July 31, 2026

Draw No.: 10
Invoice No.: 210742-01J
Bear Job No.: 210742-01

Board of Education, Crete-Monee School District #20
690 W. Exchange Street
Crete, IL 60417
Attn: Accounts Payable

RE: Crete Middle School - Addition & Renovations at 635 Olmstead Lane, University Park, IL

INVOICE

Concerning the work completed to date, our billing is as follows:

Original Contract Amount	$3,692,611.00
Change Orders Approved to Date	$0.00
Current Contract Amount	$3,692,611.00
Work Completed to Date	$3,135,044.51
Less: Retainage	($263,638.22)
Less: Previously Invoiced	($2,552,529.95)

TOTAL AMOUNT DUE THIS INVOICE	$318,876.34

Thank you,

Bear Construction Company

APPLICATION AND CERTIFICATE FOR PAYMENT

To Owner: Crete-Monee School District 201U
c/o Board of Education, Crete-Monee School District #201-U
690 W. Exchange Street
Crete, IL 60417
Attn: Accounts Payable

Project: Crete Middle School - Addition & Renovations

Address: 635 Olmstead Lane, University Park, IL

Application No. : 10
Job No.: 210742-01
Invoice No.: 210742-01J
Period To: 7/31/2026

Distribution to :
☐
☐ Architect
☐ Contract
☐
☐

From Contractor: Bear Construction Company
1501 Rohlwing Road, Rolling Meadows, IL 60008

Architect: ARCON Associates, Inc.

Architect Project No.:

Customer Project No.:

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract.

1. Original Contract Sum		$3,692,611.00
2. Net Change By Change Order		$0.00
3. Contract Sum To Date		$3,692,611.00
4. Total Completed and Stored To Date		$3,135,044.51
5. Retainage:		
a. 8.41% of Completed Work	$263,638.22	
b. 0.00% of Stored Material	$0.00	
Total Retainage		$263,638.22
6. Total Earned Less Retainage		$2,871,406.29
7. Less Previous Certificates For Payments		$2,552,529.95
8. Current Payment Due		$318,876.34
9. Balance To Finish, Plus Retainage		$821,204.71

CHANGE ORDER SUMMARY	Additions	Deductions
Total changes approved in previous months by Owner	$36,265.25	$36,265.25
Total Approved this Month	$0.00	$0.00
TOTALS	$36,265.25	$36,265.25
NET CHANGES by Change Order	**$0.00**	

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information, and belief, the work covered by this Application for Payment has been completed in accordance with the Contract Documents. That all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR: **Bear Construction Company**

By: _____ Date: **8/10/2026**
Scott J. Kurinsky, President

State of: **Illinois**
County of: **Cook**

Subscribed and sworn to before me this
10th day of **August, 2026**

Notary Public: _____

My Commission expires:

OFFICIAL SEAL
ADAM JOSEPH SANDEFUR
Notary Public, State of Illinois
Commission No. 1071492
My Commission Expires June 05, 2029

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the above application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information, and belief, the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED **$318,876.34**

(Attach explanation if amount certified differs from the amount applied. Initial all figures on this Application and on the Continuation Sheet that are changed to conform with the amount certified.)

ARCHITECT:

By: _____ Date: September 10, 2026

This Certificate is not negotiable. The *AMOUNT CERTIFIED* is payable only to the Contractor named herein. Issuance, payment, and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

CONTINUATION SHEET

Application and Certification for Payment,
containing Contractor's signed certification is attached.
In tabulations below, amounts are stated to the nearest dollar.
Use Column I on Contracts where variable retainage for line items may apply.

Application No.: 10
Application Date: 07/31/26
Period To: 07/31/26
Architect's Project No.:

Invoice # : 210742-01J **Contract :** 210742-01 Crete Middle School - Addition & Renovations

A	B		C	D	E	F	G		H	I
Item No.	Contractor / Subcontractor Name	Description of Work	Scheduled Value	Work Completed		Materials Presently Stored (Not in D or E)	Total Completed & Stored to Date (D+E+F)	% (G / C)	Balance To Finish (C-G)	Retainage
				From Previous Application (D+E)	This Period In Place					
1	Bear Construction Company	Mobilization	58,968.60	55,395.52	0.00	0.00	55,395.52	93.94%	3,573.08	5,539.56
2	Bear Construction Company	General Conditions	691,921.55	545,893.87	41,547.53	0.00	587,441.40	84.90%	104,480.15	58,744.16
3	Bear Construction Company	Payment & Performance Bond	32,830.00	32,830.00	0.00	0.00	32,830.00	100.00%	0.00	3,283.00
4	Bear Construction Company	Insurance	36,926.09	36,926.09	0.00	0.00	36,926.09	100.00%	0.00	3,692.61
5	Bear Construction Company	OH&P	156,385.37	117,898.93	14,872.25	0.00	132,771.18	84.90%	23,614.19	13,277.12
6	Bear Construction Company	Owner Allowance	135,179.31	0.00	0.00	0.00	0.00	0.00%	135,179.31	0.00
7	Alliance Concrete Sawing and Drilling IV, LLC	Demolition	22,970.00	22,970.00	0.00	0.00	22,970.00	100.00%	0.00	2,297.00
8	Concrete By Wagner, Inc.	Concrete	123,105.00	123,105.00	0.00	0.00	123,105.00	100.00%	0.00	6,155.25
9	Jimmy'Z Masonry	Masonry	163,500.00	163,500.00	0.00	0.00	163,500.00	100.00%	0.00	16,350.00
10	Mace Iron Works, Inc.	Structural Steel	195,286.00	195,286.00	0.00	0.00	195,286.00	100.00%	0.00	9,764.30
11	JP Phillips, Inc.	Rough Carpentry	272,731.90	240,000.00	0.00	0.00	240,000.00	88.00%	32,731.90	24,000.00
12	Heartland Cabinet Supply, Inc	Architectural Woodwork	99,892.00	84,057.00	0.00	0.00	84,057.00	84.15%	15,835.00	8,405.70
13	Domain Corporation	Roofing	86,200.00	86,200.00	0.00	0.00	86,200.00	100.00%	0.00	4,310.00
14	Chicago Doorways, LLC	Doors/Frames/Hardware	47,034.00	43,000.00	0.00	0.00	43,000.00	91.42%	4,034.00	4,300.00
15	United Glass, Inc.	Glass and Glazing	68,533.00	0.00	68,533.00	0.00	68,533.00	100.00%	0.00	6,853.30
16	Douglas Floor Covering, Inc.	Flooring	108,392.50	59,200.00	49,192.50	0.00	108,392.50	100.00%	0.00	10,839.25
17	Lankford Construction Co.	Painting and Coating	33,449.00	21,129.00	3,800.00	0.00	24,929.00	74.53%	8,520.00	2,492.90
18	To Be Determined	Specialties	0.00	0.00	0.00	0.00	0.00	0.00%	0.00	0.00
19	Lallas Shading Solution, LLC	Furnishings	12,410.45	0.00	2,191.39	0.00	2,191.39	17.66%	10,219.06	219.14
20	S. J. Carlson Fire Protection, Inc.	Fire Suppression	14,809.00	14,809.00	0.00	0.00	14,809.00	100.00%	0.00	740.45
21	Warren F. Thomas Plumbing Company	Plumbing	15,130.00	14,565.00	0.00	0.00	14,565.00	96.27%	565.00	1,456.51
22	State Mechanical Services, LLC	HVAC	440,479.00	271,592.10	160,200.10	0.00	431,792.20	98.03%	8,686.80	43,179.23
23	Electrical Systems, Inc.	Electrical	524,166.69	524,166.69	0.00	0.00	524,166.69	100.00%	0.00	26,208.34

CONTINUATION SHEET

Application and Certification for Payment,
containing Contractor's signed certification is attached.
In tabulations below, amounts are stated to the nearest dollar.
Use Column I on Contracts where variable retainage for line items may apply.

Application No.: 10
Application Date: 07/31/26
Period To: 07/31/26

Invoice # : 210742-01J **Contract :** 210742-01 Crete Middle School - Addition & Renovations **Architect's Project No.:**

A	B		C	D	E	F	G		H	I
Item No.	Contractor / Subcontractor Name	Description of Work	Scheduled Value	Work Completed		Materials Presently Stored (Not in D or E)	Total Completed & Stored to Date (D+E+F)	% (G / C)	Balance To Finish (C-G)	Retainage
				From Previous Application (D+E)	This Period In Place					
24	To Be Determined	Communications (Voice/Data)	35,000.00	0.00	0.00	0.00	0.00	0.00%	35,000.00	0.00
25	To Be Determined	Audio-Video Communications	35,000.00	0.00	0.00	0.00	0.00	0.00%	35,000.00	0.00
26	Wigboldy Excavating, Inc.	Site Clearing	105,500.00	105,500.00	0.00	0.00	105,500.00	100.00%	0.00	10,550.00
27	Cardinal State, LLC	Planting/Landscaping	116,798.00	0.00	0.00	0.00	0.00	0.00%	116,798.00	0.00
28	Must Buy Enough Fence, Inc. dba MBE Fence	Temporary Fencing	16,599.04	16,980.04	-381.00	0.00	16,599.04	100.00%	0.00	0.00
29	Kapur & Associates, Inc.	Survey	3,512.00	2,022.00	1,490.00	0.00	3,512.00	100.00%	0.00	0.00
30	Geocon Professional Services, LLC	Third Party Testing	8,670.50	6,768.50	0.00	0.00	6,768.50	78.06%	1,902.00	0.00
31	To Be Determined	Specialtes	0.00	0.00	0.00	0.00	0.00	0.00%	0.00	0.00
32	FBM Galaxy, Inc. dba Foundation Building Materials	Acoustical Ceiling	0.00	0.00	0.00	0.00	0.00	0.00%	0.00	0.00
33	Advertising Products, Inc.	Signage	1,455.00	0.00	0.00	0.00	0.00	0.00%	1,455.00	0.00
34	R.W.S., Inc. dba Replacement Window Systems, Inc.	Windows	19,973.00	0.00	0.00	0.00	0.00	0.00%	19,973.00	0.00
35	Kessor Enterprises, Ltd. dba Superior Labor Solutions	Final Cleaning	9,804.00	0.00	9,804.00	0.00	9,804.00	100.00%	0.00	980.40
	Grand Totals		**3,692,611.00**	**2,783,794.74**	**351,249.77**	**0.00**	**3,135,044.51**	**84.90%**	**557,566.49**	**263,638.22**

Sworn Statement for Contractor and Subcontractor To Owner

Contractor: **Bear Construction Company**
1501 Rohlwing Road
Rolling Meadows, IL 60008

Customer: **Board of Education, Crete-Monee School District #201-U**

Owner: **Crete-Monee School District 201U**

Application Date: **7/31/2026**
Application No.: **10**
Project No.: **210742-01**
Invoice No.: **210742-01J**

Project: **Crete Middle School - Addition & Renovations**

Address: **635 Olmstead Lane, University Park, IL**

Contractor or Vendor	Contract Amount	Work Completed	Total Retained	Previously Requested	Net Amount Requested	Balance To Become Due
Bear Construction Company						
Mobilization	58,968.60	55,395.52	5,539.56	49,855.96	0.00	9,112.64
General Conditions	691,921.55	587,441.40	58,744.16	491,304.46	37,392.78	163,224.31
Payment & Performance Bond	32,830.00	32,830.00	3,283.00	29,547.00	0.00	3,283.00
Insurance	36,926.09	36,926.09	3,692.61	33,233.48	0.00	3,692.61
OH&P	156,385.37	132,771.18	13,277.12	106,109.04	13,385.02	36,891.31
Owner Allowance	135,179.31	0.00	0.00	0.00	0.00	135,179.31
Demolition						
Alliance Concrete Sawing and Drilling IV, LL 570 Rock Road Drive Suite N East Dundee, IL 60118 (847) 783-6585 wslowiak@alliancesawing.com	22,970.00	22,970.00	2,297.00	20,673.00	0.00	2,297.00
Concrete						
Concrete By Wagner, Inc. 13808 High Road Lockport, IL 60441 (815) 838-9218 accounting@concretebywagner.com	123,105.00	123,105.00	6,155.25	116,949.75	0.00	6,155.25
Masonry						
Jimmy'Z Masonry 8550 Ridgefield Rd Suite B Crystal Lake, IL 60012 (815) 477-0123 vhartel@jimmyzmasonry.com	163,500.00	163,500.00	16,350.00	147,150.00	0.00	16,350.00
Structural Steel						
Mace Iron Works, Inc. P.O. Box 640 Frankfort, IL 60423 (815) 469-2345 andrea@maceiron.com	195,286.00	195,286.00	9,764.30	185,521.70	0.00	9,764.30
Rough Carpentry						
JP Phillips, Inc. 3220 N. Wolf Road Franklin Park, IL 60131 (847) 288-0008 Autumn@jppconstruction.com	272,731.90	240,000.00	24,000.00	216,000.00	0.00	56,731.90

Sworn Statement for Contractor and Subcontractor To Owner

Contractor: **Bear Construction Company**
1501 Rohlwing Road
Rolling Meadows, IL 60008

Customer: **Board of Education, Crete-Monee School District #201-U**

Owner: **Crete-Monee School District 201U**

Application Date: **7/31/2026**
Application No.: **10**
Project No.: **210742-01**
Invoice No.: **210742-01J**

Project: **Crete Middle School - Addition & Renovations**

Address: **635 Olmstead Lane, University Park, IL**

Contractor or Vendor	Contract Amount	Work Completed	Total Retained	Previously Requested	Net Amount Requested	Balance To Become Due
Architectural Woodwork						
Heartland Cabinet Supply, Inc 301 Industrial Avenue Crystal Lake, IL 60012 (815) 477-0900 terri@heartlandcabinet.com	99,892.00	84,057.00	8,405.70	75,651.30	0.00	24,240.70
Roofing						
Domain Corporation 6238 N. Northwest Highway Chicago, IL 60631 (773) 628-0001 admin@domaincorp.com	86,200.00	86,200.00	4,310.00	81,890.00	0.00	4,310.00
Doors/Frames/Hardware						
Chicago Doorways, LLC 219 W. Diversey Avenue Elmhurst, IL 60126 (630) 279-2227 kkedzie@chicagodoorways.com	47,034.00	43,000.00	4,300.00	38,700.00	0.00	8,334.00
Glass and Glazing						
United Glass, Inc. 8340 89th Avenue N Brooklyn Park, MN 55445 (651) 395-4841 bgerth@unitedglassinc.com	68,533.00	68,533.00	6,853.30	0.00	61,679.70	6,853.30
Flooring						
Douglas Floor Covering, Inc. 200 Alder Drive North Aurora, IL 60542 (630) 892-8620 kathy@douglasflooring.com	108,392.50	108,392.50	10,839.25	53,280.00	44,273.25	10,839.25
Painting and Coating						
Lankford Construction Co. 1455 Karlens Way Johnsburg, IL 60051 (847) 497-0800 kschmidt@lcco.com; dpollard@lcco.com	33,449.00	24,929.00	2,492.90	19,016.10	3,420.00	11,012.90

Sworn Statement for Contractor and Subcontractor To Owner

Contractor: **Bear Construction Company**
1501 Rohlwing Road
Rolling Meadows, IL 60008

Customer: **Board of Education, Crete-Monee School District #201-U**

Owner: **Crete-Monee School District 201U**

Application Date: **7/31/2026**
Application No.: **10**
Project No.: **210742-01**
Invoice No.: **210742-01J**

Project: **Crete Middle School - Addition & Renovations**

Address: **635 Olmstead Lane, University Park, IL**

Contractor or Vendor	Contract Amount	Work Completed	Total Retained	Previously Requested	Net Amount Requested	Balance To Become Due
Furnishings						
Lallas Shading Solution, LLC 180 N. Wabash Avenue, Suite 601 Chicago, IL 60601 (312) 882-0804 ascher@lallasshadingsolutions.com	12,410.45	2,191.39	219.14	0.00	1,972.25	10,438.20
Fire Suppression						
S. J. Carlson Fire Protection, Inc. 4544 Shepherd Trail Rockford, IL 61103 (815) 636-1993 kerriw@sjcarlson.com	14,809.00	14,809.00	740.45	13,328.10	740.45	740.45
Plumbing						
Warren F. Thomas Plumbing Company 475 Quadrangle Drive, Suite A Bolingbrook, IL 60440 (630) 435-0636 stefanie@warrenthomasplbg.com	15,130.00	14,565.00	1,456.51	13,108.49	0.00	2,021.51
HVAC						
State Mechanical Services, LLC 535 Exchange Court Aurora, IL 60504 (630) 723-6000 aallen@statemechservices.com	440,479.00	431,792.20	43,179.23	244,432.88	144,180.09	51,866.03
Electrical						
Electrical Systems, Inc. 17335 S. Ashland Avenue East Hazel Crest, IL 60429 (708) 647-1300 dshinkle@esipower.com	524,166.69	524,166.69	26,208.34	497,958.35	0.00	26,208.34
Communications (Voice/Data)						
To Be Determined	35,000.00	0.00	0.00	0.00	0.00	35,000.00

Sworn Statement for Contractor and Subcontractor To Owner

Contractor: **Bear Construction Company**
1501 Rohlwing Road
Rolling Meadows, IL 60008

Customer: **Board of Education, Crete-Monee School District #201-U**

Owner: **Crete-Monee School District 201U**

Application Date: **7/31/2026**
Application No.: **10**
Project No.: **210742-01**
Invoice No.: **210742-01J**

