



December 31, 2025

Draw No.: 3
Invoice No.: 210742-01C
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	\$453,614.85
Less: Retainage	(\$45,361.51)
Less: Previously Invoiced	<u>(\$214,564.41)</u>

TOTAL AMOUNT DUE THIS INVOICE

\$193,688.93

Thank you,

BEAR Construction Company

APPLICATION AND CERTIFICATE FOR PAYMENT

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

Project: Crete Middle School - Addition & Renovations

Application No. : 3

Distribution to :

Job No.: 210742-01

Invoice No.: 210742-01C

Period To: 12/31/2025

<input type="checkbox"/>	Architect
<input type="checkbox"/>	Contractor
<input type="checkbox"/>	
<input type="checkbox"/>	

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	\$453,614.85
5. Retainage:	
a. <u>10.00%</u> of Completed Work	\$45,361.51
b. <u>0.00%</u> of Stored Material	\$0.00
Total Retainage	\$45,361.51
6. Total Earned Less Retainage	\$408,253.34
7. Less Previous Certificates For Payments	\$214,564.41
8. Current Payment Due	\$193,688.93
9. Balance To Finish, Plus Retainage	\$3,284,357.66

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: James S. Wienold Date: 12/31/2025
James S. Wienold, Chief Executive Officer

State of: Illinois
County of: Cook

Subscribed and sworn to before me this
31st day of December, 2025

Notary Public: [Signature]
My Commission expires: 4/14/18



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 \$193,688.93

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

ARCHITECT:

By: [Signature] Date: December 29, 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.: 3

Application Date: 12/31/25

Period To: 12/31/25

Invoice #: 210742-01C

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

Architect's Project No.:

Item No.	Contractor / Subcontractor Name	Description of Work	C Scheduled Value	D Work Completed		F Materials Presently Stored (Not in D or E)	G		H Balance To Finish (C-G)	I Retainage
				From Previous Application (D+E)	This Period In Place		Total Completed & Stored to Date (D+E+F)	% (G / C)		
1	Bear Construction Company	Mobilization	36,910.00	2,384.39	2,148.16	0.00	4,532.55	12.28%	32,377.45	453.26
2	Bear Construction Company	General Conditions	733,991.00	47,415.82	42,718.27	0.00	90,134.09	12.28%	643,856.91	9,013.42
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	219,428.91	14,175.11	12,770.76	0.00	26,945.87	12.28%	192,483.04	2,694.59
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	To Be Determined	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	115,984.00	55,370.00	0.00	0.00	55,370.00	47.74%	60,614.00	5,537.00
9	Jimmy'Z Masonry	Masonry	163,500.00	6,087.50	20,395.00	0.00	26,482.50	16.20%	137,017.50	2,648.25
10	Mace Iron Works, Inc.	Structural Steel	180,042.00	0.00	132,042.00	0.00	132,042.00	73.34%	48,000.00	13,204.20
11	JP Phillips, Inc.	Rough Carpentry	253,750.00	0.00	0.00	0.00	0.00	0.00%	253,750.00	0.00
12	Heartland Cabinet Supply, Inc	Architectural Woodwork	84,057.00	0.00	0.00	0.00	0.00	0.00%	84,057.00	0.00
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	0.00	0.00	0.00	0.00	0.00%	43,000.00	0.00
15	To Be Determined	Glass and Glazing	68,533.00	0.00	0.00	0.00	0.00	0.00%	68,533.00	0.00
16	To Be Determined	Flooring	91,987.00	0.00	0.00	0.00	0.00	0.00%	91,987.00	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	26,823.00	0.00	0.00	0.00	0.00	0.00%	26,823.00	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	0.00	0.00	0.00	0.00%	14,565.00	0.00
22	State Mechanical Services, LLC	HVAC	429,000.00	0.00	5,135.75	0.00	5,135.75	1.20%	423,864.25	513.58
23	Electrical Systems, Inc.	Electrical	519,058.00	0.00	0.00	0.00	0.00	0.00%	519,058.00	0.00

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.: 3

Application Date: 12/31/25

Period To: 12/31/25

Invoice #: 210742-01C

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

Architect's Project No.:

Item No.	Contractor / Subcontractor Name	Description of Work	C Scheduled Value	D Work Completed		F Materials Presently Stored (Not in D or E)	G		H Balance To Finish (C-G)	I Retainage
				From Previous Application (D+E)	This Period In Place		Total Completed & Stored to Date (D+E+F)	% (G / C)		
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	87,000.00	25,750.00	0.00	0.00	25,750.00	29.60%	61,250.00	2,575.00
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	3,005.00	3,005.00	0.00	0.00	3,005.00	100.00%	0.00	300.50
Grand Totals			3,692,611.00	238,404.91	215,209.94	0.00	453,614.85	12.28%	3,238,996.15	45,361.51

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: **12/31/2025**
Application No.: **3**
Project No.: **210742-01**
Invoice No.: **210742-01C**

