28
IBEW Annuity	130.00	3,614.04
IBEW Health & Welfare	326.00	9,390.83
IBEW JATC	28.00	778.40
NECA NEBF	35.94	1,009.69
NECA GLMCC	4.00	111.20
NECA NLMCC	0.40	11.16
NECA AMF	6.00	166.84

Net Pay	823.70	23,179.80

Colacino Industries, Inc, 126 Harrison Street, Newark, NY 14513, COLACINO INDUSTRIES, INC. Powered by Intuit Payroll

Last 2 Paychecks

Ex. GC-21

NOTICE OF TERMINATION
DUE TO WORK RULES VIOLATION

Date: June 29th, 2012

To: Anthony Blondell

You are hereby given notice that your employment with the company shall be terminated on June 29th , 2012 (year).

This action is necessary due to the following violations of company work rules:

1. Disclosing company information without consent.

Your final paycheck shall be for the period ending July 1st, 2012 . There shall be no severance pay since your termination was for just cause. Please contact Vickie Bliss, Office Manager concerning insurance coverage or other accrued benefits to which you may be entitled.

We regret this action is necessary, and wish you success in your future endeavors.

Sincerely,

General Counsel's Exhibit

Ex. GC-22

July 5, 2012

Anthony Blondell
243 Edgett Street
Newark, NY 14513

RE: Notice of Termination Letter Dated June 29th, 2012

Tony,

Per our conversations related to the events prompting the above letter and action, I am hereby rescinding any such action and attaching a copy of this your personnel file.

If you have any questions or need further clarification, please feel free to contact myself or our legal counsel, Harris Beach, PLLC.

Sincerely,

James R Colacino

General Counsel's Exhibit

Ex. GC-23

Colacino INDUSTRIES

129 Harrison Street
Newark, New York 14513
315-331-1330

July 20, 2012

Anthony Blondell
Edgett Street
Newark, NY 14513

RE: Layoff Notice

To: Tony,

Per our conversation earlier today and with great regret, this letter is to notify you that due to a lack of work, we must lay you off from your current position with Colacino Industries.

Attached with this notice is your most recent paycheck(s) through todays date.

Your employment here was sincerely appreciated and you are considered to be among the best in the trade. That said, I hope the future holds opportunities for us to work together again.

If you have any questions or comments, please feel free to call me anytime, 24/7.

Sincerely and with regret,

James R Colacino
President
Colacino Industries Inc.
315-573-4066

F:\Employee Records\Tony Blondell\Tony Blondell Layoff Letter.dot

General Counsel's Exhibit

Ex. GC-24

A-335

General Counsel's Exhibit

Newark E

NEWARK ELECTRIC

The Power Authority

Automation Systems - Power Distribution
Fire and Security Systems - SCADA / Telemetry
315-331-0414 Phone 800-355-0414 Pager

Colacino INDUSTRIES
1129 Newman Street
Newark, New York 14513
315-331-1230

Weekly Time Sheet

Employee Name: Tony Blondell

Week Ending: 6/4/2011

Job Number	Job Name	5/29/2011 Sunday	5/30/2011 Monday	5/31/2011 Tuesday	6/1/2011 Wednesday	6/2/2011 Thursday	6/3/2011 Friday
20534	Conners Haas, Panel Install			7			
31596	Livingston Co, UFD's			1	8/1	.5	
31720	Vill of Newark, WWTP, WAC.					1	3
31719	N. Rose Schools, High School					2	
31640	N. Rose Schools, middle school					2	
	NEC					2.5	.5
	Vill of Newark, WWTP - Phones						2.5
31510	Vill. of Seneca Falls - water Dept.						2

\\Fs1\F\Time Sheets\Weekly Time Sheet

Newark Electric-2.0 -

NEWARK ELECTRIC
The Power Authority
Automation Systems - Power Distribution
Fire and Security Systems - SCADA / Telemetry
315-331-0414 Phone 800-355-0414 Pager

Colacino INDUSTRIES
165 Harrison Street
Newark, New York 14513
315-331-1390

Weekly Time Sheet

Employee Name: Tony Blondell

Week Ending: 6/11/2011

Job Number	Job Name	6/5/2011 Sunday	6/6/2011 Monday	6/7/2011 Tuesday	6/8/2011 Wednesday	6/9/2011 Thursday	6/10/2011 Friday	6/11/2011 Saturday	Total
31510	Vill. of Sen. Falls, water Plant		8	2.5					10.5
31393	WCWSA, Rt 31 P.S.			2.5	8	2.5			13
20477	Town of Rose, P.S. 2-4			3					3
31618	Parker Hannifin					1			1
31690	Hillside, Mustard St., Cameras					3.5			3.5
	NEC					1			1
31717	Logical Solutions, Chiller						6		6
31739	N. Rose Schools, CCTV						2		2
									40

Aug 20 12 08:39p Tony Blondell 315-331-6743 p.3

A-337

NEWARK ELECTRIC

The Power Authority

Automation Systems - Power Distribution
Fire and Security Systems - SCADA / Telemetry
315-331-0414 Phone 800-355-0414 Pager

Colacino INDUSTRIES

Weekly Time Sheet

Employee Name: Tony Blondell

Week Ending: 6/18/2011

Job Number	Job Name	6/12/2011 Sunday	6/13/2011 Monday	6/14/2011 Tuesday	6/15/2011 Wednesday	6/16/2011 Thursday	6/17/2011 Friday	6/18/2011 Saturday	Total
31739	Mt. Rose Schools, CCTV		8						8
31744	UDI			8/1	8	8/1.5	8/8	8	32/18.5
									40
								+	18.5

\\Fs1\F\Time Sheets\Weekly Time Sheet

NEWARK ELECTRIC
The Power Authority
Automation Systems - Power Distribution
Fire and Security Systems - SCADA / Telemetry
315-331-0414 Phone 800-355-0414 Pager

Colacino INDUSTRIES

Weekly Time Sheet

Employee Name: Tony Blondell

Week Ending: 6/25/2011

Job Number	Job Name	6/19/2011 Sunday	6/20/2011 Monday	6/21/2011 Tuesday	6/22/2011 Wednesday	6/23/2011 Thursday	6/24/2011 Friday	6/25/2011 Saturday	Total
~~31744~~	UBI		5.5/.5						5.5/.5 O.T
31760	CFWW-Pump Station 3		2.5						2.5
20477 (31751)?	Town of Rose - SCADA			6		–		–	6
31510	Vill. of Sen. Falls-water			2	6				8
31771	B&D Precision Machine				1	8			9.
31393	WCWSA, Generator Power inlet				1		4		5
	WCWSA Farmer Rd Surge Protector						2.5		2.5
31773	N.F. Schools, High school						1.5		1.5
									40 O.T. + 1.5

\\Fs1\F\Time Sheets\Weekly Time Sheet

Ex. GC-25

CUST. P.O. #	JOB CARD	NEC. JOB NO. 30693

126 Harrison St., Newark, New York 14513
(315) 331-0414 • Fax: (315) 331-1076

NEWARK ELECTRIC CORP.

SN № 26165

Charge To: J+E / Town of Savannah

Address - Street

City | Town | County

Job Location water Plant Project | Home Phone

Business Phone | Cell Phone

Email

LABOR	HOURS	OT	DATE	JOB DESCRIPTION	
Tony B	8		5/4/12	- Rewiring in main Panel	Time & Material
				- wiring in Collection well Panel.	Contract —
					Capital Imp.
				- Trojan Panel wiring	Extra
					Tax Exempt
PREV.	ON SITE	OFF SITE			Job No.
					HOLD — COMPLETE

LABOR →

QUAN.		COST	LIST	EACH	TOTAL

OVER → ☐ **OVER**

Ex. GC-26

NEWARK ELECTRIC CORP.

Invoice Date	Invoice No.	Customer	Invoice Amount	Newark Electric Job #
8/29/2011	8223	Wayne County Water & Sewer Authority	$ 7,255.19	31662
12/2/2011	8472	Village of Lyons	$ 1,807.50	31808
1/18/2012	8643	Canandaigua-Farmington Waste Water	$ 1,468.45	32148
2/1/2012	8681	Village of Sodus Point	$ 1,920.00	32304
3/21/2012	8826	Town of Savannah	$ 25,550.00	30693
5/4/2012	9025	Canandaigua-Farmington Waste Water	$ 4,819.83	32580
5/4/2012	9073	Town of Farmington Sewer	$ 5,996.00	32580
7/23/2012	9272	Town of Farmington Sewer	$ 5,656.46	32798
7/25/2012	9297	Town of Gorham Water District	$ 885.00	32308
7/25/2012	9299	Village of Sodus Point	$ 2,117.68	32823
7/30/2012	9315	Newark Police Dept.	$ 2,189.62	32736
7/30/2012	9316	Village of Newark	$ 30,397.74	32792
8/9/2012	9338	Fingerlakes Developmental Disabilities Service Ofc	$ 17,593.00	32696
8/11/2012	9348	Village of Sodus Point	$ 1,328.33	32843
10/10/2012	9445	Town of Farmington Sewer	$ 944.00	33011
10/12/2012	9466	Town of Farmington Sewer	$ 1,917.44	23919
10/16/2012	9473	Groveland Correctional	$ 1,920.00	32978
10/20/2012	9516	Town of Farmington Sewer	$ 4,939.50	32724
10/20/2012	9495	Village of Sodus Point	$ 1,521.02	32230
TOTAL			**$ 120,226.76**	

General Counsel's Exhibit

OK emailed to MGH 8/29/11
Document #1576487

NEWARK ELECTRIC CORP.

The Power Authority

Automation Systems - Power Distribution
Fire and Security Systems - SCADA / Telemetry
315-331-0414 Phone - 315-331-1076 Fax

A Division Of: Colacino Industries
129 Harrison Street
Newark, New York 14513
315-331-1330

Progress Invoice

Date	Invoice #
8/29/2011	8223

Bill To	Ship To
Wayne Co. Water & Sewer Authority 3377 Daansen Road Walworth, NY 14568	Wayne Co. Water & Sewer Authority 3377 Daansen Road Walworth, NY 14568

Progress Invoice

P.O. No.	Terms	Project
	Net 30	31662 Telemetry System Radio Upgrade

Description	Est Amt	Prior Amt	Prior %	Qty	Curr %	Total %	Amount
Newark Electric Project #31662 Telemetry System Radio Upgrade 25% Progress Billing as per Estimate E26801				1			7,255.19

PAID
9/28/11
CK # 12829

Subtotal	$7,255.19
Sales Tax (0.0%)	$0.00
Total	$7,255.19
Payments/Credits	$0.00
Balance Due	$7,255.19

Pay online at: https://ipn.intuit.com/n4zxnp6r

NEWARK ELECTRIC CORP.
The Power Authority
Automation Systems - Power Distribution
Fire and Security Systems - SCADA / Telemetry
315-331-0414 Phone • 315-331-1076 Fax

A Division of
Colacino INDUSTRIES
129 Harrison Street
Newark, New York 14513
315-331-1330

Invoice

Date	Invoice #
12/2/2011	8472

Bill To	Ship To
Village of Lyons **76 Williams Street** **Lyons, NY 14489**	Lyons Waste Water Plant Clyde Road Lyons, New York 14489

Please Make Checks Payable to Colacino Industries

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Net 30	JRC	12/2/2011			**31808 Rt 31 Temporary SCADA**

Quantity	Description	U/M	Price Each	Amount
	Newark Electric Job # 31808 - Rt. 31 Temporary SCADA			
1	Labor Tony DeFranco, Tony Blondell, Tom Allen - Connect temporary SCADA to satisfy Health Department requirements while permanent solution is researched. Job complete		1,807.50	1,807.50

PAID 12/15/11

Make Checks Payable To: Colacino Industries, 126 Harrison St., Newark, NY 14513

Subtotal	$1,807.50
Sales Tax (0.0%)	$0.00
Total	$1,807.50

NEWARK ELECTRIC CORP.
The Power Authority
Automation Systems - Power Distribution
Fire and Security Systems - SCADA / Telemetry
315-331-0414 Phone - 315-331-1076 Fax

A Division of
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129 Harrison Street
Newark, New York 14513
315-331-1330

Invoice

Date	Invoice #
1/18/2012	8643

Bill To	Ship To
Canandaigua - Farmington Waste Water **1216 McMahon Road** **Victor, New York 14564**	Canandaigua - Farmington WWTP 1216 McMahon Road Victor, NY 14564

Please Make Checks Payable to Colacino Industries

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	1% 10 Net 30	JRC	1/18/2012			**32148 Main Plant Tbsht Trickling F...**

Quantity	Description	U/M	Price Each	Amount
	Newark Electric Job #32148 - Troubleshoot Main Plant Trickling Filter - Replace Chemical Bldg. Heater			
1	King 480V 3 Phase -Unit heater #KBP4806-3MP		450.00	450.00
1	Freight		43.45	43.45
	Labor 12/5/11, 1/6/12 Tony Blondell - Troubleshoot short in Trickler #2 for Pump Station #3. Tested drive, wire to motor, and motor. Found motor to have a defective spot; replaced motor. Troubleshoot chemical building lights and exhaust fan in Chlorine area. Door switch was not turning lights and fan on. The remote station was also not working, opened up all junction boxes and traced wires out. Rewired to work correctly. Troubleshoot heater in chlorine area. Contactor is defective and there is a lot of corrosion inside electric control box. Disconnected and removed heater that was not working. Hung new heater and wired. Tested 3 cycles. Reviewed with Bill G.		975.00	975.00