Project: **Crete Middle School - Addition & Renovations**

Address: **635 Olmstead Lane, University Park, IL**

Contractor or Vendor	Contract Amount	Work Completed	Total Retained	Previously Requested	Net Amount Requested	Balance To Become Due
Audio-Video Communications						
To Be Determined	35,000.00	0.00	0.00	0.00	0.00	35,000.00
Site Clearing						
Wigboldy Excavating, Inc. 13631 S. Kostner Avenue Crestwood, IL 60418 (708) 389-5356 info@wigboldyexcavating.com	105,500.00	105,500.00	10,550.00	94,950.00	0.00	10,550.00
Planting/Landscaping						
Cardinal State, LLC 1719 Spring Creek Road Barrington, IL 60010 (630) 320-9257 frankf@cardinalstatellc.com	116,798.00	0.00	0.00	0.00	0.00	116,798.00
Temporary Fencing						
Must Buy Enough Fence, Inc. dba MBE Fer 3S340 Rockwell Street, Unit 101 Warrenville, IL 60555 (708) 223-5700 mbefence@gmail.com	16,599.04	16,599.04	0.00	15,282.04	1,317.00	0.00
Survey						
Kapur & Associates, Inc. 7711 N. Port Washing Road Milwaukee, WI 53217 (414) 751-7200 dkropidlowski@kapurinc.com	3,512.00	3,512.00	0.00	1,819.80	1,692.20	0.00
Third Party Testing						
Geocon Professional Services, LLC 22774 Citation Rd, Unit A Frankfort, IL 60423 (815) 806-9986 GPSbilling@geoconcompanies.com	8,670.50	6,768.50	0.00	6,768.50	0.00	1,902.00

Sworn Statement for Contractor and Subcontractor To Owner

Contractor: **Bear Construction Company**
1501 Rohlwing Road
Rolling Meadows, IL 60008

Customer: **Board of Education, Crete-Monee School District #201-U**

Owner: **Crete-Monee School District 201U**

Application Date: **7/31/2026**
Application No.: **10**
Project No.: **210742-01**
Invoice No.: **210742-01J**

Project: **Crete Middle School - Addition & Renovations**

Address: **635 Olmstead Lane, University Park, IL**

Contractor or Vendor	Contract Amount	Work Completed	Total Retained	Previously Requested	Net Amount Requested	Balance To Become Due
Signage						
Advertising Products, Inc. 680 Fargo Avenue Elk Grove Village, IL 60007 (866) 774-0415 kyle.r@apisigns.com	1,455.00	0.00	0.00	0.00	0.00	1,455.00
Windows						
R.W.S., Inc. dba Replacement Window Sys 3900 W. 159th Place Markam, IL 60428 (708) 333-5050 kathy@rwswindows.com	19,973.00	0.00	0.00	0.00	0.00	19,973.00
Final Cleaning						
Kessor Enterprises, Ltd. dba Superior Labor 14 Congress Circle Roselle, IL 60172 (630) 582-9800 olivaresv@superior902.com	9,804.00	9,804.00	980.40	0.00	8,823.60	980.40
Totals	**3,692,611.00**	**3,135,044.51**	**263,638.22**	**2,552,529.95**	**318,876.34**	**821,204.71**

Amount of Original Contract	3,702,598.00	Completed & Stored to Date	3,135,044.51
Extras to Contract	36,265.25	Total Retained by Owner	263,638.22
Total Contract and Extras	3,738,863.25	Net Amount Earned	2,871,406.29
Credits to Contract	-36,265.25	Previously Requested	2,552,529.95
Adjusted Total Contract	**3,692,611.00**	**Net Amount Due This Payment**	**318,876.34**

State of Illinois

County of Cook

The undersigned, Scott J. Kurinsky,, being first duly sworn on oath, deposes and says that (s)he is President of Bear Construction Company, General Contractor for the entire work for the following project:

Project: **Crete Middle School - Addition & Renovations**

Location: **635 Olmstead Lane, University Park, IL 60484**

That for the purpose of this work, the foregoing orders have been placed and the foregoing parties subcontracted with by Bear Construction Company and have furnished materials or have provided labor, or both, for said project. That, the amount of such order or subcontract is as stated above and that there is due and to become due respectively, the amounts set opposite their names for materials, labor, or both. That this statement is made in compliance with the statutes of the State of Illinois relating to Mechanics Liens for the purpose of procuring from the Owner partial payment in accordance with the terms of applicable contracts, and is a full, true, and complete statement, to the best of our knowledge, of all parties furnishing labor and/or material and of amounts paid, due, and to become due them.

Subscribed and sworn before me this **10th** day of **August, 2026**

Notary Public

OFFICIAL SEAL
ADAM JOSEPH SANDEFUR
Notary Public, State of Illinois
Commission No. 1011492
My Commission Expires June 05, 2029

Signed for Bear Construction Company:

Scott J. Kurinsky, President

Date: **August 10, 2026**

State of Illinois }
} SS
County of Cook }

WAIVER OF LIEN TO DATE

Waiver Not Valid Until Receipt of Payment

Qty # _____

Escrow # _____

TO WHOM IT MAY CONCERN:

WHEREAS the undersigned has been employed by: **Board of Education, Crete-Monee School District #201-U** to furnish: **General Work - Crete Middle School - Addition & Renovations** for the premises known as: **635 Olmstead Lane, University Park, IL** of which: **Crete-Monee School District 201U** is the owner.

The undersigned, for and in consideration of: **Three Hundred Eighteen Thousand Eight Hundred Seventy-Six And 34 / 100 ($318,876.34)** Dollars, and other good and valuable considerations, the receipt whereof is hereby acknowledged, does hereby waive and release any and all lien or claim, or right to, lien, under the statutes of the State of Illinois, relating to mechanics' liens, with respect to and on said above-described premises, and the improvement thereon, and on the material, fixtures, apparatus or machinery furnished, and on the moneys, funds or other considerations due or to become due from the owner, on account of all labor, services, material, fixtures, apparatus or machinery, furnished to this date by the undersigned for the above-described premises, INCLUDING EXTRAS.*

DATE: **7/31/2026**

COMPANY NAME: **Bear Construction Company**

ADDRESS: **1501 Rohlwing Road, Rolling Meadows, IL 60008**

SIGNATURE AND TITLE: _____

Scott J. Kurinsky, President

*EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHANGE ORDERS, BOTH ORAL AND WRITTEN, TO THE CONTRACT.

State of Illinois }
} SS
County of Cook }

CONTRACTOR'S AFFIDAVIT

TO WHOM IT MAY CONCERN:

The undersigned, **Scott J. Kurinsky,** being duly sworn, deposes and says that (s)he is **President** of **Bear Construction Company** who is the contractor furnishing **General** work on the building located at **635 Olmstead Lane, University Park, IL** owned by **Crete-Monee School District 201U**.

That the total amount of the contract including extras is **$3,692,611.00** on which he has received payment of **$2,552,529.95** prior to this payment. That all waivers are true, correct and genuine and delivered unconditionally and that there is no claim either legal or equitable to defeat the validity of said waivers. That the following are the names of all parties who have furnished material or labor, or both, for said work and all parties having contracts or sub contracts for specific portions of said work or for material entering into the construction thereof and amount due or to become due to each, and that the items mentioned include all labor and material required to complete said work according to plans and specifications:

NAMES	WHAT FOR	CONTRACT AMOUNT	AMOUNT PAID	THIS PAYMENT	BALANCE DUE
Bear Construction Company	General Work	3,692,611.00	2,552,529.95	318,876.34	821,204.71
Per Attached Sworn Statement					
TOTAL LABOR AND MATERIAL INCLUDING EXTRAS * TO COMPLETE:		**3,692,611.00**	**2,552,529.95**	**318,876.34**	**821,204.71**

That there are no other contracts for said work outstanding, and that there is nothing due or to become due to any person for material, labor or other work of any kind done or to be done upon or in connection with said work other than above stated.

DATE: **8/10/2026**

SIGNATURE: _____

Scott J. Kurinsky, President

Subscribed and Sworn to me before me this **10th** day of **August, 2026**

OFFICIAL SEAL
ADAM JOSEPH SANDEFUR
Notary Public, State of Illinois
Commission No. 1011492
My Commission Expires June 05, 2029

_____
Notary Public

*EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHANGE ORDERS, BOTH ORAL AND WRITTEN, TO THE CONTRACT.

TRAILING WAIVERS

Draw 9

WAIVER OF LIEN TO DATE

STATE OF ILLINOIS
COUNTY OF WILL

Qty # _____
Escrow# _____

TO WHOM IT MAY CONCERN:

WHEREAS the undersigned has been employeed by Bear Construction
to furnish Structural Steel
for the premises known as Crete Middle School - Addition & Renovations
of which Crete-Monee School District 201U is the owner.
THE undersigned for and in consideration of Nine-Thousand & Seven-Hundred & Sixty-Four & 30/100
($ 9,764.30) Dollars, and other good and valuable considerations, the receipt whereof is hereby acknowledged, do(es) hereby waive and release any and all lien or claim of, or right to, lien, under the statutes of the State of Illinois, relating to mechanics' liens, with respect to and on said above-described premises, and the improvements thereon, and on the material, fixtures, apparatus or machinery. furnished, and on the moneys, funds or other considerations due or to become due from the owner, on account of all labor, services, materials, fixtures, apparatus or machinery, furnished to this day by undersigned for the above-described premises, INCLUDING EXTRAS.*

DATE: July 13, 2026

COMPANY NAME Mace Iron Works, Inc.
ADDRESS 221 Industry Ave., Frankfort, IL 60423

SIGNATURE AND TITLE C.J. Macewicz, Jr. - President

*EXTAR'S INCLUDED BUT ARE NOT LIMITED TO CHANGE ORDERS, BOTH ORAL AND WRITTEN, TO THE CONTRACT.

CONTRACTOR'S AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF WILL

TO WHOM IT MAY CONCERN:

THE UNDERSIGNED, (NAME) C.J. Macewicz, Jr. BEING DULY SWORN, DEPOSES
AND SAYS THAT HE OR SHE IS (POSITION) President OF
(COMPANY NAME) Mace Iron Works, Inc. WHO IS THE
CONTRACTOR FURNISHING Structural Steel
LOCATED AT 635 Olmstead Lane
OWNED BY Crete-Monee School District 201U
That the total amount of the contract including extra's is $ 195,286.00 on which he or she has received payment of $ 175,757.40 prior to this payment. That all waivers are true, correct and genuine and delivered unconditionally and that there is no claim either legal or equitable to defeat the validity of said waivers. That the following are names and addresses of all parties who have furnished materials or labor, or both, for said work and all parties having contracts or sub contracts for specified portions of said work or for material entering into the construction thereof and the amount due or to become due to each, and that the items mentioned include all labor and material required to complete said work accoring to plans and specifications:

NAME AND ADDRESSES	WHAT FOR	CONTRACT PRICES INCLDG EXTRAS*	AMOUNT PAID	THIS PAYMENT	BALANCE DUE
Mace Iron Works, Inc.	Structural Steel	$112,049.00	$92,790.40	$9,494.30	$9,764.30
Mace Iron Works, Inc.	Drawings	$6,400.00	$6,400.00	$0.00	$0.00
Elite Ironworks	Erection	$76,837.00	$76,567.00	$270.00	$0.00
					$0.00
					$0.00
TOTAL LABOR AND MATERIAL INCLUDING EXTRAS* TO COMPLETE		$195,286.00	$175,757.40	$9,764.30	$9,764.30

That there are no other contracts for said work outstanding, and that there is nothing due to any person for material, labor or other work of any kind done or to be done upon or in connection with said work other than above stated.

DATE: July 13, 2026 SIGNATURE: C.J. Macewicz, Jr. - President

SUBSCRIBED AND SWORN TO BEFORE ME THIS 13th DAY OF July 2026.

OFFICIAL SEAL
ANDREA LYNN GALBAVY
NOTARY PUBLIC, STATE OF ILLINOIS
COMMISSION NO. 989025
MY COMMISSION EXPIRES APRIL 02, 2028

Andrea Lynn Galbavy - Notary

*EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHANGE ORDERS, BOTH ORAL AND WRITTEN, TO THE CONTRACT.

The parties acknowledge that Mace Iron Works, Inc. is accepting payment without waiving any rights or defenses that Mace Iron Works, Inc. has relating to payment due for the work performed on the job listed.

FINAL WAIVER OF LIEN

STATE OF ILLINOIS
COUNTY OF WILL

Qty # _____
Escrow# _____

TO WHOM IT MAY CONCERN:

WHEREAS the undersigned has been employeed by Mace Iron Works Inc.
to furnish Install
for the premises known as Crete Middle School - Addition & Renovations
of which Crete-Monee School District 201U is the owner.
THE undersigned for and in consideration of two hundred seventy and 00/100
($ 270.00) Dollars, and other good and valuable considerations, the receipt whereof is hereby acknowledged, do(es) hereby waive and release any and all lien or claim of, or right to, lien, under the statutes of the State of Illinois, relating to mechanics' liens, with respect to and on said above-described premises, and the improvements thereon, and on the material, fixtures, apparatus or machinery. furnished, and on the moneys funds or other considerations due or to become due from the owner, on account of all labor, services, materials, fixtures, apparatus or machinery, heretofore furnished, or which may be furnished at any time hereafter, by the undersigned for the above-described premises, INCLUDING EXTRAS.*

DATE: June 9, 2026

COMPANY NAME Elite Ironworks Inc.
ADDRESS 22809 Mustang Rd, Unit A, Frankfort, IL 60423

SIGNATURE AND TITLE _____ Vice President

*EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHANGE ORDERS, BOTH ORAL AND WRITTEN, TO THE CONTRACT.

CONTRACTOR'S AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF WILL
TO WHOM IT MAY CONCERN:

THE UNDERSIGNED, (NAME) Darren Enselman BEING DULY SWORN, DEPOSES
AND SAYS THAT HE OR SHE IS (POSITION) Vice President OF
(COMPANY NAME) Elite Ironworks Inc. WHO IS THE
CONTRACTOR FURNISHING Install
LOCATED AT 635 Olmstead Ln University Park IL 60484
OWNED BY Crete-Monee School District 201U
That the total amount of the contract including extra's i $ 76,837.00 on which he or she has received payment of $ 76,567.00 prior to this payment. That all waivers are true, correct and genuine and delivered unconditionally and that there is no claim either legal or equitable to defeat the validity of said waivers. That the following are names and addresses of all parties who have furnished materials or labor, or both, for said work and all parties having contracts or sub contracts for specified portions of said work or for material entering into the construction thereof and the amount due or to become due to each, and that the items mentioned include all labor and material required to complete said work accoring to plans and specifications:

NAME AND ADDRESSES	WHAT FOR	CONTRACT PRICES INCLDG EXTRAS*	AMOUNT PAID	THIS PAYMENT	BALANCE DUE
22809 Mustang Rd, Unit A, Frankfort, IL 6042	Installation	$76,837.00	$76,567.00	$270.00	$0.00
TOTAL LABOR AND MATERIAL INCLUDING EXTRAS* TO COMPLETE		$76,837.00	$76,567.00	$270.00	$0.00

That there are no other contracts for said work outstanding, and that there is nothing due to any person for material, labor or other work of any kind done or to be done upon or in connection with said work other than above stated.

DATE: June 9, 2026 SIGNATURE: _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS 9th DAY OF June 2026.

*EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHANGE ORDERS, BOTH ORAL AND WRITTEN, TO THE CONTRACT.

_____

Official Seal
IVANA ENSELMAN
Notary Public, State of Illinois
Commission No. 824828
My Commission Expires August 18, 2027

WAIVER OF LIEN TO DATE

STATE OF ILLINOIS } SS
COUNTY OF COOK

Qty.
Escrow#

TO WHOM IT MAY CONCERN:

WHEREAS the undersigned has been employed by **Bear Construction Company**
to furnish **Rough Carpentry for Crete Middle School -Additions & Renovations**
for the premises known as **635 Olmstead Lane**
of which **Crete-Monee School District 201U** is the owner.

THE undersigned, for and in consideration of **Thirty Three Thousand Three Hundred Dollars and 00/100**
(**$33,300.00**) Dollars, and other good and valuable considerations, the receipt whereof is hereby acknowledged, do(es) hereby waive and release any and all lien or claim of, or right to, lien, under the statutes of the State of Illinois, relating to mechanics' liens, with respect to and on said above-described premises, and the improvements thereon, and on the material, fixtures, apparatus or machinery furnished, and on the moneys, funds or other considerations due or to become due from the owner, on account of all labor, services, material, fixtures, apparatus or machinery, furnished to this date, by the undersigned for the above-described premises, INCLUDING EXTRAS*

DATE: **July 13, 2026**

COMPANY NAME **J.P. Phillips, Inc.**
ADDRESS **3220 Wolf Road, Franklin Park, IL 60131**

SIGNATURE AND TITLE **PRESIDENT**

*EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHANGE ORDERS, BOTH ORAL AND WRITTEN, TO THE CONTRACT.

