



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	<u>\$0.00</u>
Current Contract Amount	\$3,692,611.00

Work Completed to Date	\$3,135,044.51
Less: Retainage	(\$263,638.22)
Less: Previously Invoiced	<u>(\$2,552,529.95)</u>

TOTAL AMOUNT DUE THIS INVOICE	\$318,876.34
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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

Application No. : 10

Distribution to :

Job No.: 210742-01

Invoice No.: 210742-01J

Period To: 7/31/2026

☐	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. <u>8.41%</u> of Completed Work	\$263,638.22
b. <u>0.00%</u> 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

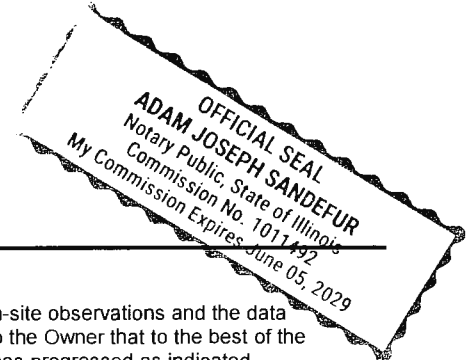
By: Scott J. Kurinsky, President

Date: 8/10/2026

State of: Illinois
County of: Cook

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

Notary Public: [Signature]
My Commission expires:



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: [Signature] 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

Invoice #: 210742-01J

Contract : 210742-01 Crete Middle School - Addition & Renovations

Architect's Project No.:

A Item No.	B		C	D		E	F	G		H	I
	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, LLC 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@jimnymasonry.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**
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Project No.: **210742-01**
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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**
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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@lallasshadingolutions.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**
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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**

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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@rswindows.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
Extras to Contract 36,265.25

Total Contract and Extras 3,738,863.25
Credits to Contract -36,265.25

Adjusted Total Contract 3,692,611.00

Completed & Stored to Date 3,135,044.51
Total Retained by Owner 263,638.22

Net Amount Earned 2,871,406.29
Previously Requested 2,552,529.95

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**

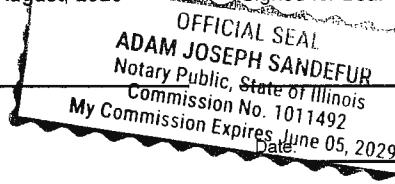
Location: **635 Olmstead Lane, University Park, IL 60484**

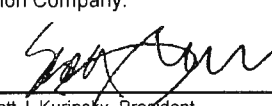
That for the purpose of this work, the foregoing orders have been placed and the foregoing parties subcontracted with by Bear Construction Company and have furnished materials or have provided labor, or both, for said project. That, the amount of such order or subcontract is as stated above and that 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**

Signed for Bear Construction Company:


Notary Public




Scott J. Kurinsky, President
August 10, 2026

State of Illinois }
County of Cook } SS

WAIVER OF LIEN TO DATE

Waiver Not Valid Until Receipt of Payment

Gty # _____
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 }
County of Cook } SS

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

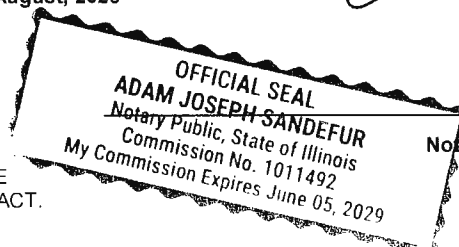
That there are no other contracts for said work outstanding, and that there is nothing due or to become due to any person for material, labor or other work of any kind done or to be done upon or in connection with said work other than above stated.

DATE: 8/10/2026

SIGNATURE: _____

Scott J. Kurinsky, President

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



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

Gty # _____
Escrow# _____

TO WHOM IT MAY CONCERN:

WHEREAS the undersigned has been employed 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.

C.J. Macewicz, Jr. - President

*EXTRAS 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

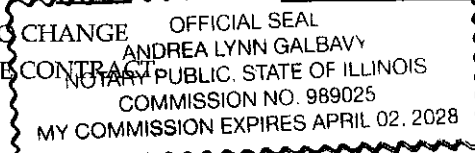
SIGNATURE:

C.J. Macewicz, Jr.

