



March 31, 2026

Draw No.: 6
Invoice No.: 210742-01F
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	\$1,447,048.71
Less: Retainage	(\$144,704.91)
Less: Previously Invoiced	<u>(\$1,132,226.41)</u>

TOTAL AMOUNT DUE THIS INVOICE **\$170,117.39**

Thank you,

BEAR Construction Company

APPLICATION AND CERTIFICATE FOR PAYMENT

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

Project: Crete Middle School - Addition & Renovations

Address: 635 Olmstead Lane, University Park, IL

Application No. : 6
Job No.: 210742-01
Invoice No.: 210742-01F
Period To: 3/31/2026

Distribution to :

 Architect
 Contract

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

Architect: ARCON Associates, Inc. **Architect Project No.:**
Customer Project No.:

CONTRACTOR'S APPLICATION FOR PAYMENT


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

1. Original Contract Sum	\$3,692,611.00
2. Net Change By Change Order	\$0.00
3. Contract Sum To Date	\$3,692,611.00
4. Total Completed and Stored To Date	\$1,447,048.71
5. Retainage:	
a. <u>10.00%</u> of Completed Work	\$144,163.91
b. <u>10.00%</u> of Stored Material	\$541.00
Total Retainage	\$144,704.91
6. Total Earned Less Retainage	\$1,302,343.80
7. Less Previous Certificates For Payments	\$1,132,226.41
8. Current Payment Due	\$170,117.39
9. Balance To Finish, Plus Retainage	\$2,390,267.20

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

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

CONTRACTOR: Bear Construction Company

By:  Date: 4/2/2026
 Scott J. Kurinsky, President

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

Subscribed and sworn to before me this
2nd day of April, 2026

Notary Public: 
 My Commission expires: 4/14/28



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 **\$170,117.39**

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

ARCHITECT:

By:  Date: APRIL 27, 2025

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.: 6

Application Date: 03/31/26

Period To: 03/31/26

Invoice #: 210742-01F

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

Architect's Project No.:

A Item No.	B		C Scheduled Value	D		E This Period In Place	F Materials Presently Stored (Not in D or E)	G		H Balance To Finish (C-G)	I Retainage
	Contractor / Subcontractor Name	Description of Work		From Previous Application (D+E)	Work Completed			Total Completed & Stored to Date (D+E+F)	% (G / C)		
1	Bear Construction Company	Mobilization	36,910.00	12,575.24	1,889.79	0.00	14,465.03	39.19%	22,444.97	1,446.51	
2	Bear Construction Company	General Conditions	705,890.44	240,260.01	36,378.45	0.00	276,638.46	39.19%	429,251.98	27,663.86	
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	206,955.91	70,509.88	10,596.14	0.00	81,106.02	39.19%	125,849.89	8,110.60	
6	Bear Construction Company	Owner Allowance	200,839.00	0.00	0.00	0.00	0.00	0.00%	200,839.00	0.00	
7	Alliance Concrete Sawing and Drilling IV, LLC	Demolition	19,050.00	0.00	0.00	0.00	0.00	0.00%	19,050.00	0.00	
8	Concrete By Wagner, Inc.	Concrete	123,105.00	97,763.50	0.00	0.00	97,763.50	79.41%	25,341.50	9,776.35	
9	Jimmy'Z Masonry	Masonry	163,500.00	36,482.50	0.00	0.00	36,482.50	22.31%	127,017.50	3,648.25	
10	Mace Iron Works, Inc.	Structural Steel	191,002.00	191,002.00	0.00	0.00	191,002.00	100.00%	0.00	19,100.20	
11	JP Phillips, Inc.	Rough Carpentry	253,750.00	50,000.00	106,000.00	0.00	156,000.00	61.48%	97,750.00	15,600.00	
12	Heartland Cabinet Supply, Inc	Architectural Woodwork	84,057.00	5,000.00	0.00	5,410.00	10,410.00	12.38%	73,647.00	1,041.00	
13	Domain Corporation	Roofing	86,200.00	0.00	0.00	0.00	0.00	0.00%	86,200.00	0.00	
14	Chicago Doorways, LLC	Doors/Frames/Hardware	43,000.00	18,286.00	24,714.00	0.00	43,000.00	100.00%	0.00	4,300.00	
15	United Glass, Inc.	Glass and Glazing	68,533.00	0.00	0.00	0.00	0.00	0.00%	68,533.00	0.00	
16	Douglas Floor Covering, Inc.	Flooring	93,500.00	0.00	0.00	0.00	0.00	0.00%	93,500.00	0.00	
17	Lankford Construction Co.	Painting and Coating	24,929.00	0.00	0.00	0.00	0.00	0.00%	24,929.00	0.00	
18	To Be Determined	Specialties	22,662.06	0.00	0.00	0.00	0.00	0.00%	22,662.06	0.00	
19	To Be Determined	Furnishings	2,084.00	0.00	0.00	0.00	0.00	0.00%	2,084.00	0.00	
20	S. J. Carlson Fire Protection, Inc.	Fire Suppression	14,809.00	1,599.00	0.00	0.00	1,599.00	10.80%	13,210.00	159.90	
21	Warren F. Thomas Plumbing Company	Plumbing	14,565.00	0.00	4,030.95	0.00	4,030.95	27.68%	10,534.05	403.10	
22	State Mechanical Services, LLC	HVAC	432,570.00	145,816.20	0.00	0.00	145,816.20	33.71%	286,753.80	14,581.63	
23	Electrical Systems, Inc.	Electrical	519,058.00	194,541.46	0.00	0.00	194,541.46	37.48%	324,516.54	19,454.15	

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.: 6
 Application Date: 03/31/26
 Period To: 03/31/26

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

Architect's Project No.:

A Item No.	B Contractor / Subcontractor Name	C Description of Work	D Scheduled Value	E Work Completed		F Materials Presently Stored (Not in D or E)	G Total Completed & Stored to Date (D+E+F)	H % (G / C)	I Balance To Finish (C-G)	J 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	15,490.00	10,840.00	0.00	0.00	10,840.00	69.98%	4,650.00	1,084.00
29	Kapur & Associates, Inc.	Survey	2,022.00	2,022.00	0.00	0.00	2,022.00	100.00%	0.00	202.20
30	Geocon Professional Services, LLC	Third Party Testing	6,075.50	6,075.50	0.00	0.00	6,075.50	100.00%	0.00	607.55
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
Grand Totals			3,692,611.00	1,258,029.38	183,609.33	5,410.00	1,447,048.71	39.19%	2,245,562.29	144,704.91

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: **3/31/2026**

Application No.: **6**

Project No.: **210742-01**

Invoice No.: **210742-01F**

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	36,910.00	14,465.03	1,446.51	11,317.71	1,700.81	23,891.48
General Conditions	705,890.44	276,638.46	27,663.86	216,234.00	32,740.60	456,915.84
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	206,955.91	81,106.02	8,110.60	63,458.89	9,536.53	133,960.49
Owner Allowance	200,839.00	0.00	0.00	0.00	0.00	200,839.00
Demolition						
Alliance Concrete Sawing and Drilling IV, LLC 570 Rock Road Drive Suite N East Dundee, IL 60118 (847) 783-6585 wslowiak@alliancesawing.com	19,050.00	0.00	0.00	0.00	0.00	19,050.00
Concrete						
Concrete By Wagner, Inc. 13808 High Road Lockport, IL 60441 (815) 838-9218 accounting@concretebywagner.com	123,105.00	97,763.50	9,776.35	87,987.15	0.00	35,117.85
Masonry						
JimmyZ Masonry 8550 Ridgefield Rd Suite B Crystal Lake, IL 60012 (815) 477-0123 vhartel@jimmymasonry.com	163,500.00	36,482.50	3,648.25	32,834.25	0.00	130,665.75
Structural Steel						
Mace Iron Works, Inc. P.O. Box 640 Frankfort, IL 60423 (815) 469-2345 andrea@maceiron.com	191,002.00	191,002.00	19,100.20	171,901.80	0.00	19,100.20
Rough Carpentry						
JP Phillips, Inc. 3220 N. Wolf Road Franklin Park, IL 60131 (847) 288-0008 Autumn@jppconstruction.com	253,750.00	156,000.00	15,600.00	45,000.00	95,400.00	113,350.00