PAID
2/16/12

Make Checks Payable To:Colacino Industries, 126 Harrison St., Newark, NY 14513

Subtotal	$1,468.45
Sales Tax (0.0%)	$0.00
Total	$1,468.45

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Invoice

Date	Invoice #
2/1/2012	8681

Bill To	Ship To
Village of Sodus Point **8356 Bay Street** **PO Box 159** **Sodus Point, NY 14555**	Village of Sodus Point Waste Water Plant 8120 Lake Road Sodus Point, New York 14555

Please Make Checks Payable to Colacino Industries

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Net 30	JRC	2/1/2012			**32304 2012 Trihedral Support Rene...**

Quantity	Description	U/M	Price Each	Amount
	Newark Electric Job # 32304 - 2012 Trihedral Support Renewal			
1	2011 Trihedral Software Support Contract - 3/4/11 - 3/4/12 Originally Billed 3/1/11 - Invoice never paid		960.00	960.00
1	2012 Trihedral Software Support Contract - 3/4/12 - 3/4/13		960.00	960.00

PAID
2/19/12

Make Checks Payable To:Colacino Industries, 126 Harrison St., Newark, NY 14513

Subtotal	$1,920.00
Sales Tax (0.0%)	$0.00
Total	$1,920.00

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Invoice

Date	Invoice #
3/21/2012	8826

Bill To	Ship To
Town of Savannah **1564 North Main St** **Savannah, New York 13146**	Town of Savannah 1564 North Main St Savannah, NY 13146

Please Make Checks Payable to Colacino Industries

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
P1878	1% 10 Net 30		3/21/2012			**30693 Savannah Water Plant Ctrl P...**

Quantity	Description	U/M	Price Each	Amount
	Newark Electric Job # 30693 - Savannah Water Plant Control Panels			
0.5	Envirosystems Water Filtration Plant Control / SCADA System - Meets Specific Requirements of the Town of Savannah Comprehensive Water District Design by MRB Group of 4/11/11. CONTROL PANEL ONLY		39,700.00	19,850.00
0.5	Envirosystems Water Tower SCADA Control Panel - Meets design requirements for the Town of Savannah Comprehensive Water District Design by MRB 4/2011 - CONTROL PANEL ONLY		11,400.00	5,700.00
	Panels complete - delivered to site 3/21/12 ** Startup under separate contract **			

PAID
4 17 2012

PAID In Full
6 26 12

Make Checks Payable To:Colacino Industries, 126 Harrison St., Newark, NY 14513

Subtotal	$25,550.00
Sales Tax (0.0%)	$0.00
Total	$25,550.00

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Newark, New York 14513
315-331-1330

Invoice

Date	Invoice #
5/4/2012	9025

Bill To	Ship To
Canandaigua - Farmington Waste Water **1216 McMahon Road** **Victor, New York 14564**	County Road 9 Farmington, New York

Please Make Checks Payable to Colacino Industries

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	1% 10 Net 30	JRC	5/4/2012			**32580 County Rd. 9 Drywell Flood**

Quantity	Description	U/M	Price Each	Amount
	Newark Electric Job # 32580 - County Road #9 Drywell Flood			
3	Dual Rated Lugs		9.16	27.48
2	Rubber Mastic Tape		14.95	29.90
6	Polaris 2-Hole Lugs #14 to 4		0.00	0.00
4	8mx1.25x30mm Bolts		1.50	6.00
1	Thread Locker		18.95	18.95
4	4/7/12 -James Colacino - Met Jim Crane, Paul Fleig and Parker at County Road 9 to evaluate the damage caused by a broken pipe - Overtime billed at regular rate		120.00	480.00
2	4/9/12 - James Colacino - Locate replacement motors and order		120.00	240.00
8	4/9/12 - Scott Barra - Removed power from two motors. Disconnect all hardware and pulleys. Lifted out of man hole.		90.00	720.00
6	4/10/12 - Scott Barra - Took pump motors apart to reverse motor shaft in motor casing, and reassembled		90.00	540.00
2.5	4/10/12 - Mike Bebernitz - Pump motors		80.00	200.00
1	4/10/12 - Tony DeFranco - Motor configuration for lift station		120.00	120.00
8	4/12/12 - Scott Barra - Install and wire pump in pit		90.00	720.00
3	4/12/12 - Scott Barra - OT on project		135.00	405.00
8	4/12/12 - Mike Bebernitz - Install and wire pumps in pit		90.00	720.00
3	4/12/12 - Mike Bebernitz - OT		135.00	405.00
2.5	4/12/12 - Doug Velte - Deliver 2 new motors to job site for install		75.00	187.50
4	5/2/12 - Scott Barra - Trouble assessment. Motor removal. Remove and replace broken bolts. Clean, repack bearings, and reassemble motor. Reinstall and test. - NO CHARGE - Warranty		0.00	0.00
2.5	5/2/12 - Mike Bebernitz - Motor removal, repair and reassembly - NO CHARGE - Warranty		0.00	0.00

PAID 6/21/12

Make Checks Payable To:Colacino Industries, 126 Harrison St., Newark, NY 14513

Subtotal	
Sales Tax (0.0%)	
Total	

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Invoice

Date	Invoice #
5/4/2012	9025

Bill To	Ship To
Canandaigua - Farmington Waste Water **1216 McMahon Road** **Victor, New York 14564**	County Road 9 Farmington, New York

Please Make Checks Payable to Colacino Industries

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	1% 10 Net 30	JRC	5/4/2012			**32580 County Rd. 9 Drywell Flood**

Quantity	Description	U/M	Price Each	Amount
1.5	5/2/12 - Mike Bebernitz - Off site OT - NO CHARGE - Warranty		0.00	0.00
4	5/2/12 - Mike Bebernitz - NO CHARGE -Warranty		0.00	0.00

Make Checks Payable To:Colacino Industries, 126 Harrison St., Newark, NY 14513

Subtotal	$4,819.83
Sales Tax (0.0%)	$0.00
Total	$4,819.83

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Invoice

Date	Invoice #
5/4/2012	9073

Bill To	Ship To
Farmington Sewer **1216 McMahon Road** **Victor, New York 14564**	County Road 9 Farmington, New York

Please Make Checks Payable to Colacino Industries

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	1% 10 Net 30	JRC	5/4/2012			**32580 County Rd. 9 Drywell Flood**

Quantity	Description	U/M	Price Each	Amount
	Newark Electric Job # 32580 - County Road #9 Drywell Flood			
2	50P 1800 3 60 208-230/460V 326T Frame Size, TEFC Enclosure - List Price $5,100.00 each		2,998.00	5,996.00

PAID
6/21/12

Make Checks Payable To:Colacino Industries, 126 Harrison St., Newark, NY 14513

Subtotal	$5,996.00
Sales Tax (0.0%)	$0.00
Total	$5,996.00

NEWARK ELECTRIC CORP.

The Power Authority

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129 Harrison Street
Newark, New York 14513
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Invoice

Date	Invoice #
7/23/2012	9272

Bill To	Ship To
Farmington Sewer **1216 McMahon Road** **Victor, New York 14564**	County Road 9 Farmington, New York

Please Make Checks Payable to Colacino Industries

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	1% 10 Net 30		7/23/2012			**32798 CR9 Motor Disconnect/Remo...**

Quantity	Description	U/M	Price Each	Amount
	Newark Electric Job # 32798 - County Road 9 Motor Disconnect - Removal			
2	WEG Motor		1,826.82	3,653.64
6	Burndy BIT-2/0 14-2/0 Bug		22.97	137.82
2.5	7/2/12 - Mike Bebernitz - Remove power to two motors in dry well. Verified power is off.		90.00	225.00
1	7/2/12 - Mike Bebernitz - Offsite		80.00	80.00
4.5	7/2/12 - Scott Barra - Removed power to two motors		90.00	405.00
1.5	7/5/12 - Mike Bebernitz - Offsite		80.00	120.00
5	7/5/12 - Mike Bebernitz - Changed rotation of Motor #2. Terminated connections on motors. Installed covers. Removed disconnects, cleaned and checked with meter. Reinstalled disconnects and tested rotation		90.00	450.00
6.5	7/5/12 -Scott Barra - Rotation Motor #2, connections, disconnects, cleaning		90.00	585.00

PAID
8 / 15 / 12

Make Checks Payable To:Colacino Industries, 126 Harrison St., Newark, NY 14513

Subtotal	$5,656.46
Sales Tax (0.0%)	$0.00
Total	$5,656.46

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Invoice

Date	Invoice #
7/25/2012	9297

Bill To	Ship To
Town of Gorham **PO Box 224** **Gorham, New York 14461**	Town of Gorham Water District 3842 State Route 364 Canandaigua, NY 14424

Please Make Checks Payable to Colacino Industries

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Net 30	JRC	7/25/2012			**32308 Troubleshoot Tank #1 Airlink**

Quantity	Description	U/M	Price Each	Amount
	Newark Electric Job # 32308 - Troubleshoot Tank #1 Airlink			
3	1/25/12 - Tony Blondell - Chris called with problem with airlink at Tank #1. Airlink would not reset. Made calls to Verizon Tech Support and Sierra Wireless support to find out how to correct the problem. Went to Gorham to connect to the airlink in order to provision it again. Airlink working at departure		90.00	270.00
1	1/26/12 - Tony Blondell - Connection lost		90.00	90.00
3	1/26/12 - Tony Blondell - Went to Gorham Tank 1 to pick up Air Link and bring back to shop for testing. Tested ok at shop. Called Verizon and Get Wireless tech support to troubleshoot service at the Gorham site. Verizon to follow up		90.00	270.00
2.5	1/27/12 - Tony Blondell - Went to Gorham to reinstall the AirLink. AirLink came up with service this time - checked the modem with ACE Manager - checked the SCADA at the main plant - everything was acceptable. Called Verizonto find out if any actions they took corrected the issue.		90.00	225.00
0.25	1/27/12 - Tony DeFranco - Troubleshoot airlink issues		120.00	30.00

PAID
8 / 9 / 12

Make Checks Payable To:Colacino Industries, 126 Harrison St., Newark, NY 14513

Subtotal	$885.00
Sales Tax (0.0%)	$0.00
Total	$885.00

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Newark, New York 14513
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Invoice

Date	Invoice #
7/25/2012	9299

Bill To	Ship To
Village of Sodus Point **8356 Bay Street** **PO Box 159** **Sodus Point, NY 14555**	Village of Sodus Point Waste Water Plant 8120 Lake Road Sodus Point, New York 14555

Please Make Checks Payable to Colacino Industries

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Net 30		7/25/2012			**32823 Multiple Sites Gen Repair/Se...**

Quantity	Description	U/M	Price Each	Amount
	Newark Electric Job # 32823 - Generator Repairs at Multiple Sites			
1	SDSA3650 Load Center Secondary Surge Arrester		248.00	248.00
2	Hot Start Heater		187.65	375.30
1	Battery Charger		151.20	151.20
1	Asco Deluxe Engine Exerciser		293.18	293.18
	7/17/12 - Mike Bebernitz / Scott Barra - Changed (customer supplied) coolant in Main Plant generator - Replaced block heater at Main Lift Station generator - Replaced battery charger and heater at South Shore - Replaced surge protector at Maiden Lane - Installed and programmed engine exerciser at Main Lift		1,050.00	1,050.00

PAID
8 / 17 / 12

Make Checks Payable To:Colacino Industries, 126 Harrison St., Newark, NY 14513

Subtotal	$2,117.68
Sales Tax (0.0%)	$0.00
Total	$2,117.68

NEWARK ELECTRIC CORP.
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129 Harrison Street
Newark, New York 14513
315-331-1330

Invoice

Date	Invoice #
7/30/2012	9315

Bill To	Ship To
Newark Police Department **Newark Municipal Building** **100 E. Miller Street** **Newark, NY 14513**	Newark Police Department Newark Municipal Building 100 E. Miller Street Newark, NY 14513

Please Make Checks Payable to Colacino Industries

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	1% 10 Net 30		7/30/2012			**32736 PD Troubleshoot Voice Mail ...**

Quantity	Description	U/M	Price Each	Amount
	Newark Electric Job #32736 - Troubleshoot Voice Mail Failure			
1	Mitel 2-Port Voice Module		761.65	761.65
1	Temp Phone System Rental		75.00	75.00
1	Mitel 3000 Repair Charge		490.00	490.00
1	Handling		25.00	25.00
1	Freight		52.97	52.97
2	6/1/12 - Mike Bebernitz - Troubleshoot voice mail failure. Ran diagnostics and voice module was not seen by system. Tried several resets and concluded defective voice module or main board has failed. Mitel suggetsed a 90% chance it is the module. If not, the main board. Module has been ordered		90.00	180.00
0.5	6/1/12 - Mike Bebernitz - Offsite project work		80.00	40.00
1	6/6/12 - Mike Bebernitz - Offsite project work		80.00	80.00
3	6/6/12 - Mike Bebernitz - Replaced voice mail module. System still did not function properly. Mitel ran more tests and concluded the CCU was also damaged. Swapped and programmed CCU with a rental CCU until factory repairs are made to malfunctioning CCU		90.00	270.00
0.5	7/16/12 - Mike Bebernitz - Called to check on troubles. Status of repaired unit. Reviewed with Jay Warren		80.00	40.00
1.5	7/26/12 - Mike Bebernitz - Remove loaner phone system and installed repaired Mitel 3000		90.00	135.00
0.5	7/26/12 - Mike Bebernitz - off site		80.00	40.00