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	4,532.55	453.26	2,145.95	1,933.34	32,830.71
General Conditions	733,991.00	90,134.09	9,013.42	42,674.23	38,446.44	652,870.33
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	219,428.91	26,945.87	2,694.59	12,757.60	11,493.68	195,177.63
Owner Allowance	200,839.00	0.00	0.00	0.00	0.00	200,839.00
Demolition						
To Be Determined	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	115,984.00	55,370.00	5,537.00	49,833.00	0.00	66,151.00
Masonry						
Jimmy'Z Masonry 8550 Ridgefield Rd Suite B Crystal Lake, IL 60012 (815) 477-0123 bfaller@jimnymasonry.com	163,500.00	26,482.50	2,648.25	5,478.75	18,355.50	139,665.75
Structural Steel						
Mace Iron Works, Inc. P.O. Box 640 Frankfort, IL 60423 (815) 469-2345 andrea@maceiron.com	180,042.00	132,042.00	13,204.20	0.00	118,837.80	61,204.20
Rough Carpentry						
JP Phillips, Inc. 3220 N. Wolf Road Franklin Park, IL 60131 (847) 288-0008 bridget@jppconstruction.com	253,750.00	0.00	0.00	0.00	0.00	253,750.00

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: **12/31/2025**
Application No.: **3**
Project No.: **210742-01**
Invoice No.: **210742-01C**

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	0.00	0.00	0.00	0.00	84,057.00
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	0.00	0.00	0.00	0.00	43,000.00
Glass and Glazing						
To Be Determined	68,533.00	0.00	0.00	0.00	0.00	68,533.00
Flooring						
To Be Determined	91,987.00	0.00	0.00	0.00	0.00	91,987.00
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: **12/31/2025**
Application No.: **3**
Project No.: **210742-01**
Invoice No.: **210742-01C**

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	26,823.00	0.00	0.00	0.00	0.00	26,823.00
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	0.00	0.00	0.00	0.00	14,565.00
HVAC						
State Mechanical Services, LLC 535 Exchange Court Aurora, IL 60504 (630) 723-6000 aallen@statemechservices.com	429,000.00	5,135.75	513.58	0.00	4,622.17	424,377.83
Electrical						
Electrical Systems, Inc. 17335 S. Ashland Avenue East Hazel Crest, IL 60429 (708) 647-1300 dshinkle@esipower.com	519,058.00	0.00	0.00	0.00	0.00	519,058.00

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: **12/31/2025**
Application No.: **3**
Project No.: **210742-01**
Invoice No.: **210742-01C**

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	87,000.00	25,750.00	2,575.00	23,175.00	0.00	63,825.00
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



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 Ninety-Three Thousand Six Hundred Eighty-Eight And 93 / 100 (\$193,688.93) 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: 12/31/2025

COMPANY NAME: Bear Construction Company

ADDRESS: 1501 Rohlwing Road, Rolling Meadows, IL 60008

SIGNATURE AND TITLE: _____

James S. Wienold, Chief Executive Officer

*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, James S. Wienold, being duly sworn, deposes and says that (s)he is Chief Executive Officer 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 \$214,564.41 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	214,564.41	193,688.93	3,284,357.66
Per Attached Sworn Statement					
TOTAL LABOR AND MATERIAL INCLUDING EXTRAS * TO COMPLETE:		3,692,611.00	214,564.41	193,688.93	3,284,357.66

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: 12/31/2025

SIGNATURE: _____

James S. Wienold, Chief Executive Officer

Subscribed and Sworn to me before me this 31st day of December, 2025



Notary Public

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

TRAILING WAIVERS

DRAW 2

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 _____ Forty-Nine Thousand Eight Hundred Thirty-Three and 00/100
\$49,833.00 Dollars, and other good and valuable considerations, the receipt whereof is hereby acknowledged, do(es) hereby
waive and release any and all lien or claim of, or right to, lien, under the statutes of the State of Illinois, relating to mechanics' liens, with respect to and on said above-
described premises, and the improvements thereon, and on the material, fixtures, apparatus or machinery furnished, and on the moneys, funds or other considerations due or to
become due from the Owner, on account of all labor, services, materials, fixtures, apparatus or machinery, furnished to this date by the undersigned for the above-described
premises, INCLUDING EXTRAS.*

DATE: _____ 12/10/25 _____ 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 _____ \$115,984.00 _____ 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 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	\$111,995.00	\$0.00	\$45,844.00	\$66,151.00
Wille Brothers	Ready Mix	\$3,989.00	\$0.00	\$3,989.00	\$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		\$115,984.00	\$0.00	\$49,833.00	\$66,151.00

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: _____ December 10, 2025 _____

SIGNATURE: _____ *Robert Wagner, Inc.* _____
ROBERT WAGNER, PRESIDENT, CONCRETE BY WAGNER, INC.