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: **3/31/2026**

Application No.: **6**

Project No.: **210742-01**

Invoice No.: **210742-01F**

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	84,057.00	10,410.00	1,041.00	4,500.00	4,869.00	74,688.00
Roofing						
Domain Corporation 6238 N. Northwest Highway Chicago, IL 60631 (773) 628-0001 admin@domaincorp.com	86,200.00	0.00	0.00	0.00	0.00	86,200.00
Doors/Frames/Hardware						
Chicago Doorways, LLC 219 W. Diversey Avenue Elmhurst, IL 60126 (630) 279-2227 kkedzie@chicagodoorways.com	43,000.00	43,000.00	4,300.00	16,457.40	22,242.60	4,300.00
Glass and Glazing						
United Glass, Inc. 8340 89th Avenue N Brooklyn Park, MN 55445 (651) 395-4841 bgerth@unitedglassinc.com	68,533.00	0.00	0.00	0.00	0.00	68,533.00
Flooring						
Douglas Floor Covering, Inc. 200 Alder Drive North Aurora, IL 60542 (630) 892-8620 kathy@douglasflooring.com	93,500.00	0.00	0.00	0.00	0.00	93,500.00
Painting and Coating						
Lankford Construction Co. 1455 Karlens Way Johnsburg, IL 60051 (847) 497-0800 kschmidt@lcco.com; dpollard@lcco.com	24,929.00	0.00	0.00	0.00	0.00	24,929.00

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: **3/31/2026**

Application No.: **6**

Project No.: **210742-01**

Invoice No.: **210742-01F**

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
Specialties						
To Be Determined	22,662.06	0.00	0.00	0.00	0.00	22,662.06
Furnishings						
To Be Determined	2,084.00	0.00	0.00	0.00	0.00	2,084.00
Fire Suppression						
S. J. Carlson Fire Protection, Inc. 4544 Shepherd Trail Rockford, IL 61103 (815) 636-1993 kerriw@sjcarlson.com	14,809.00	1,599.00	159.90	1,439.10	0.00	13,369.90
Plumbing						
Warren F. Thomas Plumbing Company 475 Quadrangle Drive, Suite A Bolingbrook, IL 60440 (630) 435-0636 stefanie@warrenthomasplbg.com	14,565.00	4,030.95	403.10	0.00	3,627.85	10,937.15
HVAC						
State Mechanical Services, LLC 535 Exchange Court Aurora, IL 60504 (630) 723-6000 aallen@statemechservices.com	432,570.00	145,816.20	14,581.63	131,234.57	0.00	301,335.43
Electrical						
Electrical Systems, Inc. 17335 S. Ashland Avenue East Hazel Crest, IL 60429 (708) 647-1300 dshinkle@esipower.com	519,058.00	194,541.46	19,454.15	175,087.31	0.00	343,970.69

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: **3/31/2026**
 Application No.: **6**
 Project No.: **210742-01**
 Invoice No.: **210742-01F**

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
Communications (Voice/Data)						
To Be Determined	35,000.00	0.00	0.00	0.00	0.00	35,000.00
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	15,490.00	10,840.00	1,084.00	9,756.00	0.00	5,734.00
Survey						
Kapur & Associates, Inc. 7711 N. Port Washing Road Milwaukee, WI 53217 (414) 751-7200 dkropidlowski@kapurinc.com	2,022.00	2,022.00	202.20	1,819.80	0.00	202.20

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: **3/31/2026**
 Application No.: **6**
 Project No.: **210742-01**
 Invoice No.: **210742-01F**

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
Third Party Testing						
Geocon Professional Services, LLC 10045 W. Lincoln Highway Frankfort, IL 60423 (815) 806-9986 GPSbilling@geoconcompanies.com	6,075.50	6,075.50	607.55	5,467.95	0.00	607.55
Totals	3,692,611.00	1,447,048.71	144,704.91	1,132,226.41	170,117.39	2,390,267.20

Amount of Original Contract	3,692,611.00	Completed & Stored to Date	1,447,048.71
Extras to Contract	0.00	Total Retained by Owner	144,704.91
Total Contract and Extras	3,692,611.00	Net Amount Earned	1,302,343.80
Credits to Contract	0.00	Previously Requested	1,132,226.41
Adjusted Total Contract	3,692,611.00	Net Amount Due This Payment	170,117.39

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 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 **2nd** day of **April, 2026**

Signed for Bear Construction Company:

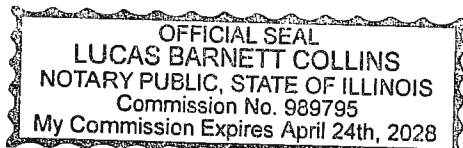
L. Collins

Notary Public

Scott J. Kurinsky

Scott J. Kurinsky, President

Date: April 2, 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: One Hundred Seventy Thousand One Hundred Seventeen And 39 / 100 (\$170,117.39) 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: 3/31/2026

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 \$1,132,226.41 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	1,132,226.41	170,117.39	2,390,267.20
Per Attached Sworn Statement					
TOTAL LABOR AND MATERIAL INCLUDING EXTRAS * TO COMPLETE:		3,692,611.00	1,132,226.41	170,117.39	2,390,267.20

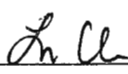
That there are no other contracts for said work outstanding, and that there is nothing due or to become due to any person for material, labor or other work of any kind done or to be done upon or in connection with said work other than above stated.

DATE: 4/2/2026

SIGNATURE: 
Scott J. Kurinsky, President

Subscribed and Sworn to me before me this 2nd day of April, 2026




Notary Public

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

TRAILING WAIVERS

Draw 5

mailed 3/6/26

PARTIAL WAIVER OF LIEN

STATE OF ILLINOIS }
COUNTY OF: Will } SS

Gty # _____
Escrow # _____

TO WHOM IT MAY CONCERN:

WHEREAS the undersigned has been employed by Bear Construction
to furnish CONCRETE LABOR AND MATERIAL
for the premises known as Crete Middle School Addition & Renovation, 635 Olmstead Lane, University Park, IL
of which Board of Education, Crete-Monee SD #201-U is the Owner
THE undersigned, for and in consideration of Six Thousand Four Hundred Eight and 90/100
\$6,408.90 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 date by the undersigned for the above-described
premises, INCLUDING EXTRAS.*

DATE: 3/9/26 COMPANY NAME CONCRETE BY WAGNER, INC.
ADDRESS 13808 High Road, Lockport, Illinois 60441

SIGNATURE & TITLE

Robert Wagner, Inc.
ROBERT WAGNER, PRESIDENT, CONCRETE BY WAGNER, INC.

*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 } SS

TO WHOM IT MAY CONCERN:

The undersigned, being duly sworn, deposes and says that he is ROBERT WAGNER
PRESIDENT of the CONCRETE BY WAGNER, INC.
who is the Contractor for the CONCRETE LABOR AND MATERIAL
building located at Crete Middle School Addition & Renovation, 635 Olmstead Lane, University Park, IL
owned by Board of Education, Crete-Monee SD #201-U
That the total amount of the contract including extras* is \$123,105.00 on which he has received payment of
\$81,578.25 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 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 AND ADDRESSES	WHAT FOR	CONTRACT PRICE INCLUDE EXTRAS*	AMOUNT PAID	THIS PAYMENT	BALANCE DUE
Concrete By Wagner, Inc	Labor, Overhead & In house equipment	\$112,712.50	\$71,185.75	\$6,408.90	\$35,117.85
Wille Brothers	Ready Mix	\$10,392.50	\$10,392.50	\$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
No Outside Rental Equipment Used		\$0.00	\$0.00	\$0.00	\$0.00
TOTAL LABOR AND MATERIAL INCLUDING EXTRAS* TO COMPLETE		\$123,105.00	\$81,578.25	\$6,408.90	\$35,117.85

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: March 9, 2026 SIGNATURE: Robert Wagner, Inc.
ROBERT WAGNER, PRESIDENT, CONCRETE BY WAGNER, INC.

Subscribed and sworn before me this 9th day of March 2026

NOTARY PUBLIC Jennifer M. Demith
JENNIFER M DEMITH
My Commission Expires 07/26/2027

*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 Forty Five Thousand Dollars and 00/100 (\$45,000.00) 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: March 9, 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 LOCATEE 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 \$253,750.00 on which he or she 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 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:

Table with 6 columns: NAME AND ADDRESS, WHAT FOR, Contract Price Including Extras*, AMOUNT PAID, THIS PAYMENT, BALANCE DUE. Includes entries for J.P. Phillips, Inc. and Total Labor and Material Including Extras* To Complete.

