



August 31, 2026

Draw No.: 11
Invoice No.: 210742-01K
Bear Job No.: 210742-01

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

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

INVOICE

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

Original Contract Amount	\$3,692,611.00
Change Orders Approved to Date	<u>\$0.00</u>
Current Contract Amount	\$3,692,611.00
Work Completed to Date	\$3,410,747.91
Less: Retainage	(\$234,736.35)
Less: Previously Invoiced	<u>(\$2,871,406.29)</u>

TOTAL AMOUNT DUE THIS INVOICE

\$304,605.27

Thank you,

Bear Construction Company

APPLICATION AND CERTIFICATE FOR PAYMENT

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

Project: Crete Middle School - Addition & Renovations

Application No. : 11

Distribution to :

Job No.: 210742-01

Address: 635 Olmstead Lane, University Park,
IL

Invoice No.: 210742-01K

Period To: 8/31/2026

☐	Architect
☐	Contract
☐	
☐	

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

Architect: ARCON Associates, Inc.

Architect Project No.:

Customer Project No.:

CONTRACTOR'S APPLICATION FOR PAYMENT

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

1. Original Contract Sum	\$3,692,611.00
2. Net Change By Change Order	\$0.00
3. Contract Sum To Date	\$3,692,611.00
4. Total Completed and Stored To Date	\$3,410,747.91
5. Retainage:	
a. <u>6.87%</u> of Completed Work	\$233,623.35
b. <u>10.00%</u> of Stored Material	\$1,113.00
Total Retainage	\$234,736.35
6. Total Earned Less Retainage	\$3,176,011.56
7. Less Previous Certificates For Payments	\$287,1406.29
8. Current Payment Due	\$304,605.27
9. Balance To Finish, Plus Retainage	\$516,599.44

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

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

CONTRACTOR: Bear Construction Company

By: Scott J. Kurinsky Date: 9/17/2026
Scott J. Kurinsky, President

State of: Illinois
County of: Cook

Subscribed and sworn to before me this
17th day of September, 2026

Notary Public:

My Commission expires:

ARCHITECT'S CERTIFICATE FOR PAYMENT

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

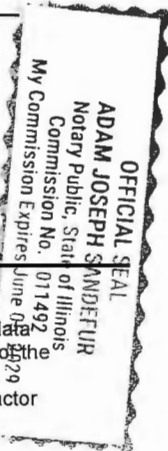
AMOUNT CERTIFIED **\$304,605.27**

(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: Adam Joseph Samdefur Date: October 5, 2026

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



CONTINUATION SHEET

Application and Certification for Payment,

containing Contractor's signed certification is attached.

In tabulations below, amounts are stated to the nearest dollar.

Use Column I on Contracts where variable retainage for line items may apply.

Application No.: 11

Application Date: 08/31/26

Period To: 08/31/26

Invoice #: 210742-01K

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

Architect's Project No.:

A	B		C	D	E	F	G		H	I
Item No.	Contractor / Subcontractor Name	Description of Work	Scheduled Value	Work Completed		Materials Presently Stored (Not in D or E)	Total Completed & Stored to Date (D+E+F)	% (G / C)	Balance To Finish (C-G)	Retainage
				From Previous Application (D+E)	This Period In Place					
1	Bear Construction Company	Mobilization	58,968.60	55,395.52	3,573.08	0.00	58,968.60	100.00%	0.00	0.00
2	Bear Construction Company	General Conditions	686,833.59	587,441.40	99,392.19	0.00	686,833.59	100.00%	0.00	34,341.69
3	Bear Construction Company	Payment & Performance Bond	32,830.00	32,830.00	0.00	0.00	32,830.00	100.00%	0.00	1,641.50
4	Bear Construction Company	Insurance	36,926.09	36,926.09	0.00	0.00	36,926.09	100.00%	0.00	1,846.30
5	Bear Construction Company	OH&P	146,512.71	132,771.18	13,741.53	0.00	146,512.71	100.00%	0.00	7,325.63
6	Bear Construction Company	Owner Allowance	210,379.31	0.00	0.00	0.00	0.00	0.00%	210,379.31	0.00
7	Alliance Concrete Sawing and Drilling IV, LLC	Demolition	22,970.00	22,970.00	0.00	0.00	22,970.00	100.00%	0.00	0.00
8	Concrete By Wagner, Inc.	Concrete	127,044.00	123,105.00	0.00	0.00	123,105.00	96.90%	3,939.00	6,155.25
9	Jimmy'Z Masonry	Masonry	163,500.00	163,500.00	0.00	0.00	163,500.00	100.00%	0.00	16,350.00
10	Mace Iron Works, Inc.	Structural Steel	195,286.00	195,286.00	0.00	0.00	195,286.00	100.00%	0.00	9,764.30
11	JP Phillips, Inc.	Rough Carpentry	272,731.90	240,000.00	32,731.00	0.00	272,731.00	100.00%	0.90	27,273.10
12	Heartland Cabinet Supply, Inc	Architectural Woodwork	99,892.00	84,057.00	0.00	11,130.00	95,187.00	95.29%	4,705.00	9,518.70
13	Domain Corporation	Roofing	86,200.00	86,200.00	0.00	0.00	86,200.00	100.00%	0.00	4,310.00
14	Chicago Doorways, LLC	Doors/Frames/Hardware	47,034.00	43,000.00	2,864.00	0.00	45,864.00	97.51%	1,170.00	4,586.40
15	United Glass, Inc.	Glass and Glazing	67,237.00	68,533.00	0.00	0.00	68,533.00	101.93%	-1,296.00	6,853.30
16	Douglas Floor Covering, Inc.	Flooring	108,392.50	108,392.50	0.00	0.00	108,392.50	100.00%	0.00	10,839.25
17	Lankford Construction Co.	Painting and Coating	36,066.62	24,929.00	8,520.00	0.00	33,449.00	92.74%	2,617.62	3,344.90
18	To Be Determined	Specialties	0.00	0.00	0.00	0.00	0.00	0.00%	0.00	0.00
19	Lallas Shading Solution, LLC	Furnishings	12,410.45	2,191.39	0.00	0.00	2,191.39	17.66%	10,219.06	219.14
20	S. J. Carlson Fire Protection, Inc.	Fire Suppression	14,809.00	14,809.00	0.00	0.00	14,809.00	100.00%	0.00	740.45
21	Warren F. Thomas Plumbing Company	Plumbing	15,130.00	14,565.00	565.00	0.00	15,130.00	100.00%	0.00	1,513.01
22	State Mechanical Services, LLC	HVAC	440,479.00	431,792.20	0.00	0.00	431,792.20	98.03%	8,686.80	43,179.23
23	Electrical Systems, Inc.	Electrical	524,166.69	524,166.69	0.00	0.00	524,166.69	100.00%	0.00	26,208.34

CONTINUATION SHEET

Application and Certification for Payment,

containing Contractor's signed certification is attached.