Subscribed and sworn before me this _____ 10th _____ day of _____ December _____ 2025

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





Final Waiver Of Lien

10050526

WILLE BROS., CO.
an Illinois Corporation
Taxpayer ID No. 36-2608800
11303 W Manhattan Monee Road
Monee, IL 60449

State Of Illinois
County Of Will

To Whom it may Concern:

WHEREAS the undersigned is **Vice President** Of Wille Brothers Co., Inc.

which has been employed by **CONCRETE BY WAGNER INC**

to furnish **Ready Mix Concrete** for the premises known as **Crete Middle School**
635 Olmstead Lane
University Park

Owned by **Board of Education, Crete-Monee SD #201-U**

The undersigned, for and in consideration of **Three Thousand Nine Hundred Eighty Nine Dollars**

(**\$3,989.00**) and other good and valuable consideration, the receipt whereof is hereby acknowledged, does hereby waive and release any and all lien or claim of, or right to, lien under 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 consideration due or to become due from the owner, on account of labor, services, material fixtures, apparatus or machinery hereto furnished, or which may be furnished at anytime hereafter, by the undersigned for the above-described premises

Given under our hand and seal this

8th day of December , 2025

By

A handwritten signature in black ink, appearing to read 'Ben Feret', is written over a horizontal line.

Ben Feret

(Seal)

Vice President

WAIVER OF LIEN TO DATE

STATE OF IL
COUNTY OF McHenry

} SS

Gty # _____

Escrow # _____

TO WHOM IT MAY CONCERN:

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

THE undersigned, for and in consideration of Five Thousand, Four Hundred Seventy Eight Dollars & 75/100
(\$ 5,478.75) 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 IL,
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 December 11, 2025 COMPANY NAME Jimmy'Z Masonry Corporation
ADDRESS 8550 Ridgefield Rd., Ste. B, Crystal Lake, IL 60012

SIGNATURE AND TITLE [Signature]

* Extras include but are not limited to change orders, both oral and written, to the contract.

STATE OF IL
COUNTY OF McHenry

} SS

CONTRACTOR'S AFFIDAVIT

TO WHOM IT MAY CONCERN:

The undersigned James G Zuidema being duly sworn, deposes
and says that he or she is President
of Jimmy'Z Masonry Corporation who is the
contractor furnishing Masonry work on the building
located at 635 Olmstead Lane, University Park, IL 60484
owned by Crete-Monee School District 201U

That the total amount of the contract including extras* is \$ 163,500.00 on which he has received payment of
\$ _____ prior to this payment.

That all waivers are true, correct and genuine and delivered unconditionally and that there is no claim either legal or equitable to defeat the
validity of said waivers. That the following are the names and addresses of all parties who have furnished material or labor, or both, for said
work and all parties having contracts or sub contracts for specific portions of said work or for material entering into the construction thereof
and the amount due or to become due to each, and that the items mentioned include all labor and material required to complete said work
according to plans and specifications:

NAMES AND ADDRESSES	WHAT FOR	CONTRACT PRICE INCLUDING EXTRAS*	AMOUNT PAID	THIS PAYMENT	BALANCE DUE
Jimmy'Z Masonry Corp	Masonry	163,500.00		5,478.75	158,021.25

All labor, fringes and materials have been paid. Materials are from prepaid stock and delivered to site in company owned vehicles.					
Total Labor And Material Including Extras* To Complete		163,500.00		5,478.75	158,021.25

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 upon or in connection with said work other than above stated.

DATE December 11, 2025

Signature: [Signature]

VANESSA D HARTEL
Notary Public, State of Illinois
Commission No. 930265
My Commission Expires October 27, 2027

Subscribed and sworn before me this 11th day of December, 2025

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

Vanessa D Hartel Notary

WAIVER OF LIEN TO DATE

PAGE 1

STATE OF ILLINOIS
COUNTY OF WINNEBAGO

} SS

Qty # _____
Escrow # _____

TO WHOM IT MAY CONCERN:

WHEREAS the undersigned has been employed by BEAR CONSTRUCTION COMPANY
to furnish FIRE SUPPRESSION
for the premises known as CRETE MONEE MIDDLE SCHOOL - BUILD OUT
of which CRETE-MONEE SCHOOL DISTRICT 201U is the owner.THE undersigned, for and in consideration of One Thousand Four Hundred Thirty Nine and 10/100 Dollars
(\$1,439.10) 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 December 29, 2025COMPANY NAME S J Carlson Fire ProtectionADDRESS 4544 Shepherd Trail, Rockford, IL 61103

SIGNATURE AND TITLE:

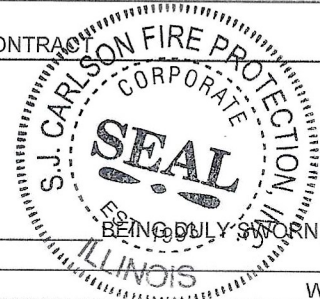
Kerri L Wallace
KERRI L WALLACE, CONTROLLER

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

CONTRACTOR'S AFFIDAVITSTATE OF ILLINOIS
COUNTY OF WINNEBAGO

} SS

TO WHOM IT MAY CONCERN:

THE UNDERSIGNED, (NAME) KERRI L WALLACE
AND SAYS THAT HE OR SHE IS (POSITION) CONTROLLER
(COMPANY NAME) S J Carlson Fire Protection
CONTRACTOR FURNISHING FIRE SUPPRESSION
LOCATED AT 1501 ROHLWING ROAD, ROLLING MEADOWS, IL 60008
OWNED BY CRETE-MONEE SCHOOL DISTRICT 201UBEING SOLY SWORN, DEPOSES
OF
WHO IS THE
WORK ON THE BUILDINGThat the total amount of the contract including extras* is \$14,809.00 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:

NAMES AND ADDRESSES	WHAT FOR	CONTRACT PRICE INCLDG EXTRAS*	AMOUNT PAID	THIS PAYMENT	BALANCE DUE
SJ CARLSON FIRE PROTECTION	FIRE SUPPRESSION	14,809.00	0.00	1,439.10	13,369.90
TOTAL LABOR AND MATERIAL INCLUDING EXTRAS* TO COMPLETE.		14,809.00	0.00	1,439.10	13,369.90

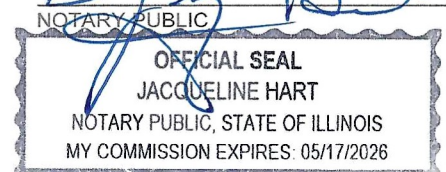
That there are no other contracts for said work outstanding, and that there is nothing due or to become due to any person for material, labor or other work
of any kind done or to be done upon or in connection with said work other than above stated.DATE December 29th, 2025

SIGNATURE:

Kerri L Wallace
KERRI L WALLACE, CONTROLLERSUBSCRIBED AND SWORN TO BEFORE ME THIS 29th DAY OF DECEMBER, 2025

*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

Gty:
Escrow #

TO WHOM IT MAY CONCERN:

WHEREAS the undersigned has been employed by
to furnish
for the premises known as
of which

BEAR Construction Company
Site Clearing for Crete Middle School - Addition & Renovations
635 Olmstead Lane
Crete-Monee School District 201-U is the owner.

THE undersigned, for and in consideration of Eighteen thousand six hundred seventy-five dollars and no/100
\$ 18,675.00 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 labor services, material,
fixtures, apparatus or machinery, furnished to this date by the undersigned for the above-described premises, INCLUDING EXTRAS.*

DATE November-30-2025

COMPANY NAME Wigboldy Excavating, Inc.

ADDRESS 13631 S. Kostner Ave., Crestwood, IL 60418

SIGNATURE AND TITLE

President

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

CONTRACTOR'S AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

TO WHOM IT MAY CONCERN:

THE UNDERSIGNED, (NAME) John K. Wigboldy Jr. BEING DULY SWORN, DEPOSES
AND SAYS THAT HE OR SHE IS (POSITION) President OF
(COMPANY NAME) Wigboldy Excavating, Inc. WHO IS THE
CONTRACTOR FURNISHING Site Clearing WORK ON THE BUILDING
LOCATED AT 635 Olmstead Lane, University Park, IL - Will County
OWNED BY Crete-Monee School District 201-U

That the total amount of the contract including extras* is \$ 87,000.00 on which he or she has received payment of
\$ 4,500.00 prior to this payment. That all waivers are true, correct and genuine and delivered unconditionally and that
there is no claim either legal or equitable to defeat the validity of said waivers. That the following are the names and addresses of all parties
who have furnished material or labor, or both, for said work and all parties having contracts or sub contracts for specific portions of said work
or for material entering into the construction thereof and the amount due or to become due to each, and that the items mentioned include all
labor and material required to complete said work according to plans and specifications:

NAMES AND ADDRESSES	WHAT FOR	CONTRACT PRICE INCLDG EXTRAS*	AMOUNT PAID	THIS PAYMENT	BALANCE DUE
Wigboldy Excavating, Inc.	excavation	87,000.00	4,500.00	18,675.00	63,825.00
					0.00
					0.00
					0.00
All materials taken from fully paid stock and delivered to site in our truck. All labor paid in full to date.					0.00
No rental equipment used.					0.00
TOTAL LABOR AND MATERIAL INCLUDING EXTRAS* TO COMPLETE.		87,000.00	4,500.00	18,675.00	63,825.00

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 December-17-2025

SIGNATURE:

SUBSCRIBED AND SWORN TO BEFORE ME THIS 17th DAY OF December 2025

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

NOTARY PUBLIC

F.1722 R5/96

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WAIVER OF LIEN TO DATE

Proj# 26.0067.01

STATE OF WISCONSIN
COUNTY OF MILWAUKEE

Pmt# 1

TO WHOM IT MAY CONCERN:

WHEREAS the undersigned has been employed by Bear Construction Companyto furnish Survey for Crete Middle School - Additions & Renovationsfor the premises known as 635 Olmstead Laneof which Crete-Monee School District 201-U is the owner.

THE undersigned, for and in consideration of One Thousand Eight Hundred Nineteen Dollars and Eighty Cents
(\$ 1,819.80) 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 11/30/25 by the undersigned for the above-described premises.

