



August 31, 2025

Draw No.: 9  
Invoice No.: 208944-21F  
Bear Job No.: 208944-21  
P.O. No.:

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

RE: Crete Monee High School -  
Concession Stand at 1515 W  
Exchange Street, Crete, IL

## INVOICE

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

Original Contract Amount	\$4,441,451.00
Change Orders Approved to Date	<u>\$44,111.60</u>
Current Contract Amount	\$4,485,562.60
Work Completed to Date	\$4,269,537.70
Less: Retainage	(\$370,871.27)
Less: Previously Invoiced	<u>(\$3,017,832.01)</u>

**TOTAL AMOUNT DUE THIS INVOICE**

**\$880,834.42**

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 #2  
690 W. Exchange Street  
Crete, IL 60417  
Attn: Accounts Payable

Project Crete Monee High School - Concession Stand Application No. : 9

Address: 1515 W Exchange Street, Crete, IL

Job No.: 208944-21

Invoice No.: 208944-21F

Period To: 8/31/2025

Distribution to :

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

From Contractor: Bear Construction Company

Architect: N/A

1501 Rohlwing Road, Rolling Meadows, IL 60008

## CONTRACTOR'S APPLICATION FOR PAYMENT

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

1. Original Contract Sum .....	\$4,441,451.00
2. Net Change By Change Order .....	\$44,111.60
3. Contract Sum To Date .....	\$4,485,562.60
4. Total Completed and Stored To Date .....	\$4,269,537.70
5. Retainage:	
a. <u>8.65%</u> of Completed Work .....	\$358,921.27
b. <u>10.00%</u> of Stored Material .....	\$11,950.00
Total Retainage .....	\$370,871.27
6. Total Earned Less Retainage .....	\$3,898,666.43
7. Less Previous Certificates For Payments .....	\$3,017,832.01
8. Current Payment Due .....	\$880,834.42
9. Balance To Finish, Plus Retainage .....	\$586,896.17

CHANGE ORDER SUMMARY	Additions	Deductions
Total changes approved in previous months by Owner	\$34,664.40	\$0.00
Total Approved this Month	\$9,447.20	\$0.00
TOTALS	\$44,111.60	\$0.00
NET CHANGES by Change Order	\$44,111.60	

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.

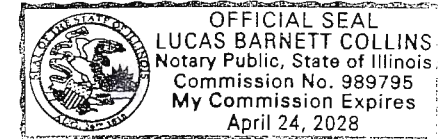
CONTRACTOR: **Bear Construction Company**

By: James S. Wienold Date: 9/5/2025  
James S. Wienold, President

State of: Illinois  
County of: Cook

Subscribed and sworn to before me this  
5th day of September, 2025

Notary Public: Lucas Barnett Collins  
My Commission expires: 4/24/28



## ARCHITECT'S CERTIFICATE FOR PAYMENT

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

AMOUNT CERTIFIED .....

**\$880,834.42**

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

ARCHITECT:

By: \_\_\_\_\_ Date: \_\_\_\_\_

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.: 9

Application Date: 08/31/25

Period To: 08/31/25

Invoice #: 208944-21F

Contract : 208944- Crete Monee High School - Concession Stand

Architect's Project No.:

A Item No.	B		C Scheduled Value	D Work Completed		F Materials Presently Stored (Not in D or E)	G		H Balance To Finish (C-G)	I Retainage
	Contractor / Subcontractor Name	Description of Work		From Previous Application (D+E)	This Period In Place		Total Completed & Stored to Date (D+E+F)	% (G / C)		
1	Bear Construction Company	Mobilization	11,900.00	16,140.30	-4,240.30	0.00	11,900.00	100.00%	0.00	1,190.00
2	Bear Construction Company	General Conditions	266,103.00	205,375.18	47,901.66	0.00	253,276.84	95.18%	12,826.16	25,327.69
3	Bear Construction Company	Payment and Performance Bond	38,080.35	37,996.00	84.35	0.00	38,080.35	100.00%	0.00	3,808.04
4	Bear Construction Company	Insurance	44,498.82	44,414.47	84.35	0.00	44,498.82	100.00%	0.00	4,449.89
5	Bear Construction Company	OH&P	132,128.18	83,126.92	42,632.68	0.00	125,759.60	95.18%	6,368.58	12,575.97
6	Bear Construction Company	Owner Allowance	0.00	0.00	0.00	0.00	0.00	0.00%	0.00	0.00
7	Honch Concrete, LLC	Concrete	207,319.00	181,319.00	26,000.00	0.00	207,319.00	100.00%	0.00	20,731.91
8	Jimmy'Z Masonry	Masonry	656,435.00	648,000.00	0.00	0.00	648,000.00	98.72%	8,435.00	32,400.00
9	Altra Division 5, LLC	Structural Steel	33,500.00	28,000.00	0.00	0.00	28,000.00	83.58%	5,500.00	2,800.00
10	JLDC Construction, Inc.	Rough Carpentry	450,845.00	350,600.90	96,539.85	0.00	447,140.75	99.18%	3,704.25	44,714.08
11	Heartland Cabinet Supply, Inc	Architectural Woodwork	40,500.00	3,000.00	37,500.00	0.00	40,500.00	100.00%	0.00	4,050.00
12	Domain Corporation	Roofing	138,000.00	124,200.00	0.00	0.00	124,200.00	90.00%	13,800.00	12,420.00
13	Block Iron & Supply Co Inc.	Doors/Frames/Hardware	88,118.00	12,240.00	75,502.99	0.00	87,742.99	99.57%	375.01	8,774.30
14	Paul Reilly Company Illinois Inc.	Overhead Doors	38,490.00	0.00	38,490.00	0.00	38,490.00	100.00%	0.00	3,849.00
15	Oakton Architectural Glass	Glass and Glazing	7,650.00	0.00	7,650.00	0.00	7,650.00	100.00%	0.00	765.00
16	N.A. Favia Builder, Inc. dba Alpine Acc	Ceilings	31,620.00	11,000.00	20,000.00	0.00	31,000.00	98.04%	620.00	3,100.00
17	Artlow Systems, Inc.	Flooring	29,402.20	0.00	22,051.65	0.00	22,051.65	75.00%	7,350.55	2,205.17
18	TBD	Painting and Coating	0.00	0.00	0.00	0.00	0.00	0.00%	0.00	0.00
19	Carney And Company, Inc.	Specialties	116,720.00	0.00	35,100.00	0.00	35,100.00	30.07%	81,620.00	3,510.00
20	Elite Storage Products, LLC	Equipment	129,600.00	0.00	0.00	119,500.00	119,500.00	92.21%	10,100.00	11,950.00
21	S. J. Carlson Fire Protection, Inc.	Fire Supression	55,874.00	0.00	55,874.00	0.00	55,874.00	100.00%	0.00	5,587.40
22	Warren F. Thomas Plumbing Compan	Plumbing	432,926.00	326,580.00	75,823.00	0.00	402,403.00	92.95%	30,523.00	20,120.15
23	MG Mechanical Contracting, Inc.	HVAC	0.00	0.00	0.00	0.00	0.00	0.00%	0.00	0.00
24	MG Mechanical Contracting, LLC	HVAC	557,376.00	313,879.50	235,649.60	0.00	549,529.10	98.59%	7,846.90	54,952.91
25	Electrical Systems, Inc.	Electrical	462,609.00	285,927.10	162,480.00	0.00	448,407.10	96.93%	14,201.90	44,840.71

### 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.: 9

Application Date: 08/31/25

Period To: 08/31/25

Invoice # : 208944-21F

**Contract : 208944- Crete Monee High School - Concession Stand**

Architect's Project No.:

[illegible]

# 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 Dist** Application Date: **8/31/2025**

Application No.: **9**

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

Project No.: **208944-21**

Invoice No.: **208944-21F**

Project: **Crete Monee High School - Concession Stand**

Address: **1515 W Exchange Street, Crete, IL**

Contractor or Vendor	Contract Amount	Work Completed	Total Retained	Previously Paid	Net Amount Requested	Balance To Become Due
<b>Bear Construction Company</b>						
Mobilization	11,900.00	11,900.00	1,190.00	14,526.27	-3,816.27	1,190.00
General Conditions	266,103.00	253,276.84	25,327.69	184,837.66	43,111.49	38,153.85
Payment and Performance Bond	38,080.35	38,080.35	3,808.04	34,196.40	75.91	3,808.04
Insurance	44,498.82	44,498.82	4,449.89	39,973.02	75.91	4,449.89
OH&P	132,128.18	125,759.60	12,575.97	74,814.22	38,369.41	18,944.55
Owner Allowance	0.00	0.00	0.00	0.00	0.00	0.00
<b>Concrete</b>						
Honch Concrete, LLC 10553 Braeburn Road Barrington Hills, IL 60010 (708) 510-5764 honchconcrete@gmail.com	207,319.00	207,319.00	20,731.91	163,187.09	23,400.00	20,731.91
<b>Masonry</b>						
Jimmy'Z Masonry 8550 Ridgefield Rd Suite B Crystal Lake, IL 60012 (815) 477-0123 bfaller@jimzymasonry.com	656,435.00	648,000.00	32,400.00	615,600.00	0.00	40,835.00
<b>Structural Steel</b>						
Altra Division 5, LLC 650 Central Avenue University Park, IL 60484 (708) 534-1100 justin@altrabuilders.net	33,500.00	28,000.00	2,800.00	25,200.00	0.00	8,300.00
<b>Rough Carpentry</b>						
JLDC Construction, Inc. 4616 W. 138th Street Crestwood, IL 60418 (708) 926-2030 accounting@jldcconstruction.com	450,845.00	447,140.75	44,714.08	315,540.81	86,885.86	48,418.33
<b>Architectural Woodwork</b>						
Heartland Cabinet Supply, Inc 301 Industrial Avenue Crystal Lake, IL 60012 (815) 477-0900 terri@heartlandcabinet.com	40,500.00	40,500.00	4,050.00	20,043.90	16,406.10	4,050.00
<b>Roofing</b>						
Domain Corporation 6238 N. Northwest Highway Chicago, IL 60631 (773) 628-0001 nicoleodomian@domaincorp.com	138,000.00	124,200.00	12,420.00	111,780.00	0.00	26,220.00

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

Application Date: **8/31/2025**  
Application No.: **9**  
Project No.: **208944-21**  
Invoice No.: **208944-21F**