In tabulations below, amounts are stated to the nearest dollar.

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Application No.: 11

Application Date: 08/31/26

Period To: 08/31/26

Invoice #: 210742-01K

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

Architect's Project No.:

A	B		C	D	E	F	G		H	I
Item No.	Contractor / Subcontractor Name	Description of Work	Scheduled Value	Work Completed		Materials Presently Stored (Not in D or E)	Total Completed & Stored to Date (D+E+F)	% (G / C)	Balance To Finish (C-G)	Retainage
				From Previous Application (D+E)	This Period In Place					
24	To Be Determined	Communications (Voice/Data)	0.00	0.00	0.00	0.00	0.00	0.00%	0.00	0.00
25	To Be Determined	Audio-Video Communications	0.00	0.00	0.00	0.00	0.00	0.00%	0.00	0.00
26	Wigboldy Excavating, Inc.	Site Clearing	110,000.00	105,500.00	0.00	0.00	105,500.00	95.91%	4,500.00	10,550.00
27	Cardinal State, LLC	Planting/Landscaping	116,798.00	0.00	81,758.60	0.00	81,758.60	70.00%	35,039.40	8,175.86
28	Must Buy Enough Fence, Inc. dba MBE Fence	Temporary Fencing	16,599.04	16,599.04	0.00	0.00	16,599.04	100.00%	0.00	0.00
29	Kapur & Associates, Inc.	Survey	3,512.00	3,512.00	0.00	0.00	3,512.00	100.00%	0.00	0.00
30	Geocon Professional Services, LLC	Third Party Testing	8,670.50	6,768.50	0.00	0.00	6,768.50	78.06%	1,902.00	0.00
31	To Be Determined	Specialtes	0.00	0.00	0.00	0.00	0.00	0.00%	0.00	0.00
32	FBM Galaxy, Inc. dba Foundation Building Materials	Acoustical Ceiling	0.00	0.00	0.00	0.00	0.00	0.00%	0.00	0.00
33	Advertising Products, Inc.	Signage	1,455.00	0.00	1,455.00	0.00	1,455.00	100.00%	0.00	0.00
34	R.W.S., Inc. dba Replacement Window Systems, Inc.	Windows	19,973.00	0.00	19,973.00	0.00	19,973.00	100.00%	0.00	0.00
35	Kessor Enterprises, Ltd. dba Superior Labor Solutions	Final Cleaning	9,804.00	9,804.00	0.00	0.00	9,804.00	100.00%	0.00	0.00
	Grand Totals		3,692,611.00	3,135,044.51	264,573.40	11,130.00	3,410,747.91	92.37%	281,863.09	234,736.35

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: **8/31/2026**

Application No.: **11**

Project No.: **210742-01**

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

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

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

Contractor or Vendor	Contract Amount	Work Completed	Total Retained	Previously Requested	Net Amount Requested	Balance To Become Due
Bear Construction Company						
Mobilization	58,968.60	58,968.60	0.00	49,855.96	9,112.64	0.00
General Conditions	686,833.59	686,833.59	34,341.69	528,697.24	123,794.66	34,341.69
Payment & Performance Bond	32,830.00	32,830.00	1,641.50	29,547.00	1,641.50	1,641.50
Insurance	36,926.09	36,926.09	1,846.30	33,233.48	1,846.31	1,846.30
OH&P	146,512.71	146,512.71	7,325.63	119,494.06	19,693.02	7,325.63
Owner Allowance	210,379.31	0.00	0.00	0.00	0.00	210,379.31
Demolition						
Alliance Concrete Sawing and Drilling IV, LL 570 Rock Road Drive Suite N East Dundee, IL 60118 (847) 783-6585 wslowiak@alliancesawing.com	22,970.00	22,970.00	0.00	20,673.00	2,297.00	0.00
Concrete						
Concrete By Wagner, Inc. 13808 High Road Lockport, IL 60441 (815) 838-9218 accounting@concretebywagner.com	127,044.00	123,105.00	6,155.25	116,949.75	0.00	10,094.25
Masonry						
JimmyZ Masonry 8550 Ridgfield Rd Suite B Crystal Lake, IL 60012 (815) 477-0123 vhartel@jimmyzmasonry.com	163,500.00	163,500.00	16,350.00	147,150.00	0.00	16,350.00
Structural Steel						
Mace Iron Works, Inc. P.O. Box 640 Frankfort, IL 60423 (815) 469-2345 andrea@maceiron.com	195,286.00	195,286.00	9,764.30	185,521.70	0.00	9,764.30
Rough Carpentry						
JP Phillips, Inc. 3220 N. Wolf Road Franklin Park, IL 60131 (847) 288-0008 Autumn@jppconstruction.com	272,731.90	272,731.00	27,273.10	216,000.00	29,457.90	27,274.00

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1501 Rohlfing Road
Rolling Meadows, IL 60008

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

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

Application Date: **8/31/2026**

Application No.: **11**

Project No.: **210742-01**

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

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

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

Contractor or Vendor	Contract Amount	Work Completed	Total Retained	Previously Requested	Net Amount Requested	Balance To Become Due
Architectural Woodwork						
Heartland Cabinet Supply, Inc 301 Industrial Avenue Crystal Lake, IL 60012 (815) 477-0900 terri@heartlandcabinet.com	99,892.00	95,187.00	9,518.70	75,651.30	10,017.00	14,223.70
Roofing						
Domain Corporation 6238 N. Northwest Highway Chicago, IL 60631 (773) 628-0001 admin@domaincorp.com	86,200.00	86,200.00	4,310.00	81,890.00	0.00	4,310.00
Doors/Frames/Hardware						
Chicago Doorways, LLC 219 W. Diversey Avenue Elmhurst, IL 60126 (630) 279-2227 kkedzie@chicagodoorways.com	47,034.00	45,864.00	4,586.40	38,700.00	2,577.60	5,756.40
Glass and Glazing						
United Glass, Inc. 8340 89th Avenue N Brooklyn Park, MN 55445 (651) 395-4841 bgerth@unitedglassinc.com	67,237.00	68,533.00	6,853.30	61,679.70	0.00	5,557.30
Flooring						
Douglas Floor Covering, Inc. 200 Alder Drive North Aurora, IL 60542 (630) 892-8620 kathy@douglasflooring.com	108,392.50	108,392.50	10,839.25	97,553.25	0.00	10,839.25
Painting and Coating						
Lankford Construction Co. 1455 Karlens Way Johnsburg, IL 60051 (847) 497-0800 kschmidt@lcco.com; dpollard@lcco.com	36,066.62	33,449.00	3,344.90	22,436.10	7,668.00	5,962.52