Given under my hand
and seal this 10th day of December, 2025

Signature: 

DAN KROPIDLOWSKI
Accounting Manager
Kapur & Associates, Inc.
7711 N. Port Washington Rd., Milwaukee WI, 53217
(414) 751-7200

CONTRACTOR'S AFFIDAVITSTATE OF WISCONSIN
COUNTY OF MILWAUKEE

TO WHOM IT MAY CONCERN:

THE undersigned being duly sworn, deposes and says that he(she) is DAN KROPIDLOWSKI
Accounting Manager of Kapur & Associates, Inc.

who is the contractor for Survey for Crete Middle School - Additions & Renovations work on the building
located at 635 Olmstead Lane

owned by Crete-Monee School District 201-U

That the total amount of the contract including extras is \$ 2,022.00 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	WHAT FOR	CONTRACT PRICE	AMOUNT PAID	THIS PAYMENT	BALANCE DUE
KAPUR & ASSOCIATES, INC	Survey Services	\$ 2,022.00	\$ -	\$ 1,819.80	\$ 202.20
No subcontractors used on this project					
All materials taken to/from site in our vehicles					
All materials used/taken from fully paid stock					
Labor to date paid in full					
TOTAL LABOR AND MATERIAL TO COMPLETE		\$ 2,022.00	\$ -	\$ 1,819.80	\$ 202.20

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.

Signed this 10th day of December, 2025

Signature: 

DAN KROPIDLOWSKI Accounting Manager

Signed this 10th day of December, 2025

Signature: 

Erin Smith, Notary ID 224324
My commission expires 02/22/26



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
to furnish Construction Testing
for the premises Crete Middle School - Addition & Renovation - Job #210742
of which Crete-Monee School District 201-U is the owner.

THE undersigned, for and in consideration of Two Thousand Seven Hundred Four and 50/100
(\$ 2,704.50) 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 12/16/2025 COMPANY NAME Geocon Professional Services, LLC
ADDRESS 10045 W. Lincoln Highway, Frankfort, IL 60423

SIGNATURE AND TITLE *Susan Maslanka* 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 60484
OWNED BY Crete-Monee School District 201-U

That the total amount of the contract including extras* is \$ 3,005.00 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 subcontracts for specific portions of said work or for material entering into the construction thereof and the amount due
or to become due to each, and that the items mentioned include all labor and material required to complete said work according to plans and specifications:

NAME AND ADRESSES	WHAT FOR	CONTRACT PRICE INCLDG EXTRAS*	AMOUNT PAID	THIS PAYMENT	BALANCE DUE
Geocon Professional Services, LLC 10045 W. Lincoln Highway, Frankfort, IL 60423	Construction Testing	\$ 3,005.00	\$ -	\$ 2,704.50	\$ 300.50
All labor paid, materials from paid stock and delivered on our own truck					
TOTAL LABOR AND MATERIAL INCLUDING EXTRAS* TO COMPLETE		\$ 3,005.00	\$ -	\$ 2,704.50	\$ 300.50

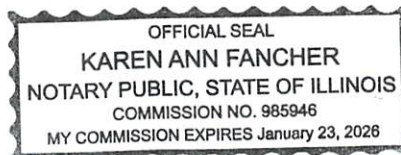
That there are no other contracts for said work outstanding, and that there is nothing due or to become due to any person for material, labor or other work of
any kind done or to be done upon or in connection with said work other than above stated.

DATE 12/16/2025 SIGNATURE *Susan Maslanka* Susan Maslanka, Secretary/Treasurer

SUBSCRIBED AND SWORN TO BEFORE ME THI: 16th DAY OF December 2025

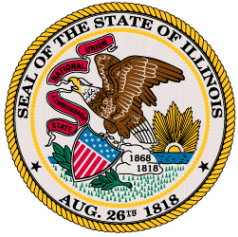
*EXTRA INCLUDED BUT ARE NOT LIMITED TO CHANGE
ORDERS, BOTH ORAL AND WRITTEN, TO THE CONTRACT

NOTARY PUBLIC



TRAILING CERTIFIED PAYROLL

Draw 2



Case #: 25-CTP-420821

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
11/22/2025 to 11/28/2025	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
Alejandro Becerra	9885	Carpenter Journeyman---	8849 W 24TH ST	NORTH RIVERSIDE IL 60546	Hispanic or Latino	H L	M	No	No	No	No	7086638642
GILBERT HENSON	2256	CONSTRUCTION SITE MANAGER---	15130 COLINA AVE	OAK FOREST IL 60452	Hispanic or Latino	H L	M	No	No	No	No	7085527207
Sergio Nunez	9092	LABORER APPRENTICE YEAR 1---	404 HIGHMOOR DR	ROUND LAKE PARK IL 60073	Hispanic or Latino	H L	M	No	No	No	No	2244215767
Dennis Panozzo	0222	LABORER JOURNEYMAN---	1336 CANTERBURY CT	DYER IN 46311	White	N H L	M	No	No	No	No	7082621427

G-GenderV-VeteranJ-JourneymanF-ForemanA-Apprentice

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

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dbl Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Wor k
Alejandro Becerra	P	0.00	0.00	0.00	0.00	8.00	0.00	0.00	8.00	0.00		59.71	0.00		990.40	698.38	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
	Pension		0.00	Health		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	0.00	8.00	0.00	0.00	32.00	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							
Sergio Nunez	P	0.00	0.00	8.00	0.00	0.00	0.00	0.00	8.00	0.00		46.26	0.00		740.16	598.39	
	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		0.00	Health		0.00		Vacation		0.00	Training		0.00				
	Hourly Other Ins		0.00	15AddOT		0.00		20AddOT		0.00							
Dennis Panozzo	P	0.00	0.00	8.00	0.00	0.00	0.00	0.00	8.00	0.00		51.40	0.00		822.40	642.87	

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

Dec 04, 2025

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 25-CTP-405592. Click [here](#) to download a copy for your records.