Project: **Crete Monee High School - Concession Stand**

Address: **1515 W Exchange Street, Crete, IL**

Contractor or Vendor	Contract Amount	Work Completed	Total Retained	Previously Paid	Net Amount Requested	Balance To Become Due
<b>Doors/Frames/Hardware</b>						
Block Iron & Supply Co Inc. PO Box 557 Oshkosh, WI 54903 (920) 231-8645 jent@blockiron.com	88,118.00	87,742.99	8,774.30	11,016.00	67,952.69	9,149.31
<b>Overhead Doors</b>						
Paul Reilly Company Illinois Inc. 1967 Quincy Court Glendale Heights, IL 60139 (630) 529-8100 sbiles@paulreilly.com	38,490.00	38,490.00	3,849.00	0.00	34,641.00	3,849.00
<b>Glass and Glazing</b>						
Oakton Architectural Glass 777 Dillon Drive Wood Dale, IL 60191 (630) 422-1931 accounting@oaktonarch.com	7,650.00	7,650.00	765.00	0.00	6,885.00	765.00
<b>Ceilings</b>						
N.A. Favia Builder, Inc. dba Alpine Acoustics 1012 Lunt Avenue Schaumburg, IL 60194 (630) 279-1188 stephanie@faviabuilders.com	31,620.00	31,000.00	3,100.00	9,900.00	18,000.00	3,720.00
<b>Flooring</b>						
Artlow Systems, Inc. 170 S. Gary Avenue Carol Stream, IL 60188 (630) 653-8111 eledger@artlow.com	29,402.20	22,051.65	2,205.17	0.00	19,846.48	9,555.72
<b>Specialties</b>						
Carney And Company, Inc. 636 Schneider Drive South Elgin, IL 60177 (847) 931-4440 bethr@carneyandco.com	116,720.00	35,100.00	3,510.00	0.00	31,590.00	85,130.00
<b>Equipment</b>						
Elite Storage Products, LLC P.O. Box 517 Collierville, TN 38027 (901) 367-3930 gvanhooose@elitestorageproducts.com	129,600.00	119,500.00	11,950.00	107,550.00	0.00	22,050.00

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

Application Date: **8/31/2025**  
Application No.: **9**  
Project No.: **208944-21**  
Invoice No.: **208944-21F**

Project: **Crete Monee High School - Concession Stand**

Address: **1515 W Exchange Street, Crete, IL**

Contractor or Vendor	Contract Amount	Work Completed	Total Retained	Previously Paid	Net Amount Requested	Balance To Become Due
<b>Fire Supression</b>						
S. J. Carlson Fire Protection, Inc. 4544 Shepherd Trail Rockford, IL 61103 (815) 636-1993 kerriw@sjcarlson.com	55,874.00	55,874.00	5,587.40	0.00	50,286.60	5,587.40
<b>Plumbing</b>						
Warren F. Thomas Plumbing Company 475 Quadrangle Drive, Suite A Bolingbrook, IL 60440 (630) 435-0636 stefanie@warrenthomasplbg.com	432,926.00	402,403.00	20,120.15	310,251.00	72,031.85	50,643.15
<b>HVAC</b>						
MG Mechanical Contracting, LLC 1513 Lamb Road Woodstock, IL 60098 (815) 334-9450 manderson@mgmechanical.net	557,376.00	549,529.10	54,952.91	282,491.55	212,084.64	62,799.81
<b>Electrical</b>						
Electrical Systems, Inc. 17335 S. Ashland Avenue East Hazel Crest, IL 60429 (708) 647-1300 dshinkle@esipower.com	462,609.00	448,407.10	44,840.71	313,335.09	90,231.30	59,042.61
<b>Site Clearing</b>						
Wigboldy Excavating, Inc. 13631 S. Kostner Avenue Crestwood, IL 60418 (708) 389-5356 info@wigboldyexcavating.com	46,500.00	45,000.00	4,500.00	40,500.00	0.00	6,000.00
<b>Fences and Gates</b>						
Midwest Fence Corporation 900 N. Kedzie Avenue Chicago, IL 60651-4187 (773) 584-6461 jenn@mwfence.com	24,834.00	24,834.00	2,483.40	0.00	22,350.60	2,483.40
<b>Surveys/Field Engineer</b>						
Kapur & Associates, Inc. 7711 N. Port Washing Road Milwaukee, WI 53217 (414) 751-7200 dkropidowski@kapurinc.com	7,200.00	1,606.50	160.65	1,445.85	0.00	5,754.15

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

Application Date: **8/31/2025**  
Application No.: **9**  
Project No.: **208944-21**  
Invoice No.: **208944-21F**

Project: **Crete Monee High School - Concession Stand**

Address: **1515 W Exchange Street, Crete, IL**

Contractor or Vendor	Contract Amount	Work Completed	Total Retained	Previously Paid	Net Amount Requested	Balance To Become Due
<b>Third Party Testing</b>						
Geocon Professional Services, LLC 10045 W. Lincoln Highway Frankfort, IL 60423 (815) 806-9986 GPSbilling@geoconcompanies.com	10,000.00	10,000.00	1,000.00	5,718.15	3,281.85	1,000.00
<b>Design Service</b>						
ARCON Associates, Inc. 2050 S. Finley Road, Suite 40 Lombard, IL 60148 (630) 495-1900 Dldemarakis@arconassoc.com	200,000.00	200,000.00	20,000.00	180,000.00	0.00	20,000.00
<b>Spray Insulation</b>						
Installed Building Products, LLC dba Northw 1615 Dundee Road Unit 1 Elgin, IL 60120 (847) 695-9999 joyce.robtham@installed.net	176,290.00	173,250.00	17,325.00	155,925.00	0.00	20,365.00
<b>Signage</b>						
APCO Graphics, Inc. P.O. Box 896815 Charlotte, NC 28289-6815 (404) 688-9000 kwright@apcosigns.com	2,620.05	0.00	0.00	0.00	0.00	2,620.05
<b>HVAC</b>						
State Mechanical Services, LLC 535 Exchange Court Aurora, IL 60504 (630) 723-6000 aallen@statemechservices.com	35,624.00	35,624.00	0.00	0.00	35,624.00	0.00
<b>Final Cleaning</b>						
Kessor Enterprises, Ltd. dba Superior Labor 14 Congress Circle Roselle, IL 60172 (630) 582-9800 olivaresv@superior902.com	12,800.00	12,800.00	1,280.00	0.00	11,520.00	1,280.00
<b>Totals</b>	<b>4,485,562.60</b>	<b>4,269,537.70</b>	<b>370,871.27</b>	<b>3,017,832.01</b>	<b>880,834.42</b>	<b>586,896.17</b>



Amount of Original Contract	4,441,451.00
Extras to Contract	44,111.60
<b>Total Contract and Extras</b>	<b>4,485,562.60</b>
Credits to Contract	0.00
<b>Adjusted Total Contract</b>	<b>4,485,562.60</b>

Completed to Date	4,150,037.70
<b>Total Retained by Owner</b>	<b>370,871.27</b>
<b>Net Amount Earned</b>	<b>3,898,666.43</b>
Previously Paid by Owner	3,017,832.01
<b>Net Amount Due This Payment</b>	<b>880,834.42</b>

State of Illinois

County of Cook

The undersigned, James S. Wienold,, 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 Monee High School - Concession Stand**

Location: **1515 W Exchange Street, Crete, IL**

That for the purpose of this work, the foregoing orders have been placed and the foregoing parties subcontracted with by Bear Construction and have furnished materials or have provided labor, or both, for said project. That, the amount of such order or subcontract is as stated above and that there is due and to become due respectively, the amounts set opposite their names for materials, labor, or both. That this statement is made in compliance with the statutes of the State of Illinois relating to Mechanics Liens for the purpose of procuring from the Owner final 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 **5th** day of **September, 2025**

Signed for Bear Construction Company:

*[Signature]*

Notary Public

*[Signature]*  
James S. Wienold, President

Date: **September 5, 2025**



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 Monee High School - Concession Stand for the premises known as: 1515 W Exchange Street, Crete, IL of which: Crete-Monee School District 201-U is the owner.

The undersigned, for and in consideration of: Eight Hundred Eighty Thousand Eight Hundred Thirty-Four And 42 / 100 (\$880,834.42) 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: 8/31/2025

COMPANY NAME: Bear Construction Company

ADDRESS: 1501 Rohlwing Road, Rolling Meadows, IL 60008

SIGNATURE AND TITLE: \_\_\_\_\_

James S. Wienold, 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, James S. Wienold, 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 1515 W Exchange Street, Crete, IL owned by Crete-Monee School District 201-U.

That the total amount of the contract including extras is \$4,485,562.60 on which he has received payment of \$3,017,832.01 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	4,485,562.60	3,017,832.01	880,834.42	586,896.17
Per Attached Sworn Statement					
TOTAL LABOR AND MATERIAL INCLUDING EXTRAS * TO COMPLETE:		4,485,562.60	3,017,832.01	880,834.42	586,896.17

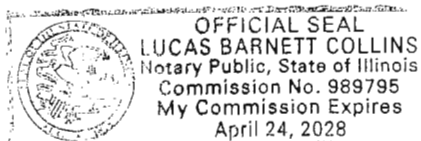
That there are no other contracts for said work outstanding, and that there is nothing due or to become due to any person for material, labor or other work of any kind done or to be done upon or in connection with said work other than above stated.

DATE: 9/5/2025

SIGNATURE: \_\_\_\_\_

James S. Wienold, President

Subscribed and Sworn to me before me this 5th day of September, 2025;

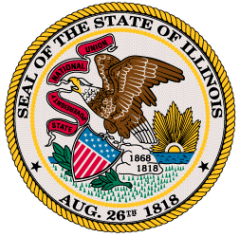


Notary Public

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

# TRAILING CERTIFIED PAYROLL

Draw 5



Case #: 25-CTP-221760

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

<b>Payroll Date</b>	<b>Project Location</b>
7/5/2025 to 7/11/2025	1515 W EXCHANGE ST
<b>FEIN or Contractor Number</b>	CRETE IL 60417
36-3351654	
<b>Project Number or Name</b>	<b>State Capital Funds</b>
208944-21 Crete Monee High School-concession stand	No
<b>Agency</b>	
Education, Board of	

Contractor and/or Subcontractor

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

Public Body Information

<b>Public Body Name</b>	<b>Public Body Address</b>
208944-21 Crete Monee High School-concession stand	1515 W EXCHANGE ST
<b>Contact Name</b>	CRETE IL 60417
<b>Primary Phone</b>	<b>Secondary Phone</b>

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
CHARLES EAHEART	5603	CONSTRUCTION SITE MANAGER	317 HARVARD CT	SHOREWOOD IL 60404	White	N H L	M	No	No	No	No	8155465939

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
CHARLES EAHEART	P	8.00	8.00	8.00	8.00	8.00	0.00	0.00	40.00	0.00		57.69	0.00		2307.60	1531.63	
	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 22, 2025



Case #: 25-CTP-221774

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

<b>Payroll Date</b>	<b>Project Location</b>
7/12/2025 to 7/18/2025	1515 W EXCHANGE ST
<b>FEIN or Contractor Number</b>	CRETE IL 60417
36-3351654	
<b>Project Number or Name</b>	<b>State Capital Funds</b>
208944-21 Crete Monee High School-concession stand	No
<b>Agency</b>	
Education, Board of	