PAID
8/22/12

Make Checks Payable To:Colacino Industries, 126 Harrison St., Newark, NY 14513

Subtotal	$2,189.62
Sales Tax (0.0%)	$0.00
Total	$2,189.62

NEWARK ELECTRIC
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129 Harrison Street
Newark, New York 14513
315-331-1330

Invoice

Date	Invoice #
7/30/2012	9316

Bill To	Ship To
Village of Newark **Dept. Of Public Works** **100 East Miller Street** **Newark, NY 14513**	Village of Newark Newark Volunteer Fire Dept. 100 East Miller Street Newark, New York 14513

Please Make Checks Payable to Colacino Industries

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Due on receipt	JRC	7/30/2012	On Site		**32792 FD Trbsht PLC / Form Four ...**

Quantity	Description	U/M	Price Each	Amount
	Newark Electric Job #: 32792 FD Troubleshoot PLC/Form 4 Failure at Fire Dept. Automated Dispatch System had failed during power event caused by NYSEG power line coming down off of Charlotte Street. Additional damage was noticed in the Digitize 3505 Receivers, Digitize Form Four Card Cage as well as the Automation PLC. Damage was considerable and thermal imaging was used to identify the extent of the damage. NOTE: System still presents an intermittent issue in System 3505 Receivers. We are monitoring the system for future anomalies until we can be certain of system reliability. We may need to involve a Field Service Engineer from Digitize if issue still presents itself.			
1	Zetron M4X to DB9 Comp Cable		133.33	133.33
1	Zetron Firmware Upgrade		566.67	566.67
1	Next Day Air		122.63	122.63
1	Zetron 1550 SentriMax		5,900.00	5,900.00
1	Zetron Extended Voice		241.67	241.67
1	Zetron Radio Paging 2tone POCSAG		566.67	566.67
1	Zetron Configuration Utility		125.00	125.00
24	#16 THHN		0.15	3.60
15	10 Conductor 22 AWG Shielded Cable		0.68	10.20
4	1/4 x 1" Self Drilling Screws		0.09	0.36
4	#12 THHN		0.22	0.88
1	Cutler Hammer 2AMP Breaker		79.18	79.18
4	7.5 Zip Ties		0.09	0.36
30	#18 THHN		0.14	4.20
1	Form 4 Mother Board		1,933.33	1,933.33
1	Common Card		2,926.66	2,926.66
2	100mA Line Card		2,660.00	5,320.00

Make Checks Payable To:Colacino Industries, 126 Harrison St., Newark, NY 14513

Subtotal	
Sales Tax (0.0%)	
Total	

PAID
8/22/12

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129 Harrison Street
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315-331-1330

Invoice

Date	Invoice #
7/30/2012	9316

Bill To	Ship To
Village of Newark **Dept. Of Public Works** **100 East Miller Street** **Newark, NY 14513**	Village of Newark Newark Volunteer Fire Dept. 100 East Miller Street Newark, New York 14513

Please Make Checks Payable to Colacino Industries

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Due on receipt	JRC	7/30/2012	On Site		**32792 FD Trbsht PLC / Form Four ...**

Quantity	Description	U/M	Price Each	Amount
1	Freight		155.00	155.00
1	Form Four AC Panel		866.00	866.00
1	10V AC Transformer		115.00	115.00
1	Allen Bradley SLC 5/05 Controller, 16K		3,157.00	3,157.00
4.5	5/26/12 - James Colacino - Troubleshoot Zetron Encoder - Tones but no voice		120.00	540.00
4	6/15/12 - Scott Barra - Troubleshoot Digitize Unit with Jim		90.00	360.00
4	6/15/12 - James Colacino - Troubleshoot Automated Dispatch System. Multiple failures		120.00	480.00
8	6/18/12 -Tony DeFranco - Replace defective Zetron Encoder		120.00	960.00
8	6/18/12 - James R Colacino - Replace defective Zetron encoder		120.00	960.00
5.5	6/20/12 - Tony deFranco - Program and test 2 Tone Sequential Encoder and Silent Knight alarm		120.00	660.00
5.5	6/20/12 - James R Colacino - Program and test 2 Tone Sequential Encoder and Silent Knight alarm		120.00	660.00
2	6/20/12 - Richard Colacino - Engineering - Level 1 - Test Radio Transmitters in field.		120.00	240.00
0.5	6/20/12 -Scott Barra - Assist Jim with call box		80.00	40.00
3.5	6/24/12 - Tony DeFranco - Troubleshoot PLC failure - created hosted SCADA to monitor PLC		120.00	420.00
1.5	6/28/12 - Tony DeFranco - Troubleshoot PLC crash - cycle power, need UPS installed for PLC power		120.00	180.00
4	7/19/12 - Jim Colacino - Disable radio "off" - Install VOC "Radio On" signal on master radio, correct channel 2 bezel fit problem		120.00	480.00
8	7/20/12 - Jim Colacino - Replace Digitize parts		120.00	960.00
3	7/20/12 - Tony Blondell - Replace Digitize parts		90.00	270.00
3	7/25/12 - Tony DeFranco - Troubleshoot disable feature for Chris Avery's building fire alarm		120.00	360.00
1	7/25/12 - Jim Colacino - Test ability to bypass Chris Avery's property		120.00	120.00

Make Checks Payable To:Colacino Industries, 126 Harrison St., Newark, NY 14513

Subtotal	
Sales Tax (0.0%)	
Total	

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129 Harrison Street
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315-331-1330

Invoice

Date	Invoice #
7/30/2012	9316

Bill To	Ship To
Village of Newark **Dept. Of Public Works** **100 East Miller Street** **Newark, NY 14513**	Village of Newark Newark Volunteer Fire Dept. 100 East Miller Street Newark, New York 14513

Please Make Checks Payable to Colacino Industries

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Due on receipt	JRC	7/30/2012	On Site		**32792 FD Trbsht PLC / Form Four ...**

Quantity	Description	U/M	Price Each	Amount
4	7/26/12 - Jim Colacino - Work with Digitize to resolve circuit 1 failure		120.00	480.00

Make Checks Payable To:Colacino Industries, 126 Harrison St., Newark, NY 14513

Subtotal	$30,397.74
Sales Tax (0.0%)	$0.00
Total	$30,397.74

NEWARK ELECTRIC CORP.
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A Division of
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129 Harrison Street
Newark, New York 14513
315-331-1330

Invoice

Date	Invoice #
8/9/2012	9338

Bill To	Ship To
Finger Lakes DDSO **ATTN: Accounts Payable** **620 Westfall Road** **Rochester, New York 14620**	Middlesex IRA 6166 South Vine Valley Road Middlesex, New York 14507

Please Make Checks Payable to Colacino Industries

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Net 30		8/9/2012			**32696 Middlesex-Egress & Alarm**

Quantity	Description	U/M	Price Each	Amount
	Newark Electric Job # 32696 - Vine Valley Delayed Egress and Security Alarm			
	quote for work associated with project		16,190.00	16,190.00
1	Change Order Approved to install additional keypad and horn in kitchen		1,403.00	1,403.00

Paid 8/31/12

Make Checks Payable To:Colacino Industries, 126 Harrison St., Newark, NY 14513

Subtotal	$17,593.00
Sales Tax (0.0%)	$0.00
Total	$17,593.00

NEWARK ELECTRIC CORP.
The Power Authority
Automation Systems - Power Distribution
Fire and Security Systems - SCADA / Telemetry
315-331-0414 Phone - 315-331-1076 Fax

A Division of
Colacino INDUSTRIES
129 Harrison Street
Newark, New York 14513
315-331-1330

Invoice

Date	Invoice #
8/11/2012	9348

Bill To	Ship To
Village of Sodus **14-16 Mill St** **Sodus, NY 14551**	Village of Sodus Water Plant Sodus, New York 14551

Please Make Checks Payable to Colacino Industries

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	1% 10 Net 30		8/11/2012			**32843 WD Filter #1 Communication...**

Quantity	Description	U/M	Price Each	Amount
	Newark Electric Job # 32843 - Filter #1 Communication Problem			
1	170INT Comm Adapter		480.00	480.00
1	Momentum I/O Module		248.23	248.23
1	7/18/12 - Tony Blondell - Research, and call Tech Support for the communication adapter		90.00	90.00
3	7/19/12 - Tony Blondell - Installed new Comm adapter. Did not solve problem. Worked with Phil to find a temporary solution so the system could work. Wired valve through a relay for now on Filter #1. Ordering a new I/O card		90.00	270.00
0.5	7/19/12 - Tony DeFranco - Troubleshoot and correct stuck output. Made a temporary wiring change to run the valve from the opposing relay. Need to order and replace I/O Module		120.00	60.00
1.5	8/2/12 - Tony DeFranco - Replace defective I/O module		120.00	180.00

PAID
8/22/12

Make Checks Payable To: Colacino Industries, 126 Harrison St., Newark, NY 14513

Subtotal	$1,328.23
Sales Tax (0.0%)	$0.00
Total	$1,328.23

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Invoice

Date	Invoice #
10/1/2012	9445

Bill To	Ship To
Farmington Sewer **1216 McMahon Road** **Victor, New York 14564**	County Road 9

Please Make Checks Payable to Colacino Industries

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Net 30		10/1/2012			**33011 Replace UPS**

Quantity	Description	U/M	Price Each	Amount
	Newark Electric Job # 33011 - Replace UPS at County Road 9			
1	Allen Bradley 1609-U500NS 500VA 120V Power Supply		764.00	764.00
1.5	09/28/12 - Tony DeFranco - Travel To/From Site. Replaced UPS		120.00	180.00

PAID
10/10/12

Make Checks Payable To:Colacino Industries, 126 Harrison St., Newark, NY 14513

Subtotal	$944.00
Sales Tax (0.0%)	$0.00
Total	$944.00

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Invoice

Date	Invoice #
10/12/2012	9466

Bill To	Ship To
Farmington Sewer **1216 McMahon Road** **Victor, New York 14564**	County Road 28/Shortsville Road Shortsville, NY

Please Make Checks Payable to Colacino Industries

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Net 30		10/12/2012			**32919 PRV@CR28/S-V Rd Correct ...**

Quantity	Description	U/M	Price Each	Amount
	Newark Electric Job # 32919 - Correct Corrosion Issue PRV @ County Road 28, Shortsville - Repairs to pit as per Jim Crane. Replace main disconnect and eliminate water-damaged panel in pit. Replace and move receptacles, electric heater. Receptacles replaced with GFI type.			
1	QO120M100RB Panel		215.28	215.28
1	Heater Wall Mount		315.74	315.74
1	Heater Enclosure		59.94	59.94
3	20 AMP GFCI with Pilot		14.95	44.85
16	1/2 PVC		0.23	3.68
6	1/2 PVC Terminal Adapters		0.27	1.62
6	1/2 Locknuts		0.15	0.90
4	20AMP SQ Breakers		11.75	47.00
3	1/2 Single Hole PVC Boxes		9.75	29.25
3	PVC Box Blank Covers		4.98	14.94
2	1-1/4 PVC Terminal Adapters		0.71	1.42
2	1-1/4 Locknuts		0.43	0.86
1	25AMP Square 2-Pole Breakers		26.75	26.75
6	#3 THHN		1.49	8.94
420	#12 THHN		0.21	88.20
180	#10 THHN		0.32	57.60
5	Direct Burial Wirenuts		1.63	8.15
8	1"x#10 Self-tapping Screws		0.08	0.64
8	1-1/4 x 5/16 Lag Bolts		0.21	1.68
3	8/17/12 - Dick Colacino		90.00	270.00
8	8/17/12 - Scott Barra		90.00	720.00

PAID
10/25/12

Make Checks Payable To:Colacino Industries, 126 Harrison St., Newark, NY 14513

Subtotal	$1,917.44
Sales Tax (0.0%)	$0.00
Total	$1,917.44

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Invoice

Date	Invoice #
10/16/2012	9473

Bill To	Ship To
Groveland Correctional **7000 Sonyea Road** **Sonyea, New York 14556**	Groveland Correctional 7000 Sonyea Road Sonyea, NY 14556

Please Make Checks Payable to Colacino Industries

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
136CF289	Due on receipt	JRC	10/16/2012			**32978 Tbsht Commercial Paging Sy...**

Quantity	Description	U/M	Price Each	Amount
	Newark Electric Job # 32978 - Troubleshoot Commercial Paging System per Lynden Smalt			
1	Contract price to troubleshoot commercial paging system at Groveland Correctional Facility.		1,920.00	1,920.00