Create Another Payroll

Payroll #1
W/E 11/11/25



Case #: 25-CTP-405592

Illinois Department of Labor

160 N. LaSalle St Suite1300
Chicago, IL 60601

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

CERTIFIED TRANSCRIPT OF PAYROLLFORM

PAY PERIOD

Payroll Date	Project Location
11/5/2025 to 11/11/2025	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
36-3086311	
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

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Nicholas Drake	0597	Carpenter--	17629 ROCKWELL AVE	HOMEWO OD IL 60430	White	N H L	M	No	Yes	No	No	8158389218
Jesse Ingram	3616	Laborer---	1408 Sedge Pass	Minooka IL 3616	White	N H L	M	No	Yes	No	No	8158389218
Bradley AShearer	0971	Laborer---	8775 WILLOW DR	JUSTICE IL 60458	White	N H L	M	No	Yes	No	No	8158389218
Chris ETraversa	1641	Laborer---	3712 JUNIPER AVE	JOLIET IL 60431	White	N H L	M	No	Yes	No	No	8158389218
Adam Vuckovich	2083	Laborer---	1908 POPLAR CREEK CT	JOLIET IL 60431	White	N H L	M	No	Yes	No	No	8158389218

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
Nicholas Drake	P	0.00	0.00	0.00	0.00	0.00	7.00	0.00	0.00	7.00		56.71	85.06		2707.90	1883.34	
	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 20.63

Health

13.64

Vacation

1.77

Training

0.89

Hourly Other Ins

0.00

15AddOT

0.00

20AddOT

0.00

Jesse Ingram	P	0.00	0.00	0.00	0.00	1.00	8.00	0.00	0.00	9.00		56.71	85.06		3728.68	2629.41	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	

Pension 17.71

Health

18.32

Vacation

0.00

Training

0.91

Hourly Other Ins

0.00

15AddOT

0.00

20AddOT

0.00

Bradley AShearer	P	0.00	0.00	0.00	0.00	0.50	8.00	0.00	0.00	8.50		51.40	77.10		2878.40	2062.31	
	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 17.71

Health

18.32

Vacation

0.00

Training

0.91

Hourly Other Ins

0.00

15AddOT

0.00

20AddOT

0.00

Chris ETraversa	P	0.00	0.00	0.00	0.00	0.50	8.00	0.00	0.00	8.50		51.40	77.10		2621.40	1862.04	
	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 17.71

Health

18.32

Vacation

0.00

Training

0.91

Hourly Other Ins

0.00

15AddOT

0.00

20AddOT

0.00

Adam Vuckovich	P	0.00	0.00	0.00	0.00	0.50	8.00	0.00	0.00	8.50		51.40	77.10		2621.40	1748.44	
	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		17.71		Health		18.32		Vacation		0.00		Training		0.91			
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

Robert Wagner
Nov 20, 2025

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.

NAME OF CONTRACTOR <input checked="" type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/>		ADDRESS 13808 High Road Lockport, IL 60441		PROJECT AND LOCATION 1766-Crete Middle School		PROJECT OR CONTRACT NO.	
Concrete By Wagner, Inc.							
PAYROLL NO. 1		FOR WEEK ENDING 11/11/2025					

Rev. Dec. 2008

OMB No.: 1235-0008
Expires: 09/30/2026

(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	Eam Code	(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	
				WED 11/05	THU 11/06	FRI 11/07	SAT 11/08	SUN 11/09	MON 11/10	TUE 11/11											
				HOURS WORKED EACH DAY																	
Drake, Nicholas I 17629 Rockwell Avenue Homewood, IL 60430 ***-**-0597	H0	CARPENTER JOURNEYMAN	OT				7.00					85.07	595.45 2,707.90	207.15	375.05	134.04	108.32		824.56	1,883.34	
Ingram, Jesse A 1408 Sedge Pass Minooka, IL 60447 ***-**-3616	M3	LABORER J INGRAM	OT			1.00	8.00					85.07	765.59 3,728.68	285.24	497.77	176.43	139.83		1,099.27	2,629.41	
Shearer, Bradley A 8775 Willow Drive Justice, IL 60458 ***-**-0971	S0	LABORER JOURNEYMAN	OT			0.50	8.00					77.10	655.35 2,878.40	220.20	359.03	128.92	107.94		816.09	2,062.31	
Traversa, Chris E 3712 Juniper Avenue Joliet, IL 60431 ***-**-1641	M0	LABORER JOURNEYMAN	OT			0.50	8.00					77.10	655.35 2,621.40	200.54	308.75	129.76	120.31		759.36	1,862.04	
Vuckovich, Adam M 1908 Poplar Creek Ct Joliet, IL 60431 ***-**-2083	S0	LABORER JOURNEYMAN	OT			0.50	8.00					77.10	655.35 2,621.40	200.54	422.35	129.76	120.31		872.96	1,748.44	

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 11/13/25

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

5th day of November, 2025, and ending the 11th day of November 2025,
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:

FICA, Medicare, Federal/State Withholding Taxes, DUES PERCENT

(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.