CONTRACTOR'S AFFIDAVIT

STATE OF ILLINOIS } SS
COUNTY OF COOK

TO WHOM IT MAY CONCERN:
THE UNDERSIGNED, (NAME) **Mike Pillola** BEING DULY SWORN, DEPOSES
AND SAYS THAT HE OR SHE IS (POSITION) **President**
(COMPANY NAME) **J.P. Phillips, Inc.** WHO IS THE
CONTRACTOR FURNISHING **Rough Carpentry for Crete Middle School -Additions & Renovations**
LOCATED AT **635 Olmstead Lane, University Park, IL - Will County**
OWNED BY **Crete-Monee School District 201U**

That the total amount of the contract including extras* is **$264,330.00** on which he or she has received payment of **$140,400.00** prior to this payment. That all waivers are true, correct and genuine and delivered unconditionally and that there is no claim either legal or equitable to defeat the validity of said waivers. That the following are the names and addresses of all parties who have furnished material or labor, or both, for said work and all parties having contracts or sub contracts for specific portions of said work or for material entering into the construction thereof and the amount due or to become due to each, and that the items mentioned include all labor and material required to complete said work according to plans and specifications:

NAME AND ADDRESS	WHAT FOR	Contract Price Including Extras*	AMOUNT PAID	THIS PAYMENT	BALANCE DUE
J.P. Phillips, Inc. 3220 Wolf Rd. Franklin Park, IL 60131	LABOR AND MATERIAL	$264,330.00	$182,700.00	$33,300.00	$48,330.00
All material is taken from fully paid stock and delivered to the					
jobsite in company owned vehicles. All labor and fringe benefits					
are paid infull. No rental equipment on this project.					
Prin. Supplier: Reinke Supply					
1400 Sheldon Dr., Elgin, IL 60120					
Total Labor and Material Including Extras* To Complete		$264,330.00	$182,700.00	$33,300.00	$48,330.00

That there are no other contracts for said work outstanding, and that there is nothing due or to become due to any person for material, labor or other work of any kind done or to be done upon or in connection with said work other than above stated.

DATE: **July 13, 2026** **SIGNATURE:** **PRESIDENT**

SUBSCRIBED AND SWORN TO BEFORE ME THIS **13th** day of **July** **2026**

Autumn G. Calfa
NOTARY PUBLIC

*EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHANGE ORDERS, BOTH ORAL AND WRITTEN, TO THE CONTRACT.
LL722 KS/96

Provided by Chicago Title Insurance Company

OFFICIAL SEAL
AUTUMN G CALFA
Notary Public, State of Illinois
Commission No. 1013465
My Commission Expires
July 11, 2029

STATE OF ILLINOIS

COUNTY OF MCHENRY

WAIVER OF LIEN TO DATE

Qty # _____
Escrow # _____

TO WHOM IT MAY CONCERN:

WHEREAS the undersigned has been employed by: BEAR Construction Company
to furnish : Architectural Woodwork for Crete Middle School - Addition & Renos Work for Crete Middle School - Addition & Renovation for the premises
known as: 635 Olmstead Lane
of which: Crete-Monee School District 201U is the owner.

The undersigned, for and in consideration of: Twenty-one Thousand Four Hundred Twenty-six and 30/100 ($21,426.30) Dollars, and other good and valuable considerations, the receipt whereof is hereby acknowledged, does hereby waive and release any and all lien or claim of, or right to, lien, under the statutes of the State of Illinois, relating to mechanics' liens, with respect to and on said above-described premises, and the improvements thereon, and on the material, fixtures, apparatus or machinery furnished, and on the moneys, funds or other considerations due or to become due from the owner, on account of all labor, services, material, fixtures, apparatus or machinery, furnished to this date by the undersigned for the above-described premises, INCLUDING EXTRAS*

DATE: 6/30/2026 COMPANY NAME: Heartland Cabinet Supply, Inc
301 Industrial Rd, Crystal Lake, IL 60012

SIGNATURE AND TITLE: Gary Reece, President

* EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHANGE ORDERS, BOTH ORAL AND WRITTEN, TO THE CONTRACT.

STATE OF ILLINOIS

COUNTY OF MCHENRY

CONTRACTOR'S AFFIDAVIT

TO WHOM IT MAY CONCERN:

THE UNDERSIGNED, Gary Reece BEING DULY SWORN, DEPOSES AND SAYS THAT HE IS President OF Heartland Cabinet Supply, Inc WHO IS THE CONTRACTOR FURNISHING Architectural Woodwork for Crete Middle School - Addition & Renos WORK ON THE BUILDING LOCATED AT 635 Olmstead Lane, University Park, IL OWNED BY Crete-Monee School District 201U

That the total amount of the contract including extras* is $84,057.00 on which he has received payment of: $54,225.00 prior to this payment. That all waivers are true, correct and genuine and delivered unconditionally and that there is no claim either legal or equitable to defeat the validity of said waivers. That the following are the names of all parties who have furnished material or labor, or both, for said work and all parties having contracts or sub contracts for specific portions of said work or for material entering into the construction thereof and amount due or to become due to each, and that the items mentioned include all labor and material required to complete said work according to plans and specifications:

NAMES	WHAT FOR	CONTRACT PRICE	AMOUNT PAID	THIS PAYMENT	BALANCE DUE
Heartland Cabinet Supply, Inc	**Architectural Millwork**	**$67,440.00**	**$41,265.00**	**$19,431.00**	**$6,744.00**
AFI, Inc	Installation	$16,617.00	$12,960.00	$1,995.30	$1,661.70
Principal Supplier: Wurth Baer Supply					
909 Forest Edge Dr, Vernon Hills, IL					
800-289-2237					
All material taken from fully paid stock and delivered to the jobsite in our company vehicle. All labor paid in full. There is no rental equipment on this project.					
TOTAL LABOR AND MATERIAL INCLUDING EXTRAS* TO COMPLETE		**$84,057.00**	**$54,225.00**	**$21,426.30**	**$8,405.70**

That there are no other contracts for said work outstanding, and that there is nothing due or to become due to any person for material, labor or other work of any kind done or to be done upon or in connection with said work other than above stated.

DATE: 7/13/2026 SIGNATURE: Gary Reece, President

SUBSCRIBED AND SWORN TO BEFORE ME THIS 13th DAY OF July, 2026.

OFFICIAL SEAL
TERESA SUE REECE
Notary Public, State of Illinois
Commission No. 994500
My Commission Expires August 01, 2028

NOTARY PUBLIC

* EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHANGE ORDERS, BOTH ORAL AND WRITTEN, TO THE CONTRACT.

v1

WAIVER OF LIEN TO DATE

STATE OF ILLINOIS

COUNTY OF COOK

Qty # _____

Escrow # _____

TO WHOM IT MAY CONCERN:

WHEREAS the undersigned has been employed by Heartland Cabinet Supply, Inc

to furnish Installation

for the premises known as Crete Middle School Addtion & Renovation Work

of which Crete-Monee School District 201U is the owner.

THE undersigned, for and in consideration of One Thousand Nine Hundred Ninety-five and 30/100

($1,995.30) Dollars, and other good and valuable considerations, the receipt whereof is hereby acknowledged, do(es) hereby waive and release any and all lien or claim of, or right to, lien, under the statutes of the State of Illinois, relating to mechanics' liens, with respect to and on said above-described premises, and the improvements thereon, and on the material, fixtures, apparatus or machinery furnished, and on the moneys, funds or other considerations due or to become due from the owner, on account of all labor, services, material, fixtures, apparatus or machinery, furnished to this date by the undersigned for the above-described premises, INCLUDING EXTRAS.*

DATE 7/13/26

COMPANY NAME Architectural Fixtures, Inc

ADDRESS 630 Anthony Trail, Northbrook, IL 60062

SIGNATURE AND TITLE _____ President

*EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHANGE ORDERS, BOTH ORAL AND WRITTEN, TO THE CONTRACT.

CONTRACTOR'S AFFIDAVIT

STATE OF ILLINOIS

COUNTY OF COOK

TO WHOM IT MAY CONCERN:

THE UNDERSIGNED, (NAME) Laurie Reid BEING DULY SWORN, DEPOSES AND SAYS THAT HE OR SHE IS (POSITION) President OF (COMPANY NAME) Architectural Fixtures, Inc WHO IS THE CONTRACTOR FURNISHING Installation WORK ON THE BUILDING LOCATED AT 635 Olmstead Lane, University Park, IL OWNED BY Crete-Monee School District 201U

That the total amount of the contract including extras* is $16,617.00 on which he or she has received payment of $12,960.00 prior to this payment. That all wiavers are true, correct and genuine and deliverd unconditionally and that there is no claim either legal or equitable to defeat the validity of said waivers. That the following are the names and addresses of all parties who have furnished material or labor, or both, for said work and all parties having contracts or sub contracts for specific portions of said work or for material entering into the construction thereof and the amount due or to become due each, and that the items mentioned include all labor and material required to complete said work according to plans and specifications:

NAMES AND ADDRESSES	WHAT FOR	CONTRACT PRICE INCLDG EXTRAS*	AMOUNT PAID	THIS PAYMENT	BALANCE DUE
Architectural Fixtures, Inc	Installation	$16,617.00	$12,960.00	$1,995.30	$1,661.70
All Labor, Benefits and materials paid in full. Materials taken from fully paid					
stock and delivered to jobsite in our own trucks. No outside rental equipment used.					
TOTAL LABOR AND MATERIAL INCLUDING EXTRAS* TO COMPLETE		$16,617.00	$12,960.00	$1,995.30	$1,661.70

That there are no other contracts for said work outstanding, and that there is nothing due or to become due to any person for material, labor or other work of any kind done or to be done upon or in connection with said work other than above stated.

DATE 7/13/26

SIGNATURE: _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS 13th DAY OF July , 2026

*EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHANGE ORDERS, BOTH ORAL AND WRITTEN, TO THE CONTRACT

OFFICIAL SEAL
DAVID CLARK
Notary Public, State of Illinois
Commission No. 906128
My Commission Expires December 20, 2027

_____ NOTARY PUBLIC

WAIVER OF LIEN TO DATE

STATE OF Illinois

COUNTY OF Cook

TO WHOM IT MAY CONCERN:

WHEREAS the undersigned has been employed by Bear Construction Company

to furnish Roofing for Crete Middle School - Addition & Renovations work

for the premises known as Crete Middle School 635 Olmstead Lane, University Park, IL

of which Crete-Monee School District 201U is the owner.

THE undersigned, for and in consideration of Thirteen Thousand Three Hundred Ten Dollars & 00/100's ($ 13,310.00) Dollars, and other good and valuable considerations, the receipt whereof is hereby acknowledged,

do(es) hereby waive and release any and all lien or claim of, or right to, lien, under the statutes of the State of Illinois, relating to mechanics' liens, with respect to and on said above-described premises, and the improvements thereon, and on the material, fixtures, apparatus or machinery furnished, and on the moneys, funds or other considerations due or to become due from the owner, on account of all labor, services, material, fixtures, apparatus or machinery, furnished to this date by the undersigned for the above-described premises. INCLUDING EXTRAS*

COMPANY NAME: Domain Corporation

DATE: July 14, 2026 ADDRESS: 6238 N. Northwest Highway, Chicago, IL 60631

SIGNATURE _____ TITLE Vice President

*EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHANGE ORDERS, BOTH ORAL AND WRITTEN, TO THE CONTRACT.

CONTRACTOR'S AFFIDAVIT

OFFICIAL SEAL
KIMBERLY D. ROMERO
Notary Public, State of Illinois
Commission No. 528717
My Commission Expires
April 23, 2029

STATE OF Illinois

COUNTY OF Cook

TO WHOM IT MAY CONCERN:

THE undersigned, Paul Domian, being duly sworn, deposes and says that he or she is Vice President of Domain Corporation who is the Contractor furnishing Roofing for Crete Middle School - Ac work on the building located at 635 Olmstead Lane, University Park, IL owned by Crete-Monee School District 201U

That the total amount of the contract including extras* is $ 86,200.00 on which he or she has received payment of $ 68,580.00 prior to this payment. That all waivers are true, correct and genuine and delivered unconditionally and that there is no claim either legal or equitable to defeat the validity of said waivers. That the following are the names and addresses of all parties who have furnished material or labor, or both, for said work and all parties having contracts or subcontracts for specific portions of said work or for material entering into the construction thereof and the amount due or to become due to each, and that the items mentioned include all labor and material required to complete said work according to plans and specifications:

NAMES	WHAT FOR	CONTRACT PRICE INCLUDING EXTRAS*	AMOUNT PAID	THIS PAYMENT	BALANCE DUE
Domain Corporation	Labor & Material	$ 86,200.00	$ 68,580.00	$ 13,310.00	$ 4,310.00
		$	$	$	$ 0.00
		$	$	$	$ 0.00
		$	$	$	$ 0.00
		$	$	$	$ 0.00
		$	$	$	$ 0.00
		$	$	$	$ 0.00
ALL MATERIALS TAKEN FROM OUR FULLY PAID STOCK AND DELIVERED IN OUR OWN VEHICLES TO THE JOBSITE. ALL LABOR PAID IN FULL.					
TOTAL LABOR AND MATERIAL INCLUDING EXTRAS* TO COMPLETE		$ 86,200.00	$ 68,580.00	$ 13,310.00	$ 4,310.00

That there are no other contracts for said work outstanding, and that there is nothing due or to become due to any person for material, labor or other wor of any kind done or to be done upon or in connection with said work other than above stated.

DATE: July 14, 2026 SIGNATURE: _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS 14 day of July 2026

*EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHANGE ORDERS. BOTH ORAL AND WRITTEN, TO THE CONTRACT.

NOTARY Kimberly D. Romero

STATE OF ILLINOIS

COUNTY OF KANE

WAIVER OF LIEN TO DATE

Qty # _____
Escrow # _____

TO WHOM IT MAY CONCERN:

WHEREAS the undersigned has been employed by: **BEAR Construction Company**
to furnish : **Flooring Work for Crete Middle School - Addition & Renovation** for the premises
known as: **635 Olmstead Lane**
of which: **Crete-Monee School District 201U** is the owner.

The undersigned, for and in consideration of: **Nineteen Thousand Five Hundred Seventy Five Dollars and No Cents (**
($19,575.00) Dollars, and other good and valuable considerations, the receipt whereof is hereby acknowledged, does hereby waive and release any and all lien or claim of, or right to, lien, under the statutes of the State of Illinois, relating to mechanics' liens, with respect to and on said above-described premises, and the improvements thereon, and on the material, fixtures, apparatus or machinery furnished, and on the moneys, funds or other considerations due or to become due from the owner, on account of all labor, services, material, fixtures, apparatus or machinery, furnished to this date by the undersigned for the above-described premises, INCLUDING EXTRAS*

DATE: **7/10/2026** COMPANY NAME: **Douglas Floor Covering, Inc.**
200 Alder Drive, North Aurora, IL 60542

SIGNATURE AND TITLE: _____
Kathryn Mensing, Contract Sales

DOUGLAS FLOOR COVERING, INC. CORPORATE SEAL ILLINOIS

* EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHANGE ORDERS, BOTH ORAL AND WRITTEN, TO THE CONTRACT.

STATE OF ILLINOIS

COUNTY OF KANE

CONTRACTOR'S AFFIDAVIT

TO WHOM IT MAY CONCERN:

THE UNDERSIGNED, **Kathryn Mensing** BEING DULY
SWORN, DEPOSES AND SAYS THAT HE IS **Contract Sales** OF **Douglas Floor Covering, Inc.**
WHO IS THE CONTRACTOR FURNISHING **Flooring** WORK ON THE BUILDING
LOCATED AT **635 Olmstead Lane, University Park, IL**
OWNED BY **Crete-Monee School District 201U**

That the total amount of the contract including extras* is **$108,392.50** on which he has received payment of: **$33,705.00** prior to this payment. That all waivers are true, correct and genuine and delivered unconditionally and that there is no claim either legal or equitable to defeat the validity of said waivers. That the following are the names of all parties who have furnished material or labor, or both, for said work and all parties having contracts or sub contracts for specific portions of said work or for material entering into the construction thereof and amount due or to become due to each, and that the items mentioned include all labor and material required to complete said work according to plans and specifications:

NAMES	WHAT FOR	CONTRACT PRICE	AMOUNT PAID	THIS PAYMENT	BALANCE DUE
Douglas Floor Covering, Inc.	**Flooring**	**$78,566.44**	**$33,705.00**	**$1,620.00**	**$43,241.44**
Tandus Tarkett USA, Inc.	Material	$17,955.00	$0.00	$17,955.00	$0.00
Forbo	Material	$11,871.06	$0.00	$0.00	$11,871.06
Principal Supplier: Tandus Tarkett USA, Inc.					
PO Box 1447, Dalton, GA 30722					
800-248-2878					
Balance of material taken from fully paid stock and delivered to the jobsite in our company vehicle. All labor paid in full. There is no rental equipment on this project.					
TOTAL LABOR AND MATERIAL INCLUDING EXTRAS* TO COMPLETE		**$108,392.50**	**$33,705.00**	**$19,575.00**	**$55,112.50**

That there are no other contracts for said work outstanding, and that there is nothing due or to become due to any person for material, labor or other work of any kind done or to be done upon or in connection with said work other than above stated.

DATE: **7/10/2026** SIGNATURE: _____
Kathryn Mensing, Contract Sales

SUBSCRIBED AND SWORN TO BEFORE ME THIS **10th** DAY OF **July**, 2026.

OFFICIAL SEAL
MARCIA L LEE
Notary Public, State of Illinois
Commission No. 417237
My Commission Expires
February 26, 2029

Marcia L. Lee
NOTARY PUBLIC

* EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHANGE ORDERS, BOTH ORAL AND WRITTEN, TO THE CONTRACT.

v1

STATE OF GEORGIA

FINAL WAIVER OF LIEN

Qty # _____
Escrow # _____

COUNTY OF Whitfield

TO WHOM IT MAY CONCERN:

WHEREAS the undersigned has been employed by: Douglas Floor Covering, Inc.
to furnish : Flooring Material for Crete Middle School - Addition & Renovation for the premises
known as: 635 Olmstead Lane
of which: Crete-Monee School District 201U is the owner.