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.

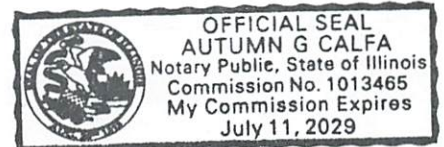
DATE: March 9, 2026 SIGNATURE: [Signature] PRESIDENT

SUBSCRIBED AND SWORN TO BEFORE ME THIS 9th day of March 2026

[Signature] NOTARY PUBLIC

*EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHANGE ORDERS, BOTH ORAL AND WRITTEN, TO THE CONTRACT. I.1.1.2.2 K5/90

Provided by Chicago Title Insurance Company



WAIVER OF LIEN TO DATE

STATE OF: IL

Gty #

COUNTY OF: DUPAGE

Loan #

TO WHOM IT MAY CONCERN:

WHEREAS the undersigned has been employed by Bear Construction to furnish Doors, Frames & Hardware for the premises known as Crete Middle School - Addition & Renovations at 635 Olmstead Lane, University Park, IL of which Crete-Monee School District 201U is the owner.

THE undersigned, for and in consideration of Sixteen Thousand Four Hundred Fifty-Seven and 40/100 (\$16,457.40) 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 labor services, material, fixtures, apparatus or machinery, furnished to this date by the undersigned for the above-described premises. INCLUDING EXTRAS*

DATE: March 10, 2026

COMPANY NAME: Chicago Doorways LLC

ADDRESS: 219 W. Diversey Ave. Elmhurst, IL 60126

SIGNATURE AND TITLE:

TYPE OUT NAME & TITLE: Richard Ochandategui, General Manager

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

CONTRACTOR'S AFFIDAVIT

STATE OF: IL

COUNTY OF: DUPAGE

TO WHOM IT MAY CONCERN:

THE undersigned, being duly sworn, deposes and says that he is Richard Ochandategui General Manager of the Chicago Doorways LLC. who is the contractor/supplier for the Doors, Frames & Hardware work on the building located at Crete Middle School - Addition & Renovations at 635 Olmstead Lane, University Park, IL owned by Crete-Monee School District 201U

That the total amount of the contract including extras * \$43,000.00 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 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:

Table with 6 columns: NAMES, WHAT FOR, CONTRACT PRICE, AMOUNT PAID, THIS PAYMENT, BALANCE DUE. Includes entry for Chicago Doorways LLC and a total row.

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.

Signed this 10th day of March, 2026

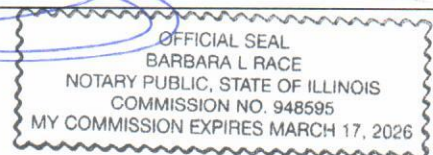
Signature:

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

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

Signature:

Notary Public



WAIVER OF LIEN TO DATE

STATE OF ILLINOIS

QTY #

SMS 25062

LOAN #

BC 210742-01

COUNTY OF DUPAGE

TO WHOM IT MAY CONCERN:

WHEREAS the undersigned has been employed by

Bear Construction

To furnish

HVAC for Crete Middle School - Addition & Renovations

For the premises known as

635 Olmstead Lane

Of which

Crete-Monee School Districty 201U

is the owner.

The undersigned, for and in consideration of

Twenty Six Thousand One Hundred Thirty Five Dollars and 28 Cents

\$26,135.28

Dollars, and other good and valuable consideration, the receipt where of 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, fund or other considerations due or to become due from the owner, on account of labor, services, material, fixture, apparatus or machinery, furnished to this date by the undersigned for the aboved-described premises, INCLUDING EXTRAS.*

Given under My hand Signed and seal on this 28th Day of February, 2026

Company Name: State Mechanical Services
Company Address: 535 Exchange Court, Aurora, IL 60504

Signature and Seal: [Signature]
Eva Chmielewska | Controller

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

NOTE: All waivers must be for the full amount paid. If waiver is for a corporation, corporate name should be used, corporate seal affixed and title of officer signing waiver should be set forth; if waiver is for a partnership, the partnership name should be used, partner should sign and designate himself as partner.

STATE OF ILLINOIS

CONTRACTOR'S AFFIDAVIT

COUNTY OF DUPAGE

TO WHOM IT MAY CONCERN:

THE Undersigned, being duly sworn, deposes and says that he is

Eva Chmielewska

Controller

of the

State Mechanical Services

Who is the contractor for the

HVAC for Crete Middle School - Addition & Renovations

work on the

Building Located at

635 Olmstead Lane, University Park, IL 60484

Owned by

Crete-Monee School Districty 201U

That the total amount of the contract including extras is

\$

432,570.00

on which he has received payment of

\$105,099.29

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 and labor, or both for said work and all parties having contracts or sub contracts for the 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:

Table with 6 columns: Names, What For, Contract Price, Amount Paid, This Payment, Balance Due. Rows include State Mechanical Services, Windy City Representatives LLC, and Johnson Controls Building Solutions, LLC.

All labor paid in full. Material taken from fully paid stock and delivered to the jobsite in our company-owned vehicle. There is no rental equipment on this project.

Our main supplier is Air Products Equipment Company 1555 Louis Avenue, Elk Grove Village, IL 60007 (847)725-8671

Summary table: TOTAL LABOR AND MATERIAL TO COMPLETE \$ 432,570.00, Amount Paid \$ 105,099.29, This Payment \$ 26,135.28, Balance Due \$ 301,335.43

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.

Signed This 11th day of March, 2026

Signature

Eva Chmielewska | Controller

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

Subscribed and sworn to before me this

11th

day of

March

2026

[Signature]

NOTARY PUBLIC



WAIVER OF LIEN TO DATE

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: One Hundred Thirty Eight Thousand Six Hundred Ninety Five Dollars and Eighty One Cents (\$138,695.81) 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: 4/2/2026 COMPANY NAME: Electrical Systems, Inc. 17335 S. Ashland Ave., East Hazel Crest, IL 60429

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

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

STATE OF ILLINOIS

CONTRACTOR'S AFFIDAVIT

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

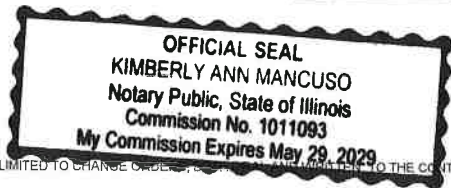
That the total amount of the contract including extras* is \$519,058.00 on which he has received payment of \$36,391.50 prior to this payment. That all waivers are true, correct and genuine and delivered unconditionally and that there is no claim either legal or equitable to defeat the validity of said 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:

Table with 6 columns: NAMES, WHAT FOR, CONTRACT PRICE, AMOUNT PAID, THIS PAYMENT, BALANCE DUE. Rows include Electrical Systems, Inc. and Low Voltage Solutions, Inc. with a total row at the bottom.

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: 4/2/2026 SIGNATURE: Robert J. Bergeron, Jr., Vice President

SUBSCRIBED AND SWORN TO BEFORE ME THIS 2nd DAY OF April, 2026.



Signature of Notary Public Kimberly Ann Mancuso

* 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# _____
Loan# _____

TO WHOM IT MAY CONCERN:

WHEREAS the undersigned has been employed by Electrical Systems, Inc to furnish Low Voltage

for the premises known as Additions & Renovations of which Crete-Monee Community Unit SD 201-U is the owner.