Sworn Statement for Contractor and Subcontractor To Owner

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

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

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

Application Date: **8/31/2026**
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Project No.: **210742-01**
Invoice No.: **210742-01K**

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

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

Contractor or Vendor	Contract Amount	Work Completed	Total Retained	Previously Requested	Net Amount Requested	Balance To Become Due
Furnishings						
Lallas Shading Solution, LLC 180 N. Wabash Avenue, Suite 601 Chicago, IL 60601 (312) 882-0804 ascher@lallasshadingsolutions.com	12,410.45	2,191.39	219.14	1,972.25	0.00	10,438.20
Fire Suppression						
S. J. Carlson Fire Protection, Inc. 4544 Shepherd Trail Rockford, IL 61103 (815) 636-1993 kerriw@sjcarlson.com	14,809.00	14,809.00	740.45	14,068.55	0.00	740.45
Plumbing						
Warren F. Thomas Plumbing Company 475 Quadrangle Drive, Suite A Bolingbrook, IL 60440 (630) 435-0636 stefanie@warrenthomasplbg.com	15,130.00	15,130.00	1,513.01	13,108.49	508.50	1,513.01
HVAC						
State Mechanical Services, LLC 535 Exchange Court Aurora, IL 60504 (630) 723-6000 aallen@statemechservices.com	440,479.00	431,792.20	43,179.23	388,612.97	0.00	51,866.03
Electrical						
Electrical Systems, Inc. 17335 S. Ashland Avenue East Hazel Crest, IL 60429 (708) 647-1300 dshinkle@esipower.com	524,166.69	524,166.69	26,208.34	497,958.35	0.00	26,208.34
Site Clearing						
Wigboldy Excavating, Inc. 13631 S. Kostner Avenue Crestwood, IL 60418 (708) 389-5356 info@wigboldyexcavating.com	110,000.00	105,500.00	10,550.00	94,950.00	0.00	15,050.00

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: **8/31/2026**

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Project No.: **210742-01**

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

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
Planting/Landscaping						
Cardinal State, LLC 1719 Spring Creek Road Barrington, IL 60010 (630) 320-9257 amandas@cardinalstatellc.com	116,798.00	81,758.60	8,175.86	0.00	73,582.74	43,215.26
Temporary Fencing						
Must Buy Enough Fence, Inc. dba MBE Fer 3S340 Rockwell Street, Unit 101 Warrenville, IL 60555 (708) 223-5700 mbefence@gmail.com	16,599.04	16,599.04	0.00	16,599.04	0.00	0.00
Survey						
Kapur & Associates, Inc. 7711 N. Port Washing Road Milwaukee, WI 53217 (414) 751-7200 dkropidlowski@kapurinc.com	3,512.00	3,512.00	0.00	3,512.00	0.00	0.00
Third Party Testing						
Geocon Professional Services, LLC 22774 Citation Rd, Unit A Frankfort, IL 60423 (815) 806-9986 GPSbilling@geoconcompanies.com	8,670.50	6,768.50	0.00	6,768.50	0.00	1,902.00
Signage						
Advertising Products, Inc. 680 Fargo Avenue Elk Grove Village, IL 60007 (866) 774-0415 kyle.r@apisigns.com	1,455.00	1,455.00	0.00	0.00	1,455.00	0.00
Windows						
R.W.S., Inc. dba Replacement Window Sys 3900 W. 159th Place Markam, IL 60428 (708) 333-5050 kathy@rwswindows.com	19,973.00	19,973.00	0.00	0.00	19,973.00	0.00

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: **8/31/2026**
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Project: **Crete Middle School - Addition & Renovations**

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

Contractor or Vendor	Contract Amount	Work Completed	Total Retained	Previously Requested	Net Amount Requested	Balance To Become Due
Final Cleaning						
Kessor Enterprises, Ltd. dba Superior Labor 14 Congress Circle Roselle, IL 60172 (630) 582-9800 olivaresv@superior902.com	9,804.00	9,804.00	0.00	8,823.60	980.40	0.00
Totals	3,692,611.00	3,410,747.91	234,736.35	2,871,406.29	304,605.27	516,599.44

Amount of Original Contract 3,702,598.00
Extras to Contract 36,265.25

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

Adjusted Total Contract 3,692,611.00

Completed & Stored to Date 3,410,747.91
Total Retained by Owner 234,736.35

Net Amount Earned 3,176,011.56
Previously Requested 2,871,406.29

Net Amount Due This Payment 304,605.27

State of Illinois

County of Cook

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

Project: **Crete Middle School - Addition & Renovations**
Location: **635 Olmstead Lane, University Park, IL 60484**

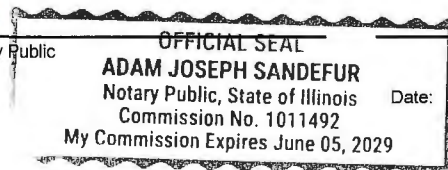
That for the purpose of this work, the foregoing orders have been placed and the foregoing parties subcontracted with by Bear Construction Company and have furnished materials or have provided labor, or both, for said project. That, the amount of such order or subcontract is as stated above and that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

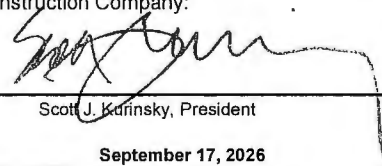
Subscribed and sworn before me this **17th** day of **September, 2026**

Signed for Bear Construction Company:



Notary Public




Scott J. Kurinsky, President
September 17, 2026

State of Illinois }
County of Cook } SS

WAIVER OF LIEN TO DATE

Waiver Not Valid Until Receipt of Payment

Gty # _____
Escrow # _____

TO WHOM IT MAY CONCERN:

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

The undersigned, for and in consideration of: **Three Hundred Four Thousand Six Hundred Five And 27 / 100 (\$304,605.27)** 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: 8/31/2026

COMPANY NAME: Bear Construction Company

ADDRESS: 1501 Rohlwing Road, Rolling Meadows, IL 60008

SIGNATURE AND TITLE: _____

Scott J. Kurinsky, President

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

State of Illinois }
County of Cook } SS

CONTRACTOR'S AFFIDAVIT

TO WHOM IT MAY CONCERN:

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

That the total amount of the contract including extras is **\$3,692,611.00** on which he has received payment of **\$2,871,406.29** 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 or labor, or both, for said work and all parties having contracts or sub contracts for specific portions of said work or for material entering into the construction thereof and amount due or to become due to each, and that the items mentioned include all labor and material required to complete said work according to plans and specifications:

NAMES	WHAT FOR	CONTRACT AMOUNT	AMOUNT PAID	THIS PAYMENT	BALANCE DUE
Bear Construction Company	General Work	3,692,611.00	2,871,406.29	304,605.27	516,599.44
Per Attached Sworn Statement					
TOTAL LABOR AND MATERIAL INCLUDING EXTRAS * TO COMPLETE:		3,692,611.00	2,871,406.29	304,605.27	516,599.44

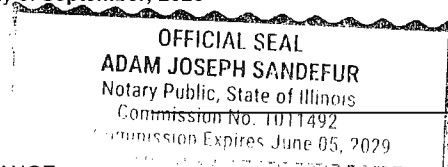
That there are no other contracts for said work outstanding, and that there is nothing due or to become due to any person for material, labor or other work of any kind done or to be done upon or in connection with said work other than above stated.