The undersigned, for and in consideration of: Seventeen Thousand Nine Hundred Fifty-Five and 00/100ths ($17,955.00) Dollars, and other good and valuable considerations, the receipt whereof is hereby acknowledged, does hereby waive and release any and all lien or claim of, or right to, lien, under the statutes of the State of Illinois, relating to mechanics' liens, with respect to and on said above-described premises, and the improvements thereon, and on the material, fixtures, apparatus or machinery furnished, and on the moneys, funds or other considerations due or to become due from the owner, on account of all labor, services, material, fixtures, apparatus or machinery, heretofore furnished, or which may be furnished at any time hereafter, by the undersigned for the above-described premises, INCLUDING EXTRAS.*

DATE: 7/14/26 COMPANY NAME: Tandus Tarkett USA, Inc.
PO Box 1447, Dalton, GA 30722
SIGNATURE AND TITLE: Laura Johnson Credit Analyst

* EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHANGE ORDERS, BOTH ORAL AND WRITTEN, TO THE CONTRACT.

STATE OF GEORGIA

CONTRACTOR'S AFFIDAVIT

COUNTY OF Whitfield

TO WHOM IT MAY CONCERN:

THE UNDERSIGNED, Laura Johnson BEING DULY
SWORN, DEPOSES AND SAYS THAT HE IS Credit Analyst OF Tandus Tarkett USA, Inc.
WHO IS THE CONTRACTOR FURNISHING Flooring Material ONLY WORK ON THE BUILDING
LOCATED AT 635 Olmstead Lane, University Park, IL
OWNED BY Crete-Monee School District 201U

That the total amount of the contract including extras* is $17,955.00 on which he has received payment of: $0.00 prior to this payment. That all waivers are true, correct and genuine and delivered unconditionally and that there is no claim either legal or equitable to defeat the validity of said waivers. That the following are the names of all parties who have furnished material or labor, or both, for said work and all parties having contracts or sub contracts for specific portions of said work or for material entering into the construction thereof and amount due or to become due to each, and that the items mentioned include all labor and material required to complete said work according to plans and specifications:

NAMES	WHAT FOR	CONTRACT PRICE	AMOUNT PAID	THIS PAYMENT	BALANCE DUE
Tandus Tarkett USA, Inc.	Flooring Material	$17,955.00	$0.00	$17,955.00	$0.00
Principal Supplier:					
Balance of material taken from fully paid stock and delivered to the jobsite in our company vehicle. All labor paid in full. There is no rental equipment on this project.					
TOTAL LABOR AND MATERIAL INCLUDING EXTRAS* TO COMPLETE		$17,955.00	$0.00	$17,955.00	$0.00

That there are no other contracts for said work outstanding, and that there is nothing due or to become due to any person for material, labor or other work of any kind done or to be done upon or in connection with said work other than above stated.

DATE: 7/14/26 SIGNATURE: Laura Johnson

SUBSCRIBED AND SWORN TO BEFORE ME THIS 14th DAY OF July, 2026.

Lisa Roberts
NOTARY PUBLIC

LISA ROBERTS NOTARY PUBLIC WHITFIELD COUNTY, GEORGIA MY COMMISSION EXPIRES DECEMBER 27, 2026

* EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHANGE ORDERS, BOTH ORAL AND WRITTEN, TO THE CONTRACT.

WAIVER OF LIEN TO DATE

STATE OF ILLINOIS
COUNTY OF WINNEBAGO } SS

Qty # _____

Escrow # _____

TO WHOM IT MAY CONCERN:

WHEREAS the undersigned has been employed by BEAR CONSTRUCTION COMPANY
to furnish FIRE SUPRESSION
for the premises known as CRETE MONEE MIDDLE SCHOOL - BUILD OUT
of which CMSD 201-U is the owner.

THE undersigned, for and in consideration of Six Hundred Sixty Six and 00/100 Dollars ($666.00) Dollars, and other good and valuable considerations, the receipt whereof is hereby acknowledged, do(es) hereby waive and release any and all lien or claim of, or right to, lien, under the statutes of the State of ILLINOIS, relating to mechanics' liens, with respect to and on said above-described premises, and the improvements thereon, and on the material, fixtures, apparatus or machinery furnished, and on the moneys, funds or other considerations due or to become due from the owner, on account of all labor, services, material, fixtures, apparatus or machinery, furnished to this date by the undersigned for the above-described premises, INCLUDING EXTRAS.*

DATE July 14, 2026

COMPANY NAME S J Carlson Fire Protection

ADDRESS 4544 Shepherd Trail, Rockford, IL 61103

SIGNATURE AND TITLE: Kerri L Wallace

KERRI L WALLACE , CONTROLLER

*EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHANGE ORDERS, BOTH ORAL AND WRITTEN, TO THE CONTRACT.

CONTRACTOR'S AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF WINNEBAGO } SS

TO WHOM IT MAY CONCERN:

THE UNDERSIGNED, (NAME) KERRI L WALLACE BEING DULY SWORN, DEPOSES AND SAYS THAT HE OR SHE IS (POSITION) CONTROLLER OF (COMPANY NAME) S J Carlson Fire Protection WHO IS THE CONTRACTOR FURNISHING FIRE SUPRESSION WORK ON THE BUILDING LOCATED AT 1501 ROHLWING ROAD, ROLLING MEADOWS, IL 60008
OWNED BY CMSD 201-U

That the total amount of the contract including extras* is $14,809.00 on which he or she has received payment of $12,662.10 prior to this payment. That all waivers are true, correct and genuine and delivered unconditionally and that there is no claim either legal or equitable to defeat the validity of said waivers. That the following are the names and addresses of all parties who have furnished material or labor, or both, for said work and all parties having contracts or sub contracts for specific portions of said work or for material entering into the construction thereof and the amount due or to become due to each, and that the items mentioned include all labor and material required to complete said work according to plans and specifications:

NAMES AND ADDRESSES	WHAT FOR	CONTRACT PRICE INCLDG EXTRAS*	AMOUNT PAID	THIS PAYMENT	BALANCE DUE
SJ CARLSON FIRE PROTECTION INC	FIRE SUPRESSION	14,809.00	12,662.10	666.00	1,480.90
ALL LABOR PAID IN FULL					
ALL MATERIAL TKEN FROM FULLY PAID STOCK AND DELIVERED TO THE JOBSITE IN OUR COMPANY VEHICLE					
TOTAL LABOR AND MATERIAL INCLUDING EXTRAS* TO COMPLETE.		14,809.00	12,662.10	666.00	1,480.90

That there are no other contracts for said work outstanding, and that there is nothing due or to become due to any person for material, labor or other work of any kind done or to be done upon or in connection with said work other than above stated.

DATE July 14th, 2026

SIGNATURE: Kerri L Wallace

KERRI L WALLACE , CONTROLLER

SUBSCRIBED AND SWORN TO BEFORE ME THIS 14th DAY OF JULY, 2026

Courtney N Gresty

NOTARY PUBLIC

OFFICIAL SEAL
COURTNEY NICOLE GRESTY
Notary Public, State of Illinois
Commission No. 986605
My Commission Expires February 06, 2028

*EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHANGE

ORDERS, BOTH ORAL AND WRITTEN, TO THE CONTRACT.

STATE OF ILLINOIS

COUNTY OF WILL

WAIVER OF LIEN TO DATE

Qty # _____
Escrow # _____

TO WHOM IT MAY CONCERN:

WHEREAS the undersigned has been employed by: **Bear Construction Company**
to furnish : **Plumbing** for the premises
known as: **Crete Middle School- Addition & Renovations**
of which: **Crete-Monee School District 201-U** is the owner.

The undersigned, for and in consideration of: **Seven Thousand Two Hundred Eighty Four Dollars and Sixty Four Cents**
$ **7,284.64** Dollars, and other good and valuable considerations, the receipt whereof is hereby acknowledged, does hereby waive and release any and all lien or claim of, or right to, lien, under the statutes of the State of Illinois, relating to mechanics' liens, with respect to and on said above-described premises, and the improvements thereon, and on the material, fixtures, apparatus or machinery furnished, and on the moneys, funds or other considerations due or to become due from the owner, on account of all labor, services, material, fixtures, apparatus or machinery, furnished to this date by the undersigned for the above-described premises, INCLUDING EXTRAS*

DATE: **6/30/2026** COMPANY NAME: **Warren F. Thomas Plumbing Company**
475 Quadrangle Drive, Suite A, Bolingbrook, IL 60440

SIGNATURE AND TITLE: _____
George Thomas, President

WARREN F. THOMAS PLUMBING COMPANY CORPORATE SEAL ILLINOIS

* EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHANGE ORDERS, BOTH ORAL AND WRITTEN, TO THE CONTRACT.

STATE OF ILLINOIS

COUNTY OF WILL

CONTRACTOR'S AFFIDAVIT

TO WHOM IT MAY CONCERN:

THE UNDERSIGNED, **George Thomas** BEING DULY
SWORN, DEPOSES AND SAYS THAT HE IS **President** OF **Warren F. Thomas Plumbing Company**
WHO IS THE CONTRACTOR FURNISHING **Plumbing** WORK ON THE BUILDING
LOCATED AT **635 Olmstead Lane, University Park, IL**
OWNED BY **Crete-Monee School District 201-U**

That the total amount of the contract including extras* is **$15,130.00** on which he has received payment of: **$5,823.85** prior to this payment. That all waivers are true, correct and genuine and delivered unconditionally and that there is no claim either legal or equitable to defeat the validity of said waivers. That the following are the names of all parties who have furnished material or labor, or both, for said work and all parties having contracts or sub contracts for specific portions of said work or for material entering into the construction thereof and amount due or to become due to each, and that the items mentioned include all labor and material required to complete said work according to plans and specifications:

NAMES	WHAT FOR	CONTRACT PRICE	AMOUNT PAID	THIS PAYMENT	BALANCE DUE
Warren F. Thomas Plumbing Company	**Plumbing**	**$15,130.00**	**$5,823.85**	**$7,284.64**	**$2,021.51**
Balance of material taken from fully paid stock and delivered to the					
jobsite in our company vehicle. All labor and benefits paid in full.					
There is no rental equipment on this project.					
TOTAL LABOR AND MATERIAL INCLUDING EXTRAS* TO COMPLETE		**$15,130.00**	**$5,823.85**	**$7,284.64**	**$2,021.51**

That there are no other contracts for said work outstanding, and that there is nothing due or to become due to any person for material, labor or other work of any kind done or to be done upon or in connection with said work other than above stated.

DATE: **6/30/2026** SIGNATURE: _____
George Thomas, President

SUBSCRIBED AND SWORN TO BEFORE ME THIS **30th** DAY OF **June** 2026

_____
NOTARY PUBLIC

OFFICIAL SEAL
STEFANIE LYNN THOMAS
NOTARY PUBLIC, STATE OF ILLINOIS
COMMISSION NO. 1026280
MY COMMISSION EXPIRES FEB 26, 2030

* EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHANGE ORDERS, BOTH ORAL AND WRITTEN, TO THE CONTRACT.

STATE OF ILLINOIS

COUNTY OF COOK

WAIVER OF LIEN TO DATE

Qty # _____
Escrow # _____

TO WHOM IT MAY CONCERN:

WHEREAS the undersigned has been employed by: **BEAR Construction Company**
to furnish : **Electrical Work for Crete Middle School - Addition & Renovation** for the premises
known as: **635 Olmstead Lane**
of which: **Crete-Monee School District 201U** is the owner.

The undersigned, for and in consideration of: **Fifty Six Thousand Three Hundred Ninety Two Dollars and Thirty One Cents (($56,392.31)** Dollars, and other good and valuable considerations, the receipt whereof is hereby acknowledged, does hereby waive and release any and all lien or claim of, or right to, lien, under the statutes of the State of Illinois, relating to mechanics' liens, with respect to and on said above-described premises, and the improvements thereon, and on the material, fixtures, apparatus or machinery furnished, and on the moneys, funds or other considerations due or to become due from the owner, on account of all labor, services, material, fixtures, apparatus or machinery, furnished to this date by the undersigned for the above-described premises, INCLUDING EXTRAS*

DATE: **6/30/2026** COMPANY NAME: **Electrical Systems, Inc.**
17335 S. Ashland Ave., East Hazel Crest, IL 60429

SIGNATURE AND TITLE: _____
Robert J. Bergeron, Jr., Vice President

* EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHANGE ORDERS, BOTH ORAL AND WRITTEN, TO THE CONTRACT.

STATE OF ILLINOIS

COUNTY OF COOK

CONTRACTOR'S AFFIDAVIT

TO WHOM IT MAY CONCERN:

THE UNDERSIGNED, **Robert J. Bergeron, Jr.** BEING DULY SWORN, DEPOSES AND SAYS THAT HE IS **Vice President** OF **Electrical Systems, Inc.** WHO IS THE CONTRACTOR FURNISHING **Electrical** WORK ON THE BUILDING LOCATED AT **635 Olmstead Lane, University Park, IL** OWNED BY **Crete-Monee School District 201U**

That the total amount of the contract including extras* is **$524,166.69** on which he has received payment of: **$441,566.04** prior to this payment. That all waivers are true, correct and genuine and delivered unconditionally and that there is no claim either legal or equitable to defeat the validity of said waivers. That the following are the names of all parties who have furnished material or labor, or both, for said work and all parties having contracts or sub contracts for specific portions of said work or for material entering into the construction thereof and amount due or to become due to each, and that the items mentioned include all labor and material required to complete said work according to plans and specifications:

NAMES	WHAT FOR	CONTRACT PRICE	AMOUNT PAID	THIS PAYMENT	BALANCE DUE
Electrical Systems, Inc.	**Electrical**	**$408,399.69**	**$331,587.39**	**$56,392.31**	**$20,419.99**
Low Voltage Solutions, Inc.	Installation	$115,767.00	$109,978.65	$0.00	$5,788.35
All material taken from fully paid stock and delivered to the jobsite in our company vehicle. All labor paid in full. There is no rental equipment on this project.					
TOTAL LABOR AND MATERIAL INCLUDING EXTRAS* TO COMPLETE		**$524,166.69**	**$441,566.04**	**$56,392.31**	**$26,208.34**

That there are no other contracts for said work outstanding, and that there is nothing due or to become due to any person for material, labor or other work of any kind done or to be done upon or in connection with said work other than above stated.

DATE: **7/13/2026** SIGNATURE: _____
Robert J. Bergeron, Jr., Vice President

SUBSCRIBED AND SWORN TO BEFORE ME THIS **13th** DAY OF **July**, 2026.

OFFICIAL SEAL
KIMBERLY ANN MANCUSO
Notary Public, State of Illinois
Commission No. 1011093
My Commission Expires May 29, 2029

_____
NOTARY PUBLIC

* EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHANGE ORDERS, BOTH ORAL AND WRITTEN, TO THE CONTRACT.

v1

STATE OF ILLINOIS

COUNTY OF DuPage

WAIVER OF LIEN TO DATE

Qty #

Escrow #

TO WHOM IT MAY CONCERN:
WHEREAS the undersigned has been employed by Bear Construction
to furnish Temporary Fencing
for the premises known as Crete Middle School -Addition & Renovations
of which Crete-Monee School District 201U is the owner.

THE undersigned, for and in consideration of Five Thousand Five Hundred Twenty Six Dollars and Four Cents. ($5,526.04) Dollars, and other good and valuable considerations, the receipt whereof is hereby acknowledged, do(es) hereby waive and release any and all lien or claim of, or right to, lien, under the statutes of the State of Illinois, relating to mechanics' liens, with respect to and on said above-described premises, and the improvements thereon, and on the material, fixtures, apparatus or machinery furnished, and on the moneys, funds or other considerations due or to become due from the owner, on account of all labor, services, material, fixtures, apparatus or machinery, furnished to this date by the undersigned for the above-described premises, INCLUDING EXTRAS.*

DATE 7/14/2026 COMPANY NAME MBE Fence, Inc.

ADDRESS 3S340 Rockwell St., Unit 101, Warrenville, IL 60555

SIGNATURE AND TITLE Mary DeYoung President

*EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHANGE ORDERS, BOTH ORAL AND WRITTEN, TO THE CONTRACT

CONTRACTOR'S AFFIDAVIT

STATE OF ILLINOIS

COUNTY OF DuPage

TO WHOM IT MAY CONCERN:
THE UNDERSIGNED, (NAME) Mary Young BEING DULY SWORN, DEPOSES AND SAYS THAT HE OR SHE IS (POSITION) President OF (COMPANY NAME) MBE Fence, Inc. WHO IS THE CONTRACTOR FURNISHING Temporary Fencing WORK ON THE BUILDING LOCATED AT 635 Olmstead Lane, University Park, IL OWNED BY Crete-Monee School District 201U
That the total amount of the contract including extras* is $16,980.04 on which he or she has received payment of $9,756.00 prior to this payment. That all waivers are true, correct and genuine and delivered unconditionally and that there is no claim either legal or equitable to defeat the validity of said waivers. That the following are the names and addresses of all parties who have furnished material or labor, or both, for said work and all parties having contracts or sub contracts for specific portions of said work or for material entering into the construction thereof and the amount due or to become due to each, and that the items mentioned include all labor and material required to complete said work according to plans and specifications:

NAMES AND ADDRESSES	WHAT FOR	CONTRACT PRICE INCLDG EXTRAS*	AMOUNT PAID	THIS PAYMENT	BALANCE DUE
MBE Fence, Inc.	Temporary Fencing	$16,980.04	$9,756.00	$5,526.04	$1,698.00
3S340 Rockwell St., Unit 101, Warrenville, IL 60555					
TOTAL LABOR AND MATERIAL INCLUDING EXTRAS* TO COMPLETE.		$16,980.04	$9,756.00	$5,526.04	$1,698.00

That there are no other contracts for said work outstanding, and that there is nothing due or to become due to any person for material, labor or other work of any kind done or to be done upon or in connection with said work other than above stated.