The undersigned, for and in consideration of Twenty-Nine Thousand Four Hundred Seventy-Five and 00/100 Dollars \$29,475.00 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: **March 11, 2026** Company Name **Low Voltage Solutions, Inc.**
Address **20516 Caton Farm Road, Lockport, IL 60441**

Signature and Title , **Controller, DBA-DBRA CP**

* 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** } ss


TO WHOM IT MAY CONCERN:

The undersigned, Angelica Garcia being duly sworn, deposes and says that he/she is Controller, DBA-DBRA CP of Low Voltage Solutions, Inc. who is the contractor furnishing Low Voltage work on the building located at 635 Olmstead Lane, University Park, IL 60484 owned by Crete-Monee Community Unit SD 201-U

That the total amount of the contract including extras* is \$113,785.00 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 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 Including Extras *	AMOUNT PAID	THIS PAYMENT	BALANCE DUE
Low Voltage Solutions, Inc. 20516 Caton Farm Road, Lockport, IL 60441	Low Voltage	\$ 103,033.15	\$ -	\$ 18,723.15	\$84,310.00
Cable Plus Inc. PO Box 7117, Carol Stream, IL 60197	Material	\$ 10,751.85	\$ -	\$ 10,751.85	\$0.00
TOTAL LABOR AND MATERIAL INCLUDING EXTRAS* TO COMPLETE		\$ 113,785.00	\$ -	\$ 29,475.00	\$84,310.00

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: **March 11, 2026** Signature: 
Angelica Garcia, Controller, DBA-DBRA CP

Subscribed and sworn to before me this **11th** day of **March, 2026**

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

Signature: 
Notary Public - Tammy Lynn Smith



Final Waiver of Lien

STATE OF ILLINOIS }
 County of Cook } ss

Gty# _____
 Loan# _____

TO WHOM IT MAY CONCERN:

WHEREAS the undersigned has been employed by Low Votage Solutions, Inc. to furnish Low Voltage Materials for the premises known as Additions & Renovations of which Crete-Monee Community Unit SD 201-U is the owner. The undersigned, for and in consideration of Ten Thousand Seven Hundred Fifty-One and 85/100 Dollars

\$ 10,751.85 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, heretofore furnished or which may be furnished at any time hereafter, by the undersigned for the above-described premises, INCLUDING EXTRAS.*

Date: April 6, 2026 Company Name Cable Plus
 Address 2012 Corporate Lane Ste.116, Naperville, IL 60563

Signature and Title Teresa L Pitra, Credit Manager

* 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 } ss

TO WHOM IT MAY CONCERN:

The undersigned, Teresa L. Pitra being duly sworn, deposes and says that he/she is Credit Manager of Cable Plus who is the contractor furnishing Low Voltage Materials work on the building located at 635 Olmstead Lane, University Park, IL 60484 owned by Crete-Monee Community Unit SD 201-U

That the total amount of the contract including extras* is \$10,751.85 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 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 Including Extras*	AMOUNT PAID	THIS PAYMENT	BALANCE DUE
<u>Cable Plus</u>	<u>Low Voltage Materials</u>	<u>\$ 10,751.85</u>	<u>\$ -</u>	<u>\$ 10,751.85</u>	<u>\$0.00</u>
<u>2012 Corporate Lane Ste.116, Naperville, IL 60563</u>					
TOTAL LABOR AND MATERIAL INCLUDING EXTRAS* TO COMPLETE		\$ 10,751.85	\$ -	\$ 10,751.85	\$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: April 6, 2026 Signature: Teresa L Pitra
 Teresa L. Pitra, Credit Manager

Subscribed and sworn to before me this 6th day of April, 2026

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

Signature: [Signature]
 Notary Public



WAIVER OF LIEN TO DATE

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 Two Thousand Seven Hundred Sixty Three and 45/100 (\$ 2,763.45) 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 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, furnished to this date by the undersigned for the above-described premises.

INCLUDING EXTRAS*

DATE 3/9/2026 COMPANY NAME Geocon Professional Services, LLC ADDRESS 10045 W. Lincoln Highway, Frankfort, IL 60423

SIGNATURE AND TITLE Susan Maslanka, Secretary/Treasurer

*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) Susan Maslanka, BEING DULY SWORN, DEPOSES AND SAYS THAT HE OR SHET IS (POSITION) Secretary/Treasurer 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 \$ 6,075.50 on which he has received payment of \$ 2,704.50 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 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:

Table with 6 columns: NAME AND ADDRESSES, WHAT FOR, CONTRACT PRICE INCLDNG EXTRAS*, AMOUNT PAID, THIS PAYMENT, BALANCE DUE. Includes entry for Geocon Professional Services, LLC and a total row.

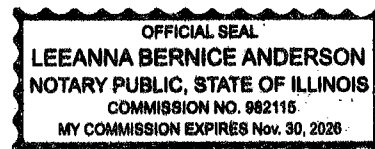
That there are no other contracts for said work outstanding, and that there is nothing due or to become due to any person for material, labor or other work of any kind done or to be done upon or in connection with said work other than above stated.

DATE 3/9/2026 SIGNATURE Susan Maslanka, Secretary/Treasurer

SUBSCRIBED AND SWORN TO BEFORE ME THIS 9th DAY OF March 2020

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

Signature of Notary Public and NOTARY PUBLIC text.



TRAILING CERTIFIED PAYROLL

Draw 5



Case #: 26-CTP-046863

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
1/31/2026 to 2/6/2026	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
36-3351654	
Project Number or Name	State Capital Funds
210742-01 Crete Middle School Addition & Renovations	No
Agency	
Education, Board of	

Contractor and/or Subcontractor

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

Public Body Information

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

Employee Details

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

G-Gender

V-Veteran

J-Journeyman

F-Foreman

A-Apprentice

N H L- Not Hispanic or Latino

H L- Hispanic or Latino

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
GILBERT HENSON	P	8.00	8.00	8.00	8.00	8.00	0.00	0.00	40.00	0.00		74.27	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		51.40	0.00		2056.00	1442.05	
	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

Feb 11, 2026



Case #: 26-CTP-054036

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
2/7/2026 to 2/13/2026	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
36-3351654	
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

	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

SUSAN RHODES

Feb 17, 2026



Case #: 26-CTP-062203

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
2/14/2026 to 2/20/2026	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
36-3351654	
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

	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

SUSAN RHODES

Feb 24, 2026



Case #: 26-CTP-072332

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
2/21/2026 to 2/27/2026	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
36-3351654	
Project Number or Name	State Capital Funds
210742-01 Crete Middle School Addition & Renovations	No
Agency	
Education, Board of	

Contractor and/or Subcontractor

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

Public Body Information

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

Employee Details

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

G-Gender

V-Veteran

J-Journeyman

F-Foreman

A-Apprentice

N H L- Not Hispanic or Latino

H L- Hispanic or Latino

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
GILBERT HENSON	P	8.00	8.00	8.00	8.00	8.00	0.00	0.00	40.00	0.00		74.27	0.00		2971.15	2186.22	
	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		51.40	0.00		2058.00	1442.04	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
		Pension 0.00		Health 0.00		Vacation 0.00		Training 0.00									
		Hourly Other Ins 0.00		15AddOT 0.00		20AddOT 0.00											

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

Mar 05, 2026

Confirmation

THANK YOU for the submission of your payroll. Please read the following message carefully

Certified Transaction of payroll has been submitted. The case number for this submission is 26-CTP-048575. Click [here](#) to download a copy for your records.

Create Another Payroll

Payroll #13
W/E 2/3/24



Case #: 26-CTP-048575

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
1/28/2026 to 2/3/2026	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
36-3086311	No Work Report: Yes
Project Number or Name	State Capital Funds
Crete Middle School	No
Agency	
Education, Board of	

Contractor and/or Subcontractor

Company Name	Contractor Location
Concrete By Wagner Inc	13808 HIGH RD
Contact Name	LOCKPORT IL 60441
Robert Wagner	
Primary Email	Secondary Email
accounting@concretebywagner.com	accounting@concretebywagner.com
Primary Phone	Secondary Phone
8158389218	

Public Body Information

Public Body Name	Public Body Address
Crete-Monee SD #201-U	690 W EXCHANGE ST
Contact Name	CRETE IL 60417
Primary Phone	Secondary Phone
8158389218	

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

Robert Wagner

Feb 12, 2026



U.S. Department of Labor
Wage and Hour Division

PAYROLL
(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

U.S. Wage and Hour Division
Rev. Dec. 2008

NAME OF CONTRACTOR OR SUBCONTRACTOR
 Concrete By Wagner, Inc.
 ADDRESS 13808 High Road
 Lockport, IL 60441
 OMB No.: 1235-0008
 Expires: 09/30/2026

PAYROLL NO. 13
 FOR WEEK ENDING 02/03/2026
 PROJECT AND LOCATION 1766-Crete Middle School
 PROJECT OR CONTRACT NO.