PAID
12/17/12

Make Checks Payable To:Colacino Industries, 126 Harrison St., Newark, NY 14513

Subtotal	$1,920.00
Sales Tax (0.0%)	$0.00
Total	$1,920.00

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Invoice

Date	Invoice #
10/20/2012	9516

Bill To	Ship To
Farmington Sewer **1216 McMahon Road** **Victor, New York 14564**	County Road 9 Farmington, New York

Please Make Checks Payable to Colacino Industries

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Net 30		10/20/2012			**32724 CR9 Tbsht PLC Flt/Xfer Swit...**

Quantity	Description	U/M	Price Each	Amount
	Newark Electric Job # 32724 - Troubleshoot County Road 9 PLC Fault and Transfer Switch Issues			
1	2 Channel Input / 2 Channel Output Analog Module		337.00	337.00
1	Expert 3400 Level Transmitter 0 - 30' Range w/ 70' Cable and Bracket		1,205.00	1,205.00
1	Asco Controller		1,395.00	1,395.00
4	5/29/12 - Tony DeFranco - Troubleshoot faulted PLC. Program was gone. Downloaded latest program. Also had to replace analog input module. Also replaced fuses on both VFD control transformers. Used customer's fuses. Replaced transducer		120.00	480.00
4	5/29/12 - Jim Colacino		120.00	480.00
3.75	5/30/12 - Tony Blondell - Changed ASCO controller temporarily with spare we had from Gypsum panel. Tested with Paul Fleig. Transferred back to normal power- ok. Phase monitor still needs replacing		90.00	337.50
2.75	5/30/12 - Tony DeFranco - Met paul Fleig and Tom Parker at site. Travel to and from site.		120.00	330.00
0.5	5/31/12 - Tony DeFranco - Backed up files and researched part number for phase monitor		120.00	60.00
1	8/29/12 - Rick Bush - offsite work on project		80.00	80.00
1	8/29/12 - Jamisen Colacino - offsite work on project		55.00	55.00
2	8/30/12 -Scott Barra - Remove temporary controller and replace with new unit		90.00	180.00

PAID
11/15/12

Make Checks Payable To:Colacino Industries, 126 Harrison St., Newark, NY 14513

Subtotal	$4,939.50
Sales Tax (0.0%)	$0.00
Total	$4,939.50

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Invoice

Date	Invoice #
10/20/2012	9495

Bill To	Ship To
Village of Sodus Point **8356 Bay Street** **PO Box 159** **Sodus Point, NY 14555**	Village of Sodus Point 8356 Bay Street Sodus Point, NY 14555

Please Make Checks Payable to Colacino Industries

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Net 30	JRC	10/20/2012			**32230 2012 Generator Service Cont...**

Quantity	Description	U/M	Price Each	Amount
	Newark Electric Job # 32230 - 2012 Generator Service Contract - Contract price to provide one annual full service and one six month inspection for all Waste Water Generators including the Main Treatment Plant, Clover Street, South Shore, Main Lift Station, First Creek and the portable unit. SERVICES TO BE PERFORMED 1.Check fuel system day tank operation, fuel lines, connections, vents, main and day tank fuel levels. 2.Change fuel filter and water separator elements during the full P.M. service annually. 3.Visually check fuel system injection pump, solenoid(s), check valves governor controls, linkages. 4.Check oil lube system inclusive of the engine and governor oil levels, oil heater, lines and connections. 5.Change the lube oil and filters during the full P.M. service annually. 6.Check the cooling system inclusive of the coolant level, antifreeze, freeze point, inhibitor level, louvers, and radiator air flow and core condition. Block heater(s), hoses, connections, pressure test radiator cap, belt condition and tension, fan shrouds, guards and brackets. 7.Check for external fuel, lube oil, coolant and exhaust leaks. 8.Check and record lube oil pressure, fuel oil pressure and engine coolant temperature gauge readings. 9.Check exhaust system, flex connection, supports, insulation and rain cap. Drain condensation drip legs. 10.Check batteries, charging system, terminals and cables. Check electrolyte level and specific gravity. 11.Load test batteries. Clean battery post and terminals, apply corrosion inhibiting film. 12.Check electrical system wiring connections and		0.00	0.00

Make Checks Payable To:Colacino Industries, 126 Harrison St., Newark, NY 14513	**Subtotal**
	Sales Tax (0.0%)
	Total

PAID
11 / 19 / 12

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Invoice

Date	Invoice #
10/20/2012	9495

Bill To	Ship To
Village of Sodus Point **8356 Bay Street** **PO Box 159** **Sodus Point, NY 14555**	Village of Sodus Point 8356 Bay Street Sodus Point, NY 14555

Please Make Checks Payable to Colacino Industries

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Net 30	JRC	10/20/2012			**32230 2012 Generator Service Cont...**

Quantity	Description	U/M	Price Each	Amount
	condition. Inspect lamps and fuses. 13.Check engine and generator instruments and meters for proper operation. 14.Check and test alarm sending units, pre-alarms, and safety shutdowns. 15.Check remote annunciator operation. 16.Check air intake piping, hoses, clamps, louvers, bypass actuators and air box dampers. 17.Visually check air filter elements, air box canisters, breathers and crankcase ventilation systems. 18.Check engine and generator mounting bolts and vibration isolators. 19.Visually check generator bearings. 20.Check exciter assembly, stator and field for cleanliness and integrity. 21.Visually check rotating rectifiers and surge suppressor. 22.Check and record residual, no-load voltage. 23.Check voltage regulator and adjust if necessary. 24.Visually inspect generator breaker and bus bar connections for cleanliness and signs of overheating. 25.Check transfer switch compartment and components for cleanliness, integrity, overheating and wear. 26.Evaluate time delay settings 27.Check transfer switch exercise functions. 28.Perform start and stop functions from transfer switch with no load condition. 29.All readings, temperatures, transfer and retransfer times, hour meter readings, and discrepancies annotated and submitted with detailed report to the appropriate individual(s) following each round of service.			
5	15W-40 Motor Oil Gallon		15.33	76.65

Make Checks Payable To:Colacino Industries, 126 Harrison St., Newark, NY 14513

Subtotal	
Sales Tax (0.0%)	
Total	

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Invoice

Date	Invoice #
10/20/2012	9495

Bill To	Ship To
Village of Sodus Point **8356 Bay Street** **PO Box 159** **Sodus Point, NY 14555**	Village of Sodus Point 8356 Bay Street Sodus Point, NY 14555

Please Make Checks Payable to Colacino Industries

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Net 30	JRC	10/20/2012			**32230 2012 Generator Service Cont...**

Quantity	Description	U/M	Price Each	Amount
1	Oil Filter		39.14	39.14
0.5	Fuel Filter		71.42	35.71
0.5	Fuel Filter		22.30	11.15
2.5	Generator Technician		90.00	225.00
0.5	Misc Supplies and Administrative		20.00	10.00
3	5W-30 Synthetic Blend Oil		6.99	20.97
0.5	Oil Filter		11.50	5.75
2	Generator Technician		90.00	180.00
0.5	Misc Supplies and Administrative		20.00	10.00
			0.00	0.00
3	5W-30 Synthetic Blend Oil		6.99	20.97
0.5	Oil Filter		11.50	5.75
2	Generator Technician		90.00	180.00
0.5	Misc Supplies and Administrative		20.00	10.00
5	5W-30 Synthetic Blend Oil		6.99	34.95
0.5	Oil Filter - Gold		15.00	7.50
2	Generator Technician		90.00	180.00
0.5	Misc Supplies and Administrative		20.00	10.00
3	5W-30 Synthetic Blend Oil		6.99	20.97
0.5	Oil Filter		11.50	5.75
2	Generator Technician		90.00	180.00
0.5	Misc Supplies and Administrative		20.00	10.00
1	15W-40 Motor Oil Gallon		15.33	15.33
0.5	Oil Filter		24.22	12.11
0.5	Fuel Filter		15.88	7.94
0.5	Fuel Filter		30.76	15.38
2	Generator Technician		90.00	180.00
0.5	Misc Supplies and Administrative		20.00	10.00

Make Checks Payable To:Colacino Industries, 126 Harrison St., Newark, NY 14513

Subtotal	$1,521.02
Sales Tax (0.0%)	$0.00
Total	$1,521.02

Ex. GC-27

NEWARKELECTRIC
A Green Power Company
Automation Systems - Power Distribution
Fire and Security Systems - SCADA / Telemetry
315-331-0414 Phone - www.newarkelectric.com

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126 Harrison Street
Newark, New York 14513
315-331-1330

Invoice

JC

Date	Invoice #
8/24/2011	8213

Bill To	Ship To
Village of Newark **Dept. Of Public Works** **100 East Miller Street** **Newark, NY 14513**	Route 31 Pump Station Route 31 Newark, New York

Please Make Checks Payable to Colacino Industries

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
23493	Net 30	JRC	7/13/2011			**31526 E Newark P/S Controller / Pr...**

Quantity	Item Code	Description	U/M	Price Each	Amount
		Job #31526: East Newark Pump Station Controller/Probe			
1	MTIC3	Indicator Controller 110VAC		922.00	922.00
1	2.0/10-30FS	Failsafe Probe, 6'8" Length, 10 Sensor Failsafe Probe, 100' of Cable		979.00	979.00
8	Foreman	Foreman - Level 1		80.00	640.00
1	Miscellaneous	Wire, wire ties, terminals ect.		100.00	100.00

PAID
9/22/11

Thank you for your business.

Subtotal	$2,641.00
Sales Tax (0.0%)	$0.00
Total	$2,641.00

General Counsel's Exhibit

10/25/11

NEWARK ELECTRIC

The Power Authority

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A Division of Colacino INDUSTRIES

129 Harrison Street
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315-331-1330

Invoice

Date	Invoice #
9/30/2011	8298

Bill To	Ship To
Wayne Co. Water & Sewer Authority **3377 Daansen Road** **Walworth, NY 14568**	Wayne Co. Water & Sewer Authority 3377 Daansen Road Walworth, NY 14568

Please Make Checks Payable to Colacino Industries

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
1885	Net 30	JRC	9/30/2011			**31833 100KW Portable Generator**

Quantity	Description	U/M	Price Each	Amount
	Job #31833 - 100KW Portable Generator as per Bid			
1	Magnum 100KW Portable Generator		30,321.36	30,321.36
1	Option 1 - Inline Block Heater		174.00	174.00
1	Option 2 - Heated Fuel Filter		171.00	171.00
1	Option 3 - Crank Case Heater		318.00	318.00
	Option 2 - Heated Fuel Filter - 50% discount per Jim Colacino		-85.50	-85.50
	Option 3 - Crank Case Heater - 50% discount per Jim Colacino		-159.00	-159.00

Make Checks Payable To:Colacino Industries, 126 Harrison St., Newark, NY 14513

Subtotal	$30,739.86
Sales Tax (0.0%)	$0.00
Total	$30,739.86

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Invoice

Date	Invoice #
11/2/2011	8371

Bill To	Ship To
Wayne Co. Water & Sewer Authority **3377 Daansen Road** **Walworth, NY 14568**	Red Creek Regional Treatment Plant 6765 Ford Road Red Creek, New York 13143

Please Make Checks Payable to Colacino Industries

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Net 30	JRC	7/12/2011			**31812 RCR Tbsht O2 Sensors/Analog**

Quantity	Description	U/M	Price Each	Amount
	Job #31812: Troubleshoot Oxygen Sensors/Analog			
	Labor 7/8/11 - Tony DeFranco - Teleconference with Seth to determine problem with post aeration on sensor. Disabled alarms for the weekend 7/12/11 - Tony Defarnco - Spoke to Seth. Lost oxygen levels. Sensor inputs were swapped at input module.		240.00	240.00

PAID
11/23/11

Make Checks Payable To:Colacino Industries, 126 Harrison St., Newark, NY 14513

Subtotal	$240.00
Sales Tax (0.0%)	$0.00
Total	$240.00

Emailed to Marty

NEWARK ELECTRIC CORP.
The Power Authority
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Newark, New York 14513
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Invoice

Date	Invoice #
11/22/2011	8424

Bill To	Ship To
Wayne Co. Water & Sewer Authority **3377 Daansen Road** **Walworth, NY 14568**	Wayne Co. Water & Sewer Authority 3377 Daansen Road Walworth, NY 14568

Please Make Checks Payable to Colacino Industries

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Net 30	JRC	11/22/2011			**31662 Telemetry System Radio Upg...**

Quantity	Item Code	Description	U/M	Price Each	Amount
		********** SCOPE OF WORK: ********** Convert Water Tower Site Telemetry from Licensed Radio to Cellular. PLC Replacement Required for Following Sites: Palmyra Butler Canada St Furnace Rd Butler Prison Walworth ********** HARDWARE: **********			
2.25	V4221-VA	Air Link Raven X EDVO VZW w/ AC Power Cable and 3 year warranty		699.00	1,572.75
2.25	301104	5 dB Gain Dual-Band Antenna - For Std NMO Mounts		33.33	74.99
2.25	NMO58U-NC	RG58-U Antenna Cable, 3/4" NMO Mount, 14 Feet (With RSA-3000-C SMA Male Crimp Installed)		33.25	74.81
2.25	ICPCSJ5BL	Cat 5e Patch Cord, 5 ft. Blue		1.55	3.49
1.5	1763-L16BBB	24V dc power, (10) 24V dc digital inputs, (2) 10V analog inputs, (2) relay outputs, (4) 24V dc FET outputs		605.00	907.50
2.25	P8AX09-NW/FF	RF Coaxial Surge Protector - 70 Watt N Bulkhead Female to Female		115.40	259.65
2.25	Miscellaneous	Miscellaneous Fittings, Connectors, Terminals, Wire, Ect.		72.00	162.00

11/23/11 Pd.