DATE 7/14/2026 **SIGNATURE:** Mary DeYoung

SUBSCRIBED AND SWORN TO BEFORE ME THIS 14th DAY OF July, 2026

Samantha A Schelberger
NOTARY PUBLIC

*EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHANGE ORDERS, BOTH ORAL AND WRITTEN, TO THE CONTRACT.

f.1722 R5/96

Provided by Chicago Title Insurance Company

Notary Public, State of Illinois
Official Seal
Samantha A Schelberger
Commission # 994089
My Commission Expires 7/23/2028

FINAL WAIVER OF LIEN

STATE OF ILLINOIS
COUNTY OF Will

City # _____

Escrow # _____

TO WHOM IT MAY CONCERN:

WHEREAS the undersigned has been employed by BEAR Construction Company
to furnish Construction Testing
for the premises Crete Middle School - Addition & Renovation
of which Crete-Monee School District 201U is the owner.

THE undersigned, for and in consideration of One Thousand Three Hundred and 55/100
($ 1,300.55)Dollars, and other good and valuable consideration, the receipt whereof is hereby acknowledged, do(es) hereby waive and release any and all lien or claim of, or right to, lien, under the statutes of the State of Illinois, relating to mechanics' liens, with respect to and on said above-described premises, and the improvements thereon, and on the material, fixtures, apparatus or machinery furnished, and on the moneys, funds or other considerations due or to become due from the owner, on account of labor services, material, fixtures, apparatus, or machinery heretofore furnished, or which may be furnished at any time hereafter, by the undersigned for the above-described premises. INCLUDING EXTRAS. *

DATE 8/24/2026 COMPANY NAME Geocon Professional Services, LLC
ADDRESS 10045 W. Lincoln Highway, Frankfort, IL 60423

SIGNATURE AND TITLE LeeAnna Anderson LeeAnna Anderson Accounting Supervisor

*EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHANGE ORDERS, BOTH ORAL AND WRITTEN, TO THE CONTRACT

CONTRACTOR'S AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF Will
TO WHOM IT MAY CONCERN:

THE undersigned, (NAME) LeeAnna Anderson BEING DULY SWORN, DEPOSES
AND SAYS THAT HE OR SHET IS (POSITION) Accounting Supervisor OF
(COMPANY NAME) Geocon Professional Services, LLC WHO IS THE
CONTRACTOR FURNISHING Construction Testing WORK ON THE BUILDING
LOCATED AT 635 Olmstead Lane, University Park, IL
OWNED BY Crete-Monee School District 201U

That the total amount of the contract including extras* is $ 6,768.50 on which he has received payment of $ 5,467.95 prior to this payment. That all waivers are true, correct and genuine and delivered unconditionally and that there is no claim either legal or equitable to defeat the validity of said waivers. That the following are the names and addresses of all parties who have furnished material or labor, or both, for said work and all parties having contracts or subcontracts for specific portions of said work or for material entering into the construction thereof and the amount due or to become due to each, and that the items mentioned include all labor and material required to complete said work according to plans and specifications:

NAME AND ADRESSES	WHAT FOR	CONTRACT PRICE INCLDG EXTRAS*	AMOUNT PAID	THIS PAYMENT	BALANCE DUE
Geocon Professional Services, LLC	Construction Testing	$ 6,768.50	$ 5,467.95	$ 1,300.55	$ 0.00
10045 W. Lincoln Highway, Frankfort, IL 60423					
All labor paid, materials from paid stock and					
delivered on our own truck					
TOTAL LABOR AND MATERIAL INCLUDING EXTRAS* TO COMPLETE		$ 6,768.50	$ 5,467.95	$ 1,300.55	$ 0.00

That there are no other contracts for said work outstanding, and that there is nothing due or to become due to any person for material, labor or other work of any kind done or to be done upon or in connection with said work other than above stated.

DATE 8/24/2026 SIGNATURE LeeAnna Anderson LeeAnna Anderson Accounting Supervisor

SUBSCRIBED AND SWORN TO BEOFRE ME THIS 24th DAY OF August 2026

*EXTRA INCLUDED BUT ARE NOT LIMITED TO CHANGE ORDERS, BOTH ORAL AND WRITTEN, TO THE CONTRACT

Michelle T Grifford
NOTARY PUBLIC

OFFICIAL SEAL
MICHELLE T GRIFFORD
NOTARY PUBLIC, STATE OF ILLINOIS
COMMISSION NO. 1032722
MY COMMISSION EXPIRES JUNE 02, 2030

TRAILING CERTIFIED PAYROLL

Draw 9

Case #: 26-CTP-191132

Illinois Department of Labor

115 S. LaSalle St 37th Floor
Chicago, IL 60603

Dol.certifiedpayroll@Illinois.gov • Phone: (312) 793-3600

CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date	**Project Location**
5/30/2026 to 6/5/2026	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
36-335164	
Project Number or Name	**State Capital Funds**
210742-01 Crete Middle School Addition & Renovations	No
Agency	
Education, Board of	

Contractor and/or Subcontractor

Company Name	**Contractor Location**
BEAR Construction Company	1501 ROHLWING RD
Contact Name	ROLLING MEADOWS IL 60008
Susan Rhodes	
Primary Email	**Secondary Email**
compliance@bearcc.com	srhodes@bearcc.com
Primary Phone	**Secondary Phone**
8472221900	

Public Body Information

Public Body Name	**Public Body Address**
210742-01 Crete Middle School Addition & Renovations	635 OLMSTEAD LN
Contact Name	UNIVERSITY PARK IL 60484
Primary Phone	**Secondary Phone**

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Kenneth Barr	8601	LABORER JOURNEYMAN---	5857 107TH PL	CHICAGO RIDGE IL 60415	White	N H L	M	No	No	No	No	7086634227
SEAN CIBULSKIS	0743	CARPENTER JOURNEYMAN---	30732 S STONEY ISLAND AVE	BEECHER IL 60401	White	N H L	M	No	No	No	No	7089728025
GILBERT HENSON	2256	CONSTRUCTION SITE MANAGER---	15130 COLINA AVE	OAK FOREST IL 60452	Hispanic or Latino	H L	M	No	No	No	No	7085527207
Dennis Panozzo	0222	LABORER JOURNEYMAN---	1336 CANTERBURY CT	DYER IN 46311	White	N H L	M	No	No	No	No	7082621427

G-Gender V-Veteran J-Journeyman F-Foreman A-Apprentice

N H L- Not Hispanic or Latino
H L- Hispanic or Latino

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
Kenneth Barr	P	8.00	8.00	8.00	0.00	0.00	0.00	0.00	24.00	0.00		53.00	0.00		2146.50	1615.35	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
	Pension	0.00		Health	0.00		Vacation	0.00		Training	0.00						
	Hourly Other Ins		0.00	15AddOT	0.00		20AddOT	0.00									
SEAN CIBULSKIS	P	8.00	8.00	0.00	0.00	0.00	0.00	0.00	16.00	0.00		58.51	0.00		3794.66	2435.42	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
	Pension	0.00		Health	0.00		Vacation	0.00		Training	0.00						
	Hourly Other Ins		0.00	15AddOT	0.00		20AddOT	0.00									
GILBERT HENSON	P	8.00	8.00	8.00	8.00	8.00	0.00	0.00	40.00	0.00		86.53	0.00		2971.15	2186.23	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
	Pension	0.00		Health	0.00		Vacation	0.00		Training	0.00						
	Hourly Other Ins		0.00	15AddOT	0.00		20AddOT	0.00									

Dennis Panozzo	P	8.00	8.00	8.00	8.00	8.00	0.00	0.00	40.00	0.00		53.00	0.00		2736.80	1850.69	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	

Pension	0.00	Health	0.00	Vacation	0.00	Training	0.00
Hourly Other Ins	0.00	15AddOT	0.00	20AddOT	0.00		

I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above , all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

SUSAN RHODES

Jun 10, 2026

Case #: 26-CTP-198716

Illinois Department of Labor

115 S. LaSalle St 37th Floor
Chicago, IL 60603

Dol.certifiedpayroll@Illinois.gov • Phone: (312) 793-3600

CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date	**Project Location**
6/6/2026 to 6/12/2026	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
36-335164	
Project Number or Name	**State Capital Funds**
210742-01 Crete Middle School Addition & Renovations	No
Agency	
Education, Board of	

Contractor and/or Subcontractor

Company Name	**Contractor Location**
BEAR Construction Company	1501 ROHLWING RD
Contact Name	ROLLING MEADOWS IL 60008
Susan Rhodes	
Primary Email	**Secondary Email**
compliance@bearcc.com	srhodes@bearcc.com
Primary Phone	**Secondary Phone**
8472221900	

Public Body Information

Public Body Name	**Public Body Address**
210742-01 Crete Middle School Addition & Renovations	635 OLMSTEAD LN
Contact Name	UNIVERSITY PARK IL 60484
Primary Phone	**Secondary Phone**

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
GILBERT HENSON	2256	CONSTRUCTION SITE MANAGER---	15130 COLINA AVE	OAK FOREST IL 60452	Hispanic or Latino	H L	M	No	No	No	No	7085527207
Dennis Panozzo	0222	LABORER JOURNEYMAN---	1336 CANTERBURY CT	DYER IN 46311	White	N H L	M	No	No	No	No	7082621427

G-Gender V-Veteran J-Journeyman F-Foreman A-Apprentice

N H L- Not Hispanic or Latino
H L- Hispanic or Latino

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
GILBERT HENSON	P	8.00	8.00	8.00	8.00	8.00	0.00	0.00	40.00	0.00		86.53	0.00		3461.55	2506.95	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
	Pension	0.00		Health	0.00		Vacation	0.00		Training	0.00						
	Hourly Other Ins		0.00	15AddOT	0.00		20AddOT	0.00									
Dennis Panozzo	P	8.00	0.00	0.00	8.00	8.00	0.00	0.00	24.00	0.00		53.00	0.00		3193.25	2122.97	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
	Pension	0.00		Health	0.00		Vacation	0.00		Training	0.00						
	Hourly Other Ins		0.00	15AddOT	0.00		20AddOT	0.00									

I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above , all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

SUSAN RHODES

Jun 16, 2026

Case #: 26-CTP-209260

Illinois Department of Labor

115 S. LaSalle St 37th Floor
Chicago, IL 60603

Dol.certifiedpayroll@Illinois.gov • Phone: (312) 793-3600

CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date	**Project Location**
6/13/2026 to 6/19/2026	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
36-335164	
Project Number or Name	**State Capital Funds**
210742-01 Crete Middle School Addition & Renovations	No
Agency	
Education, Board of	

Contractor and/or Subcontractor

Company Name	**Contractor Location**
BEAR Construction Company	1501 ROHLWING RD
Contact Name	ROLLING MEADOWS IL 60008
Susan Rhodes	
Primary Email	**Secondary Email**
compliance@bearcc.com	srhodes@bearcc.com
Primary Phone	**Secondary Phone**
8472221900	

Public Body Information

Public Body Name	**Public Body Address**
210742-01 Crete Middle School Addition & Renovations	635 OLMSTEAD LN
Contact Name	UNIVERSITY PARK IL 60484
Primary Phone	**Secondary Phone**

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Steven Cantu	7759	LABORER JOURNEYMAN---	511 PEALE ST	JOLIET IL 60433	Hispanic or Latino	H L	M	No	No	No	No	7083368989
GILBERT HENSON	2256	CONSTRUCTION SITE MANAGER---	15130 COLINA AVE	OAK FOREST IL 60452	Hispanic or Latino	H L	M	No	No	No	No	7085527207
Dennis Panozzo	0222	LABORER JOURNEYMAN---	1336 CANTERBURY CT	DYER IN 46311	White	N H L	M	No	No	No	No	7082621427

G-Gender V-Veteran J-Journeyman F-Foreman A-Apprentice

N H L- Not Hispanic or Latino
H L- Hispanic or Latino

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
Steven Cantu	P	0.00	0.00	8.00	0.00	0.00	0.00	0.00	8.00	0.00		53.00	0.00		1272.00	893.04	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
	Pension	0.00		Health	0.00		Vacation	0.00		Training	0.00						
	Hourly Other Ins		0.00	15AddOT	0.00		20AddOT	0.00									
GILBERT HENSON	P	8.00	8.00	8.00	8.00	8.00	0.00	0.00	40.00	0.00		86.53	0.00		3461.55	2506.95	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
	Pension	0.00		Health	0.00		Vacation	0.00		Training	0.00						
	Hourly Other Ins		0.00	15AddOT	0.00		20AddOT	0.00									
Dennis Panozzo	P	0.00	0.00	0.00	8.00	0.00	0.00	0.00	8.00	0.00		53.00	0.00		2795.75	1885.85	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
	Pension	0.00		Health	0.00		Vacation	0.00		Training	0.00						
	Hourly Other Ins		0.00	15AddOT	0.00		20AddOT	0.00									

I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above , all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

SUSAN RHODES

Jun 23, 2026

Case #: 26-CTP-222737

Illinois Department of Labor

115 S. LaSalle St 37th Floor
Chicago, IL 60603

Dol.certifiedpayroll@Illinois.gov • Phone: (312) 793-3600

CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date	**Project Location**
6/20/2026 to 6/26/2026	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
36-335164	
Project Number or Name	**State Capital Funds**
210742-01 Crete Middle School Addition & Renovations	No
Agency	
Education, Board of	

Contractor and/or Subcontractor

Company Name	**Contractor Location**
BEAR Construction Company	1501 ROHLWING RD
Contact Name	ROLLING MEADOWS IL 60008
Susan Rhodes	
Primary Email	**Secondary Email**
compliance@bearcc.com	srhodes@bearcc.com
Primary Phone	**Secondary Phone**
8472221900	

Public Body Information

Public Body Name	**Public Body Address**
210742-01 Crete Middle School Addition & Renovations	635 OLMSTEAD LN
Contact Name	UNIVERSITY PARK IL 60484
Primary Phone	**Secondary Phone**

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
GILBERT HENSON	2256	CONSTRUCTION SITE MANAGER---	15130 COLINA AVE	OAK FOREST IL 60452	Hispanic or Latino	H L	M	No	No	No	No	7085527207
Dennis Panozzo	0222	LABORER JOURNEYMAN---	1336 CANTERBURY CT	DYER IN 46311	White	N H L	M	No	No	No	No	7082621427

G-Gender V-Veteran J-Journeyman F-Foreman A-Apprentice

N H L- Not Hispanic or Latino
H L- Hispanic or Latino

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
GILBERT HENSON	P	8.00	8.00	8.00	8.00	8.00	0.00	0.00	40.00	0.00		86.53	0.00		3461.55	2506.95	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	

Pension 0.00 Health 0.00 Vacation 0.00 Training 0.00
Hourly Other Ins 0.00 15AddOT 0.00 20AddOT 0.00

Dennis Panozzo	P	8.00	8.00	8.00	4.00	8.00	0.00	0.00	36.00	0.00		53.00	0.00		2756.00	1862.14	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	

Pension 0.00 Health 0.00 Vacation 0.00 Training 0.00
Hourly Other Ins 0.00 15AddOT 0.00 20AddOT 0.00

I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above , all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

SUSAN RHODES
Jul 01, 2026

Case #: 26-CTP-209568

Illinois Department of Labor

115 S. LaSalle St 37th Floor
Chicago, IL 60603

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CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date	**Project Location**
6/1/2026 to 6/7/2026	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
36-3878124	
Project Number or Name	**State Capital Funds**
Crete Monee Middle School	No
Agency	
Not a State Agency	

Contractor and/or Subcontractor

Company Name	**Contractor Location**
JP Phillips Inc	3220 WOLF RD
Contact Name	FRANKLIN PARK IL 60131
Autumn Calfa	
Primary Email	**Secondary Email**
autumn@jppconstruction.com	
Primary Phone	**Secondary Phone**
8472880008	

Public Body Information

Public Body Name	**Public Body Address**
Crete Monee Middle School	635 OLMSTEAD LN
Contact Name	UNIVERSITY PARK IL 60484
Primary Phone	**Secondary Phone**

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Kevin Wisniewski	5843	Foreman-Carpenter-All-ALL-0	14410 TRUMBULL AVE	MIDLOTHIAN IL 60445	White	N H L	M	No	No	Yes	No	8472880008
Ricardo Aguayo	5682	Foreman-Laborer-All-ALL-	404 HEATHERWOOD DR	OSWEGO IL 60543	Hispanic or Latino	H L	M	No	No	Yes	No	8472880008
Jose ROlivo	3744	Taper-All-ALL-0	609 HEINTZ DR	SHOREWOOD IL 60404	Hispanic or Latino	H L	M	No	Yes	No	No	8472880008
Luis Avila	7135	Journeyman-Carpenter-All-ALL-0	14905 S CALIFORNIA AVE	POSEN IL 60469	Hispanic or Latino	H L	M	No	Yes	No	No	8472880008

G-Gender V-Veteran J-Journeyman F-Foreman A-Apprentice

N H L- Not Hispanic or Latino
H L- Hispanic or Latino

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
Kevin Wisniewski	P	8.00	8.00	6.00	8.00	0.00	0.00	0.00	30.00	0.00		60.51	0.00		1815.30	0.00	
	NP	0.00	0.00	2.00	0.00	8.00	0.00	0.00	10.00	0.00		60.51	0.00		605.10	1771.18	
	Pension	17.41		Health	14.49		Vacation	3.03		Training	1.60						
	Hourly Other Ins		10.85	15AddOT	0.00		20AddOT	0.00									
Ricardo Aguayo	P	0.00	0.00	3.00	0.00	0.00	0.00	0.00	3.00	0.00		61.01	0.00		183.03	0.00	
	NP	8.00	8.00	7.00	11.00	8.00	0.00	0.00	37.00	5.00		61.01	91.51		2714.95	2080.00	
	Pension	18.34		Health	19.86		Vacation	0.00		Training	0.91						
	Hourly Other Ins		0.26	15AddOT	0.00		20AddOT	0.00									
Jose ROlivo	P	0.00	6.00	0.00	0.00	0.00	0.00	0.00	6.00	0.00		56.30	0.00		337.80	0.00	
	NP	7.00	0.00	8.00	8.00	0.00	0.00	0.00	23.00	0.00		56.30	0.00		1294.90	1122.16	
	Pension	10.10		Health	15.55		Vacation	0.00		Training	11.21						
	Hourly Other Ins		0.00	15AddOT	0.00		20AddOT	0.00									
Luis Avila	P	0.00	0.00	0.00	4.00	8.00	0.00	0.00	12.00	0.00		58.51	0.00		702.12	0.00	