(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.	

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 25-CTP-417541. Click [here](#) to download a copy for your records.

Create Another Payroll

Payroll #2
Wk 11/18/25



Case #: 25-CTP-417541

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
11/12/2025 to 11/18/2025	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
36-3086311	
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
Manuel Acosta	5005	Finisher---	401 N MANCHESTER DR	CHICAGO HEIGHTS IL 60411	Hispanic or Latino	H L	M	No	Yes	No	No	8158389218
Ramon Chavez	0790	Finisher---	10444 S AVENUE J UNIT 2	CHICAGO IL 60617	Hispanic or Latino	H L	M	No	Yes	No	No	8158389218
Juan MChavira	2459	Laborer---	26042 S INDIAN CREEK TRL	CHANNAH ON IL 60410	Hispanic or Latino	H L	M	No	Yes	No	No	8158389218
Isaac XGomez	6911	Finisher---	16045 ARBORVITAE CIR	CREST HILL IL 60403	Hispanic or Latino	H L	M	No	Yes	No	No	8158389218
Manuel Gomez	0913	Finisher---	20607 THOMAS DR	LOCKPORT IL 60441	Hispanic or Latino	H L	M	No	Yes	No	No	8158389218
PORFIRIO Nunez	1795	Finisher---	857 JOYCE LN	ELGIN IL 60120	Hispanic or Latino	H L	M	No	Yes	No	No	8158389218
Daniel Tirado	4746	Laborer---	914 AUDREY AVE	JOLIET IL 60436	Hispanic or Latino	H L	M	No	Yes	No	No	8158389218
Julio Tirado	2390	Laborer---	606 FRANCIS ST	JOLIET IL 60432	Hispanic or Latino	H L	M	No	Yes	No	No	8158389218

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
Manuel Acosta	P	0.00	8.50	0.00	0.00	0.00	0.00	0.00	8.00	0.00	0.50	53.10	0.00	106.20	3132.90	2018.15	
	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 19.00

Health

14.64

Vacation

5.00

Training

1.25

Hourly Other Ins

0.00

15AddOT

0.00

20AddOT

0.00

Ramon Chavez	P	0.00	8.50	0.00	0.00	0.00	0.00	0.00	8.00	0.00	0.50	53.10	0.00	106.20	2920.50	1691.34	
	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 19.00

Health

14.64

Vacation

5.00

Training

1.25

Hourly Other Ins

0.00

15AddOT

0.00

20AddOT

0.00

Juan MChavira	P	0.00	10.00	0.00	0.00	0.00	0.00	0.00	8.00	2.00		51.40	77.10		3598.00	2540.70	
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	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
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Pension 17.71 Health 18.32 Vacation 0.00 Training 0.91
 Hourly Other Ins 0.00 15AddOT 0.00 20AddOT 0.00

Isaac XGomez	P	0.00	8.50	0.00	0.00	0.00	0.00	0.00	8.00	0.00	0.50	53.10	0.00	106.20	3132.90	1675.04	
	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 19.00 Health 14.64 Vacation 5.00 Training 1.25
 Hourly Other Ins 0.00 15AddOT 0.00 20AddOT 0.00

Manuel Gomez	P	0.00	10.00	0.00	0.00	0.00	0.00	0.00	8.00	0.00	2.00	53.10	0.00	106.20	3982.50	2294.46	
	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 19.00 Health 14.64 Vacation 5.00 Training 1.25
 Hourly Other Ins 0.00 15AddOT 0.00 20AddOT 0.00

PORFIRI O Nunez	P	0.00	8.50	0.00	0.00	0.00	0.00	0.00	8.00	0.00	0.50	53.10	0.00	106.20	2655.00	1536.21	
	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 19.00 Health 14.64 Vacation 5.00 Training 1.25
 Hourly Other Ins 0.00 15AddOT 0.00 20AddOT 0.00

Daniel Tirado	P	0.00	8.00	0.00	0.00	0.00	0.00	0.00	8.00	0.00		51.40	0.00		2518.60	1709.13	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	

Pension 17.71 Health 18.32 Vacation 0.00 Training 0.91
 Hourly Other Ins 0.00 15AddOT 0.00 20AddOT 0.00

Julio Tirado	P	0.00	8.00	0.00	0.00	0.00	0.00	0.00	8.00	0.00		51.40	0.00		2557.15	1940.20	
	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 17.71 Health 18.32 Vacation 0.00 Training 0.91
 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

Robert Wagner
 Dec 02, 2025

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

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

NAME OF CONTRACTOR <input checked="" type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/>	ADDRESS 13808 High Road Lockport, IL 60441	PROJECT OR CONTRACT NO.	OMB No.: 1235-0008 Expires: 09/30/2026
CONCRETE BY WAGNER, INC.			
PAYROLL NO. 2	FOR WEEK ENDING 11/18/2025	PROJECT AND LOCATION 1766-Crete Middle School	