(1) Name and Individual Identifying number (e.g. last four digits of Social Security number) of worker	(2) # of W/H Exmp	(3) Work Classification	(4) DAY AND DATE							(5) Total Hours	(6) Rate of Pay	(7) Gross Amount Earned	(8) DEDUCTIONS				(9) Net Wages Paid For Week	
			WED 01/28	THU 01/29	FRI 01/30	SAT 01/31	SUN 02/01	MON 02/02	TUE 02/03				FICA	Fed W/H Tax	State & Local W/H Tax	Union Deduc- tions		Other
			No Work This Period															

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U. S. Department of Labor, Room S3502, 200 Constitution Avenue, N. W., Washington, D. C. 20210.

Public Burden Statement

Date 02/06/26

I, Robert Wagner, President
(Name of signatory party) (Title)

do hereby state:

(1) That I pay or supervise payment of the persons employed by

Concrete By Wagner, Inc. on the
(Contractor or Subcontractor)
Crete Middle School : that during the payroll period commencing on the
(Building or Work)

28th day of January, 2026, and ending the 3rd day of February 2026, 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

Concrete By Wagner, Inc. from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS
X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXPLANATION

EXCEPTION (CRAFT)

REMARKS:

SIGNATURE

NAME AND TITLE

Robert Wagner
President

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE.

Confirmation

THANK YOU for the submission of your payroll. Please read the following message carefully

Certified Transaction of payroll has been submitted. The case number for this submission is 26-CTP-051287. Click [here](#) to download a copy for your records.

Create Another Payroll

Payroll #14
Wk 2/10/20



Case #: 26-CTP-051287

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
2/4/2026 to 2/10/2026	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
36-308611	No Work Report: Yes
Project Number or Name	State Capital Funds
Crete Middle School	No
Agency	
Education, Board of	

Contractor and/or Subcontractor

Company Name	Contractor Location
Concrete By Wagner Inc	13808 HIGH RD
Contact Name	LOCKPORT IL 60441
Robert Wagner	
Primary Email	Secondary Email
accounting@concretebywagner.com	accounting@concretebywagner.com
Primary Phone	Secondary Phone
8158389218	

Public Body Information

Public Body Name	Public Body Address
Crete-Monee SD #201-U	690 W EXCHANGE ST
Contact Name	CRETE IL 60417
Primary Phone	Secondary Phone
8158389218	

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

Robert Wagner

Feb 13, 2026

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)



Rev. Dec. 2008

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR OR SUBCONTRACTOR
 Concrete By Wagner, Inc.
 ADDRESS 13808 High Road
 Lockport, IL 60441
 OMB No.: 1235-0008
 Expires: 09/30/2026

PAYROLL NO. 14
 FOR WEEK ENDING 02/10/2026
 PROJECT AND LOCATION 1766-Crete Middle School
 PROJECT OR CONTRACT NO.

(1) Name and Individual Identifying number (e.g. last four digits of Social Security number) of worker	(2) # of W/H Exmp	(3) Work Classification	(4) DAY AND DATE	(5) Total Hours	(6) Rate of Pay	(7) Gross Amount Earned	(8) DEDUCTIONS			(9) Net Wages Paid For Week															
							FICA	Fed W/H Tax	State & Local W/H Tax		Union Deduc- tions	Other	Total Deductions												
			<table border="1"> <tr> <td>WED</td> <td>THU</td> <td>FRI</td> <td>SAT</td> <td>SUN</td> <td>MON</td> <td>TUE</td> </tr> <tr> <td>02/04</td> <td>02/05</td> <td>02/06</td> <td>02/07</td> <td>02/08</td> <td>02/09</td> <td>02/10</td> </tr> </table> <p>HOURS WORKED EACH DAY</p>	WED	THU	FRI	SAT	SUN	MON	TUE	02/04	02/05	02/06	02/07	02/08	02/09	02/10								
WED	THU	FRI	SAT	SUN	MON	TUE																			
02/04	02/05	02/06	02/07	02/08	02/09	02/10																			
No Work This Period																									

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and Federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U. S. Department of Labor, Room S3502, 200 Constitution Avenue, N. W., Washington, D. C. 20210.

Date 02/12/26

I, Robert Wagner, President
(Name of signatory party) (Title)

do hereby state:

(1) That I pay or supervise payment of the persons employed by

Concrete By Wagner, Inc. on the
(Contractor or Subcontractor)
Crete Middle School ; that during the payroll period commencing on the
(Building or Work)

4th day of February, 2026, and ending the 10th day of February 2026,
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

Concrete By Wagner, Inc. from the full
(Contractor or Subcontractor)
weekly wages earned by any person and that no deductions have been made either directly or indirectly
from the full wages earned by any person, other than permissible deductions as defined in Regulations,
Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48
Stat. 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 3145), and described below:

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid,
as indicated on the payroll, an amount not less than the sum of the applicable
basic hourly wage rate plus the amount of the required fringe benefits as listed
in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE Robert Wagner President	SIGNATURE 
--	--

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF
TITLE 31 OF THE UNITED STATES CODE.

(2) That any payrolls otherwise under this contract required to be submitted for the above period
are correct and complete; that the wage rates for laborers or mechanics contained therein are not less
than the applicable wage rates contained in any wage determination incorporated into the contract; that
the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide appren-
ticeship program registered with a State apprenticeship agency recognized by the Bureau of Appren-
ticeship and Training, United States Department of Labor, or if no such recognized agency exists in a
State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS
X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in
the above referenced payroll, payments of fringe benefits as listed in the contract
have been or will be made to appropriate programs for the benefit of such
employees, except as noted in Section 4(c) below.

Confirmation

THANK YOU for the submission of your payroll. Please read the following message carefully

Certified Transaction of payroll has been submitted. The case number for this submission is 26-CTP-067133. Click [here](#) to download a copy for your records.

Create Another Payroll

Payroll #15
W/E 2/17/24



Case #: 26-CTP-067133

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
2/11/2026 to 2/17/2026	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
36-3086311	No Work Report: Yes
Project Number or Name	State Capital Funds
Crete Middle School	No
Agency	
Education, Board of	

Contractor and/or Subcontractor

Company Name	Contractor Location
Concrete By Wagner Inc	13808 HIGH RD
Contact Name	LOCKPORT IL 60441
Robert Wagner	
Primary Email	Secondary Email
accounting@concretebywagner.com	accounting@concretebywagner.com
Primary Phone	Secondary Phone
8158389218	

Public Body Information

Public Body Name	Public Body Address
Crete-Monee SD #201-U	690 W EXCHANGE ST
Contact Name	CRETE IL 60417
Primary Phone	Secondary Phone
8158389218	

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

Robert Wagner

Feb 27, 2026



U.S. Department of Labor
Wage and Hour Division

PAYROLL
(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

U.S. Wage and Hour Division
Rev. Dec. 2008

NAME OF CONTRACTOR OR SUBCONTRACTOR
 Concrete By Wagner, Inc.
 ADDRESS 13808 High Road
 Lockport, IL 60441
 OMB No.: 1235-0008
 Expires: 09/30/2026

PAYROLL NO. 15
 FOR WEEK ENDING 02/17/2026
 PROJECT AND LOCATION 1766-Crete Middle School
 PROJECT OR CONTRACT NO.

(1) Name and Individual Identifying number (e.g. last four digits of Social Security number) of worker	(2) # of W/H Exmp	(3) Work Classification	(4) DAY AND DATE							(5) Total Hours	(6) Rate of Pay	(7) Gross Amount Earned	(8) DEDUCTIONS			(9) Net Wages Paid For Week			
			WED	THU	FRI	SAT	SUN	MON	TUE				FICA	Fed W/H Tax	State & Local W/H Tax		Union Deduc- tions	Other	Total Deductions
			02/11	02/12	02/13	02/14	02/15	02/16	02/17										
No Work This Period																			

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U. S. Department of Labor, Room S3502, 200 Constitution Avenue, N. W., Washington, D. C. 20210.

Public Burden Statement

Date 02/18/26

I, Robert Wagner, President (Name of signatory party) (Title)

do hereby state:

(1) That I pay or supervise payment of the persons employed by

Concrete By Wagner, Inc. on the (Contractor or Subcontractor) Crete Middle School ; that during the payroll period commencing on the (Building or Work)

11th day of February, 2026, and ending the 17th day of February 2026, 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

Concrete By Wagner, Inc. from the full (Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 40 U.S.C. 3145), and described below:

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT) EXPLANATION

REMARKS:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

NAME AND TITLE

Robert Wagner President

SIGNATURE

Robert Wagner

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE.