	NP	8.00	8.00	8.00	4.00	0.00	0.00	0.00	28.00	0.00		58.51	0.00		1638.28	1562.49	

Pension	17.41	Health	14.49	Vacation	3.03	Training	1.60	
Hourly Other Ins	10.85	15AddOT	0.00	20AddOT	0.00			

I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above , all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

Autumn Calfa

Jun 23, 2026

Case #: 26-CTP-209946

Illinois Department of Labor

115 S. LaSalle St 37th Floor
Chicago, IL 60603

Dol.certifiedpayroll@Illinois.gov • Phone: (312) 793-3600

CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date	**Project Location**
6/8/2026 to 6/14/2026	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
36-3878124	
Project Number or Name	**State Capital Funds**
Crete Monee Middle School	No
Agency	
Not a State Agency	

Contractor and/or Subcontractor

Company Name	**Contractor Location**
JP Phillips Inc	3220 WOLF RD
Contact Name	FRANKLIN PARK IL 60131
Autumn Calfa	
Primary Email	**Secondary Email**
autumn@jppconstruction.com	
Primary Phone	**Secondary Phone**
8472880008	

Public Body Information

Public Body Name	**Public Body Address**
Crete Monee Middle School	635 OLMSTEAD LN
Contact Name	UNIVERSITY PARK IL 60484
Primary Phone	**Secondary Phone**

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Kevin Wisniewski	5843	Foreman-Carpenter-All-ALL-0	14410 TRUMBULL AVE	MIDLOTHIAN IL 60445	White	N H L	M	No	No	Yes	No	8472880008
Ricardo Aguayo	5682	Foreman-Laborer-All-ALL-0	404 HEATHERWOOD DR	OSWEGO IL 60543	Hispanic or Latino	H L	M	No	No	Yes	No	8472880008
Luis Avila	7135	Journeyman-Carpenter-All-ALL-0	14905 S CALIFORNIA AVE	POSEN IL 60469	Hispanic or Latino	H L	M	No	No	Yes	No	8472880008
Juan Perez	4555	Journeyman Taper-All-ALL-0	3750 W 77TH PL	CHICAGO IL 60652	Hispanic or Latino	H L	M	No	Yes	No	No	8472880008

G-Gender V-Veteran J-Journeyman F-Foreman A-Apprentice

N H L- Not Hispanic or Latino
H L- Hispanic or Latino

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
Kevin Wisniewski	P	8.00	6.00	6.00	8.00	8.00	0.00	0.00	36.00	0.00		60.51	0.00		2178.36	0.00	
	NP	0.00	2.00	2.00	0.00	0.00	0.00	0.00	4.00	0.00		60.51	0.00		242.04	0.00	
	Pension	17.41		Health	14.49		Vacation	3.03		Training	1.60						
	Hourly Other Ins		10.85	15AddOT	0.00		20AddOT	0.00									
Ricardo Aguayo	P	0.00	2.00	0.00	0.00	0.00	0.00	0.00	2.00	0.00		61.01	0.00		122.02	0.00	
	NP	8.00	6.00	8.00	8.00	10.00	0.00	0.00	38.00	1.00		61.01	0.00		2409.90	1854.32	
	Pension	18.34		Health	9.86		Vacation	0.00		Training	0.91						
	Hourly Other Ins		0.26	15AddOT	0.00		20AddOT	0.00									
Luis Avila	P	8.00	8.00	8.00	8.00	8.00	0.00	0.00	40.00	0.00		58.51	0.00		2340.40	1562.49	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
	Pension	17.41		Health	14.49		Vacation	3.03		Training	1.60						
	Hourly Other Ins		10.85	15AddOT	0.00		20AddOT	0.00									
Juan Perez	P	0.00	8.00	8.00	8.00	8.00	0.00	0.00	32.00	0.00		56.30	0.00		1801.60	1205.40	

	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	

Pension	10.10	Health	15.55	Vacation	0.00	Training	11.21
Hourly Other Ins	0.00	15AddOT	0.00	20AddOT	0.00		

I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above , all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

Autumn Calfa

Jun 23, 2026

Case #: 26-CTP-233917

Illinois Department of Labor

115 S. LaSalle St 37th Floor
Chicago, IL 60603

Dol.certifiedpayroll@Illinois.gov • Phone: (312) 793-3600

CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date	**Project Location**
6/15/2026 to 6/21/2026	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
36-3878124	
Project Number or Name	**State Capital Funds**
Crete Monee Middle School	No
Agency	
Not a State Agency	

Contractor and/or Subcontractor

Company Name	**Contractor Location**
JP Phillips Inc	3220 WOLF RD
Contact Name	FRANKLIN PARK IL 60131
Autumn Calfa	
Primary Email	**Secondary Email**
autumn@jppconstruction.com	autumn@jppconstruction.com
Primary Phone	**Secondary Phone**
8472880008	

Public Body Information

Public Body Name	**Public Body Address**
Crete Monee Middle School	635 OLMSTEAD LN
Contact Name	UNIVERSITY PARK IL 60484
Primary Phone	**Secondary Phone**

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Kevin Wisniewski	5843	Foreman-Carpenter-All-ALL-0	14410 TRUMBULL AVE	MIDLOTHIAN IL 60445	White	N H L	M	No	No	Yes	No	8472880008
Jose ROlivo	3744	Journeyman Taper-All-ALL-0	609 HEINTZ DR	SHOREWOOD IL 60404	Hispanic or Latino	H L	M	No	No	No	No	8472880008
Luis Avila	7135	Journeyman-Carpenter-All-ALL-0	14905 S CALIFORNIA AVE	POSEN IL 60469	Hispanic or Latino	H L	M	No	Yes	No	No	8472880008
Juan Perez	4555	Journeyman Taper-All-ALL-0	3750	Chicago IL 60652	Hispanic or Latino	H L	M	No	No	No	No	8472880008

G-Gender V-Veteran J-Journeyman F-Foreman A-Apprentice

N H L- Not Hispanic or Latino
H L- Hispanic or Latino

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
Kevin Wisniewski	P	8.00	0.00	8.00	8.00	8.00	0.00	0.00	32.00	0.00		60.51	0.00		1936.32	0.00	
	NP	0.00	8.00	0.00	0.00	0.00	0.00	0.00	8.00	0.00		60.51	0.00		484.08	1830.71	
	Pension	17.41		Health	14.49		Vacation	3.03		Training	1.60						
	Hourly Other Ins		10.85	15AddOT	0.00		20AddOT	0.00									
Jose ROlivo	P	0.00	0.00	0.00	0.00	8.00	0.00	0.00	8.00	0.00		56.30	0.00		450.40	0.00	
	NP	8.00	8.00	8.00	0.00	0.00	0.00	0.00	32.00	0.00		56.30	0.00		1351.20	1224.44	
	Pension	10.10		Health	15.55		Vacation	0.00		Training	0.00						
	Hourly Other Ins		11.21	15AddOT	0.00		20AddOT	0.00									
Luis Avila	P	8.00	0.00	0.00	0.00	0.00	0.00	0.00	8.00	0.00		58.51	0.00		468.08	0.00	
	NP	0.00	4.00	8.00	8.00	2.00	0.00	0.00	24.00	0.00		58.51	0.00		1404.24	1216.11	
	Pension	17.41		Health	14.49		Vacation	3.03		Training	1.60						
	Hourly Other Ins		10.85	15AddOT	0.00		20AddOT	0.00									
Juan Perez	P	8.00	8.00	0.00	0.00	0.00	0.00	0.00	16.00	0.00		56.30	0.00		900.80	0.00	

	NP	0.00	0.00	8.00	8.00	7.00	0.00	0.00	23.00	0.00		56.30	0.00		1294.90	1450.74	

Pension	10.10	Health	15.15	Vacation	0.00	Training	0.00
Hourly Other Ins	11.21	15AddOT	0.00	20AddOT	0.00		

I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above , all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

Autumn Calfa

Jul 09, 2026

Case #: 26-CTP-234002

Illinois Department of Labor

115 S. LaSalle St 37th Floor
Chicago, IL 60603

Dol.certifiedpayroll@Illinois.gov • Phone: (312) 793-3600

CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date	**Project Location**
6/22/2026 to 6/28/2026	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
36-3878124	
Project Number or Name	**State Capital Funds**
Crete Monee Middle School	No
Agency	
Not a State Agency	

Contractor and/or Subcontractor

Company Name	**Contractor Location**
JP Phillips Inc	3220 WOLF RD
Contact Name	FRANKLIN PARK IL 60131
Autumn Calfa	
Primary Email	**Secondary Email**
autumn@jppconstruction.com	autumn@jppconstruction.com
Primary Phone	**Secondary Phone**
8472880008	

Public Body Information

Public Body Name	**Public Body Address**
Crete Monee Middle School	635 OLMSTEAD LN
Contact Name	UNIVERSITY PARK IL 60484
Primary Phone	**Secondary Phone**

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Kevin Wisniewski	5843	Foreman-Carpenter-All-ALL-0	14410 TRUMBULL AVE	MIDLOTHIAN IL 60445	Hispanic or Latino	H L	M	No	No	Yes	No	8472880008
Ricardo Aguayo	5682	Foreman-Laborer-All-ALL-0	404 HEATHERWOOD DR	OSWEGO IL 60543	Hispanic or Latino	H L	M	No	No	Yes	No	8472880008
Jose ROlivo	3744	Journeyman Taper-All-ALL-0	609 HEINTZ DR	SHOREWOOD IL 60404	Hispanic or Latino	H L	M	No	Yes	No	No	8472880008

G-Gender V-Veteran J-Journeyman F-Foreman A-Apprentice

N H L- Not Hispanic or Latino
H L- Hispanic or Latino

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
Kevin Wisniewski	P	8.00	8.00	3.00	8.00	6.00	0.00	0.00	35.00	0.00		60.51	0.00		2117.85	0.00	
	NP	0.00	0.00	5.00	0.00	0.00	0.00	0.00	5.00	0.00		60.51	0.00		302.55	1783.04	
	Pension	17.41		Health	14.49		Vacation	3.03		Training	1.60						
	Hourly Other Ins	10.85		15AddOT	0.00		20AddOT	0.00									
Ricardo Aguayo	P	0.00	0.00	0.00	0.00	3.00	0.00	0.00	3.00	0.00		61.01	0.00		183.03	0.00	
	NP	14.00	8.00	8.00	8.00	5.00	0.00	0.00	37.00	6.00		61.01	0.00		2806.46	2136.40	
	Pension	18.34		Health	19.86		Vacation	0.00		Training	0.91						
	Hourly Other Ins	0.26		15AddOT	0.00		20AddOT	0.00									
Jose ROlivo	P	8.00	0.00	0.00	0.00	0.00	0.00	0.00	8.00	0.00		56.30	0.00		450.40	0.00	
	NP	0.00	8.00	8.00	7.00	8.00	6.00	0.00	31.00	6.00		56.30	84.45		2252.00	1852.18	
	Pension	10.10		Health	15.55		Vacation	0.00		Training	0.00						
	Hourly Other Ins	11.21		15AddOT	0.00		20AddOT	0.00									

I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above , all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

Autumn Calfa

Jul 09, 2026

Case #: 26-CTP-225215

Illinois Department of Labor

115 S. LaSalle St 37th Floor
Chicago, IL 60603

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CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date	**Project Location**
5/31/2026 to 6/6/2026	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
36-3346462	**No Work Report: Yes**
Project Number or Name	**State Capital Funds**
210742-01018 Crete Middle School - Addition & Renovations	No
Agency	
Not a State Agency	

Contractor and/or Subcontractor

Company Name	**Contractor Location**
Douglas Floor Covering, Inc.	200 ALDER DR
Contact Name	NORTH AURORA IL 60542
Kathryn Mensing	
Primary Email	**Secondary Email**
kathy@douglasflooring.com	
Primary Phone	**Secondary Phone**
6308928620	

Public Body Information

Public Body Name	**Public Body Address**
Board of Education, Crete-Monee School District #201-U	690 W EXCHANGE ST
Contact Name	CRETE IL 60417
Primary Phone	**Secondary Phone**

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber

G-Gender V-Veteran J-Journeyman F-Foreman A-Apprentice

N H L- Not Hispanic or Latino
H L- Hispanic or Latino

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work

I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above , all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

Kathryn Mensing
Jul 02, 2026

Case #: 26-CTP-225228

Illinois Department of Labor

115 S. LaSalle St 37th Floor
Chicago, IL 60603

Dol.certifiedpayroll@Illinois.gov • Phone: (312) 793-3600

CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date	**Project Location**
6/7/2026 to 6/13/2026	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
36-3343462	**No Work Report: Yes**
Project Number or Name	**State Capital Funds**
210742-01018 Crete Middle School - Addition & Renovations	No
Agency	
Not a State Agency	

Contractor and/or Subcontractor

Company Name	**Contractor Location**
Douglas Floor Covering, Inc.	200 ALDER DR
Contact Name	NORTH AURORA IL 60542
Kathryn Mensing	
Primary Email	**Secondary Email**
kathy@douglasflooring.com	
Primary Phone	**Secondary Phone**
6308928620	

Public Body Information

Public Body Name	**Public Body Address**
Board of Education, Crete-Monee School District #201-U	690 W EXCHANGE ST
Contact Name	CRETE IL 60417
Primary Phone	**Secondary Phone**

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber

G-Gender V-Veteran J-Journeyman F-Foreman A-Apprentice

N H L- Not Hispanic or Latino
H L- Hispanic or Latino

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work

I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above , all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

Kathryn Mensing
Jul 02, 2026

Case #: 26-CTP-225240

Illinois Department of Labor

115 S. LaSalle St 37th Floor
Chicago, IL 60603

Dol.certifiedpayroll@Illinois.gov • Phone: (312) 793-3600

CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date	**Project Location**
6/14/2026 to 6/20/2026	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
36-3343462	**No Work Report: Yes**
Project Number or Name	**State Capital Funds**
210742-01018 Crete Middle School - Addition & Renovations	No
Agency	
Not a State Agency	

Contractor and/or Subcontractor

Company Name	**Contractor Location**
Douglas Floor Covering, Inc.	200 ALDER DR
Contact Name	NORTH AURORA IL 60542
Kathryn Mensing	
Primary Email	**Secondary Email**
kathy@douglasflooring.com	
Primary Phone	**Secondary Phone**
6308928620	

Public Body Information

Public Body Name	**Public Body Address**
Board of Education, Crete-Monee School District #201-U	690 W EXCHANGE ST
Contact Name	CRETE IL 60417
Primary Phone	**Secondary Phone**

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber

G-Gender V-Veteran J-Journeyman F-Foreman A-Apprentice

N H L- Not Hispanic or Latino
H L- Hispanic or Latino

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work

I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above , all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

Kathryn Mensing
Jul 02, 2026

Case #: 26-CTP-225255

Illinois Department of Labor

115 S. LaSalle St 37th Floor
Chicago, IL 60603

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CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date	**Project Location**
6/21/2026 to 6/27/2026	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
36-3343462	
Project Number or Name	**State Capital Funds**
210742-01018 Crete Middle School - Addition & Renovations	No
Agency	
Not a State Agency	

Contractor and/or Subcontractor

Company Name	**Contractor Location**
Douglas Floor Covering, Inc.	200 ALDER DR
Contact Name	NORTH AURORA IL 60542
Kathryn Mensing	
Primary Email	**Secondary Email**
kathy@douglasflooring.com	
Primary Phone	**Secondary Phone**
6308928620	

Public Body Information

Public Body Name	**Public Body Address**
Board of Education, Crete-Monee School District #201-U	690 W EXCHANGE ST
Contact Name	CRETE IL 60417
Primary Phone	**Secondary Phone**

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Tyler JLynch	5407	Carpenter Journeyman-All-BLD-	26810 S FOXWOOD DR	MONEE IL 60449	White	N H L	M	No	Yes	No	No	7086531274
Joseph Vaccaro	1523	Carpenter Journeyman-All-BLD-	10905 S WHIPPLE ST	CHICAGO IL 60655	White	N H L	M	Yes	Yes	No	No	7738538672
Sebastian Waugh	7265	Carpenter Journeyman-All-BLD-	7512 INDEPENDENCE ST	MERRILLVILLE IN 46410	White	N H L	M	No	Yes	No	No	2627446259

G-Gender V-Veteran J-Journeyman F-Foreman A-Apprentice

N H L- Not Hispanic or Latino
H L- Hispanic or Latino

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
Tyler JLynch	P	8.00	8.00	8.00	0.00	0.00	0.00	0.00	24.00	0.00		58.51	0.00		3211.96	1931.83	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
	Pension	17.41		Health	14.49		Vacation	3.03		Training	12.46						
	Hourly Other Ins		0.00	15AddOT	0.00		20AddOT	0.00									
Joseph Vaccaro	P	0.00	0.00	0.00	0.00	8.00	0.00	0.00	8.00	0.00		58.51	0.00		496.32	395.27	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
	Pension	17.41		Health	14.49		Vacation	3.03		Training	12.46						
	Hourly Other Ins		0.00	15AddOT	0.00		20AddOT	0.00									
Sebastian Waugh	P	8.00	8.00	0.00	0.00	0.00	0.00	0.00	16.00	0.00		58.51	0.00		2481.60	1610.68	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
	Pension	17.41		Health	14.49		Vacation	3.03		Training	12.46						
	Hourly Other Ins		0.00	15AddOT	0.00		20AddOT	0.00									