Make Checks Payable To:Colacino Industries, 126 Harrison St., Newark, NY 14513

Subtotal	
Sales Tax (0.0%)	
Total	

PAID
11/23/11

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Invoice

Date	Invoice #
11/22/2011	8424

Bill To	Ship To
Wayne Co. Water & Sewer Authority **3377 Daansen Road** **Walworth, NY 14568**	Wayne Co. Water & Sewer Authority 3377 Daansen Road Walworth, NY 14568

Please Make Checks Payable to Colacino Industries

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Net 30	JRC	11/22/2011			**31662 Telemetry System Radio Upg...**

Quantity	Item Code	Description	U/M	Price Each	Amount
		********** ENGINEERING LABOR: **********			
20	Engineering 1	Engineering - Hours for Drawing Updates and SCADA Integration		120.00	2,400.00
		********** BUILD LABOR: **********			
20	Journeyman Electr...	Journeyman Prevailing Wage		90.00	1,800.00
		********** OPTIONS: **********			
		N/A			
		********** DELIVERY: **********			
		2-3 Weeks ARO Dependant Upon Component Delivery			
		********** PAYMENT TERMS: **********			
		50% Due ARO Balance Due Upon Completion of SCADA Integration			

Make Checks Payable To:Colacino Industries, 126 Harrison St., Newark, NY 14513

Subtotal	$7,255.19
Sales Tax (0.0%)	$0.00
Total	$7,255.19

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Invoice

Date	Invoice #
11/2/2011	8372

Bill To	Ship To
Wayne Co. Water & Sewer Authority **3377 Daansen Road** **Walworth, NY 14568**	Red Creek Regional Treatment Plant 6765 Ford Road Red Creek, New York 13143

Please Make Checks Payable to Colacino Industries

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Net 30	JRC	8/12/2011			**31899 RCR Tbsht Rotor 2 Not Run...**

Quantity	Description	U/M	Price Each	Amount
	Job #31899: Troubleshoot Rotor 2 Not Running Labor 8/12/11 - Tony DeFranco - Telecon with Seth to discuss issue. Worked with Ken to investigate. Looks like alarm was keeping rotor from running. Fixed regional popup screen on SCADA PC		60.00	60.00

PAID
11/23/11

Make Checks Payable To:Colacino Industries, 126 Harrison St., Newark, NY 14513

Subtotal	$60.00
Sales Tax (0.0%)	$0.00
Total	$60.00

ED 4.9

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315-331-1330

Invoice

Date	Invoice #
9/9/2011	8252

Bill To	Ship To
Village of Wolcott **6015 New Hartford Street** **Wolcott, NY 14590**	Lake Road Water Plant

Please Make Checks Payable to Colacino Industries

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
8910	Net 30		9/2/2011			**31933 Lake Rd Tbsht VFD/Motor F...**

Quantity	Item Code	Description	U/M	Price Each	Amount
		Job #31933: Troubleshoot VFD/Motor Failure			
1	Miscellaneous	Square D DPA43VO2 Contactor		88.00	88.00
	Labor	Labor		690.00	690.00
		8/29/11 -Tony Blondell - Traced out wiring to a control contactor by the Foxboro level controller. Coil had power, but contacts not pulled in. This contactor controls two high-level pumps and the backwash pump. Wire-nutted the wires temporarily until a new contactor can be installed. 8/29/11 - Tony DeFranco - Teleconference with Ed K from Wolcott and Tony B to debrief Ed on problem 9/2/11 -Tony Blondell - Installed new contactor for pump control			

PAID
10 / 1 / 11
CK # 23998

Make Checks Payable To:Colacino Industries, 126 Harrison St., Newark, NY 14513

Subtotal	$778.00
Sales Tax (0.0%)	$0.00
Total	$778.00

NEWARK ELECTRIC CORP.

The Power Authority

Automation Systems • Power Distribution
Fire and Security Systems • SCADA / Telemetry
315-331-0414 Phone • 315-331-1076 Fax

A Division of Colacino INDUSTRIES
129 Harrison Street
Newark, New York 14513
315-331-1330

Invoice

Date	Invoice #
9/9/2011	8253

Bill To	Ship To
Village of Wolcott **6015 New Hartford Street** **Wolcott, NY 14590**	Waste Water Treatment Plant

Please Make Checks Payable to Colacino Industries

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
276313	Net 30	CLB	9/2/2011			**31955 WWTP Troubleshoot Clarifie...**

Quantity	Description	U/M	Price Each	Amount
	Job #31955: Troubleshoot Clarifier Motor at WWTP			
	Labor 9/2/11 - Service on clarifier, found defective gear box, customer to rrepair		450.00	450.00

PAID
10/3/11

Make Checks Payable To: Colacino Industries, 126 Harrison St., Newark, NY 14513

Subtotal	$450.00
Sales Tax (0.0%)	$0.00
Total	$450.00

NEWARK ELECTRIC CORP.
The Power Authority
Automation Systems - Power Distribution
Fire and Security Systems - SCADA / Telemetry
315-331-0414 Phone - 315-331-1076 Fax

A Division of
Colacino INDUSTRIES
129 Harrison Street
Newark, New York 14513
315-331-1330

Invoice

Date	Invoice #
10/1/2011	8302

Bill To	Ship To
Village of Wolcott 6015 New Hartford Street Wolcott, NY 14590	

Please Make Checks Payable to Colacino Industries

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
26310	Net 30	TA	9/22/2011			31980 Jeff. St. Change 2 Auto Switc...

Quantity	Description	U/M	Price Each	Amount
	Contract Price for Below: Job #31980 - Jefferson St Pump Station, Change 2 Hand Off Auto Switches Job #31979 - East Port Bay Pump Station, Troubleshoot Controls - Found Loose Wire on Starter		667.75	667.75

PAID
10, 13, 11

Make Checks Payable To:Colacino Industries, 126 Harrison St., Newark, NY 14513

Subtotal	$667.75
Sales Tax (0.0%)	$0.00
Total	$667.75

Ex. GC-28

DIRECT INCORPORATION

Direct Incorporation
A division of Enitia Corporation
123 N. Ashley Street, Suite 123
Ann Arbor, MI 48104
Fax: 734-998-1887
Voice: 877-281-6496

Cory Brink
Newark Electric 2.0 Inc.
126 Harrison
Newark, NY 14513

March 14, 2011

Dear Cory Brink:

Congratulations! Your new business is now approved by the state of NY and may now begin doing business, including opening a bank account, signing contracts, and hiring employees.

Enclosed are the documents for your new company. We will be sending your Premier Kit in a separate shipment.

One item should be handled as soon as possible. In the Tools and Materials for the New Corporation e-book, in the second reference book titled Corporate Formalities, in the section "After Incorporation - The Organizational Meeting", we have provided an outline of the steps to take to properly complete the launch of your company. Please review this section as soon as possible so that you'll be aware of the necessary steps.

We want to make you aware that New York state law requires all corporations to file a Biennial Statement of directors including their addresses. The Statement will be mailed to you one month prior to its due date, the two-year anniversary of your company's formation. A $9 filing fee must accompany each statement.

You can find more information regarding Biennial Statements at this web address:

http://www.dos.state.ny.us/corp/bienni.htm

New York also requires an additional filing with the state government before it recognizes a corporation's S-Corporation status. Please contact New York's revenue department about this additional requirement. We include a copy of this form in your documents package, for you to file.

Note that filing, or failing to file with the state will not affect the Corporation's S-status with the Internal Revenue Service.

The State of New York does not require that you publish notice of incorporation. However, if in the future you require access to the State's court system (e.g. file a suit to collect a bad debt), you must at that time publish notice of your incorporation.

Please contact your county clerk's office for detailed information on how to accomplish this.

We value your business and want you to know we are available to answer questions about your new company. In that regard, we will be available at your Client Resource Center, or at clientservices@directincorporation.com

Best wishes for the future as you begin your new venture.

Sincerely,

General Counsel's Exhibit

N. Y. S. DEPARTMENT OF STATE
DIVISION OF CORPORATIONS AND STATE RECORDS ALBANY, NY 12231-0001

FILING RECEIPT

ENTITY NAME: NEWARK ELECTRIC 2.0 INC.

DOCUMENT TYPE: INCORPORATION (DOM. BUSINESS) COUNTY: WAYN

FILED:03/08/2011 DURATION:PERPETUAL CASH#:110308000767 FILM #:110308000712

FILER:

EDWARD W. STAHLIN - DIRECT CORP
123 N. ASHLEY, SUITE 123

ANN ARBOR, MI 48104

EXIST DATE
03/08/2011

ADDRESS FOR PROCESS:

JAMES R. COLACINO
126 HARRISON
NEWARK, NY 14513

REGISTERED AGENT:

STOCK: 100 PV .0010000

SERVICE COMPANY: ** NO SERVICE COMPANY ** SERVICE CODE: 00 *

FEES	195.00	PAYMENTS	195.00
FILING	125.00	CASH	0.00
TAX	10.00	CHECK	0.00
CERT	0.00	CHARGE	195.00
COPIES	10.00	DRAWDOWN	0.00
HANDLING	50.00	OPAL	0.00
		REFUND	0.00

DOS-1025 (04/2007)

General Counsel's Exhibit

CT-6
(8/10)

New York State Department of Taxation and Finance

Election by a Federal S Corporation to be Treated As a New York S Corporation

Employer identification number: 27-5569956	This election is to be effective for the tax year beginning (mm-dd-yy): 3/8/11	For office use only
Legal name of corporation: Newark Electric 2.0, Inc	Mark an X in the box if federal election is pending: ☒	Date received
DBA or trade name (if any):	Telephone number: ( )	
Mailing name (if different from legal name): c/o	State of incorporation: NY; Date of incorporation: 3/8/11	
Number and street or PO box: 126 Harrison St	Date began business in New York State: 3/8/11	
City: Newark, NY 14513 (State, ZIP code)	Number of shares issued and outstanding: 100 Issued	

Mailing address

The federal election to treat the corporation as an S corporation is effective for the tax year beginning: 3/8/11	Total number of shareholders: 1	Number of shareholders who are nonresidents of New York State: N/A

Indicate the month and day your tax year ends 12/31

Shareholders' unanimous consent and individual affirmation: By signing below each shareholder of the above corporation elects to include all amounts required by Tax Law, Article 22, section 660, in computing his or her New York taxable income and certifies that the personal information given below is to the best of his or her knowledge and belief true, correct, and complete.

See instructions if a continuation sheet or a separate consent statement is needed.

A Name and address of each shareholder (include ZIP code)	B Social security number or employer identification number	C Stock owned: Number of shares	C Stock owned: Date acquired	D Shareholder's signature (see instructions) For this election to be valid, all shareholders must signify consent by signing below.
James R Colacino, 406 Sycamore Trail, Newark, NY 14513	059-66-1281	100	3/8/11	

Certification: I certify that this election and any attachments are to the best of my knowledge and belief true, correct, and complete.

Authorized person	Signature of authorized person	Official title: President	
	E-mail address of authorized person: jcolacino@colacino.com		Date: 3/21/11
Paid preparer use only (see instr.)	Firm's name (or yours if self-employed)	Firm's EIN	Preparer's PTIN or SSN
	Signature of individual preparing this election	Address	City / State / ZIP code
	E-mail address of individual preparing this election	Preparer's NYTPRIN	Date

See instructions for where to file.

CLB Mailed 3/22/11

General Counsel's Exhibit

Form 2553 (Rev. December 2002) Department of the Treasury Internal Revenue Service

Election by a Small Business Corporation

(Under section 1362 of the Internal Revenue Code)

See Parts II and III on back and the separate instructions.

This corporation may either send or fax this form to the IRS. See page 2 of the instructions.

OMB No. 1545-0146

Notes: 1. *Do not file Form 1120S, U.S. Income Tax Return for an S Corporation, for any tax year before the year the election takes effect.*
2. *This election to be an S corporation can be accepted only if all the tests are met under Who May Elect on page 1 of the instructions; all shareholders have signed the consent statement; and the exact name and address of the corporation and other required form information are provided.*
3. *If the corporation was in existence before the effective date of this election, see Taxes an S Corporation May Owe on page 1 of the instructions.*

Election Information

Please

Name of corporation (see instructions): Newark Electric 2.0 Inc.