Contractor and/or Subcontractor

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

Public Body Information

<b>Public Body Name</b>	<b>Public Body Address</b>
208944-21 Crete Monee High School-concession stand	1515 W EXCHANGE ST
<b>Contact Name</b>	CRETE IL 60417
<b>Primary Phone</b>	<b>Secondary Phone</b>

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
CHARLES EAHEART	5603	CONSTRUCTION SITE MANAGER	317 HARVARD CT	SHOREWOOD IL 60404	White	N H L	M	No	No	No	No	8155465939

G-GenderV-VeteranJ-JourneymanF-ForemanA-Apprentice

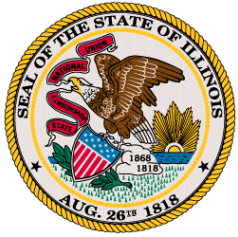
N H L- Not Hispanic or Latino  
H L- Hispanic or Latino

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
CHARLES EAHEART	P	6.00	6.00	6.00	6.00	6.00	0.00	0.00	30.00	0.00		57.69	0.00		2307.60	1531.63	
	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 22, 2025



Case #: 25-CTP-239466

Illinois Department of Labor

160 N. LaSalle St Suite1300  
Chicago, IL 60601

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CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

<b>Payroll Date</b>	<b>Project Location</b>
7/19/2025 to 7/25/2025	1515 W EXCHANGE ST
<b>FEIN or Contractor Number</b>	CRETE IL 60417
36-3351654	
<b>Project Number or Name</b>	<b>State Capital Funds</b>
208944-21 Crete Monee High School-concession stand	No
<b>Agency</b>	
Education, Board of	

Contractor and/or Subcontractor

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

Public Body Information

<b>Public Body Name</b>	<b>Public Body Address</b>
208944-21 Crete Monee High School-concession stand	1515 W EXCHANGE ST
<b>Contact Name</b>	CRETE IL 60417
<b>Primary Phone</b>	<b>Secondary Phone</b>



Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Kenneth Barr	8601	LABORER JOURNEYMAN	5857 107TH PL	CHICAGO RIDGE IL 60415	White	N H L	M	No	No	No	No	7086634227
CHARLES EAHEART	5603	CONSTRUCTION SITE MANAGER	317 HARVARD CT	SHOREWOOD IL 60404	White	N H L	M	No	No	No	No	8155465939

G-GenderV-VeteranJ-JourneymanF-ForemanA-Apprentice

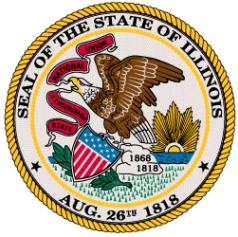
N H L- Not Hispanic or Latino  
H L- Hispanic or Latino

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Wor k
Kenneth Barr	P	0.00	0.00	0.00	8.00	8.00	0.00	0.00	16.00	0.00		51.40	0.00		2056.00	1550.50	
	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			0.00	Vacation		0.00	Training		0.00				
	Hourly Other Ins			0.00	15AddOT		0.00	20AddOT		0.00							
CHARLES EAHEART	P	6.00	6.00	6.00	6.00	6.00	0.00	0.00	30.00	0.00		57.69	0.00		2307.60	1531.61	
	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							

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 01, 2025



Case #: 25-CTP-248697

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

<b>Payroll Date</b>	<b>Project Location</b>
7/26/2025 to 8/1/2025	1515 W EXCHANGE ST
<b>FEIN or Contractor Number</b>	CRETE IL 60417
36-3351654	
<b>Project Number or Name</b>	<b>State Capital Funds</b>
208944-21 Crete Monee High School-concession stand	No
<b>Agency</b>	
Education, Board of	

Contractor and/or Subcontractor

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

Public Body Information

<b>Public Body Name</b>	<b>Public Body Address</b>
208944-21 Crete Monee High School-concession stand	1515 W EXCHANGE ST
<b>Contact Name</b>	CRETE IL 60417
<b>Primary Phone</b>	<b>Secondary Phone</b>

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Kenneth Barr	8601	LABORER JOURNEYMAN---	5857 107TH PL	CHICAGO RIDGE IL 60415	White	N H L	M	No	No	No	No	7086634227
CHARLES EAHEART	5603	CONSTRUCTION SITE MANAGER--	317 HARVARD CT	SHOREWOOD IL 60404	White	N H L	M	No	No	No	No	8155465939
WILMER MALDONADO	4780	CARPENTER JOURNEYMAN---	929 N SACRAMENTO BLVD	CHICAGO IL 60622	Hispanic or Latino	H L	M	No	No	No	No	3124146368
Bryton Reynolds	8461	CARPENTER APPRENTICE---	25587 W ARCADE DR S	LAKE VILLA IL 60046	White	N H L	M	No	No	No	No	2246277401
JUAN SANCHEZ	8949	LABORER JOURNEYMAN---	820 MOHAWK DR	ELGIN IL 60120	Hispanic or Latino	H L	M	No	No	No	No	3314421769

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
Kenneth Barr	P	5.00	8.00	8.00	8.00	8.00	0.00	0.00	37.00	0.00		51.40	0.00		2672.80	1950.46	
	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		0.00		Health		0.00		Vacation		0.00		Training		0.00			
Hourly Other Ins				0.00		15AddOT		0.00		20AddOT		0.00					
CHARLES EAHEART	P	6.00	6.00	6.00	6.00	6.00	0.00	0.00	30.00	0.00		57.69	0.00		2307.60	1531.63	
	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					
WILMER MALDONADO	P	0.00	0.00	0.00	0.00	0.00	8.00	0.00	0.00	8.00		0.00	85.06		2098.20	1382.99	
	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	

Pension0.00

Health0.00

Vacation0.00

Training0.00

Hourly Other Ins0.00

15AddOT0.00

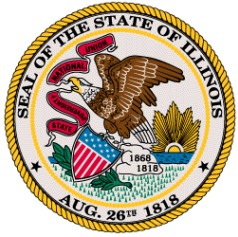
20AddOT0.00

Bryton Reynolds	P	5.00	8.00	8.00	0.00	0.00	5.00	0.00	13.00	5.00		28.36	42.54		1624.99	1038.84	
	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		0.00		Vacation		0.00		Training		0.00			
Hourly Other Ins		0.00		15AddOT		0.00		20AddOT		0.00							

JUAN SANCHEZ	P	0.00	0.00	8.00	8.00	0.00	0.00	0.00	16.00	0.00		51.40	0.00		1644.80	1126.47	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
Pension		0.00		Health		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  
Aug 07, 2025



Case #: 25-CTP-213034

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

<b>Payroll Date</b>	<b>Project Location</b>
7/7/2025 to 7/13/2025	1515 W EXCHANGE ST
<b>FEIN or Contractor Number</b>	CRETE IL 60417
36-3796352	
<b>Project Number or Name</b>	<b>State Capital Funds</b>
Crete Monee High School - Consession Stand	No
<b>Agency</b>	
Education, Board of	

Contractor and/or Subcontractor

<b>Company Name</b>	<b>Contractor Location</b>
Jimmy'Z Masonry Corp	8550 RIDGEFIELD RD STE B
<b>Contact Name</b>	CRYSTAL LAKE IL 60012
Rebecca L Faller	
<b>Primary Email</b>	<b>Secondary Email</b>
bfaller@jimmyzmasonry.com	
<b>Primary Phone</b>	<b>Secondary Phone</b>
8154770123	8153556615

Public Body Information

<b>Public Body Name</b>	<b>Public Body Address</b>
Crete Monee Community Unit School District 201-U	1500 S SANGAMON ST
<b>Contact Name</b>	CRETE IL 60417
<b>Primary Phone</b>	<b>Secondary Phone</b>

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Alejandro Buenrostro	3578	Laborer	8152 N CUMBERLAND AVE	NILES IL 60714	hispanic or latino	H L	m	No	Yes	No	No	7733202107
Jeremy TDvorak	6308	Bricklayer	1584 LAKE HOLIDAY DR	SANDWICH IL 60548	white	N H L	m	No	No	Yes	No	7087102220
Enrique Torres	1915	Laborer	587 PERSHING AVE APT C	GLEN ELLYN IL 60137	hispanic or latino	H L	m	No	Yes	No	No	6309302708
Roberto Ortiz	7640	Bricklayer	2007 TUSCANY LN	ROMEOVILLE IL 60446	hispanic or latino	H L	m	No	No	No	Yes	7086760381
Jose JCornejo	9308	Bricklayer	5254 S FRANCISCO AVE	CHICAGO IL 60632	hispanic or latino	H L	m	No	Yes	No	No	7732202787

G-Gender

V-Veteran

J-Journeyman

F-Foreman

A-Apprentice

N H L- Not Hispanic or Latino

H L- Hispanic or Latino

Work Classification

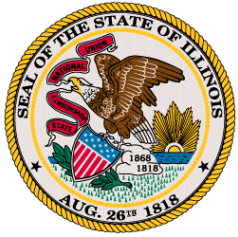
Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
Alejandro Buenrostro	P	8.00	8.00	0.00	0.00	0.00	0.00	0.00	16.00	0.00	0.00	51.40	0.00	0.00	822.40	1854.21	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Pension		19.80		Health		16.23		Vacation		0.00		Training		0.91			
Hourly Other Ins				0.00		15AddOT		0.00		20AddOT		0.00					
Jeremy TDvorak	P	8.00	8.00	8.00	0.00	0.00	0.00	0.00	24.00	0.00	0.00	58.37	0.00	0.00	1400.88	1033.74	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Pension		26.26		Health		12.95		Vacation		0.00		Training		1.57			
Hourly Other Ins				0.00		15AddOT		4.23		20AddOT		8.45					
Enrique Torres	P	8.00	8.00	8.00	8.00	0.00	0.00	0.00	32.00	0.00	0.00	51.40	0.00	0.00	1644.80	1428.80	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Pension		19.80		Health		16.23		Vacation		0.00		Training		0.91			
Hourly Other Ins				0.00		15AddOT		0.00		20AddOT		0.00					
Roberto Ortiz	P	8.00	8.00	8.00	8.00	8.00	0.00	0.00	40.00	0.00	0.00	42.45	0.00	0.00	1698.00	1170.96	

	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	0.00	0.00	
	Pension	26.26		Health	12.95		Vacation	0.00		Training	1.57						
	Hourly Other Ins	0.00	15AddOT	4.23		20AddOT	8.45										

Jose JCornejo	P	8.00	8.00	8.00	8.00	8.00	0.00	0.00	40.00	0.00	0.00	53.06	0.00	0.00	2122.40	1538.76	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Pension	26.26		Health	12.95		Vacation	0.00		Training	1.57						
	Hourly Other Ins	0.00	15AddOT	4.23		20AddOT	8.45										

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

Rebecca L Faller  
Jul 16, 2025



Case #: 25-CTP-227477

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

<b>Payroll Date</b>	<b>Project Location</b>
7/14/2025 to 7/20/2025	1515 W EXCHANGE ST
<b>FEIN or Contractor Number</b>	CRETE IL 60417
36-3796352	
<b>Project Number or Name</b>	<b>State Capital Funds</b>
Crete Monee High School - Consession Stand	No
<b>Agency</b>	
Education, Board of	