Confirmation

THANK YOU for the submission of your payroll. Please read the following message carefully

Certified Transaction of payroll has been submitted. The case number for this submission is 26-CTP-072567. Click [here](#) to download a copy for your records.

Create Another Payroll

Payroll #16
Wk 2/24/24



Case #: 26-CTP-072567

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
2/18/2026 to 2/24/2026	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
36-3086311	No Work Report: Yes
Project Number or Name	State Capital Funds
Crete Middle School	No
Agency	
Education, Board of	

Contractor and/or Subcontractor

Company Name	Contractor Location
Concrete By Wagner Inc	13808 HIGH RD
Contact Name	LOCKPORT IL 60441
Robert Wagner	
Primary Email	Secondary Email
accounting@concretebywagner.com	accounting@concretebywagner.com
Primary Phone	Secondary Phone
8158389218	

Public Body Information

Public Body Name	Public Body Address
Crete-Monee SD #201-U	690 W EXCHANGE ST
Contact Name	CRETE IL 60417
Primary Phone	Secondary Phone
8158389218	

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

Robert Wagner

Mar 05, 2026



U.S. Department of Labor
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/wh/d/forms/wh347instr.htm)

U.S. Wage and Hour Division
Rev. Dec. 2008

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR OR SUBCONTRACTOR
 Concrete By Wagner, Inc.
 ADDRESS 13808 High Road
 Lockport, IL 60441
 OMB No.: 1235-0008
 Expires: 09/30/2026

PAYROLL NO. 16
 FOR WEEK ENDING 02/24/2026
 PROJECT AND LOCATION 1766-Crete Middle School
 PROJECT OR CONTRACT NO.

(1) Name and Individual Identifying number (e.g. last four digits of Social Security number) of worker	(2) # of W/H Exmp	(3) Work Classification	(4) DAY AND DATE							(5) Total Hours	(6) Rate of Pay	(7) Gross Amount Earned	(8) DEDUCTIONS				(9) Net Wages Paid For Week
			WED 02/18	THU 02/19	FRI 02/20	SAT 02/21	SUN 02/22	MON 02/23	TUE 02/24				FICA	Fed W/H Tax	State & Local W/H Tax	Union Deduc- tions	
No Work This Period																	

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct, and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U. S. Department of Labor, Room S3502, 209 Constitution Avenue, N. W., Washington, D. C. 20210.

Public Burden Statement

Date 02/26/26

I, Robert Wagner, President
(Name of signatory party) (Title)

do hereby state:

(1) That I pay or supervise payment of the persons employed by

Concrete By Wagner, Inc. on the
(Contractor or Subcontractor)

Crete Middle School; that during the payroll period commencing on the
(Building or Work)

18th day of February, 2026, and ending the 24th day of February 2026, 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

Concrete By Wagner, Inc. from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT) EXPLANATION

REMARKS:

SIGNATURE

NAME AND TITLE
Robert Wagner
President

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 31 OF THE UNITED STATES CODE.



Case #: 26-CTP-075910

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
2/16/2026 to 2/22/2026	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
36-387124	
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
Alberto Cardenas	5720	Journeyman-Carpenter-All-ALL-0	3121 W Cooper Grove Ct	Blue Island IL 60406	Hispanic or Latino	H L	M	No	Yes	No	No	8472880008
Adrian Cardenas	5423	Foreman-Carpenter-All-ALL-0	14830 KEELER AVE	MIDLOTHIAN IL 60445	Hispanic or Latino	H L	M	No	No	Yes	No	8472880008
Brandon Ramirez	8701	Journeyman-Carpenter-All-ALL-0	14746 CENTER AVE	HARVEY IL 60426	Hispanic or Latino	H L	M	No	Yes	No	No	8472880008
Eduardo Ramirez	5593	Journeyman-Carpenter-All-ALL-0	14746 CENTER AVE	HARVEY IL 60426	Hispanic or Latino	H L	M	No	Yes	No	No	8472880008
Gabriel Jurado	2971	Journeyman-Carpenter-All-ALL-0	5501 S RICHMOND ST	CHICAGO IL 60629	Hispanic or Latino	H L	M	No	Yes	No	No	8472880008
Gabriel Flores	1406	Journeyman-Carpenter-All-ALL-0	705 DORCHESTER DR	BOLINGBROOK IL 60440	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	2.00	4.00	3.00	4.00	0.00	0.00	0.00	13.00	0.00		58.71	0.00		763.23	0.00	
	NP	6.00	4.00	5.00	4.00	8.00	0.00	0.00	27.00	0.00		58.71	0.00		1585.17	1730.42	
		Pension 16.91		Health		13.64		Vacation		2.61		Training		1.60			
		Hourly Other Ins		10.35		15AddOT		0.00		20AddOT		0.00					

Ricardo Aguayo	P	0.00	0.00	0.00	3.00	0.00	0.00	0.00	3.00	0.00		59.21	0.00		177.63	0.00	
	NP	8.00	8.00	8.00	5.00	8.00	0.00	2.00	37.00	2.00	0.00	59.21	88.81		2368.40	1862.80	
	Pension		17.71	Health		18.32	Vacation		0.00	Training		0.91					
	Hourly Other Ins		0.26	15AddOT		0.00	20AddOT		0.00								

Alberto Cardenas	P	0.00	0.00	0.00	8.00	8.00	0.00	0.00	16.00	0.00		56.71	0.00		907.36	0.00	
	NP	8.00	8.00	0.00	0.00	0.00	0.00	8.00	24.00	0.00	8.00	56.71	117.42		1814.72	1983.00	
	Pension		16.91	Health		13.64	Vacation		2.61	Training		1.60					
	Hourly Other Ins		10.35	15AddOT		0.00	20AddOT		0.00								

Adrian Cardenas	P	0.00	0.00	0.00	8.00	8.00	0.00	0.00	16.00	0.00		58.71	0.00		939.36	0.00	
	NP	8.00	8.00	0.00	0.00	0.00	0.00	8.00	16.00	0.00	8.00	58.71	117.42		1878.72	2026.07	
	Pension		16.91	Health		13.64	Vacation		2.61	Training		1.60					
	Hourly Other Ins		10.35	15AddOT		0.00	20AddOT		0.00								

Brandon Ramirez	P	0.00	0.00	0.00	0.00	8.00	0.00	0.00	8.00	0.00		56.71	0.00		453.68	0.00	
	NP	8.00	8.00	8.00	6.00	0.00	0.00	0.00	30.00	0.00		56.71	0.00		1701.30	2046.96	
	Pension		16.91	Health		13.64	Vacation		2.61	Training		1.60					
	Hourly Other Ins		10.35	15AddOT		0.00	20AddOT		0.00								

Eduardo Ramirez	P	0.00	0.00	0.00	0.00	8.00	0.00	0.00	8.00	0.00		56.71	0.00		453.68	0.00	
	NP	8.00	8.00	8.00	0.00	0.00	0.00	0.00	24.00	0.00		56.71	0.00		1701.30	1938.72	
	Pension		16.91	Health		13.64	Vacation		2.61	Training		1.60					
	Hourly Other Ins		10.35	15AddOT		0.00	20AddOT		0.00								

Gabriel Jurado	P	8.00	8.00	8.00	0.00	8.00	0.00	0.00	32.00	0.00		56.71	0.00		1814.72	0.00	
	NP	0.00	0.00	0.00	8.00	0.00	0.00	0.00	8.00	0.00		56.71	0.00		453.68	1782.09	
	Pension		16.91	Health		13.64	Vacation		2.61	Training		1.60					
	Hourly Other Ins		10.35	15AddOT		0.00	20AddOT		0.00								

Gabriel Flores	P	8.00	8.00	8.00	0.00	0.00	0.00	0.00	24.00	0.00		56.71	0.00		1361.04	0.00	
	NP	0.00	0.00	0.00	8.00	8.00	0.00	0.00	16.00	0.00		56.71	0.00		907.36	1843.27	
	Pension		16.91	Health		13.64	Vacation		2.61	Training		1.60					
	Hourly Other Ins		10.35	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