C.J. Macewicz, Jr. - President

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



Andrea Lynn Galbavy
Andrea Lynn Galbavy - Notary

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

Gty # _____
Escrow# _____

TO WHOM IT MAY CONCERN:

WHEREAS the undersigned has been employed 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 _____

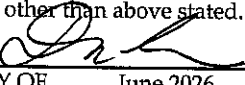
LOCATED AT 635 Olmstead Ln University Park IL 60484
OWNED BY Crete-Monee School District 201U

That the total amount of the contract including extra's is \$ 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

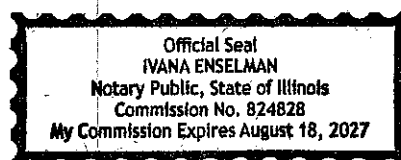
there is no claim either legal or equitable to defeat the validity of said waivers. That the following are names and addresses of all parties who
have furnished materials or labor, or both, for said work and all parties having contracts or sub contracts for specified portions of said work or
for material 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 according 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 60423	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.



WAIVER OF LIEN TO DATE

STATE OF ILLINOIS }
COUNTY OF COOK } SS

Gty.
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 [Signature] 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 } SS

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 in full. No rental equipment on this project.					
Prim. 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.

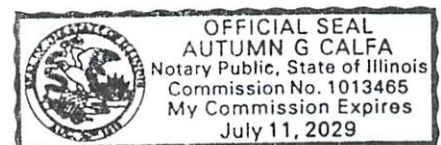
DATE: July 13, 2026 SIGNATURE: [Signature] PRESIDENT

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.
1.1/22 K5/96

Provided by Chicago Title Insurance Company



WAIVER OF LIEN TO DATEGly # _____
Escrow # _____

COUNTY OF MCHENRY

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: 6/30/2026COMPANY 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

CONTRACTOR'S AFFIDAVIT

COUNTY OF MCHENRY

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	\$8,406.70

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: 7/13/2026SIGNATURE: Gary Reece
Gary Reece, PresidentSUBSCRIBED 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.

WAIVER OF LIEN TO DATE

STATE OF ILLINOIS

Qty # _____

COUNTY OF COOK

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 Addition & 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 [Signature] 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 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 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 INCLDNG 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

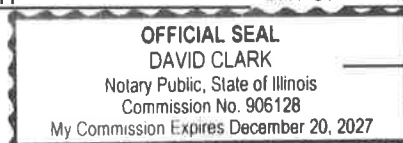
That there are no other contracts for said work outstanding, and that there is nothing due or to become due to any person for material, labor
or other work of any kind done or to be done upon or in connection with said work other than above stated.

DATE 7/13/26

SIGNATURE: [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



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 [Signature] TITLE Vice President

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

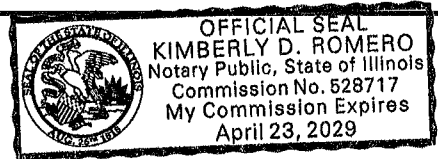
CONTRACTOR'S AFFIDAVIT

STATE OF Illinois

COUNTY OF 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 work of any kind done or to be done upon or in connection with said work other than above stated.

DATE: July 14, 2026 SIGNATURE: [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.

Kimberly D. Romero
NOTARY

WAIVER OF LIEN TO DATEGty # _____
Escrow # _____

COUNTY OF KANE

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

SIGNATURE AND TITLE:

Kathryn Mensing, Contract Sales

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

STATE OF ILLINOIS

CONTRACTOR'S AFFIDAVIT

COUNTY OF KANE

TO WHOM IT MAY CONCERN:

THE UNDERSIGNED, Kathryn Mensing
 SWORN, DEPOSES AND SAYS THAT HE IS Contract Sales OF Douglas Floor Covering, Inc.
 WHO IS THE CONTRACTOR FURNISHING Flooring BEING DULY
 LOCATED AT 635 Olmstead Lane, University Park, IL WORK ON THE BUILDING
 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: 7/10/2026SIGNATURE: Kathryn Mensing, Contract Sales

SUBSCRIBED AND SWORN TO BEFORE ME THIS

10th

DAY OF

July

, 2026.