I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above , all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

Kathryn Mensing
Jul 02, 2026

Case #: 26-CTP-242072

Illinois Department of Labor

115 S. LaSalle St 37th Floor
Chicago, IL 60603

Dol.certifiedpayroll@Illinois.gov • Phone: (312) 793-3600

CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date	**Project Location**
6/1/2026 to 6/7/2026	635 OLMSTEAD LN
FEIN or Contractor Number	Crete IL 60417
20-4019045	
Project Number or Name	**State Capital Funds**
Crete Middle School - Addition & Renovations	No
Agency	
Not a State Agency	

Contractor and/or Subcontractor

Company Name	**Contractor Location**
State Mechanical Services	535 EXCHANGE CT
Contact Name	AURORA IL 60504
Amber Nicole Michelson	
Primary Email	**Secondary Email**
amichelson@statemechservices.com	sarahm@bearcc.com
Primary Phone	**Secondary Phone**
8473389453	

Public Body Information

Public Body Name	**Public Body Address**
Board of Education, Crete-Monee School District #201-U	690 W EXCHANGE ST
Contact Name	CRETE IL 60417
Primary Phone	**Secondary Phone**

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Ryan KCharnisky	9749	PF 597 Y2 Apprentice---	13012 CATHY LN	PLAINFIELD IL 60585	White	N H L	M	No	No	No	Yes	6306993298
James Higgins	8072	SM 265 Y4 2nd 6---	1005 GREENFIELD AVE	SOUTH ELGIN IL 60177	White	N H L	M	No	No	No	Yes	6307236000
Jason McCauley	0951	SM 265 Superintendent---	1725 CORAL REEF WAY	LAKE ZURICH IL 60047	White	N H L	M	No	No	Yes	No	6307236000
Thomas Murar	9778	SM 73 Foreman +2---	601 BLUESTEM LN	ALGONQUIN IL 60102	White	N H L	M	No	No	Yes	No	8478120833
Dennis Ongenae	3805	SM 265 Cook Superintendent---	25500 W ROCK DR	PLAINFIELD IL 60586	White	N H L	M	No	No	Yes	No	8155306156
Scott VSimpson	9942	SM 265 Foreman---	2050 NELSON RD	MORRIS IL 60450	White	N H L	M	No	No	Yes	No	6307236000
Scott VSimpson	9942	SM 265 Cook Foreman---	2050 NELSON RD	MORRIS IL 60450	White	N H L	M	No	No	Yes	No	6307236000
Stephen Simpson	2173	SM 265 Journeyman---	7013 MONMOUTH DR	JOLIET IL 60431	White	N H L	M	No	Yes	No	No	6307236000
Jacob Zacavish	3066	PF 597 Foreman +3---	12541 YORKSHIRE DR	HOMER GLEN IL 60491	White	N H L	M	No	No	Yes	No	7085482429

G-Gender V-Veteran J-Journeyman F-Foreman A-Apprentice

N H L- Not Hispanic or Latino
H L- Hispanic or Latino

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
Ryan KCharnisky	P	8.00	8.00	8.00	8.00	4.00	0.00	0.00	38.00	0.00		32.73	0.00		1309.20	869.10	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
	Pension	0.00		Health	156.92		Vacation	0.00		Training	0.00						
	Hourly Other Ins	0.00		15AddOT	0.00		20AddOT	0.00									
James Higgins	P	0.00	8.00	8.00	0.00	0.00	0.00	0.00	16.00	0.00		45.98	0.00		1103.52	849.88	

	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
	Pension	0.00		Health	29.52		Vacation	0.00		Training	0.00						
	Hourly Other Ins		0.00	15AddOT	0.00		20AddOT	0.00									
Jason McCauley	P	0.00	1.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00		67.59	0.00		2804.99	2020.60	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
	Pension	0.00		Health	158.76		Vacation	0.00		Training	0.00						
	Hourly Other Ins		0.00	15AddOT	0.00		20AddOT	0.00									
Thomas Murar	P	0.00	0.00	8.00	0.00	0.00	0.00	0.00	8.00	0.00		64.54	0.00		3461.14	2695.74	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
	Pension	0.00		Health	134.88		Vacation	0.00		Training	0.00						
	Hourly Other Ins		0.00	15AddOT	0.00		20AddOT	0.00									
Dennis Ongenae	P	0.00	2.00	0.00	0.00	0.00	0.00	0.00	2.00	0.00		68.80	0.00		3536.44	2294.41	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
	Pension	0.00		Health	129.96		Vacation	0.00		Training	0.00						
	Hourly Other Ins		0.00	15AddOT	0.00		20AddOT	0.00									
Scott VSimpson	P	0.00	0.00	0.00	0.00	8.00	0.00	0.00	8.00	0.00		65.76	0.00		2662.84	1976.84	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
	Pension	0.00		Health	108.08		Vacation	0.00		Training	0.00						
	Hourly Other Ins		0.00	15AddOT	0.00		20AddOT	0.00									
Scott VSimpson	P	0.00	8.00	8.00	0.00	0.00	0.00	0.00	16.00	0.00		67.10	0.00		2662.84	1976.84	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
	Pension	0.00		Health	108.08		Vacation	0.00		Training	0.00						
	Hourly Other Ins		0.00	15AddOT	0.00		20AddOT	0.00									
Stephen Simpson	P	0.00	0.00	0.00	0.00	8.00	0.00	0.00	8.00	0.00		60.89	0.00		2435.60	1655.13	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
	Pension	0.00		Health	108.40		Vacation	0.00		Training	0.00						
	Hourly Other Ins		0.00	15AddOT	0.00		20AddOT	0.00									

Jacob Zacavish	P	8.00	8.00	8.00	8.00	6.00	0.00	0.00	38.00	0.00		65.50	0.00		2620.00	1802.12	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	

Pension	0.00	Health	291.00	Vacation	0.00	Training	0.00
Hourly Other Ins	0.00	15AddOT	0.00	20AddOT	0.00		

I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above , all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

Amber Michelson

Jul 14, 2026

Case #: 26-CTP-263810

Illinois Department of Labor

115 S. LaSalle St 37th Floor
Chicago, IL 60603

Dol.certifiedpayroll@Illinois.gov • Phone: (312) 793-3600

CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date	**Project Location**
6/8/2026 to 6/14/2026	635 OLMSTEAD LN
FEIN or Contractor Number	Crete IL 60417
20-4019045	
Project Number or Name	**State Capital Funds**
Crete Middle School - Addition & Renovations	No
Agency	
Not a State Agency	

Contractor and/or Subcontractor

Company Name	**Contractor Location**
State Mechanical Services	535 EXCHANGE CT
Contact Name	AURORA IL 60504
Amber Nicole Michelson	
Primary Email	**Secondary Email**
amichelson@statemechservices.com	sarahm@bearcc.com
Primary Phone	**Secondary Phone**
8473389453	

Public Body Information

Public Body Name	**Public Body Address**
Board of Education, Crete-Monee School District #201-U	690 W EXCHANGE ST
Contact Name	CRETE IL 60417
Primary Phone	**Secondary Phone**

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Ryan KCharnisky	9749	PF 597 Y2 Apprentice---	13012 CATHY LN	PLAINFIELD IL 60585	White	N H L	M	No	No	No	Yes	6306993298
James Higgins	8072	SM 265 Y4 2nd 6---	1005 GREENFIELD AVE	SOUTH ELGIN IL 60177	White	N H L	M	No	No	No	Yes	6307236000
Scott Simpson	9942	SM 265 Foreman---	2050 NELSON RD	MORRIS IL 60450	White	N H L	M	No	No	Yes	No	6307236000
Stephen Simpson	2173	SM 265 Journeyman---	7013 MONMOUTH DR	JOLIET IL 60431	White	N H L	M	No	Yes	No	No	6307236000
Jacob Zacavish	2173	PF 597 Foreman +3---	12541 YORKSHIRE DR	HOMER GLEN IL 60491	White	N H L	M	No	No	Yes	No	7085482429

G-Gender V-Veteran J-Journeyman F-Foreman A-Apprentice

N H L- Not Hispanic or Latino
H L- Hispanic or Latino

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
Ryan KCharnisky	P	8.00	8.00	0.00	0.00	0.00	0.00	0.00	16.00	0.00		32.73	0.00		1309.20	869.10	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
	Pension	0.00		Health	156.92		Vacation	0.00		Training	0.00						
	Hourly Other Ins		0.00	15AddOT	0.00		20AddOT	0.00									
James Higgins	P	0.00	0.00	0.00	8.00	0.00	0.00	0.00	8.00	0.00		45.98	0.00		2115.08	1504.38	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
	Pension	0.00		Health	54.12		Vacation	0.00		Training	0.00						
	Hourly Other Ins		0.00	15AddOT	0.00		20AddOT	0.00									
Scott Simpson	P	8.00	0.00	0.00	8.00	8.00	0.00	0.00	24.00	0.00		65.76	0.00		2630.40	1951.51	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
	Pension	0.00		Health	108.40		Vacation	0.00		Training	0.00						
	Hourly Other Ins		0.00	15AddOT	0.00		20AddOT	0.00									

Stephen Simpson	P	8.00	0.00	0.00	8.00	8.00	0.00	0.00	24.00	0.00		60.89	0.00		2435.60	1655.13	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	

Pension 0.00 Health 108.40 Vacation 0.00 Training 0.00

Hourly Other Ins 0.00 15AddOT 0.00 20AddOT 0.00

Jacob Zacavish	P	8.00	8.00	8.00	0.00	0.00	0.00	0.00	24.00	0.00		65.50	0.00		2620.00	1802.12	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	

Pension 0.00 Health 291.00 Vacation 0.00 Training 0.00

Hourly Other Ins 0.00 15AddOT 0.00 20AddOT 0.00

I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above , all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

Amber Michelson

Jul 27, 2026

Case #: 26-CTP-263882

Illinois Department of Labor

115 S. LaSalle St 37th Floor
Chicago, IL 60603

Dol.certifiedpayroll@Illinois.gov • Phone: (312) 793-3600

CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date	**Project Location**
6/15/2026 to 6/21/2026	635 OLMSTEAD LN
FEIN or Contractor Number	Crete IL 60417
20-4019045	
Project Number or Name	**State Capital Funds**
Crete Middle School - Addition & Renovations	No
Agency	
Not a State Agency	

Contractor and/or Subcontractor

Company Name	**Contractor Location**
State Mechanical Services	535 EXCHANGE CT
Contact Name	AURORA IL 60504
Amber Nicole Michelson	
Primary Email	**Secondary Email**
amichelson@statemechservices.com	sarahm@bearcc.com
Primary Phone	**Secondary Phone**
8473389453	

Public Body Information

Public Body Name	**Public Body Address**
Board of Education, Crete-Monee School District #201-U	690 W EXCHANGE ST
Contact Name	CRETE IL 60417
Primary Phone	**Secondary Phone**

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
David Morlock	3079	PF 597 Journeyman---	14130 DELAWARE ST	CROWN POINT IN 46307	White	N H L	M	No	Yes	No	No	6308085803
Scott Simpson	9942	SM 265 Foreman---	2050 NELSON RD	MORRIS IL 60450	White	N H L	M	No	No	Yes	No	6307236000
Stephen Simpson	2173	SM 265 Journeyman---	7013 MONMOUTH DR	JOLIET IL 60431	White	N H L	M	No	Yes	No	No	6307236000

G-Gender V-Veteran J-Journeyman F-Foreman A-Apprentice

N H L- Not Hispanic or Latino
H L- Hispanic or Latino

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
David Morlock	P	0.00	0.00	0.00	4.00	0.00	0.00	0.00	4.00	0.00		59.50	0.00		3364.25	2293.27	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
	Pension	0.00		Health	126.43		Vacation	0.00		Training	0.00						
	Hourly Other Ins	0.00		15AddOT	0.00		20AddOT	0.00									
Scott Simpson	P	8.00	0.00	0.00	0.00	0.00	0.00	0.00	8.00	0.00		65.76	0.00		2419.96	1816.02	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
	Pension	0.00		Health	94.69		Vacation	0.00		Training	0.00						
	Hourly Other Ins	0.00		15AddOT	0.00		20AddOT	0.00									
Stephen Simpson	P	8.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
	Pension	0.00		Health	94.69		Vacation	0.00		Training	0.00						
	Hourly Other Ins	0.00		15AddOT	0.00		20AddOT	0.00									

I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above , all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

Amber Michelson

Jul 27, 2026

Case #: 26-CTP-263930

Illinois Department of Labor

115 S. LaSalle St 37th Floor
Chicago, IL 60603

Dol.certifiedpayroll@Illinois.gov • Phone: (312) 793-3600

CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date	**Project Location**
6/22/2026 to 6/28/2026	635 OLMSTEAD LN
FEIN or Contractor Number	Crete IL 60417
20-4019045	
Project Number or Name	**State Capital Funds**
Crete Middle School - Addition & Renovations	No
Agency	
Not a State Agency	

Contractor and/or Subcontractor

Company Name	**Contractor Location**
State Mechanical Services	535 EXCHANGE CT
Contact Name	AURORA IL 60504
Amber Nicole Michelson	
Primary Email	**Secondary Email**
amichelson@statemechservices.com	sarahm@bearcc.com
Primary Phone	**Secondary Phone**
8473389453	

Public Body Information

Public Body Name	**Public Body Address**
Board of Education, Crete-Monee School District #201-U	690 W EXCHANGE ST
Contact Name	CRETE IL 60417
Primary Phone	**Secondary Phone**

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Steve Czech	7267	SM 265 Foreman---	580 SMITH RD	LISLE IL 60532	White	N H L	M	No	No	Yes	No	6304013769
David Morlock	3079	PF 597 Journeyman---	14130 DELAWARE ST	CROWN POINT IN 46307	White	N H L	M	No	Yes	No	No	6308085803
Thomas Murar	9778	SM 73 Foreman +2---	601 BLUESTEM LN	ALGONQU IN IL 60102	White	N H L	M	No	No	Yes	No	8478120833

G-Gender V-Veteran J-Journeyman F-Foreman A-Apprentice

N H L- Not Hispanic or Latino
H L- Hispanic or Latino

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
Steve Czech	P	8.00	0.00	0.00	0.00	0.00	0.00	0.00	8.00	0.00		65.76	0.00		3281.48	2291.47	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	

Pension 0.00 Health 119.24 Vacation 0.00 Training 0.00
Hourly Other Ins 0.00 15AddOT 0.00 20AddOT 0.00

David Morlock	P	0.00	1.00	8.00	0.00	0.00	0.00	0.00	9.00	0.00		59.50	0.00		2380.00	1578.28	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	

Pension 0.00 Health 107.60 Vacation 0.00 Training 0.00
Hourly Other Ins 0.00 15AddOT 0.00 20AddOT 0.00

Thomas Murar	P	8.00	0.00	0.00	0.00	0.00	0.00	0.00	8.00	0.00		64.54	0.00		4536.04	3275.93	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	

Pension 0.00 Health 160.64 Vacation 0.00 Training 0.00
Hourly Other Ins 0.00 15AddOT 0.00 20AddOT 0.00

I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above , all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

Amber Michelson

Jul 27, 2026

Case #: 26-CTP-243705

Illinois Department of Labor

115 S. LaSalle St 37th Floor
Chicago, IL 60603

Dol.certifiedpayroll@Illinois.gov • Phone: (312) 793-3600

CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date	**Project Location**
6/1/2026 to 6/7/2026	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
210742-01010	
Project Number or Name	**State Capital Funds**
CRETE-MONEE MIDDLE SCHOOL	No
Agency	
Education, Board of	

Contractor and/or Subcontractor

Company Name	**Contractor Location**
ELECTRICAL SYSTEMS, INC.	17335 ASHLAND AVE
Contact Name	EAST HAZEL CREST IL 60429
DANA SHINKLE	
Primary Email	**Secondary Email**
DSHINKLE@ESIPOWER.COM	DSHINKLE@ESIPOWER.COM
Primary Phone	**Secondary Phone**
7086471300	

Public Body Information

Public Body Name	**Public Body Address**
CRETE-MONEE COMMUNITY UNIT SCHOOL DISTRICT 201-U	609 W. EXCHANGE STREET
Contact Name	CRETE IL 60417
Primary Phone	**Secondary Phone**

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
STEPHEN RROMAN	4373	ELECTRICIAN---	18526 MARTIN AVE	HOMEWOOD IL 60430	White	N H L	M	Yes	Yes	No	No	7085433199
DAVID PROMAN	2439	ELECTRICIAN---	18010 HOMEWOOD AVE	HOMEWOOD IL 60430	White	N H L	M	No	No	Yes	No	7089353009
JAMES ESTROM	0335	ELECTRICIAN---	9201 W 77TH AVE	SCHERERVILLE IN 46375	White	N H L	M	No	No	Yes	No	7089355199