(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	Earn Code	(4) DAY AND DATE														(5) Total Hours	(6) Rate of Pay	(7) Gross Amount Earned	(8) DEDUCTIONS					(9) Net Wages Paid For Week
				HOURS WORKED EACH DAY							FICA	Fed W/H Tax	State & Local W/H Tax	Union Deduc- tions	Other	Total Deductions										
				WED 11/12	THU 11/13	FRI 11/14	SAT 11/15	SUN 11/16	MON 11/17	TUE 11/18																
Acosta, Manuel 401 N Manchester Dr Chicago Heights, IL 60411 ***-**-5005	M0	FINISHER JOURNEYMAN	DT REG								0.50 8.00	0.50 8.00	106.20 53.10	477.90 3,132.90	239.67	212.85	144.23	518.00		1,114.75	2,018.15					
Chavez, Ramon 10444 S Avenue J Unit 2 Chicago, IL 60617 ***-**-0790	M0	FINISHER JOURNEYMAN	DT REG								0.50 8.00	0.50 8.00	106.20 53.10	477.90 2,920.50	223.42	374.55	141.85	489.34		1,229.16	1,691.34					
Chavira, Juan M 26042 S Indian Creek Trail Channahon, IL 60410 ***-**-2459	M0	LABORER JOURNEYMAN	OT REG								2.00 8.00	2.00 8.00	77.10 51.40	565.40 3,598.00	275.25	469.02	178.10	134.93		1,057.30	2,540.70					
Gomez, Isaac X 16045 Arborvitae Circle Crest Hill, IL 60403 ***-**-6911	S0	FINISHER JOURNEYMAN	DT REG								0.50 8.00	0.50 8.00	106.20 53.10	477.90 3,132.90	239.67	545.11	155.08	518.00		1,457.86	1,675.04					
Gomez, Manuel 20607 Thomas Drive Lockport, IL 60441 ***-**-0913	M0	FINISHER JOURNEYMAN	DT REG								2.00 8.00	2.00 8.00	106.20 53.10	637.20 3,982.50	304.66	553.61	197.13	632.64		1,688.04	2,294.46					
Nunez, Porfirio 857 Joyce Lane Elgin, IL 60120 ***-**-1795	S0	FINISHER JOURNEYMAN	DT REG								0.50 8.00	0.50 8.00	106.20 53.10	477.90 2,655.00	203.11	353.49	126.00	436.19		1,118.79	1,536.21					
Tirado, Daniel 914 Audrey Avenue Joliet, IL 60436 ***-**-4746	S0	LABORER JOURNEYMAN	REG								8.00	8.00	51.40	411.20 2,518.60	192.67	397.68	124.67	94.45		809.47	1,709.13					

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 "turnish 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 33502, 200 Constitution Avenue, N. W., Washington, D. C. 20210.



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)

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NAME OF CONTRACTOR <input checked="" type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/>		ADDRESS 13808 High Road Lockport, IL 60441		OMB No.: 1235-0008 Expires: 09/30/2026	
Concrete By Wagner, Inc.		PROJECT AND LOCATION 1766-Crete Middle School		PROJECT OR CONTRACT NO.	
PAYROLL NO. 2		FOR WEEK ENDING 11/18/2025			

(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
Tirado, Julio 606 Francis Street Joliet, IL 60432 ****-**-2390	M0	LABORER JOURNEYMAN	REG WED THU FRI SAT SUN MON TUE 11/12 11/13 11/14 11/15 11/16 11/17 11/18 HOURS WORKED EACH DAY	8.00	51.40	411.20 2,557.15	195.62	201.57	123.87	95.89	616.95	1,940.20	

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 11/20/25

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

12th day of November, 2025, and ending the 18th day of November 2025,
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:

FICA, Medicare, Federal/State Withholding Taxes, DUES PER HR, DUES PERCENT, ORGANIZATION PE

SAV / VAC PER RATE

(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.

(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.	

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 25-CTP-427875. Click [here](#) to download a copy for your records.

Create Another Payroll

Payroll #3
w/E 11/25/25



Case #: 25-CTP-427875

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
11/19/2025 to 11/25/2025	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
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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
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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

Robert Wagner

Dec 10, 2025

PAYROLL

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



NAME OF CONTRACTOR ☒ OR SUBCONTRACTOR ☐

Concrete By Wagner, Inc.

ADDRESS 13808 High Road
Lockport, IL 60441

PAYROLL NO. 3

FOR WEEK ENDING 11/25/2025

PROJECT AND LOCATION 1766-Crete Middle School

PROJECT OR CONTRACT NO.

OMB No.: 1235-0008
Expires: 09/30/2026

(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
			WED THU FRI SAT SUN MON TUE 11/19 11/20 11/21 11/22 11/23 11/24 11/25										
			HOURS WORKED EACH DAY										
			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)(i) 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 11/26/25

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

19th day of November, 2025, and ending the 25th day of November 2025 ,
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 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.

(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.	



Case #: 25-CTP-419978

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

10/26/2025 to 11/1/2025

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

Primary Phone

Public Body Address

635 OLMSTEAD LN
UNIVERSITY PARK IL 60484

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 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

Dec 03, 2025



Case #: 25-CTP-419987

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

11/2/2025 to 11/8/2025

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

Dec 03, 2025



Case #: 25-CTP-419994

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

11/9/2025 to 11/15/2025

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 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

Dec 03, 2025