A Employer identification number: Applied For

Number, street, and room or suite no. (If a P.O. box, see instructions.): 128 Harrison

Date incorporated: 2011-03-08

City or town, state, and ZIP code: Newark NY 14513

C State of incorporation: NY

D Check the applicable box(es) if the corporation, after applying for the EIN shown in A above, changed its name ☐ or address ☐

E Election is to be effective for tax year beginning (month, day, year): 2011-03-08

F Name and title of officer or legal representative who the IRS may call for more information: James R. Colacino, President

B G Telephone number of officer or legal representative: (315) 331-0414

Type or Print

H If this election takes effect for the first tax year the corporation exists, enter month, day, and year of the earliest of the following: (1) date the corporation first had shareholders, (2) date the corporation first had assets, or (3) date the corporation began doing business: 2011-03-08

Selected tax year: Annual return will be filed for tax year ending (month and day): December 31

If the tax year ends on any date other than December 31, except for a 52–53-week tax year ending with reference to the month of December, you must complete Part II on the back. If the date you enter is the ending date of a 52–53-week tax year, write "52–53-week year" to the right of the date.

J Name and address of each shareholder; shareholder's spouse having a community property interest in the corporation's stock; and each tenant in common, joint tenant, and tenant by the entirety. (A husband and wife (and their estates) are counted as one shareholder in determining the number of shareholders without regard to the manner in which the stock is owned.)	K Shareholders' Consent Statement. Under penalties of perjury, we declare that we consent to the election of the above-named corporation to be an S corporation under section 1362(a) and that we have examined this consent statement, including accompanying schedules and statements, and to the best of our knowledge and belief, it is true, correct, and complete. We understand our consent is binding and may not be withdrawn after the corporation has made a valid election. (Shareholders sign and date below.)		L Stock owned		M Social security number or employer identification number (see instructions)	N Shareholder's tax year ends (month and day)
	Signature	Date	Number of shares	Dates acquired		
James R. Colacino 126 Harrison Newark, NY 14513		3/21/11	100	3/8/11	059-66-1281	Dec. 31

Under penalties of perjury, I declare that I have examined this election, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of officer: | Title: President | Date: 3/21/11

For Paperwork Reduction Act Notice, see page 4 of the instructions. Cat. No. 18629R Form 2553 (Rev. 12-2002)

CLB Mailed Out 3/22/11

General Counsel's Exhibit

faxed 3/8/11

Form **SS-4** (Rev. July 2007) Department of the Treasury Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶See separate instructions for each line. ▶Keep a copy for your records.

OMB No. 1545-0003

EIN

Type or print clearly

1 Legal name of entity (or individual) for whom the EIN is being requested
Newark Electric 2.0 Inc.

2 Trade name of business (if different from name on line 1)

3 Executor, administrator, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. box)
126 Harrison

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code (if foreign, see instructions)
Newark, 14513

5b City, state, and ZIP code (if foreign, see instructions)

6 County and state where principal business is located
Wayne , NY

7a Name of principal officer, general partner, grantor, owner, or trustor
James R. Colacino

7b SSN, ITIN, or EIN

8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? ☐ Yes ☒ No

8b If 8a is "Yes," enter the number of LLC members ▶

8c If 8a is "Yes," was the LLC organized in the United States? ☐ Yes ☐ No

9a Type of entity (check only one box). Caution. If 8a is "Yes," see the instructions for the correct box to check.

- ☐ Sole proprietor (SSN)
- ☐ Partnership
- ☐ Corporation (enter form number to be filed)▶
- ☐ Personal service corporation
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify)▶
- ☐ Other (specify)▶
- ☐ Estate (SSN of decedent)
- ☐ Plan administrator (TIN)
- ☐ Trust (TIN of grantor)
- ☐ National Guard
- ☐ Farmers' cooperative
- ☒ REMIC
- ☐ State/local government
- ☐ Federal government/military
- ☐ Indian tribal governments/enterprises

Group Exemption Number (GEN) if any▶

9b If a corporation, name the state or foreign country (if applicable) where incorporated — State — Foreign country

10 Reason for applying (check only one box)

- ☒ Started new business (specify type)▶ electric services
- ☐ Hired employees (Check the box and see line 13.)
- ☐ Compliance with IRS withholding regulations
- ☐ Other (specify)▶
- ☐ Banking purpose (specify purpose)▶
- ☐ Changed type of organization (specify new type)▶
- ☐ Purchased going business
- ☐ Created a trust (specify type)▶
- ☐ Created a pension plan (specify type)▶

11 Date business started or acquired (month, day, year). See instructions.
0000-00-00

12 Closing month of accounting year December

13 Highest number of employees expected in the next 12 months (enter -0- if none).

Agricultural	Household	Other
#		3

14 Do you expect your employment tax liability to be $1,000 or less in a full calendar year? ☐ Yes ☒ No (If you expect to pay $4,000 or less in total wages in a full calendar year, you can mark "Yes.")

15 First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶ 3/8/11

16 Check one box that best describes the principal activity of your business.

- ☒ Construction
- ☐ Rental & leasing
- ☐ Transportation & warehousing
- ☐ Health care & social assistance
- ☐ Accommodation & food service
- ☐ Wholesale-agent/broker
- ☐ Wholesale-other
- ☐ Retail
- ☐ Real estate
- ☐ Manufacturing
- ☐ Finance & insurance
- ☐ Other (specify)

17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.
electric services

18 Has the applicant entity shown on line 1 ever applied for and received an EIN? ☐ Yes ☒ No
If "Yes," write previous EIN here▶

Third Party Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name: Direct Incorporation — Designee's telephone number (include area code): (877) 281-6496

Address and ZIP code: 123 N. Ashley St. Suite 123, Ann Arbor, MI 48104 — Designee's fax number (include area code): (734) 998-1897

Under penalties of perjury, I declare that I have examined the application, and to the best of my knowledge and belief, it is true, correct, and complete. — Applicant's telephone number (include area code): ( )

Name and title (type or print clearly)▶ James R. Colacino President — Applicant's fax number (include area code): ( )

Signature▶ Date▶ 3/8/11

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 16055N Form SS-4 (Rev. 7-2007)

General Counsel's Exhibit

AUTHORIZATION TO OBTAIN EIN

Please read this then sign at the bottom and mail or fax back to Direct Incorporation.

I, James R. Colacino, by signing below understand that I am authorizing Direct Incorporation to apply for and receive the EIN for "Newark Electric 2.0 Inc." on my behalf, and to answer questions about completion of the form.

Signature,

3/8/11

James R. Colacino President March 8, 2011

General Counsel's Exhibit

App for Employer Registration #

NEW YORK STATE
Department of Labor
NYS 100 Application

Employer Registration

Application for New York State Department of Labor Employer Registration account

You have completed your application for New York State Employer Registration for Unemployement Insurance, Withholding, and Wage Reporting.

Please print a copy for your records.

Print

Return to Department of Labor Website.

Part A - Employer Information

Type:	Business
Legal entity:	Corporation - all types
FEIN:	27-5569956
Suffix:	
Business phone #:	(315) 331-0414
Fax number:	(315) 331-1076
Legal name:	Newark Electric 2.0 Inc
Trade name:	
Email address:	jcolacino@colacino.com
Typist Email Address:	cbrink@colacino.com

Part B - Business Employer

First operations in New York State:	03/08/2011
First payroll from which you withheld or will withhold NYS Income Tax from your employees' pay:	03/18/2011
First calendar quarter end enter the year you paid (or expect to pay) total remuneration of $300 or more:	Jan 1 - Mar 31/2011
Total employees:	2
Do persons work for you whom you do not consider employees?	No
Have you acquired the business of another employer liable for NYS Unemployment Insurance?	No
	Type of acquisition:
	Date of acquisition:
	Business name:
	Business country: UNITED STATES
	Business Address:
	Business province:
	Registration #:
	FEIN number:

General Counsel's Exhibit

Have you changed legal entity?	No Date of legal entity change: Previous Employer Registration Number: Previous FEIN:

Part D - Address/Telephone information

Mailing Address:	126 Harrison St Newark, NY 14513 UNITED STATES
Physical Address:	Same as Mailing Address
Book/Record Address:	Same as Mailing Address
Agent Address:	
Entitlement/Potential Charge Address #1:	James Colacino 126 Harrison St Newark, NY 14513 UNITED STATES

Part E - Business Information- Owner# 1 Info

Name:	James R Colacino
Social Security Number:	059-66-1281
Title:	President
Address:	126 Harrison St Newark, NY 14513 UNITED STATES

Part E - Business Information- NY Location # 1 Info

Address:	126 Harrison St Newark, New York, NY 14513
Total employee at this address:	3
Principal Activity:	Electrical Contracting
Type of Physical Location:	Office Bldg
Principal Product Sold or Services Rendered:	Electrical Contracting Service
Percent of Total Revenue:	100

Submitter's Name:	Cory Brink
Official Position:	Office Manager
Additional Information and Comments:	

Privacy Policy eReg Online| Help | Terms and Conditions

STATE OF NEW YORK

DEPARTMENT OF STATE

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.

WITNESS my hand and official seal of the Department of State, at the City of Albany, on March 8, 2011.

Daniel E. Shapiro
First Deputy Secretary of State

Rev. 06/07

General Counsel's Exhibit

110308000 712

New York State Department of State
Division of Corporations, State Records and Uniform Commercial Code
One Commerce Plaza, 99 Washington Avenue
Albany, NY 12231
www.dos.state.ny.us

CERTIFICATE OF INCORPORATION
OF

Newark Electric 2.0 Inc.

(Insert Corporate Name)

Under Section 402 of the Business Corporation Law

FIRST: The name of the corporation is:

Newark Electric 2.0 Inc.

SECOND: This corporation is formed to engage in any lawful act or activity for which a corporation may be organized under the Business Corporation Law, provided that it is not formed to engage in any act or activity requiring the consent or approval of any state official, department, board, agency or other body without such consent or approval first being obtained.

THIRD: The county, within this state, in which the office of the corporation is to be located is: Wayne

FOURTH: The total number of shares which the corporation shall have authority to issue and a statement of the par value of each share or a statement that the shares are without par value are: 100 shares at .001 par value per share.

FIFTH: The Secretary of State is designated as agent of the corporation upon whom process against the corporation may be served. The address to which the Secretary of State shall mail a copy of any process accepted on behalf of the corporation is:

James R. Colacino 126 Harrison Newark NY 14513

03/08/2011 12:01 FAX 7349981887

11U308000 412

Incorporator Information Required

X EW Stahlin
(Signature)

Edward W. Stahlin
(Type or Print Name)

123 N. Ashley, Suite 123
(Address)

Ann Arbor MI 48104
(City, State, Zip Code)

1CC

CERTIFICATE OF INCORPORATION
OF

STATE OF NEW YORK
DEPARTMENT OF STATE
FILED MAR 08 2011
TAX $ 10
BY: Wayne

Newark Electric 2.0 Inc.
(Insert Corporate Name)

Under Section 402 of the Business Corporation Law

Filed by: Edward W. Stahlin - Vice President of Direct Incorporation
(Name)

123 N. Ashley, Suite 123
(Mailing Address)

Ann Arbor MI 48104
(City, State and Zip Code)

Note: This form was prepared by the New York State Department of State for filing a certificate of incorporation for a business corporation. It does not contain all optional provisions under the law. You are not required to use this form. You may draft your own form or use forms available at legal stationery stores. The Department of State recommends that legal documents be prepared under the guidance of an attorney. The fee for a certificate of incorporation is $125 plus the applicable tax on shares required by Section 180 of the Tax Law. The minimum tax on shares is $10. The tax on 200 no par value shares is $10 (total $135). Checks should be made payable to the Department of State for the total amount of the filing fee and tax.

For DOS use only

RECEIVED
2011 MAR -8 PM 12:08

2011 MAR -8 PM 3:07

767

Ex. GC-29

Gmail by Google

Deborah Geary <dgeary@colacino.com>

NYSERDA app # 500032- Town of Arcadia DPW project

1 message

Deborah Geary <dgeary@colacino.com> Fri, Apr 27, 2012 at 2:02 PM
To: EFPPQAdmin@nyserda.org
Cc: James Colacino <jcolacino@colacino.com>, Vickie Bliss <vbliss@colacino.com>

Mariann,

Thank you for your assistance today in determining what information was still necessary for processing this application.
I do (believe I) have the info that was missing:

1. Colacino Industries is receiving the check.

2. The representative from the Town of Arcadia to contact is Chris Wood and her phone # is 315.331.7369 and email address is Superar@rochester.rr.com

3. The primary contact person at Colacino Industries is James Colacino.
   126 Harrison St.
   Newark, NY 14513
   315.331.0414
   jcolacino@newarkelectric.com

Sincerely,

Deb Geary

General Counsel's Exhibit

Ex. GC-30

Lima's Handy Man Service
20 Durham St.
Rochester, NY 14609
585 414 2114
www.LimasHandyman.com

Estimate / /
Invoice 4 / 30 / 12

Name / Address / phone /email
NEWARK ELECTRIC 315 331 0414 126 HARRISON ST #B NEWARK, NY 14513 ATTN: DICK COLACINO 315 5734064

JOB SITE:
EARTHLINK
1100 PITTSFORD/VICTOR RD
PITTSFORD, NY

VERBAL ORDER

Description	Qty	Rate	Total
PROVIDE AND INSTALL 4"x5" BRONZE DOWNSPOUTS ON TWO EXISTING SPOUTS, EXTEND TO GROUND LEVEL AND PROVIDE 4x5x4"Ø ADAPTERS			
LABOR + MATERIALS			743.00
ENTERED IN QUICK BOOKS 5/2/12		PAID 5/14/12	

Notes:		
	Sales Tax	59.44
	Total	802.44
	Deposit	—0—
	Balance due on Receipt	802.44

Price valid for 30 Days, 2% interest/month on all past due balances
Please Make Check Payable to: Joe Lima
Mail to above address

Please note: If your check is returned for non-sufficient funds, you expressly authorize your account to be electronically debited or bank drafted for the amount of the check plus any applicable fees. The use of a check for payment is your acknowledgement and acceptance of this policy and its terms and conditions.