Mar 09, 2026



Case #: 26-CTP-028109

Illinois Department of Labor

160 N. LaSalle St Suite1300
Chicago, IL 60601

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

CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date	Project Location
1/12/2026 to 1/18/2026	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
36-387124	
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	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	0.00	0.00	0.00	8.00	2.00	0.00	0.00	10.00	0.00		58.71	0.00		587.10	0.00	
	NP	8.00	8.00	8.00	0.00	6.00	0.00	0.00	30.00	0.00		58.71	0.00		1761.30	0.00	

Pension 16.91 Health 13.64 Vacation 2.61 Training 1.60

Hourly Other Ins 10.35 15AddOT 0.00 20AddOT 0.00

Ricardo Aguayo	P	0.00	0.00	4.00	0.00	0.00	0.00	0.00	4.00	0.00		59.21	0.00		236.84	0.00	
	NP	8.00	8.00	4.00	8.00	10.00	0.00	0.00	36.00	2.00		88.81	0.00		2309.19	1862.80	

Pension 17.71 Health 18.32 Vacation 0.00 Training 0.91

Hourly Other Ins 0.26 15AddOT 0.00 20AddOT 0.00

Luis Avila	P	0.00	0.00	0.00	0.00	8.00	0.00	0.00	8.00	0.00		56.71	0.00		453.68	0.00	
	NP	0.00	8.00	8.00	8.00	0.00	0.00	0.00	24.00	0.00		56.71	0.00		1361.04	1255.15	

Pension 16.91 Health 13.64 Vacation 2.61 Training 1.60

Hourly Other Ins 10.35 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

Jan 26, 2026



Case #: 26-CTP-045085

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
1/19/2026 to 1/25/2026	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
36-387124	
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
Casey Kloeckner	5321	Apprentice-Carpenter-All-ALL-0	340 N PINE ST	ESSEX IL 60935	Hispanic or Latino	N H L	M	No	No	No	Yes	8472880008
Kevin Wisniewski	5843	Foreman-Carpenter-All-ALL-0	14410 Trumbull	Mundelein IL 60445	White	N H L	M	No	No	No	Yes	8472880008
Luis Avila	7135	Journeyman-Carpenter-All-ALL-0	14905 S CALIFORNIA AVE	POSEN IL 60469	Hispanic or Latino	H L	M	No	Yes	No	No	8472880008

G-Gender

V-Veteran

J-Journeyman

F-Foreman

A-Apprentice

N H L- Not Hispanic or Latino

H L- Hispanic or Latino

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
Casey Kloeckner	P	8.00	8.00	8.00	8.00	0.00	0.00	0.00	32.00	0.00		45.37	0.00		1451.84	1163.68	
	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 16.91 Health 13.64 Vacation 2.61 Training 1.60

Hourly Other Ins 10.35 15AddOT 0.00 20AddOT 0.00

Kevin Wisniewski	P	2.00	3.00	0.00	0.00	0.00	0.00	0.00	5.00	0.00		58.71	0.00		293.55	0.00	
	NP	6.00	5.00	8.00	8.00	8.00	8.00	0.00	35.00	8.00		58.71	88.06		2759.37	2158.00	

Pension 16.91 Health 13.64 Vacation 2.61 Training 10.35

Hourly Other Ins 1.60 15AddOT 0.00 20AddOT 0.00

Luis Avila	P	8.00	8.00	8.00	8.00	0.00	0.00	0.00	32.00	0.00		56.71	0.00		1814.72	0.00	
	NP	0.00	0.00	0.00	0.00	0.80	8.00	0.00	8.00	8.00		56.71	85.06		1134.20	1922.46	

Pension 16.91 Health 13.64 Vacation 2.61 Training 10.35

Hourly Other Ins 1.60 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

Feb 10, 2026



Case #: 26-CTP-045131

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
1/26/2026 to 2/1/2026	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
36-387124	
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	Hispanic or Latino	H L	M	No	No	Yes	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	0.00	0.00	8.00	0.00	0.00	0.00	0.00	8.00	0.00		58.71	0.00		469.68	0.00	
	NP	8.00	8.00	0.00	8.00	8.00	0.00	0.00	32.00	0.00		58.71	0.00		1878.72	1730.42	

Pension 16.91 Health 13.64 Vacation 2.61 Training 10.35

Hourly Other Ins 1.60 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

Feb 10, 2026



Case #: 26-CTP-058885

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
2/9/2026 to 2/15/2026	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
36-387124	
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	635 OLMSTEAD LN
Contact Name	UNIVERSITY PARK IL 60484
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
Brandon Ramirez	8701	Journeyman-Carpenter-All-ALL-0	14746 CENTER AVE	HARVEY IL 60426	Hispanic or Latino	H L	M	No	Yes	No	No	8472880008
Eduardo Ramirez	5593	Journeyman-Carpenter-All-ALL-0	14746 CENTER AVE	HARVEY IL 60426	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	0.00	0.00	0.00	6.00	8.00	0.00	0.00	14.00	0.00		58.71	0.00		821.94	0.00	
	NP	0.00	8.00	8.00	2.00	0.00	0.00	0.00	18.00	0.00		0.00	0.00		1056.78	1468.22	

Pension 16.91 Health 13.64 Vacation 2.61 Training 10.35

Hourly Other Ins 1.60 15AddOT 0.00 20AddOT 0.00

Brandon Ramirez	P	0.00	0.00	0.00	8.00	8.00	0.00	0.00	16.00	0.00		56.71	0.00		907.36	0.00	
	NP	8.00	8.00	0.00	0.00	0.00	0.00	0.00	16.00	0.00		56.71	0.00		907.36	1257.86	

Pension 16.91 Health 13.64 Vacation 2.61 Training 1.60

Hourly Other Ins 10.35 15AddOT 0.00 20AddOT 0.00

Eduardo Ramirez	P	0.00	0.00	0.00	8.00	8.00	0.00	0.00	16.00	0.00		56.71	0.00		907.36	0.00	
	NP	0.00	8.00	8.00	0.00	0.00	0.00	0.00	16.00	0.00		56.71	0.00		907.36	1285.24	

Pension 16.91 Health 13.64 Vacation 2.61 Training 1.60

Hourly Other Ins 10.35 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

Feb 20, 2026



Case #: 26-CTP-082322

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
2/2/2026 to 2/8/2026	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
DAVID RROMAN	2439	ELECTRICIAN---	18010 HOMEWOOD AVE	HOMEWOOD IL 60430	White	N H L	M	No	No	Yes	No	7089353009
JAMES ESTROM	0335	ELECTRICIAN---	9201 W 77TH AVE	SCHERERVILLE IN 46375	White	N H L	M	No	No	Yes	No	7089355199

G-Gender

V-Veteran

J-Journeyman

F-Foreman

A-Apprentice

N H L- Not Hispanic or Latino

H L- Hispanic or Latino

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
DAVID RROMAN	P	8.00	8.00	8.00	8.00	8.00	0.00	0.00	40.00	0.00		63.53	0.00		2541.20	1798.03	
	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 21.25 Health 18.13 Vacation 0.00 Training 1.38

Hourly Other Ins 5.50 15AddOT 0.00 20AddOT 0.00

JAMES ESTROM	P	8.00	8.00	8.00	8.00	8.00	0.00	0.00	40.00	0.00		66.41	0.00		2656.40	1542.84	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	

Pension 21.25 Health 18.13 Vacation 0.00 Training 1.38

Hourly Other Ins 5.50 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

Mar 13, 2026



Case #: 26-CTP-082330

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
2/9/2026 to 2/15/2026	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
DAVID RROMAN	2439	ELECTRICIAN---	18010 HOMEWOOD AVE	HOMEWOOD IL 60430	White	N H L	M	No	No	Yes	No	7089353009
JAMES ESTROM	0335	ELECTRICIAN---	9201 W 77TH AVE	SCHERERVILLE IN 46375	White	N H L	M	No	No	Yes	No	7089355199

G-Gender

V-Veteran

J-Journeyman

F-Foreman

A-Apprentice

N H L- Not Hispanic or Latino

H L- Hispanic or Latino

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
DAVID RROMAN	P	8.00	8.00	8.00	8.00	5.00	0.00	0.00	37.00	0.00		63.53	0.00		2350.61	1684.55	
	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 21.25 Health 18.13 Vacation 0.00 Training 1.38