Contractor and/or Subcontractor

<b>Company Name</b>	<b>Contractor Location</b>
Jimmy'Z Masonry Corp	8550 RIDGEFIELD RD STE B
<b>Contact Name</b>	CRYSTAL LAKE IL 60012
Rebecca L Faller	
<b>Primary Email</b>	<b>Secondary Email</b>
bfaller@jimmyzmasonry.com	
<b>Primary Phone</b>	<b>Secondary Phone</b>
8154770123	8153556615

Public Body Information

<b>Public Body Name</b>	<b>Public Body Address</b>
Crete Monee Community Unit School District 201-U	1500 S SANGAMON ST
<b>Contact Name</b>	CRETE IL 60417
<b>Primary Phone</b>	<b>Secondary Phone</b>



Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Javier Miranda	2426	Bricklayer	8240 W WINTERGREEN DR	FRANKFORT IL 60423	hispanic or latino	H L	m	No	Yes	No	No	7087687310
Jose ACandia	5936	Tuckpointer	1228 PARK AVE	CHICAGO HEIGHTS IL 60411	hispanic or latino	H L	m	No	Yes	No	No	7087244548
Jose JCornejo	9308	Bricklayer	5254 S FRANCISCO AVE	CHICAGO IL 60632	hispanic or latino	H L	m	No	Yes	No	No	7732202787
Roberto Ortiz	7640	Bricklayer	2007 TUSCANY LN	ROMEovina IL 60446	hispanic or latino	H L	m	No	No	No	Yes	7086760381

G-GenderV-VeteranJ-JourneymanF-ForemanA-Apprentice

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

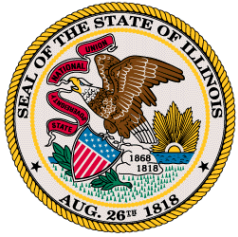
Work Classification

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
Javier Miranda	P	8.00	0.00	0.00	0.00	0.00	0.00	0.00	8.00	0.00	0.00	53.06	0.00	0.00	424.48	1463.55	
	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	0.00	0.00	
	Pension	26.26			Health		12.95		Vacation	0.00		Training	1.57				
	Hourly Other Ins			0.00	15AddOT		4.23		20AddOT	8.45							
Jose ACandia	P	0.00	8.00	8.00	8.00	8.00	0.00	0.00	32.00	0.00	0.00	52.53	0.00	0.00	1680.96	1416.26	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Pension	23.16			Health		11.05		Vacation	0.00		Training	1.46				
	Hourly Other Ins			0.00	15AddOT		0.00		20AddOT	0.00							
Jose JCornejo	P	8.00	8.00	8.00	8.00	0.00	0.00	0.00	32.00	0.00	0.00	53.06	0.00	0.00	1697.92	1243.27	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Pension	26.26			Health		12.95		Vacation	0.00		Training	1.57				
	Hourly Other Ins			0.00	15AddOT		4.23		20AddOT	8.45							
Roberto Ortiz	P	8.00	8.00	8.00	8.00	8.25	0.00	0.00	40.00	0.25	0.00	42.45	63.67	0.00	1713.92	1180.75	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Pension	26.26			Health		12.95		Vacation	0.00		Training	1.57				
	Hourly Other Ins			0.00	15AddOT		4.23		20AddOT	8.45							

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

Rebecca L Faller

Jul 24, 2025



Case #: 25-CTP-237327

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

<b>Payroll Date</b>	<b>Project Location</b>
7/21/2025 to 7/27/2025	1515 W EXCHANGE ST
<b>FEIN or Contractor Number</b>	CRETE IL 60417
36-3796352	
<b>Project Number or Name</b>	<b>State Capital Funds</b>
Crete Monee High School - Consession Stand	No
<b>Agency</b>	
Education, Board of	

Contractor and/or Subcontractor

<b>Company Name</b>	<b>Contractor Location</b>
Jimmy'Z Masonry Corp	8550 RIDGEFIELD RD STE B
<b>Contact Name</b>	CRYSTAL LAKE IL 60012
Rebecca L Faller	
<b>Primary Email</b>	<b>Secondary Email</b>
bfaller@jimmyzmasonry.com	
<b>Primary Phone</b>	<b>Secondary Phone</b>
8154770123	8153556615

Public Body Information

<b>Public Body Name</b>	<b>Public Body Address</b>
Crete Monee Community Unit School District 201-U	1500 S SANGAMON ST
<b>Contact Name</b>	CRETE IL 60417
<b>Primary Phone</b>	<b>Secondary Phone</b>

Employee Details

Name	Last4SSN	Classificati on	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Donald THorvat	6490	Tuckpointer	5548 S MEADE AVE	CHICAGO IL 60638	white	N H L	m	No	Yes	No	No	7739600583
Jeremy TDvorak	6308	Bricklayer	1584 LAKE HOLIDAY DR	SANDWIC H IL 60548	white	N H L	m	No	No	Yes	No	7087102220
Antonio Zepeda	8664	Laborer	905 WESTMINSTER RD	JOLIET IL 60435	hispanic or latino	H L	m	No	Yes	No	No	7737427569
Jose ACandia	5936	Tuckpointer	1228 PARK AVE	CHICAGO HEIGHTS IL 60411	hispanic or latino	H L	m	No	Yes	No	No	7087244548
Roberto Ortiz	7640	Bricklayer	2007 TUSCANY LN	ROMEOVILLE IL 60446	hispanic or latino	H L	m	No	No	No	Yes	7086760381

G-GenderV-VeteranJ-JourneymanF-ForemanA-Apprentice

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

Work Classification

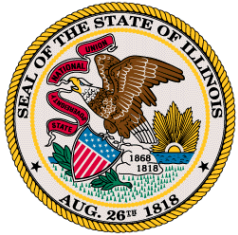
Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Wor k
Donald THorvat	P	0.00	0.00	8.00	8.00	0.00	0.00	0.00	16.00	0.00	0.00	52.53	0.00	0.00	840.48	1285.75	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Pension		23.16		Health		11.05		Vacation		0.00		Training		1.46			
Hourly Other Ins				0.00 15AddOT		0.00		20AddOT		0.00							
Jeremy TDvorak	P	8.00	7.00	0.00	0.00	0.00	0.00	0.00	15.00	0.00	0.00	58.37	0.00	0.00	875.55	1736.97	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Pension		26.26		Health		12.95		Vacation		0.00		Training		1.57			
Hourly Other Ins				0.00 15AddOT		4.23		20AddOT		8.45							
Antonio Zepeda	P	8.00	7.00	0.00	0.00	0.00	0.00	0.00	15.00	0.00	0.00	51.40	0.00	0.00	771.00	1740.88	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Pension		19.80		Health		16.23		Vacation		0.00		Training		0.91			
Hourly Other Ins				0.00 15AddOT		0.00		20AddOT		0.00							
Jose ACandia	P	8.00	8.00	8.00	8.00	8.00	0.00	0.00	40.00	0.00	0.00	52.53	0.00	0.00	2101.20	1416.26	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Pension		23.16		Health		11.05		Vacation		0.00		Training		1.46			

Hourly Other Ins0.0015AddOT0.0020AddOT0.00

Roberto Ortiz	P	8.00	0.00	8.00	0.00	0.00	0.00	0.00	16.00	0.00	0.00	42.45	0.00	0.00	679.20	746.90	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Pension		26.26		Health		12.95		Vacation		0.00		Training		1.57		
	Hourly Other Ins		0.00		15AddOT		4.23		20AddOT		8.45						

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

Rebecca L Faller  
Jul 31, 2025



Case #: 25-CTP-208988

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

<b>Payroll Date</b>	<b>Project Location</b>
6/29/2025 to 7/5/2025	1515 W EXCHANGE ST
<b>FEIN or Contractor Number</b>	CRETE IL 60417
16-1771813	
<b>Project Number or Name</b>	<b>State Capital Funds</b>
208944	No
<b>Agency</b>	
Not a State Agency	

Contractor and/or Subcontractor

<b>Company Name</b>	<b>Contractor Location</b>
JLDC Construction Inc	4616 138TH ST
<b>Contact Name</b>	CRESTWOOD IL 60418
Robin Wachowski	
<b>Primary Email</b>	<b>Secondary Email</b>
accounting@jldcconstruction.com	accounting@jldcconstruction.com
<b>Primary Phone</b>	<b>Secondary Phone</b>
7089262030	

Public Body Information

<b>Public Body Name</b>	<b>Public Body Address</b>
Crete Monee Cons.Stand	1515 W EXCHANGE ST
<b>Contact Name</b>	CRETE IL 60417
<b>Primary Phone</b>	<b>Secondary Phone</b>

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Alonzo Nava	0744	Carpenter 4th year app	6329 S KILDARE AVE	CHICAGO IL 60629	Hispanic or Latino	H L	M	No	No	No	Yes	7736061296
Jaime Roman	5106	Carpenter Journeyman	7316 COLORADO AVE	HAMMOND IN 46323	Hispanic or Latino	H L	M	No	Yes	No	No	2193819559

G-GenderV-VeteranJ-JourneymanF-ForemanA-Apprentice

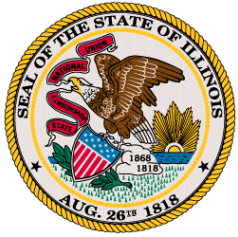
N H L- Not Hispanic or Latino  
H L- Hispanic or Latino

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
Alonzo Nava	P	6.00	0.00	0.00	0.00	0.00	0.00	0.00	6.00	0.00		45.37	0.00		1055.56	740.45	
	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		16.91		Health		13.64		Vacation		2.61		Training		0.93			
Hourly Other Ins				11.07		15AddOT		0.00		20AddOT		0.00					
Jaime Roman	P	7.00	0.00	0.00	4.00	0.00	0.00	0.00	11.00	0.00		56.71	0.00		1601.64	1089.34	
	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		16.91		Health		13.64		Vacation		2.61		Training		0.93			
Hourly Other Ins				11.07		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

Robin Wachowski  
Jul 14, 2025



Case #: 25-CTP-223221

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

<b>Payroll Date</b>	<b>Project Location</b>
7/6/2025 to 7/12/2025	1515 W EXCHANGE ST
<b>FEIN or Contractor Number</b>	CRETE IL 60417
16-1771813	
<b>Project Number or Name</b>	<b>State Capital Funds</b>
208944	No
<b>Agency</b>	
Not a State Agency	

### Contractor and/or Subcontractor

<b>Company Name</b>	<b>Contractor Location</b>
JLDC Construction Inc	4616 138TH ST
<b>Contact Name</b>	CRESTWOOD IL 60418
Robin Wachowski	
<b>Primary Email</b>	<b>Secondary Email</b>
accounting@jldcconstruction.com	
<b>Primary Phone</b>	<b>Secondary Phone</b>
7089262030	