Marcia L. Lee
 NOTARY PUBLIC

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

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: Aurora Johnson Credit Analyst

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

CONTRACTOR'S AFFIDAVIT

STATE OF GEORGIA

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:					
<i>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.</i>					
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, 2025.

Lisa Robert
NOTARY PUBLIC

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



WAIVER OF LIEN TO DATE

PAGE 1

STATE OF ILLINOIS
COUNTY OF WINNEBAGO

} SS

Gty # _____
Escrow # _____

TO WHOM IT MAY CONCERN:

WHEREAS the undersigned has been employed by BEAR CONSTRUCTION COMPANY
to furnish FIRE SUPPRESSION
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, 2026COMPANY NAME S J Carlson Fire ProtectionADDRESS 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 AFFIDAVITSTATE 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 SUPPRESSION WORK ON THE BUILDING
LOCATED AT 1501 ROHLWING ROAD, ROLLING MEADOWS, IL 60008
OWNED BY CMSD 201-UThat 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 SUPPRESSION	14,809.00	12,662.10	666.00	1,480.90
ALL LABOR PAID IN FULL					
ALL MATERIAL TKN 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

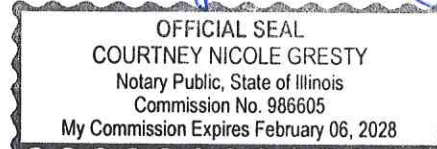
That there are no other contracts for said work outstanding, and that there is nothing due or to become due to any person for material, labor or other work
of any kind done or to be done upon or in connection with said work other than above stated.DATE July 14th, 2026

SIGNATURE:

Kerri L Wallace
KERRI L WALLACE, CONTROLLERSUBSCRIBED AND SWORN TO BEFORE ME THIS 14th DAY OF JULY, 2026

*EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHANGE

ORDERS, BOTH ORAL AND WRITTEN, TO THE CONTRACT.

Courtney N Gresty
NOTARY PUBLIC

NOTARY PUBLIC

OFFICIAL SEAL

STEFANIE LYNN THOMAS

NOTARY PUBLIC, STATE OF ILLINOIS

COMMISSION NO. 1026280

MY COMMISSION EXPIRES FEB 26, 2030

COUNTY OF COOK

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.

CONTRACTOR'S AFFIDAVIT

STATE OF ILLINOIS

COUNTY OF COOK

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



DAY OF July, 2026.

NOTARY PUBLIC

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



STATE OF ILLINOIS

COUNTY OF DuPage

WAIVER OF LIEN TO DATE

Gty #

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 Young 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. 3S340 Rockwell St., Unit 101, Warrenville, IL 60555	Temporary Fencing	\$16,980.04	\$9,756.00	\$5,526.04	\$1,698.00
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 7/14/2026SIGNATURE: *Mary Young*SUBSCRIBED AND SWORN TO BEFORE ME THIS 14thDAY OF July, 2026

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

Samantha A Schelberger
NOTARY PUBLIC



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 ADDRESSES	WHAT FOR	CONTRACT PRICE INCLD EXTRAS*	AMOUNT PAID	THIS PAYMENT	BALANCE DUE
Geocon Professional Services, LLC 10045 W. Lincoln Highway, Frankfort, IL 60423	Construction Testing	\$ 6,768.50	\$ 5,467.95	\$ 1,300.55	\$ 0.00
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

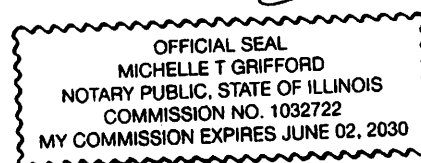
That there are no other contracts for said work outstanding, and that there is nothing due or to become due to any person for material, labor or other work of
any kind done or to be done upon or in connection with said work other than above stated.