Thank You !
Gift Certificates Available

General Counsel's Exhibit

New York State Department of Taxation and Finance

Resale Certificate

ST-120 (6/99)

☐ Single-use certificate ☒ Blanket certificate Date issued 5/1/12

Temporary vendors must issue a single-use certificate.

Seller information - *please type or print*

Seller's name: Lima's Handy Man Service		
Address: 20 Durham St.		
City: Rochester	State: NY	ZIP code: 14609

Purchaser information - *please type or print*

I am engaged in the business of electrical sales / service and principally sell electrical materials

(Contractors may not use this certificate to purchase materials and supplies.)

Part 1 - To be completed by registered New York State sales tax vendors

I certify that I am:

☒ a New York State vendor (including a hotel operator or a dues or admissions recipient), show vendor or entertainment vendor. My valid Certificate of Authority Number is 16-1586364

☐ a New York State temporary vendor. My valid Certificate of Authority Number is _____ and expires on _____

I am purchasing:

A ☒ Tangible personal property (other than motor fuel or diesel motor fuel)

- for resale in its present form or for resale as a physical component part of tangible personal property;
- for use in performing taxable services where the property will become a physical component part of the property upon which the services will be performed, or the property will actually be transferred to the purchaser of the taxable service in conjunction with the performance of the service, or

B ☐ A service for resale, including the servicing of tangible personal property held for sale.

Part 2 - To be completed by non-New York State purchasers

I certify that I am not registered nor am I required to be registered as a New York State sales tax vendor. I am registered to collect sales tax or value added tax (VAT) in the following state/jurisdiction _____ and have been issued the following registration number _____. (If sales tax or VAT registration is not required and a registration number is not issued by your home jurisdiction, indicate the location of your business and write ***not applicable*** on the line requesting the registration number.)

I am purchasing:

C ☐ Tangible personal property (other than motor fuel or diesel motor fuel) for resale, and it is being delivered directly by the seller to my customer or to an unaffiliated fulfillment services provider in New York State.

D ☐ Tangible personal property for resale that will be resold from a business located outside New York State.

Part 3 - Certification

I, the purchaser, understand that:

- I may not use this certificate to purchase items or services that are not for resale.
- If I purchase tangible personal property or services for resale, but I use or consume the tangible personal property or services myself in New York State, I must report and pay the unpaid tax directly to New York State.
- I will incur tax liabilities, in addition to penalty and interest, for any misuse of this certificate.

Please type or print

Purchaser's name as it appears on the sales tax registration: Colacino Industries, Inc.	Name of owner, partner, or officer of corporation, authorizing the purchase: James R. Colacino
Street address: 129 Harrison Street	Purchaser's signature:
City: Newark State: NY ZIP code: 14513	Title: President

Substantial penalties will result from misuse of this certificate.

A-394

Colacino Industries, Inc.

12539

Lima's Handy Man Service

5/14/2012

Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
4/30/2012	Bill	Verbal Order	743.00	743.00		743.00
					Check Amount	743.00

WCTA Regular Check 743.00

PRODUCT SSLT104 USE WITH 91663 ENVELOPE

12539

Colacino Industries, Inc.
126 Harrison St
Newark, NY 14513
315-331-1330

RELIANT COMMUNITY FEDERAL CREDIT UNION
www.reliantcu.com
50-8243-2223

5/14/2012

PAY TO THE ORDER OF Lima's Handy Man Service $ **743.00

Seven Hundred Forty-Three and 00/100********** DOLLARS

Security features. Details on back.

Lima's Handy Man Service
20 Durham Street
Rochester, NY 14609

MEMO

AUTHORIZED SIGNATURE

⑈012539⑈ ⑆222382438⑆ 1002757019⑈

Colacino Industries, Inc. 12539

Lima's Handy Man Service 5/14/2012

Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
4/30/2012	Bill	Verbal Order	743.00	743.00		743.00
					Check Amount	743.00

WCTA Regular Check 743.00

Colacino Industries, Inc. 12539

Lima's Handy Man Service 5/14/2012

Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
4/30/2012	Bill	Verbal Order	743.00	743.00		743.00
					Check Amount	743.00

WCTA Regular Check 743.00

PRODUCT SSLT104 USE WITH 91663 ENVELOPE

Ex. GC-31

FAX LEAD SHEET

FINGER LAKES
DEVELOPMENTAL DISABILITIES SERVICE OFFICE
620 WESTFALL ROAD
ROCHESTER, NY 14620

BUSINESS OFFICE
TELEPHONE: (585) 461-8876
FAX: (585) 461-8854
E-MAIL: melissa.farcella@opwdd.ny.gov

TO: Newark Electric FAX: 315-331-1078

ATTN: _____

FROM: MELISSA FARCELLA

RE: PO#A111285

DATE: 2/13/12

NUMBER OF SHEETS INCLUDING COVER: 4

COMMENTS:

Please process ASAP. Thank you!
Melissa

If you experience problems receiving this transmission, please call
Melissa Farcella at Phone # (585)461-8876

THIS FACSIMILE TRANSMISSION IS INTENDED FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN CONFIDENTIAL INFORMATION BELONGING TO THE SENDER, WHICH IS PROTECTED BY LAW. IF YOU ARE NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISCLOSURE, COPYING, DISTRIBUTION OR THE TAKING OF ANY ACTION IN RELIANCE ON THE CONTENTS OF THIS INFORMATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS TRANSMISSION IN ERROR, PLEASE NOTIFY US BY TELEPHONE TO ARRANGE FOR THE RETURN OF THE DOCUMENTS.

General Counsel's Exhibit

AC 130 (Rev. 7/97) STATE OF NEW YORK

PURCHASE ORDER

Orig. Agency Code	Date (MM) (DD) (YYYY)	Comptroller's Contract No.	Commodity Group No.	Document No.
51780	02 / 10 / 2012			A111285

Originating Agency: Finger Lakes DDSO

VENDOR ID: 14967

Show On All Bills and Correspondence

Vendor:
COLACINO IND NEWARK ELECTRIC
126 HARRISON STREET
NEWARK, NY 14513

Ship To:
Cobblestone Terrace 102
102 Cobblestone Terrace
call before delivery @
(315)331-9841
Newark, NY
14513

Unless Otherwise indicated, All Prices Are F.O.B. Destination
Freight Terms:
FED.ID.# 161586364

Discount Terms % Days Guaranteed Delivery In: 40 Days

Direct Questions To: PURCHASING UNIT
(585)461-8876
MMF

Bill To:
FINGER LAKES DDSO
620 WESTFALL RD

ROCHESTER, NY
14620

Item No.	Description of Material/Service	Quantity	Unit	Price	Amount
1	MATERAIL AND LABOR TO UPDATE PROGRAMMING OF DOOR ALARMS TO MODIFY VOICE MESSAGES ********** CONTACT: KIM LOVERDE 315-331-1700 ext 2274	1	EA	360.00	360.00
	*** Net Amount ...				360.00

Completed 2/29/12

PO/Contract	Line	Act	Amount	Dept.	Cost Center	Var.	Yr.	Object
A111285	1	A	$360.00	61	283860	03	11	56993

Optional

UNLESS OTHERWISE INDICATED DELIVERIES SHOULD BE MADE 8:00 A.M. TO 3:30 P.M. DAILY EXCEPT SAT, SUN, & HOLIDAYS. PLEASE BILL, AND BE SURE TO SHOW OUR DOCUMENT NUMBER ON ALL PACKAGES, INVOICES & CORRESPONDENCE. "UNLESS OTHERWISE INDICATED ALL PRICES ARE FOB DESTINATION."

PLEASE FURNISH THE ABOVE ARTICLES

PURCHASE ORDER INSTRUCTIONS ATTACHED

ANTHONY CALIFANO

This Electronic Signature is intended to serve as an actual signature

VENDOR'S COPY

NOTICES

I. **APPENDIX A.** Appendix A, standard clauses for all New York State contracts, is hereby incorporated by reference into and made a part of this Purchase Order. Copies of Appendix A can be obtained by contacting the unit listed on the front of the copy.

II. **TAXES.** Purchases by New York State agencies are exempt from all New York State and local sales taxes, certain Federal Excise taxes and and certain other states' taxes. Purchase orders must be accepted in lieu of tax exemption certificates; the seller should retain a copy of the Purchase Order to prove that the sale was tax exempt.

III. **BILLING.**

a. All invoices or New York State standard vouchers submitted for payment to a State agency must include the payee's identification number (Federal Social Security Number) . The number is either the payee's Federal employer indentification number or information by the seller to the State is mandated by the State Tax Law.

b. Invoices must be sent to the "Bill To" address listed on the front of this copy.

c. Do not include the aforementioned exempt taxes on invoices.

IV. **OVERAGES.** New York State is not liable for overshipments. If returned, the seller will be responsible for all shipping cost.

V. **QUALITY.** Delivered goods must be identical to samples furnished with proposals.

VI. **CONTRACT PAYMENTS.**

Contractor shall provide complete and accurate billing invoices to the Agency in order to receive payment. Billing invoices submitted to the Agency must contain all information and supporting documentation required by the Contract, the Agency and the State Comptroller. Payment for invoices submitted by the Contractor shall only be rendered electronically unless payment by paper check is expressly authorized by the Commissioner, in the Commissioner's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with ordinary State procedures and practices. The Contractor shall comply with the State Comptroller's procedures to authorize electronic payments. Authorization forms are available at the State Comptroller's website at www.osc.state.ny.us/epay/index.htm, by email at epunit@osc.state.ny.us, or by telephone at 518-474-4032. Contractor acknowledges that it will not receive payment on any invoices submitted under this Contract if it does not comply with the State Comptroller's electronic payment procedures, except where the Commissioner has expressly authorized payment by paper check as set forth above.

14967

NEWARK ELECTRIC

The Power Authority

Automation Systems • Power Distribution
Fire and Security Systems • SCADA / Telemetry
315-331-5414 Phone • 315-331-1078 Fax

Colacino INDUSTRIES
108 Madison Street
Newark, New York 14513
315-331-1650

Estimate

Date	Estimate #
1/19/2012	E27195

Name / Address	Ship To
Finger Lakes DDSO ATTN: Accounts Payable 620 Westfall Road Rochester, New York 14620	102 Cobblestone Terrace Newark, New York 14513 USA

P.O. No	Terms	Due Date	Rep	Project	Project
	Net 30	2/18/2012	JRC		32283 Modify Voice Messages

Description	Qty
Newark Electric Project # 32283: Modify Voice Messages Estimated time to: Update programming for the alarm system to modify voice messages. Labor at Journeyman rate.	4

Subtotal	$360.00
Sales Tax (0.0%)	$0.00
Total	$360.00

Customer Signature _____

Ex. GC-32

VILLAGE OF SODUS POINT
PO BOX 159 / 8356 BAY STREET
SODUS POINT NY 14555
Phone 315-483-9881 Fax 315-483-0913
TDD 800-662-1220

FAX COVER SHEET

To: mike Bevernets Newark Elect **Fax #** 331-1076

From: DAVid J. Bissell Sodus Point WWT **Fax # 315-483-0913**

Date: 1/23/12

No. of Pages (including cover sheet) 2

Comments:

General Counsel's Exhibit

NEWARK ELECTRIC CORP.

The Power Authority

Automation Systems - Power Distribution
Fire and Security Systems - SCADA / Telemetry
315-331-0414 Phone - 315-331-1076 Fax

Colacino INDUSTRIES
125 Harrison Street
Newark, New York 14513
315-331-1350

Estimate

Date	Estimate #
12/29/2011	E27175

Name / Address	Ship To
Village of Sodus Point 8356 Bay Street PO Box 159 Sodus Point, NY 14555	Village of Sodus Point 8356 Bay Street Sodus Point, NY 14555

P.O. No.	Terms	Due Date	Rep	Project	Project
	Net 30	1/28/2012	JRC		32230 2012 Generator Service Contract

Description	Qty
Oil Filter - Gold	1
Generator Technician	4
Misc Supplies and Administrative	
First Creek Generator Kohler 45 RZG	
5W-30 Synthetic Blend Oil	6
Oil Filter	1
Generator Technician	4
Misc Supplies and Administrative	
Portable Generator Kohler 45KW	
15W-40 Motor Oil Gallon	2
Oil Filter	1
Fuel Filter	1
Fuel Filter	1
Generator Technician	4
Misc Supplies and Administrative	
1. Full PM Oil & Filters May 2012	
2. Follow up PM NOV 2012	

Subtotal	$3,042.07
Sales Tax (0.0%)	$0.00
Total	$3,042.07

Customer Signature _____

Ex. GC-33

126 Harrison Street
Newark, New York 14513
315-331-1330

April 12, 2012
Finger Lakes NECA
138 Old Cove Road, Ste. 208
Liverpool, NY 13090

To Whom It May Concern:

In compliance with the letter of assent dated July 20, 2011, Colacino Industries, Inc. is terminating the letter of assent and the collective bargaining agreement as of May 26, 2012. A copy of the letter of assent has been included with this correspondence.