### Public Body Information

<b>Public Body Name</b>	<b>Public Body Address</b>
Crete Monee Cons.Stand	1515 W EXCHANGE ST
<b>Contact Name</b>	CRETE IL 60417
<b>Primary Phone</b>	<b>Secondary Phone</b>



Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Richard Iacullo	0511	Foreman	633 BUSHRUN CT	LAKE ZURICH IL 60047	Hispanic or Latino	H L	M	No	No	Yes	No	8479101963
Alfonso Martinez	8860	Foreman	2446 N LINDER AVE	CHICAGO IL 60639	Hispanic or Latino	H L	M	No	No	Yes	No	7082438136
Luis Ramirez	3884	Carpenter Journeyman	7410 S MAY ST	CHICAGO IL 60621	Hispanic or Latino	H L	M	No	Yes	No	No	7736208493
Jaime Roman	5106	Carpenter Journeyman	7316 COLORADO AVE	HAMMOND IN 46323	Hispanic or Latino	H L	M	No	Yes	No	No	2193819559

G-GenderV-VeteranJ-JourneymanF-ForemanA-Apprentice

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

Work Classification

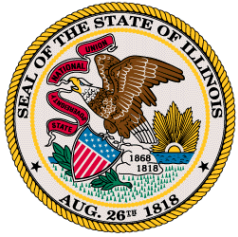
Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Wor k
Richard Iacullo	P	8.00	0.00	0.00	0.00	0.00	0.00	0.00	8.00	0.00		58.71	0.00		1900.92	1385.67	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
Pension		16.91	Health		13.64		Vacation		2.61	Training		0.93					
Hourly Other Ins		11.07	15AddOT		0.00		20AddOT		0.00								
Alfonso Martinez	P	0.00	0.00	0.00	8.00	0.00	0.00	0.00	8.00	0.00		58.71	0.00		1962.24	1459.88	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
Pension		16.91	Health		13.64		Vacation		2.61	Training		0.93					
Hourly Other Ins		11.07	15AddOT		0.00		20AddOT		0.00								
Luis Ramirez	P	0.00	6.00	8.00	7.67	7.75	0.00	0.00	29.42	0.00		56.71	0.00		1745.20	1392.62	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
Pension		16.91	Health		13.64		Vacation		2.61	Training		0.93					
Hourly Other Ins		11.07	15AddOT		0.00		20AddOT		0.00								
Jaime Roman	P	8.00	6.50	8.00	8.00	8.00	0.00	0.00	38.50	0.00		56.71	0.00		2372.80	1528.33	
	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		16.91	Health		13.64		Vacation		2.61	Training		0.93					

Hourly Other Ins	11.07	15AddOT	0.00	20AddOT	0.00
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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

Robin Wachowski

Jul 23, 2025



Case #: 25-CTP-239111

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

<b>Payroll Date</b>	<b>Project Location</b>
7/13/2025 to 7/19/2025	1515 W EXCHANGE ST
<b>FEIN or Contractor Number</b>	CRETE IL 60417
16-1771813	
<b>Project Number or Name</b>	<b>State Capital Funds</b>
208944	No
<b>Agency</b>	
Not a State Agency	

Contractor and/or Subcontractor

<b>Company Name</b>	<b>Contractor Location</b>
JLDC Construction Inc	4616 138TH ST
<b>Contact Name</b>	CRESTWOOD IL 60418
Robin Wachowski	
<b>Primary Email</b>	<b>Secondary Email</b>
accounting@jldcconstruction.com	
<b>Primary Phone</b>	<b>Secondary Phone</b>
7089262030	

Public Body Information

<b>Public Body Name</b>	<b>Public Body Address</b>
Crete Monee Cons.Stand	1515 W EXCHANGE ST
<b>Contact Name</b>	CRETE IL 60417
<b>Primary Phone</b>	<b>Secondary Phone</b>

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Daniel Coss	5395	Taper Journeyman	2501 CLEAR CREEK DR	PLAINFIELD IL 60586	Hispanic or Latino	H L	M	No	Yes	No	No	3314226254
Doel Gonzalez	1596	Painter Journeyman	5033 W ROSCOE ST	CHICAGO IL 60641	Hispanic or Latino	H L	M	No	Yes	No	No	7733328328
Thomas EHeredia	4409	Carpenter 2nd Yr App	12918 CALIFORNIA AVE	BLUE ISLAND IL 60406	Hispanic or Latino	H L	M	No	No	No	Yes	7739097959
Marco AJuarez	7862	Painter Journeyman	6442 S LAMON AVE	CHICAGO IL 60638	Hispanic or Latino	H L	M	No	Yes	No	No	7736770774
Daniel Mittler	8570	painter Journeyman	6149 EL MORRO LN	OAK FOREST IL 60452	White	N H L	M	No	Yes	No	No	7088291
Tomas Perez	1990	Foreman	1422 GREEN BAY RD	ZION IL 60099	Hispanic or Latino	H L	M	No	No	Yes	No	2242206441
Luis Ramirez	3884	Carpenter Journeyman	7410 S MAY ST	CHICAGO IL 60621	Hispanic or Latino	H L	M	No	Yes	No	No	7736208493
Jaime Roman	5106	Carpenter Journeyman	7316 COLORADO AVE	HAMMOND IN 46323	Hispanic or Latino	H L	M	No	Yes	No	No	2193819559

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
Daniel Coss	P	0.00	0.00	0.00	0.00	8.00	0.00	0.00	8.00	0.00		54.30	0.00		2063.40	1633.67	
	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		13.74		Health		16.26		Vacation		1.86		Training		1.86			
Hourly Other Ins		3.85		15AddOT		0.00		20AddOT		0.00							
Doel Gonzalez	P	2.00	8.00	4.00	8.00	8.00	6.00	0.00	36.00	6.00		54.30	81.45		2117.70	1401.72	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
Pension		13.74		Health		16.26		Vacation		1.86		Training		1.86			
Hourly Other Ins		3.85		15AddOT		0.00		20AddOT		0.00							

Thomas EHeredia	P	0.00	0.00	0.00	0.00	8.00	0.00	0.00	8.00	0.00		28.36	0.00		1130.41	856.45	
	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		16.91		Health		13.64		Vacation		2.61		Training		0.93			
Hourly Other Ins		11.07		15AddOT		0.00		20AddOT		0.00							

Marco AJuarez	P	0.00	0.00	0.00	0.00	8.00	6.00	0.00	14.00	6.00		54.30	81.45		923.10	712.98	
	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		13.74		Health		16.26		Vacation		1.86		Training		1.86			
Hourly Other Ins		3.85		15AddOT		0.00		20AddOT		0.00							

Daniel Mittler	P	4.00	0.00	0.00	0.00	0.00	0.00	0.00	4.00	0.00		54.30	0.00		1954.80	1412.69	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
Pension		13.74		Health		16.26		Vacation		1.86		Training		1.86			
Hourly Other Ins		3.85		15AddOT		0.00		20AddOT		0.00							

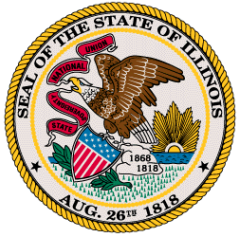
Tomas Perez	P	0.00	0.00	0.00	0.00	8.00	0.00	0.00	8.00	0.00		58.71	0.00		2330.16	1778.62	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
Pension		16.91		Health		13.64		Vacation		2.61		Training		0.93			
Hourly Other Ins		11.07		15AddOT		0.00		20AddOT		0.00							

Luis Ramirez	P	7.75	8.00	8.00	1.75	8.00	0.00	0.00	33.50	0.00		56.71	0.00		1987.23	1578.04	
	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		16.91		Health		13.64		Vacation		2.61		Training		0.93			
Hourly Other Ins		11.07		15AddOT		0.00		20AddOT		0.00							

Jaime Roman	P	8.00	6.50	0.00	0.00	0.00	0.00	0.00	14.50	0.00		56.71	0.00		2781.53	1756.71	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
	Pension		16.91		Health		13.64		Vacation		2.61		Training		0.93		
	Hourly Other Ins		11.07		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

Robin Wachowski  
Aug 01, 2025



Case #: 25-CTP-239427

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

<b>Payroll Date</b>	<b>Project Location</b>
7/20/2025 to 7/26/2025	1515 W EXCHANGE ST
<b>FEIN or Contractor Number</b>	CRETE IL 60417
16-1771813	
<b>Project Number or Name</b>	<b>State Capital Funds</b>
208944	No
<b>Agency</b>	
Not a State Agency	

Contractor and/or Subcontractor

<b>Company Name</b>	<b>Contractor Location</b>
JLDC Construction Inc	4616 138TH ST
<b>Contact Name</b>	CRESTWOOD IL 60418
Robin Wachowski	
<b>Primary Email</b>	<b>Secondary Email</b>
accounting@jldcconstruction.com	
<b>Primary Phone</b>	<b>Secondary Phone</b>
7089262030	

Public Body Information

<b>Public Body Name</b>	<b>Public Body Address</b>
Crete Monee Cons.Stand	1515 W EXCHANGE ST
<b>Contact Name</b>	CRETE IL 60417
<b>Primary Phone</b>	<b>Secondary Phone</b>

## Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Arturo Cardenas	9843	Foreman	216 WILDWOOD DR	NORTH AURORA IL 60542	Hispanic or Latino	H L	M	No	No	Yes	No	7083087894
Daniel Coss	5395	Taper Journeyman	2501 CLEAR CREEK DR	PLAINFIELD IL 60586	Hispanic or Latino	H L	M	No	Yes	No	No	3314226254
Matthew JDolan	2513	Painter Journeyman	582 VANDERBILT DR	NEW LENOX IL 60451	Hispanic or Latino	H L	M	No	Yes	No	No	7082151214
Doel Gonzalez	1596	Painter Journeyman	5033 W ROSCOE ST	CHICAGO IL 60641	Hispanic or Latino	H L	M	No	Yes	No	No	7733328328
Jose Hernandez	8016	Foreman	4630 W SPENCER LN	ALSIP IL 60803	Hispanic or Latino	H L	M	No	Yes	No	No	7738957915
Gerardo Jasso	0324	Painter Journeyman	1957 1/2 W LUNT AVE	CHICAGO IL 60626	Hispanic or Latino	H L	M	No	Yes	No	No	3123660840
Marco AJuarez	7862	Painter Journeyman	6442 S LAMON AVE	CHICAGO IL 60638	Hispanic or Latino	H L	M	No	Yes	No	No	7736770774
Luis JRomo	4463	Carpenter Journeyman	27 DEVONSHIRE CIR	ELGIN IL 60123	Hispanic or Latino	H L	M	No	Yes	No	No	2242675377