DATE: 9/17/2026

SIGNATURE: _____

Scott J. Kurinsky, President

Subscribed and Sworn to me before me this **17th** day of **September, 2026**

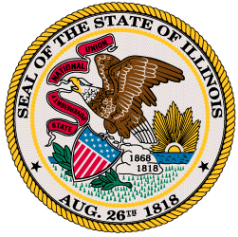


Notary Public

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

TRAILING CERTIFIED PAYROLL

Draw 10



Case #: 26-CTP-244469

Illinois Department of Labor

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

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

CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date	Project Location
6/27/2026 to 7/3/2026	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
36-335164	
Project Number or Name	State Capital Funds
210742-01 Crete Middle School Addition & Renovations	No
Agency	
Education, Board of	

Contractor and/or Subcontractor

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

Public Body Information

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

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
RAYMOND BEYER	3575	Carpenter Journeyman---	180 BAYBERRY CT	GLENDAL E HEIGHTS IL 60139	White	N H L	M	No	No	No	No	8476608053
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

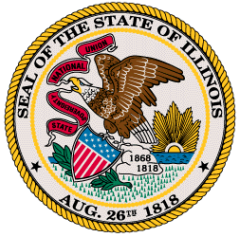
Work Classification

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 Wor k
RAYMOND BEYER	P	0.00	0.00	8.00	8.00	0.00	0.00	0.00	16.00	0.00		58.51	0.00		1961.76	1263.91	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
	Pension		0.00	Health		0.00	Vacation		0.00	Training		0.00					
	Hourly Other Ins		0.00	15AddOT		0.00	20AddOT		0.00								
GILBERT HENSON	P	8.00	8.00	8.00	8.00	0.00	0.00	0.00	32.00	0.00		86.53	0.00		3461.55	2506.95	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
	Pension		0.00	Health		0.00	Vacation		0.00	Training		0.00					
	Hourly Other Ins		0.00	15AddOT		0.00	20AddOT		0.00								
Dennis Panozzo	P	8.00	8.00	8.00	8.00	0.00	0.00	0.00	32.00	0.00		53.00	0.00		1696.00	1220.11	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
	Pension		0.00	Health		0.00	Vacation		0.00	Training		0.00					
	Hourly Other Ins		0.00	15AddOT		0.00	20AddOT		0.00								

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

SUSAN RHODES

Jul 15, 2026



Case #: 26-CTP-244493

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
7/4/2026 to 7/10/2026	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
36-335164	
Project Number or Name	State Capital Funds
210742-01 Crete Middle School Addition & Renovations	No
Agency	
Education, Board of	

Contractor and/or Subcontractor

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

Public Body Information

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

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Steven Cantu	7759	LABORER JOURNEYMAN---	511 PEALE ST	JOLIET IL 60433	Hispanic or Latino	H L	M	No	No	No	No	7083368989
GILBERT HENSON	2256	CONSTRUCTION SITE MANAGER--	15130 COLINA AVE	OAK FOREST IL 60452	Hispanic or Latino	H L	M	No	No	No	No	7085527207
Roy LaBuda	3250	Carpenter Journeyman---	11055 S NAGLE AVE	WORTH IL 60482	White	N H L	M	No	No	No	No	7083711114
Dennis Panozzo	0222	LABORER JOURNEYMAN---	1336 CANTERBURY CT	DYER IN 46311	White	N H L	M	No	No	No	No	7082621427
Jeffrey Strege	6445	Laborer Journeyman---	8806 OAKWOOD AVE	MUNSTER IN 46321	White	N H L	M	No	No	No	No	8477041771

G-GenderV-VeteranJ-JourneymanF-ForemanA-Apprentice

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

Work Classification

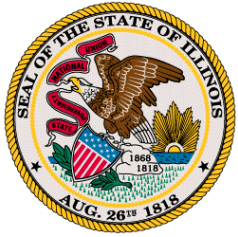
Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Wor k
Steven Cantu	P	8.00	0.00	0.00	0.00	0.00	0.00	0.00	8.00	0.00		53.00	0.00		1775.50	1203.44	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
	Pension		0.00	Health		0.00		Vacation		0.00	Training		0.00				
	Hourly Other Ins		0.00	15AddOT		0.00		20AddOT		0.00							
GILBERT HENSON	P	8.00	8.00	8.00	8.00	8.00	0.00	0.00	40.00	0.00		86.53	0.00		4211.55	2997.45	
	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							
Roy LaBuda	P	0.00	0.00	0.00	0.00	0.00	4.00	0.00	0.00	0.00	4.00	0.00	0.00	110.00	2805.00	1824.33	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
	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	0.00	0.00	0.00	4.00	0.00	16.00	0.00	4.00	53.00	0.00	106.00	2279.00	1577.61	
	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	
Pension		0.00		Health		0.00		Vacation		0.00		Training		0.00			
Hourly Other Ins		0.00		15AddOT		0.00		20AddOT		0.00							

Jeffrey Strege	P	0.00	0.00	0.00	0.00	0.00	4.00	0.00	0.00	0.00	4.00	0.00	0.00	106.00	2544.00	1678.36	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
Pension		0.00		Health		0.00		Vacation		0.00		Training		0.00			
Hourly Other Ins		0.00		15AddOT		0.00		20AddOT		0.00							

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

SUSAN RHODES
Jul 15, 2026



Case #: 26-CTP-254211

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
7/11/2026 to 7/17/2026	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
36-335164	
Project Number or Name	State Capital Funds
210742-01 Crete Middle School Addition & Renovations	No
Agency	
Education, Board of	

Contractor and/or Subcontractor

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

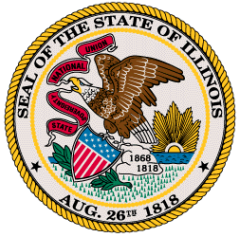
Public Body Information

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

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

SUSAN RHODES

Jul 21, 2026



Case #: 26-CTP-265381

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
7/18/2026 to 7/24/2026	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
36-335164	
Project Number or Name	State Capital Funds
210742-01 Crete Middle School Addition & Renovations	No
Agency	
Education, Board of	

Contractor and/or Subcontractor

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

Public Body Information

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

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
GILBERT HENSON	2256	CONSTRUCTION SITE MANAGER--	15130 COLINA AVE	OAK FOREST IL 60452	Hispanic or Latino	H L	M	No	No	No	No	7085527207