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

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

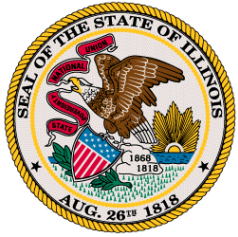
*EXTRA INCLUDED BUT ARE NOT LIMITED TO CHANGE
ORDERS, BOTH ORAL AND WRITTEN, TO THE CONTRACT

Michelle T. Grifford
NOTARY PUBLIC



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 JOURNEYM AN---	5857 107TH PL	CHICAGO RIDGE IL 60415	White	N H L	M	No	No	No	No	7086634227
SEAN CIBULSKIS	0743	CARPENTE R JOURNEYM AN---	30732 S STONEY ISLAND AVE	BEECHER IL 60401	White	N H L	M	No	No	No	No	7089728025
GILBERT HENSON	2256	CONSTRUC TION SITE MANAGER- --	15130 COLINA AVE	OAK FOREST IL 60452	Hispani c or Latino	H L	M	No	No	No	No	7085527207
Dennis Panozzo	0222	LABORER JOURNEYM AN---	1336 CANTERBURY CT	DYER IN 46311	White	N H L	M	No	No	No	No	7082621427

G-GenderV-VeteranJ-JourneymanF-ForemanA-Apprentice

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

Work Classification

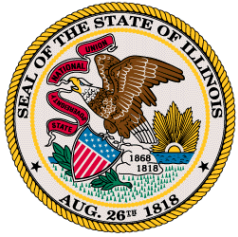
Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Wor k
Kenneth Barr	P	8.00	8.00	8.00	0.00	0.00	0.00	0.00	24.00	0.00		53.00	0.00		2146.50	1615.35	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
Pension		0.00		Health		0.00		Vacation		0.00		Training		0.00			
Hourly Other Ins		0.00		15AddOT		0.00		20AddOT		0.00							
SEAN CIBULSKI S	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-GenderV-VeteranJ-JourneymanF-ForemanA-Apprentice

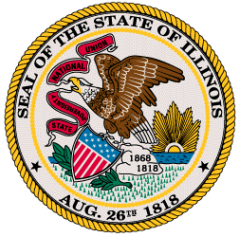
N H L- Not Hispanic or Latino
H L- Hispanic or Latino

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	

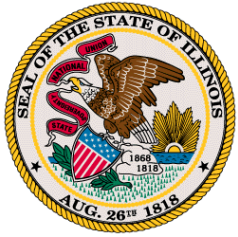
Public Body Information

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

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-GenderV-VeteranJ-JourneymanF-ForemanA-Apprentice

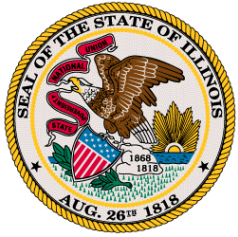
N H L- Not Hispanic or Latino
H L- Hispanic or Latino

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

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
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-GenderV-VeteranJ-JourneymanF-ForemanA-Apprentice

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

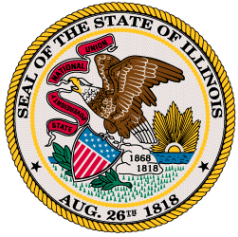
Work Classification

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-GenderV-VeteranJ-JourneymanF-ForemanA-Apprentice

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

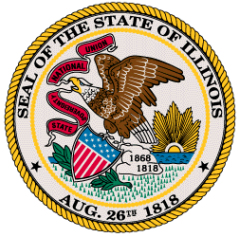
Work Classification

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	
	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-GenderV-VeteranJ-JourneymanF-ForemanA-Apprentice

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

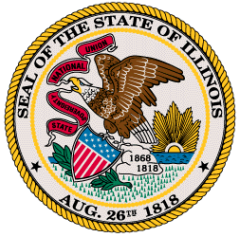
Work Classification

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	

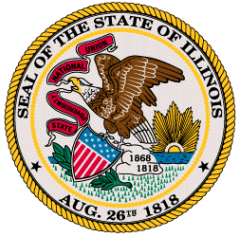
N H L- Not Hispanic or Latino
H L- Hispanic or Latino