## A-Apprentice

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
Arturo Cardenas	P	8.00	8.00	8.00	0.00	0.00	0.00	0.00	24.00	0.00		58.71	0.00		3187.53	2198.12	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
Pension		16.91		Health		13.64		Vacation		2.61		Training		0.93			
Hourly Other Ins				11.07		15AddOT		0.00		20AddOT		0.00					
Daniel Coss	P	8.00	8.00	8.00	8.00	0.00	0.00	0.00	32.00	0.00		54.30	0.00		2172.00	3113.01	
	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		13.74		Health		16.26		Vacation		1.86		Training		1.86			
Hourly Other Ins				3.85		15AddOT		0.00		20AddOT		0.00					



Matthew JDolan	P	0.00	2.00	0.00	0.00	3.00	0.00	0.00	5.00	0.00		54.30	0.00		2118.00	1560.93	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
Pension		13.74		Health		16.26		Vacation		1.86		Training		1.86			
Hourly Other Ins		3.85		15AddOT		0.00		20AddOT		0.00							

Doel Gonzalez	P	8.00	8.00	7.00	8.00	8.00	0.00	0.00	39.00	0.00		54.30	0.00		2117.70	1394.97	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
Pension		13.74		Health		16.26		Vacation		1.86		Training		1.86			
Hourly Other Ins		3.85		15AddOT		0.00		20AddOT		0.00							

Jose Hernandez	P	0.00	0.00	8.00	0.00	0.00	0.00	0.00	8.00	0.00		54.30	0.00		1303.20	929.47	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
Pension		13.74		Health		16.26		Vacation		1.86		Training		1.86			
Hourly Other Ins		3.85		15AddOT		0.00		20AddOT		0.00							

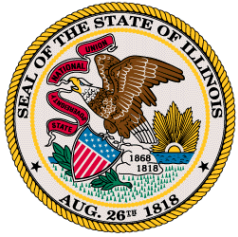
Gerardo Jasso	P	0.00	0.00	0.00	0.00	0.00	8.00	0.00	8.00	8.00		54.30	81.45		2823.60	1804.23	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
Pension		13.74		Health		16.26		Vacation		1.86		Training		1.86			
Hourly Other Ins		3.85		15AddOT		0.00		20AddOT		0.00							

Marco AJuarez	P	8.00	8.00	7.00	8.00	8.00	8.00	0.00	47.00	8.00		54.30	81.45		2769.30	1944.83	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
Pension		13.74		Health		16.26		Vacation		1.86		Training		1.86			
Hourly Other Ins		3.85		15AddOT		0.00		20AddOT		0.00							

Luis JRomo	P	8.00	8.00	0.00	0.00	0.00	0.00	0.00	16.00	0.00		56.71	0.00		2372.80	1564.29	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
Pension		16.91		Health		13.64		Vacation		2.61		Training		0.93			
Hourly Other Ins		11.07		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

Robin Wachowski  
Aug 01, 2025



Case #: 25-CTP-248920

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

<b>Payroll Date</b>	<b>Project Location</b>
7/27/2025 to 8/2/2025	1515 W EXCHANGE ST
<b>FEIN or Contractor Number</b>	CRETE IL 60417
16-1771813	
<b>Project Number or Name</b>	<b>State Capital Funds</b>
208944	No
<b>Agency</b>	
Not a State Agency	

Contractor and/or Subcontractor

<b>Company Name</b>	<b>Contractor Location</b>
JLDC Construction Inc	4616 138TH ST
<b>Contact Name</b>	CRESTWOOD IL 60418
Robin Wachowski	
<b>Primary Email</b>	<b>Secondary Email</b>
accounting@jldcconstruction.com	
<b>Primary Phone</b>	<b>Secondary Phone</b>
7089262030	

Public Body Information

<b>Public Body Name</b>	<b>Public Body Address</b>
Crete Monee Cons.Stand	1515 W EXCHANGE ST
<b>Contact Name</b>	CRETE IL 60417
<b>Primary Phone</b>	<b>Secondary Phone</b>

Employee Details

Name	Last4SSN	Classificati on	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Matthew JDolan	2513	Painter Journeyman---	582 VANDERBILT DR	NEW LENOX IL 60451	Hispani c or Latino	H L	M	No	Yes	No	No	7082151214
Doel Gonzalez	1596	Painter Journeyman---	5033 W ROSCOE ST	CHICAGO IL 60641	Hispani c or Latino	H L	M	No	Yes	No	No	7733328328
William Jacob	1028	Painter Journeyman---	7348 DOROTHY LN	TINLEY PARK IL 60477	Hispani c or Latino	H L	M	No	Yes	No	No	7087815230
Marco AJuarez	7862	Painter Journeyman---	6442 S LAMON AVE	CHICAGO IL 60638	Hispani c or Latino	H L	M	No	Yes	No	No	7736770774

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
Matthew JDolan	P	4.00	0.00	0.00	0.00	0.00	0.00	0.00	4.00	0.00		54.30	0.00		1737.60	1264.42	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
		Pension	13.74	Health		16.26		Vacation		1.86	Training		1.86				
		Hourly Other Ins		3.85	15AddOT	0.00		20AddOT		0.00							
Doel Gonzalez	P	8.00	8.00	8.00	8.00	8.00	0.00	0.00	40.00	0.00		54.30	0.00		2172.00	1426.00	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
		Pension	13.74	Health		16.26		Vacation		1.86	Training		1.86				
		Hourly Other Ins		3.85	15AddOT	0.00		20AddOT		0.00							
William Jacob	P	0.00	8.00	8.00	0.00	8.00	0.00	0.00	24.00	0.00		54.30	0.00		2823.60	1804.23	
	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	13.74	Health		16.26		Vacation		1.86	Training		1.86				
		Hourly Other Ins		3.85	15AddOT	0.00		20AddOT		0.00							
Marco AJuarez	P	8.00	8.00	8.00	8.00	8.00	0.00	0.00	40.00	0.00		54.30	0.00		2172.00	1560.93	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	

Pension	13.74	Health	16.26	Vacation	1.86	Training	1.86
Hourly Other Ins	3.85	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

Robin Wachowski  
Aug 07, 2025



Case #: 25-CTP-255065

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

<b>Payroll Date</b>	<b>Project Location</b>
7/7/2025 to 7/13/2025	Crete Monee High School
<b>FEIN or Contractor Number</b>	Crete IL 60417
810560648	
<b>Project Number or Name</b>	<b>State Capital Funds</b>
Crete Monee High School	No
<b>Agency</b>	
Not a State Agency	

Contractor and/or Subcontractor

<b>Company Name</b>	<b>Contractor Location</b>
Domain Corp	6238 N NORTHWEST HWY
<b>Contact Name</b>	CHICAGO IL 60631
Nicole Domian	
<b>Primary Email</b>	<b>Secondary Email</b>
nicoledomian@domaincorp.com	nicoledomian@domaincorp.com
<b>Primary Phone</b>	<b>Secondary Phone</b>
7736280001	

Public Body Information

<b>Public Body Name</b>	<b>Public Body Address</b>
Crete-Monee School District 201-U	1515 W EXCHANGE ST
<b>Contact Name</b>	CRETE IL 60417
<b>Primary Phone</b>	<b>Secondary Phone</b>

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Antonio Almader	6240	Roofer-Journeyman---	3615 W 62ND PL	CHICAGO IL 60629	Hispanic or Latino	H L	M	No	Yes	No	No	7732304816
Carmine Ianelli	2469	Sheet Metal-Journeyman---	1458 FAIRWAY DR	NAPERVILLE IL 60563	White	N H L	M	No	Yes	No	No	7082099929
Hernan Garcia	5541	Roofer-Journeyman---	2854 W 40TH PL	CHICAGO IL 60632	Hispanic or Latino	H L	M	No	Yes	No	No	7735128060
Ivan Huesca	6789	Roofer-Journeyman---	5222 S FRANCISCO AVE	CHICAGO IL 60632	Hispanic or Latino	H L	M	No	Yes	No	No	3127229347

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
Antonio Almader	P	0.00	0.00	8.00	8.00	8.00	0.00	0.00	24.00	0.00		52.00	0.00		1248.00	955.40	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
Pension		17.59	Health		12.20		Vacation		0.00		Training		1.05				
Hourly Other Ins		0.68		15AddOT		0.00		20AddOT		0.00							
Carmine Ianelli	P	0.00	0.00	8.00	8.00	824.00	0.00	0.00	24.00	0.00		54.58	0.00		1309.92	934.01	
	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		15.12	Health		15.88		Vacation		0.00		Training		1.20				
Hourly Other Ins		14.98		15AddOT		0.00		20AddOT		0.00							
Hernan Garcia	P	0.00	0.00	8.00	8.00	8.00	0.00	0.00	24.00	0.00		52.00	0.00		1248.00	906.41	
	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		17.59	Health		12.20		Vacation		0.00		Training		1.05				
Hourly Other Ins		0.68		15AddOT		0.00		20AddOT		0.00							
Ivan Huesca	P	0.00	0.00	8.00	0.00	0.00	0.00	0.00	8.00	0.00		52.00	0.00		416.00	339.14	

	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	
	Pension	17.59		Health	12.20		Vacation	0.00		Training	1.05					
	Hourly Other Ins	0.68	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

Nicole Domian  
Aug 12, 2025





Case #: 25-CTP-255135

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

<b>Payroll Date</b>	<b>Project Location</b>
7/14/2025 to 7/20/2025	1515 W EXCHANGE ST
<b>FEIN or Contractor Number</b>	CRETE IL 60417
810560648	
<b>Project Number or Name</b>	<b>State Capital Funds</b>
Crete-Monee School District 201-U 208944	No
<b>Agency</b>	
Not a State Agency	

Contractor and/or Subcontractor

<b>Company Name</b>	<b>Contractor Location</b>
Domain Corp	6238 N NORTHWEST HWY
<b>Contact Name</b>	CHICAGO IL 60631
Nicole Domian	
<b>Primary Email</b>	<b>Secondary Email</b>
nicoledomian@domaincorp.com	nicoledomian@domaincorp.com
<b>Primary Phone</b>	<b>Secondary Phone</b>
7736280001	

Public Body Information

<b>Public Body Name</b>	<b>Public Body Address</b>
Crete-Monee School District 201-U	1515 W EXCHANGE ST
<b>Contact Name</b>	CRETE IL 60417
<b>Primary Phone</b>	<b>Secondary Phone</b>

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Antonio Almader	6240	Roofer-Journeyman---	3615 W 62ND PL	CHICAGO IL 60629	Hispanic or Latino	H L	M	No	Yes	No	No	7732304816
Carmine Ianelli	2469	Sheet Metal-Journeyman---	1458 FAIRWAY DR	NAPERVILLE IL 60563	White	N H L	M	No	Yes	No	No	7082099929
Hernan Garcia	5541	Roofer-Journeyman---	2854 W 40TH PL	CHICAGO IL 60632	Hispanic or Latino	H L	M	No	Yes	No	No	7735128060
Ivan Huesca	6789	Roofer-Journeyman---	5222 S FRANCISCO AVE	CHICAGO IL 60632	Hispanic or Latino	H L	M	No	Yes	No	No	3127229347
Mike Simone	5577	Sheet Metal-Journeyman---	20016 SCOTT ST	MOKENA IL 60448	White	N H L	M	No	Yes	No	No	7087174875