G-GenderV-VeteranJ-JourneymanF-ForemanA-Apprentice

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

Work Classification

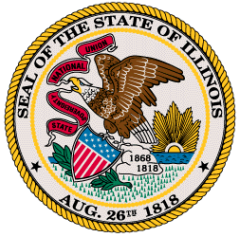
Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
GILBERT HENSON	P	8.00	8.00	8.00	8.00	8.00	0.00	0.00	40.00	0.00		86.53	0.00		3461.55	2506.95	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	

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

Hourly Other Ins0.0015AddOT0.0020AddOT0.00

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

SUSAN RHODES
Jul 28, 2026



Case #: 26-CTP-278962

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
7/25/2026 to 7/31/2026	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
36-335164	
Project Number or Name	State Capital Funds
210742-01 Crete Middle School Addition & Renovations	No
Agency	
Education, Board of	

Contractor and/or Subcontractor

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

Public Body Information

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

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
GILBERT HENSON	2256	CONSTRUCTION SITE MANAGER--	15130 COLINA AVE	OAK FOREST IL 60452	Hispanic or Latino	H L	M	No	No	No	No	7085527207

G-GenderV-VeteranJ-JourneymanF-ForemanA-Apprentice

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

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
GILBERT HENSON	P	8.00	8.00	8.00	8.00	8.00	0.00	0.00	40.00	0.00		86.53	0.00		3461.56	2506.96	
	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	

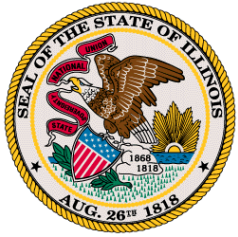
Pension0.00Health0.00Vacation0.00Training0.00

Hourly Other Ins0.0015AddOT0.0020AddOT0.00

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

SUSAN RHODES

Aug 05, 2026



Case #: 26-CTP-257613

Illinois Department of Labor

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

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

CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date	Project Location
6/29/2026 to 7/5/2026	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
36-3796352	No Work Report: Yes
Project Number or Name	State Capital Funds
Crete Middle School - Addition & Renovations	Yes
Agency	
Education, Board of	

Contractor and/or Subcontractor

Company Name	Contractor Location
Jimmy'Z Masonry Corp	8550 RIDGEFIELD RD STE B
Contact Name	CRYSTAL LAKE IL 60012
Vanessa Hartel	
Primary Email	Secondary Email
mfaller@jimmyzmasonry.com	
Primary Phone	Secondary Phone
8154770123	

Public Body Information

Public Body Name	Public Body Address
Crete Monee Community Unit School District 201-U	690 W EXCHANGE ST
Contact Name	CRETE IL 60417
Primary Phone	Secondary Phone

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

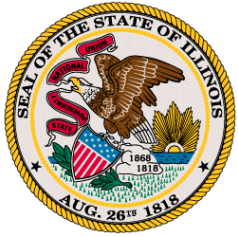
G-GenderV-VeteranJ-JourneymanF-ForemanA-Apprentice

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

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

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

James G Zuidema
Jul 22, 2026



Case #: 26-CTP-257614

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
7/6/2026 to 7/12/2026	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
36-3796352	No Work Report: Yes
Project Number or Name	State Capital Funds
Crete Middle School - Addition & Renovations	Yes
Agency	
Education, Board of	

Contractor and/or Subcontractor

Company Name	Contractor Location
Jimmy'Z Masonry Corp	8550 RIDGEFIELD RD STE B
Contact Name	CRYSTAL LAKE IL 60012
Vanessa Hartel	
Primary Email	Secondary Email
mfaller@jimmyzmasonry.com	
Primary Phone	Secondary Phone
8154770123	

Public Body Information

Public Body Name	Public Body Address
Crete Monee Community Unit School District 201-U	690 W EXCHANGE ST
Contact Name	CRETE IL 60417
Primary Phone	Secondary Phone

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

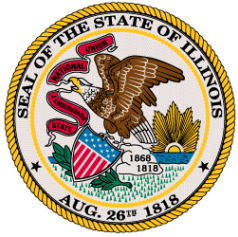
G-GenderV-VeteranJ-JourneymanF-ForemanA-Apprentice

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

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

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

James G Zuidema
Jul 22, 2026



Case #: 26-CTP-257615

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
7/13/2026 to 7/19/2026	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
36-3796352	No Work Report: Yes
Project Number or Name	State Capital Funds
Crete Middle School - Addition & Renovations	Yes
Agency	
Education, Board of	

Contractor and/or Subcontractor

Company Name	Contractor Location
Jimmy'Z Masonry Corp	8550 RIDGEFIELD RD STE B
Contact Name	CRYSTAL LAKE IL 60012
Vanessa Hartel	
Primary Email	Secondary Email
mfaller@jimmyzmasonry.com	
Primary Phone	Secondary Phone
8154770123	

Public Body Information

Public Body Name	Public Body Address
Crete Monee Community Unit School District 201-U	690 W EXCHANGE ST
Contact Name	CRETE IL 60417
Primary Phone	Secondary Phone

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

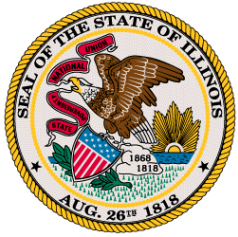
G-GenderV-VeteranJ-JourneymanF-ForemanA-Apprentice

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

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

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

James G Zuidema
Jul 22, 2026



Case #: 26-CTP-318948

FINAL

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
7/20/2026 to 7/26/2026	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
36-3796352	No Work Report: Yes
Project Number or Name	State Capital Funds
CRETE MIDDLE SCHOOL - ADDITION & RENOVATIONS	No
Agency	
Education, Board of	

Contractor and/or Subcontractor

Company Name	Contractor Location
Jimmy Z Masonry Corp	8550 RIDGELAND RD STE. B
Contact Name	CRYSTAL LAKE IL 60012
JAMES ZUIDEMA	
Primary Email	Secondary Email
VHARTEL@JIMMYZMASONRY.COM	
Primary Phone	Secondary Phone
8154770123	

Public Body Information

Public Body Name	Public Body Address
CRETE MONEE COMMUNITY UNIT SCHOOL DISTRICT 201-U	690 W EXCHANGE ST
Contact Name	CRETE IL 60417
Primary Phone	Secondary Phone

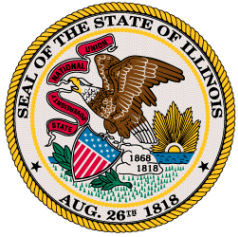
Employee Details												
Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
G-Gender		V-Veteran			J-Journeyman			F-Foreman			A-Apprentice	