Sincerely,

James R. Colacino
President, Colacino Industries, Inc.

Enclosure

General Counsel's Exhibit

Ex. GC-34

GENEVA ELECTRICAL SUPP
369 LYONS RD
GENE 2 NY 144560000

03 1 2012 09:43:01
Merchant ID 0000000008831117
Terminal ID: 02747455
451511267994

DIT CARD
VISA SALE

CARD # XXXXXXX X7866
INVOICE 0004
Batch #: 000337
Approval Code 674619
Swiped
Online

-9.00

3/22

059383

GENEVA ELECTRICAL SUPPLY
369 LYONS RD.
GENEVA, NY 14456
(315) 789-0140

Customer's Order No. _____ Date 3-21-12 20__

Name Colacino — Newark Electric

Address

Phone:

SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE. RETD.	PAID OUT	LAYAWAY

QUAN.	DESCRIPTION	PRICE	AMOUNT
1	MLSDLB CONN	7.00	7 00
1	70695	67.00	67 00
1	70697	67.00	67 00
2	28" cord	4.00	8 00
	Paid Visa		
	PAID 3/22/12		
	LED Lights - Shop...		
			149 00
	All claims and returned goods MUST be accompanied by this bill.	TAX	~~11 18~~
	Received By	TOTAL	~~160 18~~

GSCC-652-2
PRINTED IN U.S.A.

Thank You

General Counsel's Exhibit

Ex. GC-35

LETTER OF ASSENT C

This document shall be used only for employers becoming signatory for the first time or for first time contractors seeking affiliation as a direct result of a Membership Development campaign.

This is to certify that the undersigned employer has examined a copy of the current [1] Inside Construction labor agreement between [2] Finger Lakes Chapter NECA and Local Union [3] 840, IBEW. It is understood that the signing of this letter of assent shall be as binding on the undersigned employer as though he had signed the above referred to agreement, including any amendments thereto, and any subsequent agreements.

This letter of assent shall become effective for the undersigned employer on the [4] 9th day of November, 2010 and shall remain in effect unless and until terminated as provided in the following paragraphs.

1. This letter of assent cannot be terminated within the first 180 days from its effective date, above.

2. After the first 180 days and within the first twelve (12) months from the effective date of this letter of assent, the undersigned employer may terminate this letter of assent and the collective bargaining agreement by giving written notice to [2] Finger Lakes Chapt. NECA and the local union at least thirty (30) days prior to the selected termination date. If such notice is given but the undersigned employer has an outstanding debt to the local union or to any of the funds specified in the collective bargaining agreement on the selected date, the termination shall become effective when, following the selected termination date, payment in full of any outstanding debt to the local union or to any of the funds specified in the collective bargaining agreement has been made. Such payment of outstanding debt shall include those payments otherwise due as a result of this extension of the agreement caused by the outstanding debt.

3. After the first twelve (12) months from the effective date of this letter of assent, the undersigned employer shall be bound to the then current agreement between the parties until its stated termination date, as well as to all subsequent amendments and renewals. If the undersigned employer desires to terminate this letter of assent and does NOT intend to comply with and be bound by all of the provisions in any subsequent agreements between [2] Finger Lakes Chapter NECA and Local Union [3] 840, IBEW, he shall so notify [2] Finger Lakes Chapter NECA and the Local Union in writing at least one hundred (100) days prior to the termination date of the then current agreement.

After the twelve (12) months from the effective date of this letter of assent, the Employer agrees that if a majority of its employees authorizes the Local Union to represent them in collective bargaining, the Employer will

General Counsel's Exhibit

recognize the Local Union as the NLRA Section 9(a) collective bargaining agent for all employees performing electrical construction work within the jurisdiction of the Local Union on all present and future jobsites.

In accordance with Orders issued by the United States District Court of the District of Maryland on October 10, 1980, in Civil Action HM-77-1302, if the undersigned employer is not a member of the National Electrical Contractors Association, this letter of assent shall not bind the parties to any provision in the above-mentioned agreements requiring payment into the National Electrical Industry Fund, unless the above Orders of Court shall be stayed, reversed on appeal, or otherwise nullified.

SUBJECT TO THE APPROVAL OF THE INTERNATIONAL PRESIDENT, IBEW

Newark Electric

[5] Name of Firm

141 Harrison Street

Street Address/P. O. Box Number

Newark, N.Y., 14513

City, State (Abbr.), Zip Code

[6] Federal Employer Identification No. _____

SIGNED FOR THE EMPLOYER	SIGNED FOR THE UNION [3] 840 IBEW
BY [7] _____ (original signature)	BY [7] _____ (original signature)
NAME [8] James R. Colacino	NAME [8] Clark D. Culver
TITLE President/CEO	TITLE Business Manager
DATE 11/9/2010	DATE 11/9/2010

INSTRUCTIONS: All items must be completed in order for assent to be processed.

[1]TYPE OF AGREEMENT:

Insert type of agreement. Example: Inside, Outside Utility, Outside Commercial, Outside Telephone, Residential, Motor Shop, Sign, Tree Trimming, etc. The Local Union must obtain a separate assent to each agreement the employer is assenting to.

[2]NAME OF CHAPTER OR ASSOCIATION
Insert full name of NECA Chapter or Contractors Association involved.

[3]LOCAL UNION
Insert Local Union Number.

[4]EFFECTIVE DATE
Insert date that the assent for this employer becomes effective. Do not use agreement date unless that is to be the effective date of this Assent.

[5]EMPLOYER'S NAME AND ADDRESS
Print of type Company name & address.

[6]FEDERAL EMPLOYER IDENTIFICATION NO.
Insert the identification number which must appear on all forms filed by the employer with the Internal Revenue Service.

[7]SIGNATURES

[8]SIGNER'S NAME
Print or type the name of the persons signing the Letter of Assent. International Office copy must contain actual signatures - not reproduced - of a Company representative as well as a Local Union officer.

A MINIMUM OF FIVE COPIES OF THE JOINT SIGNED ASSENTS MUST BE SENT TO THE INTERNATIONAL OFFICE FOR PROCESSING. AFTER APPROVAL, THE INTERNATIONAL OFFICE WILL RETAIN ONE COPY FOR OUR FILES, FORWARD ONE COPY TO THE IBEW DISTRICT VICE PRESIDENT AND RETURN THREE COPIES TO THE LOCAL UNION OFFICE. THE LOCAL UNION SHALL RETAIN ONE COPY FOR THEIR FILES AND PROVIDE ONE COPY TO THE SIGNATORY EMPLOYER AND ONE COPY TO THE LOCAL NECA CHAPTER.

#1576487 LETTER OF ASSENT

In signing this letter of assent, the undersigned firm does herby authorize[1] Finger Lakes Chapter NECA as its collective bargaining representative for all matters contained in or pertaining to the current and any subsequent approved[2] Inside labor agreement between the [1] Finger Lakes Chapter NECA and Local Union[3] 840, IBEW.

In doing so, the undersigned firm agrees to comply with, and be bound by, all of the provisions contained in said current and subsequent approved labor agreements. This authorization, in compliance with the current approved labor agreement, shall become effective on the[4] 8th day of December, 2010.

It shall remain in effect until terminated by the undersigned employer giving written notice to the [1] Finger Lakes Chapter NECA and to the Local Union at least one hundred fifty (150) days prior to the then current anniversary date of the applicable approved labor agreement.

The Employer agrees that if a majority of its employees authorize the Local Union to represent them in collective bargaining, the Employer will recognize the Local Union as the NLRA Section 9(a) collective bargaining agent for all employees performing electrical construction work within the jurisdiction of the Local Union on all present and future jobsites.

In accordance with Orders issued by the United States District Court for the District of Maryland on October 10, 1980, in Civil Action HM-77-1302, if the undersigned employer is not a member of the National Electrical Contractors Association, this letter of assent shall not bind the parties to any provision in the above-mentioned agreement requiring payment into the National Electrical Industry Fund, unless the above Orders of Court shall be stayed, reversed on appeal, or otherwise nullified.

SUBJECT TO THE APPROVAL OF THE INTERNATIONAL PRESIDENT, IBEW

Newark Electric
[5] Name of Firm

130 Harrison Street
Street Address/P.O. Box Number

Newark, NY 14513
City, State (Abbr.) Zip Code

[6] Federal Employer Identification No.: _____

SIGNED FOR THE EMPLOYER

BY[7] _____ (original signature)

NAME[8] James R. Colacino

TITLE/DATE CEO 12/8/10

SIGNED FOR THE UNION[3] 840, IBEW

BY[7] _____ (original signature)

NAME[8] Clark D. Culver

TITLE/DATE Business Manager 12/8/10

INSTRUCTIONS (All items must be completed in order for assent to be processed)

[1] NAME OF CHAPTER OR ASSOCIATION
Insert full name of NECA Chapter or Contractors Association involved.

[2] TYPE OF AGREEMENT
Insert type of agreement. Example: Inside, Outside Utility, Outside Commercial, Outside Telephone, Residential, Motor Shop, Sign, Tree Trimming, etc. The Local Union must obtain a separate assent to each agreement the employer is assenting to.

[3] LOCAL UNION
Insert Local Union Number.

[4] EFFECTIVE DATE
Insert date that the assent for this employer becomes effective. Do not use agreement date unless that is to be the effective date of this Assent.

[5] EMPLOYER'S NAME & ADDRESS
Print or type Company name & address.

[6] FEDERAL EMPLOYER IDENTIFICATION NO.
Insert the identification number which must appear on all forms filed by the employer with the Internal Revenue Service.

[7] SIGNATURES

[8] SIGNER'S NAME
Print or type the name of the person signing the Letter of Assent. International Office copy must contain actual signatures-not reproduced-of a Company representative as well as a Local Union officer.

A MINIMUM OF FIVE COPIES OF THE JOINT SIGNED ASSENTS MUST BE SENT TO THE INTERNATIONAL OFFICE FOR PROCESSING. AFTER APPROVAL, THE INTERNATIONAL OFFICE WILL RETAIN ONE COPY FOR OUR FILES, FORWARD ONE COPY TO THE IBEW DISTRICT VICE PRESIDENT AND RETURN THREE COPIES TO THE LOCAL UNION OFFICE. THE LOCALUNION SHALL RETAIN ONE COPY FOR THEIR FILES AND PROVIDE ONE COPY TO THE SIGNATORY EMPLOYER AND ONE COPY TO THE LOCAL NECA CHAPTER.

LETTER OF ASSENT C

This document shall be used only for employers becoming signatory for the first time or for first time contractors seeking affiliation as a direct result of a Membership Development campaign.

This is to certify that the undersigned employer has examined a copy of the current [1] Inside labor agreement between [2] Finger Lakes Chapt. NECA and Local Union [3] 840, IBEW. It is understood that the signing of this letter of assent shall be as binding on the undersigned employer as though he had signed the above referred to agreement, including any amendments thereto, and any subsequent agreements.

This letter of assent shall become effective for the undersigned employer on the [4] 8th day of December, 2010 and shall remain in effect unless and until terminated as provided in the following paragraphs.

1. This letter of assent cannot be terminated within the first 180 days from its effective date, above.

2. After the first 180 days and within the first twelve (12) months from the effective date of this letter of assent, the undersigned employer may terminate this letter of assent and the collective bargaining agreement by giving written notice to [2] Finger Lakes Chapt. NECA and the local union at least thirty (30) days prior to the selected termination date. If such notice is given but the undersigned employer has an outstanding debt to the local union or to any of the funds specified in the collective bargaining agreement on the selected date, the termination shall become effective when, following the selected termination date, payment in full of any outstanding debt to the local union or to any of the funds specified in the collective bargaining agreement has been made. Such payment of outstanding debt shall include those payments otherwise due as a result of this extension of the agreement caused by the outstanding debt.

3. After the first twelve (12) months from the effective date of this letter of assent, the undersigned employer shall be bound to the then current agreement between the parties until its stated termination date, as well as to all subsequent amendments and renewals. If the undersigned employer desires to terminate this letter of assent and does NOT intend to comply with and be bound by all of the provisions in any subsequent agreements between [2] Finger Lakes Chapt. NECA and Local Union [3] 840, IBEW, he shall so notify [2] Finger Lakes Chapt. NECA and the Local Union in writing at least one hundred (100) days prior to the termination date of the then current agreement.

After the twelve (12) months from the effective date of this letter of assent, the Employer agrees that if a majority of its employees authorizes the Local Union to represent them in collective bargaining, the Employer will

General Counsel's Exhibit