G-GenderV-VeteranJ-JourneymanF-ForemanA-Apprentice

N H L- Not Hispanic or Latino

H L- Hispanic or Latino

Work Classification

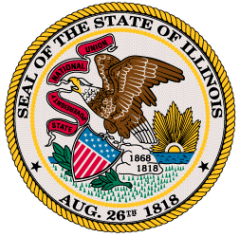
Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Wor k
Antonio Almader	P	8.00	8.00	8.00	0.00	0.00	0.00	0.00	24.00	0.00		52.00	0.00		1248.00	955.41	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
Pension		17.59		Health		12.20		Vacation		0.00		Training		1.05			
Hourly Other Ins				0,68 15AddOT		0.00		20AddOT		0.00							
Carmine lanelli	P	0.00	0.00	8.00	0.00	0.00	0.00	0.00	8.00	0.00		54.58	0.00		436.64	342.29	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
Pension		15.12		Health		15.88		Vacation		0.00		Training		1.20			
Hourly Other Ins				14,98 15AddOT		0.00		20AddOT		0.00							
Hernan Garcia	P	8.00	8.00	8.00	8.00	0.00	0.00	0.00	32.00	0.00		52.00	0.00		1664.00	1164.83	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
Pension		17.59		Health		12.20		Vacation		0.00		Training		1.05			
Hourly Other Ins				0,68 15AddOT		0.00		20AddOT		0.00							

Ivan Huesca	P	8.00	0.00	8.00	8.00	8.00	0.00	0.00	32.00	0.00		52.00	0.00		1664.00	1195.39	
	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		17.59		Health		12.20		Vacation		0.00		Training		1.05			
Hourly Other Ins		0.68		15AddOT		0.00		20AddOT		0.00							

Mike Simone	P	8.00	0.00	0.00	0.00	0.00	0.00	0.00	8.00	0.00		54.58	0.00		436.64	340.46	
	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		15.12		Health		15.88		Vacation		0.00		Training		1.20			
Hourly Other Ins		14.98		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

Nicole Domian  
 Aug 12, 2025



Case #: 25-CTP-255208

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

<b>Payroll Date</b>	<b>Project Location</b>
7/21/2025 to 7/27/2025	1515 W EXCHANGE ST
<b>FEIN or Contractor Number</b>	CRETE IL 60417
810560648	
<b>Project Number or Name</b>	<b>State Capital Funds</b>
Crete-Monee School District 201-U 208944	No
<b>Agency</b>	
Not a State Agency	

Contractor and/or Subcontractor

<b>Company Name</b>	<b>Contractor Location</b>
Domain Corp	6238 N NORTHWEST HWY
<b>Contact Name</b>	CHICAGO IL 60631
Nicole Domian	
<b>Primary Email</b>	<b>Secondary Email</b>
nicoledomian@domaincorp.com	nicoledomian@domaincorp.com
<b>Primary Phone</b>	<b>Secondary Phone</b>
7736280001	

Public Body Information

<b>Public Body Name</b>	<b>Public Body Address</b>
Crete-Monee School District 201-U	1515 W EXCHANGE ST
<b>Contact Name</b>	CRETE IL 60417
<b>Primary Phone</b>	<b>Secondary Phone</b>

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Antonio Almader	6240	Roofer-Journeyman---	3615 W 62ND PL	CHICAGO IL 60629	Hispanic or Latino	H L	M	No	Yes	No	No	7732304816
Carmine Ianelli	2469	Sheet Metal-Journeyman---	1458 FAIRWAY DR	NAPERVILLE IL 60563	White	N H L	M	No	Yes	No	No	7082099929
Hernan Garcia	5541	Roofer-Journeyman---	2854 W 40TH PL	CHICAGO IL 60632	Hispanic or Latino	H L	M	No	Yes	No	No	7735128060
Ivan Huesca	6789	Roofer-Journeyman---	5222 S FRANCISCO AVE	CHICAGO IL 60632	Hispanic or Latino	H L	M	No	Yes	No	No	3127229347
Ivan Huesca	6789	Roofer-Journeyman---	5222 S FRANCISCO AVE	CHICAGO IL 60632	Hispanic or Latino	H L	M	No	Yes	No	No	7736280001
Mike Simone	5577	Sheet Metal-Journeyman---	20016 SCOTT ST	MOKENA IL 60448	White	N H L	M	No	Yes	No	No	7087174875

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
Antonio Almader	P	0.00	8.00	8.00	8.00	0.00	0.00	0.00	24.00	0.00		52.00	0.00		1248.00	955.41	
	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	17.59			Health		12.20		Vacation	0.00		Training	1.05				
	Hourly Other Ins			0.68	15AddOT		0.00		20AddOT	0.00							
Carmine Ianelli	P	0.00	8.00	8.00	0.00	0.00	0.00	0.00	16.00	0.00		54.58	0.00		873.28	643.14	
	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	15.12			Health		15.88		Vacation	0.00		Training	1.20				
	Hourly Other Ins			14.98	15AddOT		0.00		20AddOT	0.00							
Hernan Garcia	P	8.00	8.00	8.00	0.00	0.00	0.00	0.00	24.00	0.00		52.00	0.00		1248.00	906.42	

	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
	Pension	17.59		Health	12.20		Vacation	0.00		Training	1.05						
	Hourly Other Ins	0.68	15AddOT	0.00		20AddOT	0.00										

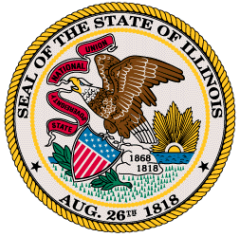
Ivan Huesca	P	8.00	8.00	8.00	0.00	0.00	0.00	0.00	24.00	0.00		52.00	0.00		1248.00	857.12	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
	Pension	0.00		Health	0.00		Vacation	0.00		Training	0.00						
	Hourly Other Ins	0.00	15AddOT	0.00		20AddOT	0.00										

Ivan Huesca	P	8.00	8.00	8.00	0.00	0.00	0.00	0.00	24.00	0.00		52.00	0.00		1248.00	857.12	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
	Pension	17.59		Health	12.20		Vacation	0.00		Training	1.05						
	Hourly Other Ins	0.68	15AddOT	0.00		20AddOT	0.00										

Mike Simone	P	8.00	8.00	8.00	8.00	0.00	0.00	0.00	32.00	0.00		54.58	0.00		1749.56	1198.86	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
	Pension	15.12		Health	15.88		Vacation	0.00		Training	1.20						
	Hourly Other Ins	14.98	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

Nicole Domian  
Aug 12, 2025



Case #: 25-CTP-255275

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

<b>Payroll Date</b>	<b>Project Location</b>
7/28/2025 to 8/3/2025	1515 W EXCHANGE ST
<b>FEIN or Contractor Number</b>	CRETE IL 60417
810560648	
<b>Project Number or Name</b>	<b>State Capital Funds</b>
Crete-Monee School District 201-U 208944	No
<b>Agency</b>	
Not a State Agency	

Contractor and/or Subcontractor

<b>Company Name</b>	<b>Contractor Location</b>
Domain Corp	6238 N NORTHWEST HWY
<b>Contact Name</b>	CHICAGO IL 60631
Nicole Domian	
<b>Primary Email</b>	<b>Secondary Email</b>
nicoledomian@domaincorp.com	nicoledomian@domaincorp.com
<b>Primary Phone</b>	<b>Secondary Phone</b>
7736280001	

Public Body Information

<b>Public Body Name</b>	<b>Public Body Address</b>
Crete-Monee School District 201-U	1515 W EXCHANGE ST
<b>Contact Name</b>	CRETE IL 60417
<b>Primary Phone</b>	<b>Secondary Phone</b>

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Alexander Murton	7596	Sheet Metal-Forman---	1910 S LOOMIS ST	CHICAGO IL 60608	White	N H L	M	No	No	Yes	No	7736280001
Antonio Almader	6240	Roofer-Journeyman---	3615 W 62ND PL	CHICAGO IL 60629	Hispanic or Latino	H L	M	No	Yes	No	No	7732304816
Carmine Ianelli	2469	Sheet Metal-Journeyman---	1458 FAIRWAY DR	NAPERVILLE IL 60563	White	N H L	M	No	Yes	No	No	7082099929
Hernan Garcia	5541	Roofer-Journeyman---	2854 W 40TH PL	CHICAGO IL 60632	Hispanic or Latino	H L	M	No	Yes	No	No	7735128060
Ivan Huesca	6789	Roofer-Journeyman---	5222 S FRANCISCO AVE	CHICAGO IL 60632	Hispanic or Latino	H L	M	No	Yes	No	No	7736280001
Mike Simone	5577	Sheet Metal-Journeyman---	20016 SCOTT ST	MOKENA IL 60448	White	N H L	M	No	Yes	No	No	7087174875

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	DbI Tim Wage	Gross	Net	No Work
Alexander Murton	P	8.00	8.00	8.00	8.00	8.00	0.00	0.00	40.00	0.00		58.95	0.00		2358.00	1513.09	
	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		15.12		Health		15.88		Vacation		0.00		Training		1.20			
Hourly Other Ins		14.98		15AddOT		0.00		20AddOT		0.00							
Antonio Almader	P	8.00	0.00	0.00	0.00	0.00	0.00	0.00	8.00	0.00		0.00	0.00		416.00	353.57	
	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		15.12		Health		15.88		Vacation		0.00		Training		1.20			
Hourly Other Ins		14.98		15AddOT		0.00		20AddOT		0.00							
Carmine Ianelli	P	8.00	8.00	8.00	8.00	0.00	0.00	0.00	32.00	0.00		54.58	0.00		1746.56	1189.88	



	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
	Pension	15.12		Health	15.88		Vacation	0.00		Training	1.20						
	Hourly Other Ins	14.98	15AddOT	0.00		20AddOT	0.00										

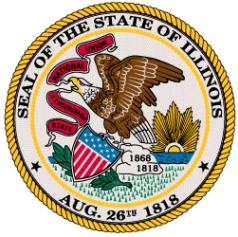
Hernan Garcia	P	0.00	0.00	8.00	0.00	0.00	0.00	0.00	8.00	0.00		52.00	0.00		416.00	326.56	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
	Pension	17.59		Health	12.20		Vacation	0.00		Training	1.05						
	Hourly Other Ins	0.68	15AddOT	0.00		20AddOT	0.00										

Ivan Huesca	P	8.00	0.00	0.00	8.00	0.00	0.00	0.00	16.00	0.00		52.00	0.00		832.00	559.68	
	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	17.59		Health	12.20		Vacation	0.00		Training	1.05						
	Hourly Other Ins	0.68	15AddOT	0.00		20AddOT	0.00										