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

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

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

JAMES ZUIDEMA
Aug 27, 2026



Case #: 26-CTP-234021

Illinois Department of Labor

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

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CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date	Project Location
6/29/2026 to 7/5/2026	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
36-3878124	
Project Number or Name	State Capital Funds
Crete Monee Middle School	No
Agency	
Not a State Agency	

Contractor and/or Subcontractor

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

Public Body Information

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

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Kevin Wisniewski	5843	Foreman-Carpenter-All-ALL-0	14410 TRUMBULL AVE	MIDLOTHIAN IL 60445	Hispanic or Latino	H L	M	No	No	Yes	No	8472880008

G-GenderV-VeteranJ-JourneymanF-ForemanA-Apprentice

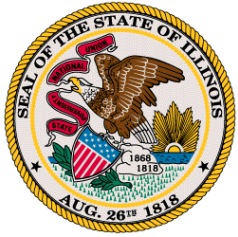
N H L- Not Hispanic or Latino
H L- Hispanic or Latino

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Wor k
Kevin Wisniewski	P	8.00	8.00	0.00	8.00	0.00	0.00	0.00	24.00	0.00		60.51	0.00		1452.24	0.00	
	NP	0.00	0.00	8.00	0.00	0.00	0.00	0.00	8.00	0.00		60.51	0.00		484.08	1438.18	
Pension		17.41		Health		14.49		Vacation		3.03		Training		1.60			
Hourly Other Ins				10.85		15AddOT		0.00		20AddOT		0.00					

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

Autumn Calfa
Jul 09, 2026



Case #: 26-CTP-249585

Illinois Department of Labor

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

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CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date	Project Location
6/28/2026 to 7/4/2026	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
36-3343462	
Project Number or Name	State Capital Funds
210742-01018 Crete Middle School - Addition & Renovations	No
Agency	
Not a State Agency	

Contractor and/or Subcontractor

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

Public Body Information

Public Body Name	Public Body Address
Board of Education, Crete-Monee School District #201-U	690 W EXCHANGE ST
Contact Name	CRETE IL 60417
Primary Phone	Secondary Phone
7087496541	

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Fernando Antuna	2542	Carpenter Journeyman-All-BLD-	2653 VIGO ST	LAKE STATION IN 46405	Hispanic or Latino	H L	M	No	Yes	No	No	6305551234
Sebastian Waugh	7265	Carpenter Journeyman-All-BLD-	7512 INDEPENDENCE ST	MERRILLVILLE IN 46410	White	N H L	M	No	Yes	No	No	2627446259

G-GenderV-VeteranJ-JourneymanF-ForemanA-Apprentice

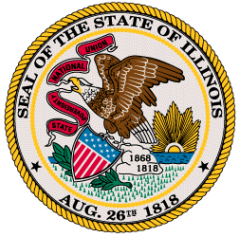
N H L- Not Hispanic or Latino
H L- Hispanic or Latino

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Wor k
Fernando Antuna	P	3.00	0.00	0.00	0.00	0.00	0.00	0.00	3.00	0.00		58.51	0.00		1985.28	1407.09	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
Pension		17.41		Health		14.49		Vacation		3.03		Training		12.46			
Hourly Other Ins				0.00		15AddOT		0.00		20AddOT		0.00					
Sebastian Waugh	P	3.00	0.00	0.00	0.00	0.00	0.00	0.00	3.00	0.00		58.51	0.00		1985.28	1332.99	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
Pension		17.41		Health		14.49		Vacation		3.03		Training		12.46			
Hourly Other Ins				0.00		15AddOT		0.00		20AddOT		0.00					

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

Kathryn Mensing
Jul 17, 2026



Case #: 26-CTP-249617

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
7/5/2026 to 7/11/2026	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
36-3343462	
Project Number or Name	State Capital Funds
210742-01018 Crete Middle School - Addition & Renovations	No
Agency	
Not a State Agency	

Contractor and/or Subcontractor

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

Public Body Information

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

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
William Smith	8673	Carpenter Journeyman-All-BLD-	932 MELROSE ST	NEW LENOX IL 60451	White	N H L	M	No	Yes	No	No	6305551234
Sebastian Waugh	7265	Carpenter Journeyman-All-BLD-	7512 INDEPENDENCE ST	MERRILLVILLE IN 46410	White	N H L	M	No	Yes	No	No	2627446259

G-GenderV-VeteranJ-JourneymanF-ForemanA-Apprentice

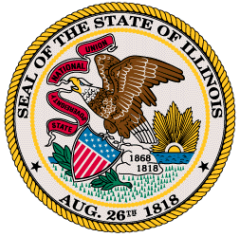
N H L- Not Hispanic or Latino
H L- Hispanic or Latino

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Wor k
William Smith	P	0.00	0.00	0.00	0.00	8.00	0.00	0.00	8.00	0.00		58.51	0.00		2481.60	1532.53	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
Pension		17.41		Health		14.49		Vacation		3.03		Training		12.46			
Hourly Other Ins				0.00 15AddOT		0.00		20AddOT		0.00							
Sebastian Waugh	P	0.00	0.00	0.00	8.00	8.00	0.00	0.00	16.00	0.00		58.51	0.00		2481.60	1610.68	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
Pension		17.41		Health		14.49		Vacation		3.03		Training		12.46			
Hourly Other Ins				0.00 15AddOT		0.00		20AddOT		0.00							

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

Kathryn Mensing
Jul 17, 2026



Case #: 26-CTP-259395

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
7/12/2026 to 7/18/2026	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
36-3343462	
Project Number or Name	State Capital Funds
210742-01018 Crete Middle School - Addition & Renovations	No
Agency	
Not a State Agency	

Contractor and/or Subcontractor

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

Public Body Information

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

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Fernando Antuna	2542	Carpenter Journeyman-All-BLD-	2653 VIGO ST	LAKE STATION IN 46405	Hispanic or Latino	H L	M	No	Yes	No	No	6305551234
William Smith	8673	Carpenter Journeyman-All-BLD-	932 MELROSE ST	NEW LENOX IL 60451	White	N H L	M	No	Yes	No	No	6305551234
Sebastian Waugh	7265	Carpenter Journeyman-All-BLD-	7512 INDEPENDENCE ST	MERRILLVILLE IN 46410	White	N H L	M	No	Yes	No	No	2627446259

G-GenderV-VeteranJ-JourneymanF-ForemanA-Apprentice

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

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
Fernando Antuna	P	0.00	0.00	0.00	4.00	8.00	0.00	0.00	10.00	2.00		58.51	87.76		2802.44	1938.79	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
Pension		17.41		Health		14.49		Vacation		3.03		Training		12.46			
Hourly Other Ins		0.00		15AddOT		0.00		20AddOT		0.00							