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

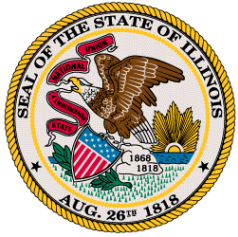
G-GenderV-VeteranJ-JourneymanF-ForemanA-Apprentice

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 Wor k

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

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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

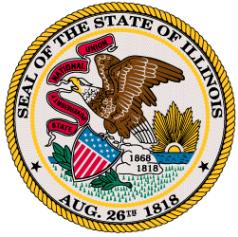
G-GenderV-VeteranJ-JourneymanF-ForemanA-Apprentice

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 Wor k

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

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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
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G-GenderV-VeteranJ-JourneymanF-ForemanA-Apprentice

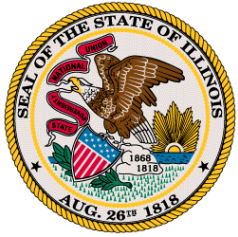
N H L- Not Hispanic or Latino
H L- Hispanic or Latino

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
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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-GenderV-VeteranJ-JourneymanF-ForemanA-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 Wor k
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							

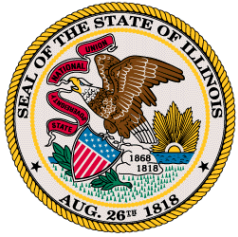
Joseph Vaccaro	P	0.00	0.00	0.00	0.00	8.00	0.00	0.00	8.00	0.00		58.51	0.00		496.32	395.27	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
Pension		17.41		Health		14.49		Vacation		3.03		Training		12.46			
Hourly Other Ins		0.00		15AddOT		0.00		20AddOT		0.00							

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	PLAINFIEL D 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 Superinten dent---	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	ALGONQU IN IL 60102	White	N H L	M	No	No	Yes	No	8478120833
Dennis Ongenae	3805	SM 265 Cook Superinten dent---	25500 W ROCK DR	PLAINFIEL D 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-GenderV-VeteranJ-JourneymanF-ForemanA-Apprentice

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

Work Classification

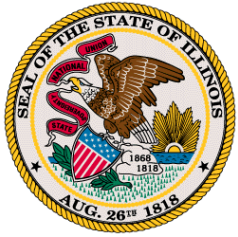
Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Wor k
Ryan KCharnisky	P	8.00	8.00	8.00	8.00	4.00	0.00	0.00	38.00	0.00		32.73	0.00		1309.20	869.10	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
Pension		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	

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-GenderV-VeteranJ-JourneymanF-ForemanA-Apprentice

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

Work Classification

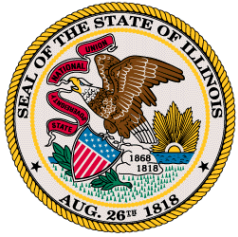
Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
Ryan KCharnisky	P	8.00	8.00	0.00	0.00	0.00	0.00	0.00	16.00	0.00		32.73	0.00		1309.20	869.10	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
Pension		0.00		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-GenderV-VeteranJ-JourneymanF-ForemanA-Apprentice

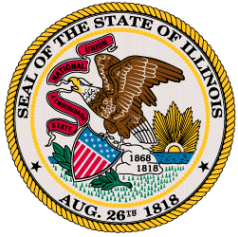
N H L- Not Hispanic or Latino
H L- Hispanic or Latino

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 Wor k
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



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-GenderV-VeteranJ-JourneymanF-ForemanA-Apprentice

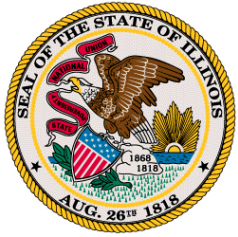
N H L- Not Hispanic or Latino
H L- Hispanic or Latino