G-Gender V-Veteran J-Journeyman F-Foreman A-Apprentice

N H L- Not Hispanic or Latino
H L- Hispanic or Latino

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
STEPHEN RROMAN	P	0.00	0.00	8.00	8.00	8.00	0.00	0.00	24.00	0.00		63.15	0.00		2652.30	1877.36	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
	Pension	21.50		Health	18.98		Vacation	0.00		Training	1.38						
	Hourly Other Ins		5.70	15AddOT	0.00		20AddOT	0.00									
DAVID PROMAN	P	8.00	8.00	8.00	8.00	0.00	0.00	0.00	32.00	0.00		69.47	0.00		2917.74	2037.83	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
	Pension	21.50		Health	18.98		Vacation	0.00		Training	1.38						
	Hourly Other Ins		5.70	15AddOT	0.00		20AddOT	0.00									
JAMES ESTROM	P	8.00	4.00	0.00	8.00	0.00	0.00	0.00	20.00	0.00		72.62	0.00		5700.67	3188.16	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
	Pension	21.50		Health	18.98		Vacation	0.00		Training	1.38						
	Hourly Other Ins		5.70	15AddOT	0.00		20AddOT	0.00									

I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above , all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

Dana Shinkle

Jul 15, 2026

Case #: 26-CTP-243831

Illinois Department of Labor

115 S. LaSalle St 37th Floor
Chicago, IL 60603

Dol.certifiedpayroll@Illinois.gov • Phone: (312) 793-3600

CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date	**Project Location**
6/8/2026 to 6/14/2026	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
210742-01010	
Project Number or Name	**State Capital Funds**
CRETE-MONEE MIDDLE SCHOOL	No
Agency	
Education, Board of	

Contractor and/or Subcontractor

Company Name	**Contractor Location**
ELECTRICAL SYSTEMS, INC.	17335 ASHLAND AVE
Contact Name	EAST HAZEL CREST IL 60429
DANA SHINKLE	
Primary Email	**Secondary Email**
DSHINKLE@ESIPOWER.COM	DSHINKLE@ESIPOWER.COM
Primary Phone	**Secondary Phone**
7086471300	

Public Body Information

Public Body Name	**Public Body Address**
CRETE-MONEE COMMUNITY UNIT SCHOOL DISTRICT 201-U	609 W. EXCHANGE STREET
Contact Name	CRETE IL 60417
Primary Phone	**Secondary Phone**

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
STEPHEN RROMAN	4373	ELECTRICIAN---	18526 MARTIN AVE	HOMEWOOD IL 60430	White	N H L	M	Yes	Yes	No	No	7085433199
DAVID PROMAN	2439	ELECTRICIAN---	18010 HOMEWOOD AVE	HOMEWOOD IL 60430	White	N H L	M	No	No	Yes	No	7089353009

G-Gender V-Veteran J-Journeyman F-Foreman A-Apprentice

N H L- Not Hispanic or Latino
H L- Hispanic or Latino

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
STEPHEN RROMAN	P	0.00	0.00	8.00	8.00	8.00	0.00	0.00	24.00	0.00		63.15	0.00		3662.70	2488.90	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	

Pension 21.50 Health 18.98 Vacation 0.00 Training 1.38
Hourly Other Ins 5.70 15AddOT 0.00 20AddOT 0.00

DAVID PROMAN	P	8.00	8.00	8.00	8.00	8.00	0.00	0.00	40.00	0.00		69.47	0.00		4029.26	2710.87	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	

Pension 21.50 Health 18.98 Vacation 0.00 Training 1.38
Hourly Other Ins 5.70 15AddOT 0.00 20AddOT 0.00

I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above , all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

Dana Shinkle
Jul 15, 2026

Case #: 26-CTP-243917

Illinois Department of Labor

115 S. LaSalle St 37th Floor
Chicago, IL 60603

Dol.certifiedpayroll@Illinois.gov • Phone: (312) 793-3600

CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date	**Project Location**
6/15/2026 to 6/21/2026	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
210742-01010	
Project Number or Name	**State Capital Funds**
CRETE-MONEE MIDDLE SCHOOL	No
Agency	
Education, Board of	

Contractor and/or Subcontractor

Company Name	**Contractor Location**
ELECTRICAL SYSTEMS, INC.	17335 ASHLAND AVE
Contact Name	EAST HAZEL CREST IL 60429
DANA SHINKLE	
Primary Email	**Secondary Email**
DSHINKLE@ESIPOWER.COM	DSHINKLE@ESIPOWER.COM
Primary Phone	**Secondary Phone**
7086471300	

Public Body Information

Public Body Name	**Public Body Address**
CRETE-MONEE COMMUNITY UNIT SCHOOL DISTRICT 201-U	609 W. EXCHANGE STREET
Contact Name	CRETE IL 60417
Primary Phone	**Secondary Phone**

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
STEPHEN RROMAN	4373	ELECTRICIAN---	18526 MARTIN AVE	HOMEWOOD IL 60430	White	N H L	M	Yes	Yes	No	No	7085433199
DAVID PROMAN	2439	ELECTRICIAN---	18010 HOMEWOOD AVE	HOMEWOOD IL 60430	White	N H L	M	No	No	Yes	No	7089353009
JAMES ESTROM	0335	ELECTRICIAN---	9201 W 77TH AVE	SCHERERVILLE IN 46375	White	N H L	M	No	No	Yes	No	7089355199

G-Gender V-Veteran J-Journeyman F-Foreman A-Apprentice

N H L- Not Hispanic or Latino
H L- Hispanic or Latino

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
STEPHEN RROMAN	P	8.00	8.00	0.00	8.00	8.00	0.00	0.00	32.00	0.00		63.15	0.00		3271.26	2257.14	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
	Pension	21.50		Health	18.98		Vacation	0.00		Training	1.38						
	Hourly Other Ins		5.70	15AddOT	0.00		20AddOT	0.00									
DAVID PROMAN	P	8.00	8.00	8.00	8.00	7.00	0.00	0.00	39.00	0.00		69.47	0.00		3959.79	2669.42	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
	Pension	21.50		Health	18.98		Vacation	0.00		Training	1.38						
	Hourly Other Ins		5.70	15AddOT	0.00		20AddOT	0.00									
JAMES ESTROM	P	0.00	8.00	8.00	8.00	8.00	0.00	0.00	32.00	0.00		72.62	0.00		4211.96	2445.86	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
	Pension	21.50		Health	18.98		Vacation	0.00		Training	1.38						
	Hourly Other Ins		5.70	15AddOT	0.00		20AddOT	0.00									

I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above , all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

Dana Shinkle

Jul 15, 2026

Case #: 26-CTP-244105

Illinois Department of Labor

115 S. LaSalle St 37th Floor
Chicago, IL 60603

Dol.certifiedpayroll@Illinois.gov • Phone: (312) 793-3600

CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date	**Project Location**
6/22/2026 to 6/28/2026	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
210742-01010	
Project Number or Name	**State Capital Funds**
CRETE-MONEE MIDDLE SCHOOL	No
Agency	
Education, Board of	

Contractor and/or Subcontractor

Company Name	**Contractor Location**
ELECTRICAL SYSTEMS, INC.	17335 ASHLAND AVE
Contact Name	EAST HAZEL CREST IL 60429
DANA SHINKLE	
Primary Email	**Secondary Email**
DSHINKLE@ESIPOWER.COM	DSHINKLE@ESIPOWER.COM
Primary Phone	**Secondary Phone**
7086471300	

Public Body Information

Public Body Name	**Public Body Address**
CRETE-MONEE COMMUNITY UNIT SCHOOL DISTRICT 201-U	609 W. EXCHANGE STREET
Contact Name	CRETE IL 60417
Primary Phone	**Secondary Phone**

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
STEPHEN RROMAN	4373	ELECTRICIAN---	18526 MARTIN AVE	HOMEWOOD IL 60430	White	N H L	M	Yes	Yes	No	No	7085150404
DAVID PROMAN	2439	ELECTRICIAN---	18010 HOMEWOOD AVE	HOMEWOOD IL 60430	White	N H L	M	No	No	Yes	No	7089353009
JAMES ESTROM	0335	ELECTRICIAN---	9201 W 77TH AVE	SCHERERVILLE IN 46375	White	N H L	M	No	No	Yes	No	7089355199

G-Gender V-Veteran J-Journeyman F-Foreman A-Apprentice

N H L- Not Hispanic or Latino
H L- Hispanic or Latino

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
STEPHEN RROMAN	P	8.00	8.00	0.00	8.00	8.00	0.00	0.00	32.00	0.00		63.15	0.00		3827.02	2590.71	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
	Pension	21.50		Health	18.98		Vacation	0.00		Training	1.38						
	Hourly Other Ins		5.70	15AddOT	0.00		20AddOT	0.00									
DAVID PROMAN	P	8.00	8.00	8.00	8.00	8.00	0.00	0.00	40.00	0.00		69.47	0.00		2778.80	1942.32	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
	Pension	21.50		Health	18.98		Vacation	0.00		Training	1.38						
	Hourly Other Ins		5.70	15AddOT	0.00		20AddOT	0.00									
JAMES ESTROM	P	7.50	8.00	8.00	0.00	0.00	0.00	0.00	23.50	0.00		72.62	0.00		5973.00	3317.89	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
	Pension	21.50		Health	18.98		Vacation	0.00		Training	1.38						
	Hourly Other Ins		5.70	15AddOT	0.00		20AddOT	0.00									

I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above , all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

Dana Shinkle

Jul 15, 2026

Case #: 26-CTP-193237

Illinois Department of Labor

115 S. LaSalle St 37th Floor
Chicago, IL 60603

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CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date	**Project Location**
6/1/2026 to 6/7/2026	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
546-25 25-5426	
Project Number or Name	**State Capital Funds**
Crete-Monee Middle School	Yes
Agency	
Not a State Agency	

Contractor and/or Subcontractor

Company Name	**Contractor Location**
Low Voltage Solutions Inc.	20516 CATON FARM RD
Contact Name	LOCKPORT IL 60441
Angelica Garcia	
Primary Email	**Secondary Email**
payroll@lvsolutions.com	
Primary Phone	**Secondary Phone**
6304349600	

Public Body Information

Public Body Name	**Public Body Address**
Crete-Monee School District 201-U	1500 S SANGAMON ST
Contact Name	CRETE IL 60417
First Last	
Primary Phone	**Secondary Phone**

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Christopher Kleinmaier	2756	Electricians -ALL-BLD-	77 OAKLAWN AVE	OSWEGO IL 60543	white	N H L	m	No	Yes	No	No	8154098787
Christopher Kleinmaier	2756	Electricians ---	77 OAKLAWN AVE	OSWEGO IL 60543	white	N H L	m	No	Yes	No	No	8154098787

G-Gender V-Veteran J-Journeyman F-Foreman A-Apprentice

N H L- Not Hispanic or Latino
H L- Hispanic or Latino

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
Christopher Kleinmaier	P	0.00	0.00	0.00	8.00	0.00	0.00	0.00	8.00	0.00	0.00	48.00	72.00	96.00	384.24	272.98	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

Pension 0.00 Health 0.00 Vacation 0.00 Training 0.00
Hourly Other Ins 0.00 15AddOT 0.00 20AddOT 0.00

Christopher Kleinmaier	P	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	NP	8.00	8.00	8.00	0.00	0.00	0.00	0.00	24.00	0.00	0.00	48.00	72.00	96.00	1152.00	818.42	

Pension 0.00 Health 0.00 Vacation 0.00 Training 0.00
Hourly Other Ins 0.00 15AddOT 0.00 20AddOT 0.00

I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above , all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

Angelica Garcia

Jun 11, 2026

Case #: 26-CTP-201950

Illinois Department of Labor

115 S. LaSalle St 37th Floor
Chicago, IL 60603

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CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date	**Project Location**
6/8/2026 to 6/14/2026	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
546-25 25-5426	
Project Number or Name	**State Capital Funds**
Crete-Monee Middle School	Yes
Agency	
Not a State Agency	

Contractor and/or Subcontractor

Company Name	**Contractor Location**
Low Voltage Solutions Inc.	20516 CATON FARM RD
Contact Name	LOCKPORT IL 60441
Angelica Garcia	
Primary Email	**Secondary Email**
payroll@lvsolutions.com	
Primary Phone	**Secondary Phone**
6304349600	

Public Body Information

Public Body Name	**Public Body Address**
Crete-Monee School District 201-U	1500 S SANGAMON ST
Contact Name	CRETE IL 60417
First Last	
Primary Phone	**Secondary Phone**

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Emilio Franchini	4027	Electricians -ALL-BLD-	2504 PARADISE CIR	PLAINFIELD IL 60586	white	N H L	m	No	No	No	Yes	8159319333
Emilio Franchini	4027	Electricians ---	2504 PARADISE CIR	PLAINFIELD IL 60586	white	N H L	m	No	No	No	Yes	8159319333
Christopher Kleinmaier	2756	Electricians -ALL-BLD-	77 OAKLAWN AVE	OSWEGO IL 60543	white	N H L	m	No	Yes	No	No	8154098787

G-Gender V-Veteran J-Journeyman F-Foreman A-Apprentice

N H L- Not Hispanic or Latino
H L- Hispanic or Latino

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
Emilio Franchini	P	0.00	0.00	0.00	8.00	8.00	0.00	0.00	16.00	0.00	0.00	33.60	50.40	67.20	538.08	385.33	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Pension	0.00		Health	0.00		Vacation	0.00		Training	0.00						
	Hourly Other Ins		0.00	15AddOT	0.00		20AddOT	0.00									
Emilio Franchini	P	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	NP	8.00	8.00	8.00	0.00	0.00	0.00	0.00	24.00	0.00	0.00	33.60	50.40	67.20	807.12	578.00	
	Pension	0.00		Health	0.00		Vacation	0.00		Training	0.00						
	Hourly Other Ins		0.00	15AddOT	0.00		20AddOT	0.00									
Christopher Kleinmaier	P	0.00	8.00	8.00	8.00	8.00	0.00	0.00	32.00	0.00	0.00	48.00	72.00	96.00	1536.96	1137.29	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Pension	0.00		Health	0.00		Vacation	0.00		Training	0.00						
	Hourly Other Ins		0.00	15AddOT	0.00		20AddOT	0.00									

I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above , all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

Angelica Garcia

Jun 17, 2026

Case #: 26-CTP-211954

Illinois Department of Labor

115 S. LaSalle St 37th Floor
Chicago, IL 60603

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CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date	**Project Location**
6/15/2026 to 6/21/2026	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
546-25 25-5426	
Project Number or Name	**State Capital Funds**
Crete-Monee Middle School	Yes
Agency	
Not a State Agency	

Contractor and/or Subcontractor

Company Name	**Contractor Location**
Low Voltage Solutions Inc.	20516 CATON FARM RD
Contact Name	LOCKPORT IL 60441
Angelica Garcia	
Primary Email	**Secondary Email**
payroll@lvsolutions.com	
Primary Phone	**Secondary Phone**
6304349600	

Public Body Information

Public Body Name	**Public Body Address**
Crete-Monee School District 201-U	1500 S SANGAMON ST
Contact Name	CRETE IL 60417
First Last	
Primary Phone	**Secondary Phone**

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Erin Hanes	0442	Electricians -ALL-BLD-	1712 LYNWOOD ST	CREST HILL IL 60403	white	N H L	f	No	No	No	Yes	8157012067
Christopher Kleinmaier	2756	Electricians -ALL-BLD-	77 OAKLAWN AVE	OSWEGO IL 60543	white	N H L	m	No	Yes	No	No	8154098787
Christopher Kleinmaier	2756	Electricians ---	77 OAKLAWN AVE	OSWEGO IL 60543	white	N H L	m	No	Yes	No	No	8154098787

G-Gender V-Veteran J-Journeyman F-Foreman A-Apprentice

N H L- Not Hispanic or Latino
H L- Hispanic or Latino

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
Erin Hanes	P	8.00	8.00	8.00	8.00	8.00	0.00	0.00	40.00	0.00	0.00	38.40	57.60	76.80	1537.20	1084.97	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

Pension 0.00 Health 0.00 Vacation 0.00 Training 0.00
Hourly Other Ins 0.00 15AddOT 0.00 20AddOT 0.00

Christopher Kleinmaier	P	8.00	8.00	8.00	8.00	8.00	0.00	0.00	40.00	0.00	0.00	48.00	72.00	96.00	1921.20	1330.25	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

Pension 0.00 Health 0.00 Vacation 0.00 Training 0.00
Hourly Other Ins 0.00 15AddOT 0.00 20AddOT 0.00

Christopher Kleinmaier	P	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	NP	0.00	0.00	0.00	0.00	0.00	8.00	0.00	0.00	8.00	0.00	48.00	72.00	96.00	576.00	398.82	

Pension 0.00 Health 0.00 Vacation 0.00 Training 0.00
Hourly Other Ins 0.00 15AddOT 0.00 20AddOT 0.00

I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above , all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

Angelica Garcia

Jun 24, 2026

Case #: 26-CTP-220512

Illinois Department of Labor

115 S. LaSalle St 37th Floor
Chicago, IL 60603

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CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date	**Project Location**
6/22/2026 to 6/28/2026	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
546-25 25-5426	**No Work Report: Yes**
Project Number or Name	**State Capital Funds**
Crete-Monee Middle School	Yes
Agency	
Not a State Agency	

Contractor and/or Subcontractor

Company Name	**Contractor Location**
Low Voltage Solutions Inc.	20516 CATON FARM RD
Contact Name	LOCKPORT IL 60441
Angelica Garcia	
Primary Email	**Secondary Email**
payroll@lvsolutions.com	
Primary Phone	**Secondary Phone**
6304349600	

Public Body Information

Public Body Name	**Public Body Address**
Crete-Monee School District 201-U	1500 S SANGAMON ST
Contact Name	CRETE IL 60417
First Last	
Primary Phone	**Secondary Phone**

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber

G-Gender V-Veteran J-Journeyman F-Foreman A-Apprentice

N H L- Not Hispanic or Latino
H L- Hispanic or Latino

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work

I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above , all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

Angelica Garcia
Jun 30, 2026