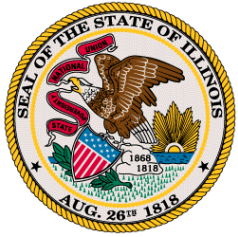
William Smith	P	8.00	0.00	0.00	0.00	0.00	0.00	0.00	8.00	0.00		58.51	0.00		1985.28	1258.14	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
Pension		17.41		Health		14.49		Vacation		3.03		Training		12.46			
Hourly Other Ins		0.00		15AddOT		0.00		20AddOT		0.00							

Sebastian Waugh	P	8.00	8.00	8.00	10.00	8.00	0.00	0.00	40.00	2.00		58.51	87.76		2663.19	1712.50	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
Pension		17.41		Health		14.49		Vacation		3.03		Training		12.46			
Hourly Other Ins		0.00		15AddOT		0.00		20AddOT		0.00							

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

Kathryn Mensing

Jul 23, 2026



Case #: 26-CTP-282513

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
7/19/2026 to 7/25/2026	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
36-334462	
Project Number or Name	State Capital Funds
210742-01018 Crete Middle School - Addition & Renovations	No
Agency	
Not a State Agency	

Contractor and/or Subcontractor

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

Public Body Information

Public Body Name	Public Body Address
Board of Education, Crete-Monee School District #201-U	690 W EXCHANGE ST
Contact Name	CRETE IL 60417
Primary Phone	Secondary Phone
7087496541	

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
William Smith	8673	Carpenter Journeyman-All-BLD-	932 MELROSE ST	NEW LENOX IL 60451	White	N H L	M	No	Yes	No	No	6305551234
Sebastian Waugh	7265	Carpenter Journeyman-All-BLD-	7512 INDEPENDENCE ST	MERRILLVILLE IN 46410	White	N H L	M	No	Yes	No	No	2627446259

G-GenderV-VeteranJ-JourneymanF-ForemanA-Apprentice

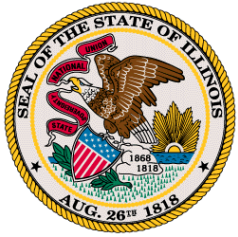
N H L- Not Hispanic or Latino
H L- Hispanic or Latino

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Wor k
William Smith	P	7.00	0.00	0.00	0.00	0.00	0.00	0.00	7.00	0.00		58.51	0.00		2296.98	1431.98	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
Pension		17.41		Health		14.49		Vacation		3.03		Training		12.46			
Hourly Other Ins				0.00		15AddOT		0.00		20AddOT		0.00					
Sebastian Waugh	P	7.00	0.00	0.00	0.00	0.00	0.00	0.00	7.00	0.00		58.51	0.00		3146.42	1984.39	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
Pension		17.41		Health		14.49		Vacation		3.03		Training		12.46			
Hourly Other Ins				0.00		15AddOT		0.00		20AddOT		0.00					

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

Kathryn Mensing
Aug 06, 2026



Case #: 26-CTP-264018

Illinois Department of Labor

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

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CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date	Project Location
6/29/2026 to 7/5/2026	635 OLMSTEAD LN
FEIN or Contractor Number	Crete IL 60417
20-4019045	
Project Number or Name	State Capital Funds
Crete Middle School - Addition & Renovations	No
Agency	
Not a State Agency	

Contractor and/or Subcontractor

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

Public Body Information

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

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Scott Simpson	9942	SM 265 Foreman---	2050 NELSON RD	MORRIS IL 60450	White	N H L	M	No	No	Yes	No	6307236000
Stephen Simpson	2173	SM 265 Journeyman---	7013 MONMOUTH DR	JOLIET IL 60431	White	N H L	M	No	No	No	No	6307236000
Jacob Zacavish	3066	PF 597 Foreman+3---	12541 YORKSHIRE DR	HOMER GLEN IL 60491	White	N H L	M	No	No	Yes	No	7085482429

G-Gender

V-Veteran

J-Journeyman

F-Foreman

A-Apprentice

N H L- Not Hispanic or Latino

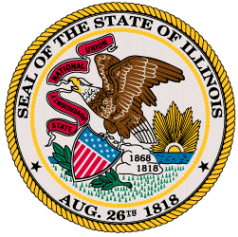
H L- Hispanic or Latino

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
Scott Simpson	P	8.00	4.00	0.00	0.00	0.00	0.00	0.00	12.00	0.00		65.76	0.00		2646.62	1985.84	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
Pension		0.00		Health		86.56		Vacation		0.00		Training		0.00			
Hourly Other Ins		0.00		15AddOT		0.00		20AddOT		0.00							
Stephen Simpson	P	8.00	4.00	0.00	0.00	0.00	0.00	0.00	12.00	0.00		60.89	0.00		1958.14	1368.50	
	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		86.56		Vacation		0.00		Training		0.00			
Hourly Other Ins		0.00		15AddOT		0.00		20AddOT		0.00							
Jacob Zacavish	P	8.00	0.00	0.00	0.00	0.00	0.00	0.00	8.00	0.00		65.50	0.00		2620.00	1823.64	
	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		269.48		Vacation		0.00		Training		0.00			
Hourly Other Ins		0.00		15AddOT		0.00		20AddOT		0.00							

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

Amber Michelson



Case #: 26-CTP-264039

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
7/6/2026 to 7/12/2026	635 OLMSTEAD LN
FEIN or Contractor Number	Crete IL 60417
20-4019045	
Project Number or Name	State Capital Funds
Crete Middle School - Addition & Renovations	No
Agency	
Not a State Agency	

Contractor and/or Subcontractor

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

Public Body Information

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

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
David Morlock	3079	PF 597 Journeyman---	14130 DELAWARE ST	CROWN POINT IN 46307	White	N H L	M	No	Yes	No	No	6308085803

G-GenderV-VeteranJ-JourneymanF-ForemanA-Apprentice

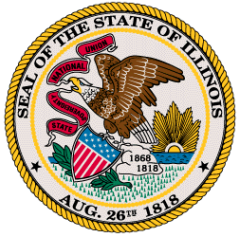
N H L- Not Hispanic or Latino
H L- Hispanic or Latino

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Wor k
David Morlock	P	8.00	0.00	0.00	0.00	0.00	0.00	0.00	8.00	0.00		59.50	0.00		2201.50	1473.19	
	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		99.53		Vacation		0.00		Training		0.00			
Hourly Other Ins		0.00		15AddOT		0.00		20AddOT		0.00							

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

Amber Michelson
Jul 27, 2026



Case #: 26-CTP-264051

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
7/13/2026 to 7/19/2026	635 OLMSTEAD LN
FEIN or Contractor Number	Crete IL 60417
20-4019045	No Work Report: Yes
Project Number or Name	State Capital Funds
Crete Middle School - Addition & Renovations	No
Agency	
Not a State Agency	