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



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-GenderV-VeteranJ-JourneymanF-ForemanA-Apprentice

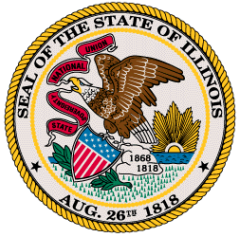
N H L- Not Hispanic or Latino
H L- Hispanic or Latino

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 Wor k
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



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

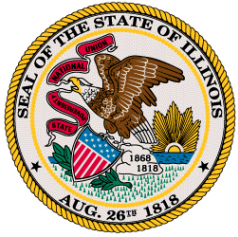
Public Body Name	Public Body Address
CRETE-MONEE COMMUNITY UNIT SCHOOL DISTRICT 201-U	609 W. EXCHANGE STREET
Contact Name	CRETE IL 60417
Primary Phone	Secondary Phone

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	Dbl 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-GenderV-VeteranJ-JourneymanF-ForemanA-Apprentice

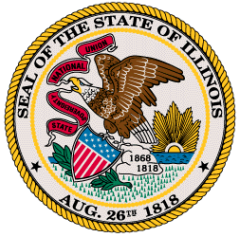
N H L- Not Hispanic or Latino
H L- Hispanic or Latino

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 Wor k
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



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-GenderV-VeteranJ-JourneymanF-ForemanA-Apprentice

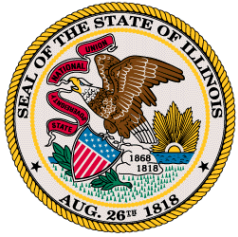
N H L- Not Hispanic or Latino
H L- Hispanic or Latino

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 Wor k
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



Case #: 26-CTP-193237

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
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-GenderV-VeteranJ-JourneymanF-ForemanA-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 Wor k
Christop her Kleinmai er	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	

Pension0.00Health0.00Vacation0.00Training0.00

Hourly Other Ins0.0015AddOT0.0020AddOT0.00

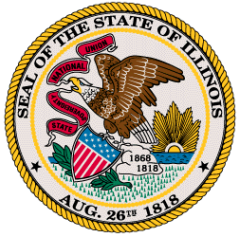
Christop her Kleinmai er	P	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	NP	8.00	8.00	8.00	0.00	0.00	0.00	0.00	24.00	0.00	0.00	48.00	72.00	96.00	1152.00	818.42	

Pension0.00Health0.00Vacation0.00Training0.00

Hourly Other Ins0.0015AddOT0.0020AddOT0.00

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

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
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	Classificati on	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Emilio Franchini	4027	Electricians -ALL-BLD-	2504 PARADISE CIR	PLAINFIEL D IL 60586	white	N H L	m	No	No	No	Yes	8159319333
Emilio Franchini	4027	Electricians ---	2504 PARADISE CIR	PLAINFIEL D 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-GenderV-VeteranJ-JourneymanF-ForemanA-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 Wor k
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							

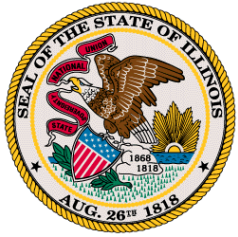
Emilio Franchini	P	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	NP	8.00	8.00	8.00	0.00	0.00	0.00	0.00	24.00	0.00	0.00	33.60	50.40	67.20	807.12	578.00	
	Pension		0.00	Health		0.00		Vacation		0.00	Training		0.00				
	Hourly Other Ins		0.00	15AddOT		0.00		20AddOT		0.00							

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

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
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

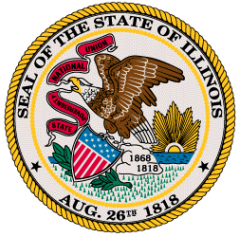
Company Name	Contractor Location
Low Voltage Solutions Inc.	20516 CATON FARM RD
Contact Name	LOCKPORT IL 60441
Angelica Garcia	
Primary Email	Secondary Email
payroll@lvsolutions.com	
Primary Phone	Secondary Phone
6304349600	

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

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

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
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