Hourly Other Ins 5.50 15AddOT 0.00 20AddOT 0.00

JAMES ESTROM	P	8.00	8.00	8.00	8.00	8.00	0.00	0.00	40.00	0.00		66.41	0.00		2656.40	1542.84	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	

Pension 21.25 Health 18.13 Vacation 0.00 Training 1.38

Hourly Other Ins 5.50 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

Mar 13, 2026



Case #: 26-CTP-082333

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
2/16/2026 to 2/22/2026	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
DAVID RROMAN	2439	ELECTRICIAN---	18010 HOMEWOOD AVE	HOMEWOOD IL 60430	White	N H L	M	No	No	Yes	No	7089353009
JAMES ESTROM	0335	ELECTRICIAN---	9201 W 77TH AVE	SCHERERVILLE IN 46375	White	N H L	M	No	No	Yes	No	7089355199

G-Gender

V-Veteran

J-Journeyman

F-Foreman

A-Apprentice

N H L- Not Hispanic or Latino

H L- Hispanic or Latino

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
DAVID RROMAN	P	8.00	8.00	8.00	8.00	3.00	0.00	0.00	35.00	0.00		63.53	0.00		2353.81	1687.72	
	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 21.25 Health 18.13 Vacation 0.00 Training 1.38

Hourly Other Ins 5.50 15AddOT 0.00 20AddOT 0.00

JAMES ESTROM	P	8.00	0.00	8.00	0.00	0.00	0.00	0.00	16.00	0.00		66.41	0.00		4213.03	2698.28	
	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 21.25 Health 18.13 Vacation 0.00 Training 1.38

Hourly Other Ins 5.50 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

Mar 13, 2026



Case #: 26-CTP-082345

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
2/23/2026 to 3/1/2026	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
DAVID RROMAN	2439	ELECTRICIAN---	18010 HOMEWOOD AVE	HOMEWOOD IL 60430	White	N H L	M	No	No	Yes	No	7089353009
JAMES ESTROM	0335	ELECTRICIAN---	9201 W 77TH AVE	SCHERERVILLE IN 46375	White	N H L	M	No	No	Yes	No	7089355199

G-Gender

V-Veteran

J-Journeyman

F-Foreman

A-Apprentice

N H L- Not Hispanic or Latino

H L- Hispanic or Latino

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
DAVID RROMAN	P	8.00	5.00	5.00	5.00	8.00	0.00	0.00	31.00	0.00		63.53	0.00		1969.43	1423.59	
	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 21.25 Health 18.13 Vacation 0.00 Training 1.38

Hourly Other Ins 5.50 15AddOT 0.00 20AddOT 0.00

JAMES ESTROM	P	8.00	5.00	5.00	5.00	8.00	0.00	0.00	8.00	0.00		66.41	0.00		2707.60	1592.58	
	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 21.25 Health 18.13 Vacation 0.00 Training 1.38

Hourly Other Ins 5.50 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

Mar 13, 2026



Case #: 26-CTP-064341

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
2/16/2026 to 2/22/2026	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
546-25 25-5426	
Project Number or Name	State Capital Funds
Crete-Monee Middle School	Yes
Agency	
Not a State Agency	

Contractor and/or Subcontractor

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

Public Body Information

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

Employee Details

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

G-Gender

V-Veteran

J-Journeyman

F-Foreman

A-Apprentice

N H L- Not Hispanic or Latino

H L- Hispanic or Latino

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
Emilio Franchini	P	0.00	0.00	8.00	8.00	8.00	0.00	0.00	24.00	0.00	0.00	27.60	41.40	55.20	662.40	488.56	
	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	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	0.00	0.00	0.00	0.00	0.00	16.00	0.00	0.00	27.60	41.40	55.20	441.60	325.71	

Pension 0.00 Health 0.00 Vacation 0.00 Training 0.00

Hourly Other Ins 0.00 15AddOT 0.00 20AddOT 0.00

Christopher Kleinmaier	P	0.00	0.00	8.00	8.00	8.00	0.00	0.00	24.00	0.00	0.00	46.00	69.00	92.00	1104.00	817.61	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

Pension 0.00 Health 0.00 Vacation 0.00 Training 0.00

Hourly Other Ins 0.00 15AddOT 0.00 20AddOT 0.00

Christopher Kleinmaier	P	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	NP	8.00	8.00	0.00	0.00	0.00	0.00	0.00	16.00	0.00	0.00	46.00	69.00	92.00	736.00	545.08	

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

Feb 26, 2026



Case #: 26-CTP-069391

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
2/23/2026 to 3/1/2026	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
546-25 25-5426	
Project Number or Name	State Capital Funds
Crete-Monee Middle School	Yes
Agency	
Not a State Agency	

Contractor and/or Subcontractor

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

Public Body Information

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

Employee Details

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

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

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

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
Emilio Franchini	P	8.00	8.00	8.00	8.00	8.00	0.00	0.00	40.00	0.00	0.00	27.60	41.40	55.20	1104.00	814.25	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		Pension 0.00		Health 0.00		Vacation 0.00		Training 0.00									
		Hourly Other Ins 0.00		15AddOT 0.00		20AddOT 0.00											
Christopher Kleinmaier	P	8.00	8.00	8.00	8.00	8.00	0.00	0.00	40.00	0.00	0.00	46.00	69.00	92.00	1840.00	1273.56	
	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
 Mar 03, 2026



Case #: 26-CTP-059049

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

2/8/2026 to 2/14/2026

FEIN or Contractor Number

82-3900271

Project Number or Name

Crete Middle School - Addition & Renovations 210742 - 0114

Agency

Education, Board of

Project Location

635 OLMSTEAD LN
UNIVERSITY PARK IL 60484

No Work Report: Yes

State Capital Funds

No

Contractor and/or Subcontractor

Company Name

MBE Fence, Inc.

Contact Name

Mary Young

Primary Email

mbefence@gmail.com

Primary Phone

7082235700

Contractor Location

35340 ROCKWELL ST STE 101
WARRENVILLE IL 60555

Secondary Email

admin@mbefence.com

Secondary Phone

Public Body Information

Public Body Name

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

Contact Name

Public Body Address

635 OLMSTEAD LN
UNIVERSITY PARK IL 60484

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

Mary Young
Feb 20, 2026



Case #: 26-CTP-071090

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

2/15/2026 to 2/21/2026

FEIN or Contractor Number

82-3900271

Project Number or Name

Crete Middle School - Addition & Renovations 210742 - 0114

Agency

Education, Board of

Project Location

635 OLMSTEAD LN
UNIVERSITY PARK IL 60484

No Work Report: Yes

State Capital Funds

No

Contractor and/or Subcontractor

Company Name

MBE Fence, Inc.

Contact Name

Mary Young

Primary Email

mbefence@gmail.com

Primary Phone

7082235700

Contractor Location

3S340 ROCKWELL ST STE 101
WARRENVILLE IL 60555

Secondary Email

admin@mbefence.com

Secondary Phone

Public Body Information

Public Body Name

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

Contact Name

Public Body Address

635 OLMSTEAD LN
UNIVERSITY PARK IL 60484

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 Hrs	OT Hrs	Dub Hrs	Tim	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

Mary Young
Mar 04, 2026



Case #: 26-CTP-074622

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

2/22/2026 to 2/28/2026

FEIN or Contractor Number

82-3900271

Project Number or Name

Crete Middle School - Addition & Renovations 210742 - 0114

Agency

Not a State Agency

Project Location

635 OLMSTEAD LN
UNIVERSITY PARK IL 60484

No Work Report: Yes

State Capital Funds

No

Contractor and/or Subcontractor

Company Name

MBE Fence, Inc.

Contact Name

Mary Young

Primary Email

mbefence@gmail.com

Primary Phone

7082235700

Contractor Location

35340 ROCKWELL ST STE 101
WARRENVILLE IL 60555

Secondary Email

admin@mbefence.com

Secondary Phone

Public Body Information

Public Body Name

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

Contact Name

Public Body Address

635 OLMSTEAD LN
UNIVERSITY PARK IL 60484

Secondary Phone

Primary 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 Hrs	OT Hrs	Dub Hrs	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

Mary Young
Mar 06, 2026