Contractor and/or Subcontractor

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

Public Body Information

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

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

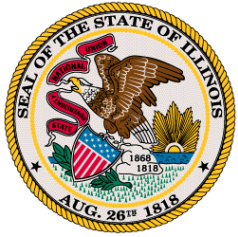
G-GenderV-VeteranJ-JourneymanF-ForemanA-Apprentice

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

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

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

Amber Michelson
Jul 27, 2026



Case #: 26-CTP-266991

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
7/20/2026 to 7/26/2026	635 OLMSTEAD LN
FEIN or Contractor Number	Crete IL 60417
20-4019045	
Project Number or Name	State Capital Funds
Crete Middle School - Addition & Renovations	No
Agency	
Not a State Agency	

Contractor and/or Subcontractor

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

Public Body Information

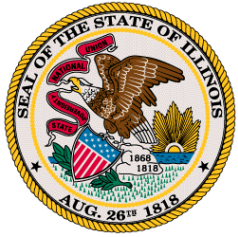
Public Body Name	Public Body Address
Board of Education, Crete-Monee School District #201-U	690 W EXCHANGE ST
Contact Name	CRETE IL 60417
Primary Phone	Secondary Phone

Employee Details												
Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Scott Simpson	9942	SM 265 Foreman---	2050 NELSON RD	MORRIS IL 60450	White	N H L	M	No	No	Yes	No	6307236000
Stephen Simpson	2173	SM 265 Journeyman---	7013 MONMOUTH DR	JOLIET IL 60431	White	N H L	M	No	Yes	No	No	6307236000
G-Gender		V-Veteran			J-Journeyman		F-Foreman			A-Apprentice		
N H L- Not Hispanic or Latino H L- Hispanic or Latino												

Work Classification																	
Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Wor k
Scott Simpson	P	0.00	8.00	0.00	8.00	0.00	0.00	0.00	16.00	0.00		65.76	0.00		2893.44	2123.53	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
Pension		0.00		Health		108.40		Vacation		0.00		Training		0.00			
Hourly Other Ins		0.00		15AddOT		0.00		20AddOT		0.00							
Stephen Simpson	P	0.00	8.00	8.00	8.00	0.00	0.00	0.00	24.00	0.00		60.89	0.00		2679.16	1809.55	
	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		0.00		Health		108.40		Vacation		0.00		Training		0.00			
Hourly Other Ins		0.00		15AddOT		0.00		20AddOT		0.00							

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

Amber Michelson
Jul 29, 2026



Case #: 26-CTP-312286

Illinois Department of Labor

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

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

CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date	Project Location
6/29/2026 to 7/5/2026	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
36-4058295	
Project Number or Name	State Capital Funds
210742-01 Crete Middle School Addition & Renovation	No
Agency	
Education, Board of	

Contractor and/or Subcontractor

Company Name	Contractor Location
Warren F. Thomas Plumbing Co.	475 QUADRANGLE DR STE A
Contact Name	BOLINGBROOK IL 60440
Tina Coash	
Primary Email	Secondary Email
tina@warrenthomasplbg.com	SarahM@bearcc.com
Primary Phone	Secondary Phone
6304350636	

Public Body Information

Public Body Name	Public Body Address
210742-01 Crete Middle School Addition & Renovation	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
Bradley Velasquez	3059	Plumbing - All-BLD-	54 PINE CIR	CARY IL 60013	Hispanic or Latino	H L	M	No	No	Yes	No	6308780914

G-GenderV-VeteranJ-JourneymanF-ForemanA-Apprentice

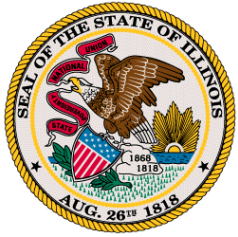
N H L- Not Hispanic or Latino
H L- Hispanic or Latino

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Wor k
Bradley Velasquez	P	0.00	0.00	0.00	0.00	0.00	5.00	0.00	0.00	5.00		0.00	131.40		2759.40	1813.68	
	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		18.00		Health			20.85		Vacation		0.00		Training		2.47		
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

Tina Coash
Aug 24, 2026



Case #: 26-CTP-312317

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
7/6/2026 to 7/12/2026	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
36-4058295	No Work Report: Yes
Project Number or Name	State Capital Funds
210742-01 Crete Middle School Addition & Renovation	No
Agency	
Education, Board of	

Contractor and/or Subcontractor

Company Name	Contractor Location
Warren F. Thomas Plumbing Co.	475 QUADRANGLE DR STE A
Contact Name	BOLINGBROOK IL 60440
Tina Coash	
Primary Email	Secondary Email
tina@warrenthomasplbg.com	SarahM@bearcc.com
Primary Phone	Secondary Phone
6304350636	

Public Body Information

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

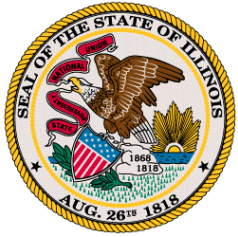
Employee Details												
Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
G-Gender		V-Veteran			J-Journeyman			F-Foreman		A-Apprentice		

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

Tina Coash
Aug 24, 2026



Case #: 26-CTP-312339

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
7/13/2026 to 7/19/2026	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
36-4058295	No Work Report: Yes
Project Number or Name	State Capital Funds
210742-01 Crete Middle School Addition & Renovation	No
Agency	
Education, Board of	

Contractor and/or Subcontractor

Company Name	Contractor Location
Warren F. Thomas Plumbing Co.	475 QUADRANGLE DR STE A
Contact Name	BOLINGBROOK IL 60440
Tina Coash	
Primary Email	Secondary Email
tina@warrenthomasplbg.com	SarahM@bearcc.com
Primary Phone	Secondary Phone
6304350636	

Public Body Information

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

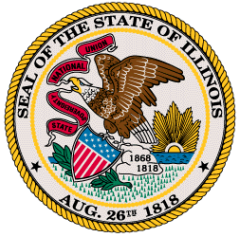
Employee Details												
Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
G-Gender		V-Veteran			J-Journeyman			F-Foreman		A-Apprentice		

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

Tina Coash
Aug 24, 2026



Case #: 26-CTP-312368

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
7/20/2026 to 7/26/2026	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
36-4058295	No Work Report: Yes
Project Number or Name	State Capital Funds
210742-01 Crete Middle School Addition & Renovation	No
Agency	
Education, Board of	

Contractor and/or Subcontractor

Company Name	Contractor Location
Warren F. Thomas Plumbing Co.	475 QUADRANGLE DR STE A
Contact Name	BOLINGBROOK IL 60440
Tina Coash	
Primary Email	Secondary Email
tina@warrenthomasplbg.com	SarahM@bearcc.com
Primary Phone	Secondary Phone
6304350636	

Public Body Information

Public Body Name	Public Body Address
210742-01 Crete Middle School Addition & Renovation	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
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

Tina Coash
Aug 24, 2026