Mike Simone	P	8.00	8.00	8.00	8.00	8.00	0.00	0.00	40.00	0.00		54.58	0.00		2183.20	1458.31	
	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	15.12		Health	15.88		Vacation	0.00		Training	1.20						
	Hourly Other Ins	14.98	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

Nicole Domian  
Aug 12, 2025



Case #: 25-CTP-207001

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

<b>Payroll Date</b>	<b>Project Location</b>
6/30/2025 to 7/6/2025	1515 W EXCHANGE ST
<b>FEIN or Contractor Number</b>	CRETE IL 60417
36-4058295	
<b>Project Number or Name</b>	<b>State Capital Funds</b>
Crete Monee High School Concession Stand	No
<b>Agency</b>	
Not a State Agency	

### Contractor and/or Subcontractor

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

### Public Body Information

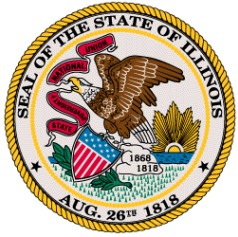
<b>Public Body Name</b>	<b>Public Body Address</b>
Crete-Monee School District 201-U	690 W EXCHANGE ST
<b>Contact Name</b>	CRETE IL 60417
<b>Primary Phone</b>	<b>Secondary Phone</b>



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

Jul 11, 2025



Case #: 25-CTP-212569

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

<b>Payroll Date</b>	<b>Project Location</b>
7/7/2025 to 7/13/2025	1515 W EXCHANGE ST
<b>FEIN or Contractor Number</b>	CRETE IL 60417
36-4058295	
<b>Project Number or Name</b>	<b>State Capital Funds</b>
Crete Monee High School Concession Stand	No
<b>Agency</b>	
Not a State Agency	

Contractor and/or Subcontractor

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

Public Body Information

<b>Public Body Name</b>	<b>Public Body Address</b>
Crete-Monee School District 201-U	690 W EXCHANGE ST
<b>Contact Name</b>	CRETE IL 60417
<b>Primary Phone</b>	<b>Secondary Phone</b>

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Nicholas Martz	3678	Journeyman	2228 DALEWOOD PKWY	WOODRIDGE IL 60517	White	N H L	M	No	Yes	No	No	7732943426
Willam Buter	5167	Journeyman	10525 S BELL AVE	CHICAGO IL 60643	White	N H L	M	No	Yes	No	No	7736125758
Aaron Tichy	5278	Journeyman	1819 W THORNWOOD LN	MOUNT PROSPECT IL 60056	White	N H L	M	No	Yes	No	No	8135040605

G-GenderV-VeteranJ-JourneymanF-ForemanA-Apprentice

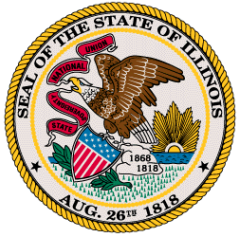
N H L- Not Hispanic or Latino  
H L- Hispanic or Latino

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
Nicholas Martz	P	8.00	8.00	8.00	8.00	8.00	0.00	0.00	40.00	0.00		60.50	0.00		2420.00	1510.16	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
Pension		17.74	Health		19.10		Vacation		0.00		Training		2.28				
Hourly Other Ins		0.00		15AddOT		0.00		20AddOT		0.00							
Willam Buter	P	0.00	8.00	8.00	8.00	8.00	0.00	0.00	32.00	0.00		60.50	0.00		2420.00	1453.32	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
Pension		17.94	Health		19.10		Vacation		0.00		Training		2.28				
Hourly Other Ins		0.00		15AddOT		0.00		20AddOT		0.00							
Aaron Tichy	P	8.00	8.00	0.00	0.00	0.00	0.00	0.00	16.00	0.00		60.50	0.00		1936.00	1297.18	
	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		17.94	Health		19.10		Vacation		0.00		Training		2.28				
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  
Jul 16, 2025



Case #: 25-CTP-225929

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

<b>Payroll Date</b>	<b>Project Location</b>
7/14/2025 to 7/20/2025	1515 W EXCHANGE ST
<b>FEIN or Contractor Number</b>	CRETE IL 60417
36-4058295	
<b>Project Number or Name</b>	<b>State Capital Funds</b>
Crete Monee High School Concession Stand	No
<b>Agency</b>	
Not a State Agency	

Contractor and/or Subcontractor

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

Public Body Information

<b>Public Body Name</b>	<b>Public Body Address</b>
Crete-Monee School District 201-U	690 W EXCHANGE ST
<b>Contact Name</b>	CRETE IL 60417
<b>Primary Phone</b>	<b>Secondary Phone</b>

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Robert Sieloff	9147	Foreman	2643 W 97TH PL	EVERGREEN PARK IL 60805	White	N H L	M	No	No	Yes	No	6306056899
Nicholas Martz	3678	Journeyman	2228 DALEWOOD PKWY	WOODRIDGE IL 60517	White	N H L	M	No	Yes	No	No	7732943426
Willam Buter	5167	Journeyman	10525 S BELL AVE	CHICAGO IL 60643	White	N H L	M	No	Yes	No	No	7736125758

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
Robert Sieloff	P	0.00	0.00	8.00	8.00	8.00	0.00	0.00	24.00	0.00		65.15	0.00		2606.00	1773.24	
	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	17.94		Health		19.10		Vacation	0.00		Training	2.28				
		Hourly Other Ins		0.00	15AddOT		0.00		20AddOT	0.00							
Nicholas Martz	P	8.00	8.00	8.00	4.00	0.00	0.00	0.00	28.00	0.00		60.50	0.00		3146.00	1932.19	
	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	17.94		Health		19.10		Vacation	0.00		Training	2.28				
		Hourly Other Ins		0.00	15AddOT		0.00		20AddOT	0.00							
Willam Buter	P	8.00	8.00	0.00	0.00	0.00	0.00	0.00	16.00	0.00		60.50	0.00		1936.00	1190.66	
	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	17.94		Health		19.10		Vacation	0.00		Training	2.28				
		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  
Jul 24, 2025





Case #: 25-CTP-236680

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

<b>Payroll Date</b>	<b>Project Location</b>
7/21/2025 to 7/27/2025	1515 W EXCHANGE ST
<b>FEIN or Contractor Number</b>	CRETE IL 60417
36-4058295	<b>No Work Report: Yes</b>
<b>Project Number or Name</b>	<b>State Capital Funds</b>
Crete Monee High School Concession Stand	No
<b>Agency</b>	
Not a State Agency	

Contractor and/or Subcontractor

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

Public Body Information

<b>Public Body Name</b>	<b>Public Body Address</b>
Crete-Monee School District 201-U	690 W EXCHANGE ST
<b>Contact Name</b>	CRETE IL 60417
<b>Primary Phone</b>	<b>Secondary Phone</b>

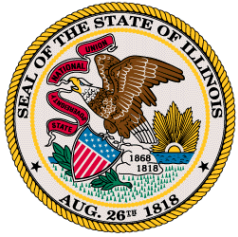
Employee Details												
Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
G-Gender		V-Veteran			J-Journeyman			F-Foreman			A-Apprentice	

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  
Jul 31, 2025



Case #: 25-CTP-228994

Illinois Department of Labor

160 N. LaSalle St Suite1300  
Chicago, IL 60601

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## CERTIFIED TRANSCRIPT OF PAYROLL FORM

### PAY PERIOD

<b>Payroll Date</b>	<b>Project Location</b>
7/6/2025 to 7/12/2025	1515 W EXCHANGE ST
<b>FEIN or Contractor Number</b>	CRETE IL 60417
36-2443110	
<b>Project Number or Name</b>	<b>State Capital Funds</b>
208944-21	No
<b>Agency</b>	
Not a State Agency	

### Contractor and/or Subcontractor

<b>Company Name</b>	<b>Contractor Location</b>
Wigboldy Excavating, Inc	13631 KOSTNER AVE
<b>Contact Name</b>	CRESTWOOD IL 60418
Jennifer Minetti	
<b>Primary Email</b>	<b>Secondary Email</b>
info@wigboldyexcavating.com	
<b>Primary Phone</b>	<b>Secondary Phone</b>
7083895356	

### Public Body Information

<b>Public Body Name</b>	<b>Public Body Address</b>
Crete-Monee School District 201-U	25425 S WILL CENTER RD
<b>Contact Name</b>	MONEE IL 60449
<b>Primary Phone</b>	<b>Secondary Phone</b>

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Nathan Wigboldy	9494	OPERATOR	12132 S 73RD CT	PALOS HEIGHTS IL 60463	White	N H L	M	No	No	No	Yes	7083895356

G-GenderV-VeteranJ-JourneymanF-ForemanA-Apprentice

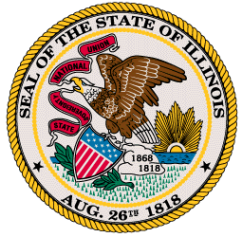
N H L- Not Hispanic or Latino  
H L- Hispanic or Latino

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
Nathan Wigboldy	P	0.00	7.50	0.00	0.00	0.00	0.00	0.00	7.50	0.00		52.40	0.00		1597.20	1060.05	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
	Pension	0.00		Health		0.00		Vacation	0.00		Training	0.00					
	Hourly Other Ins		0.00	15AddOT		0.00		20AddOT	0.00								

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

Jennifer Minetti  
Jul 25, 2025



Case #: 25-CTP-269915

Illinois Department of Labor

160 N. LaSalle St Suite1300  
Chicago, IL 60601

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## CERTIFIED TRANSCRIPT OF PAYROLL FORM

## PAY PERIOD

<b>Payroll Date</b>	<b>Project Location</b>
7/13/2025 to 7/19/2025	1515 W EXCHANGE ST
<b>FEIN or Contractor Number</b>	CRETE IL 60417
36-2443110	<b>No Work Report: Yes</b>
<b>Project Number or Name</b>	<b>State Capital Funds</b>
208944-21	No
<b>Agency</b>	
Not a State Agency	

## Contractor and/or Subcontractor

<b>Company Name</b>	<b>Contractor Location</b>
WIGBOLDY EXCAVATING, INC	13631 KOSTNER AVE
<b>Contact Name</b>	CRESTWOOD IL 60418
JENNIFER MINETTI	
<b>Primary Email</b>	<b>Secondary Email</b>
info@wigboldyexcavating.com	
<b>Primary Phone</b>	<b>Secondary Phone</b>
7083895356	

## Public Body Information

<b>Public Body Name</b>	<b>Public Body Address</b>
CRETE-MONEE SCHOOL DISTRICT 201-U	25425 S WILL CENTER RD
<b>Contact Name</b>	MONEE IL 60449
<b>Primary Phone</b>	<b>Secondary Phone</b>

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

JENNIFER MINETTI  
Aug 21, 2025



Case #: 25-CTP-269948

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

<b>Payroll Date</b>	<b>Project Location</b>
7/20/2025 to 7/26/2025	1515 W EXCHANGE ST
<b>FEIN or Contractor Number</b>	CRETE IL 60417
36-2443110	<b>No Work Report: Yes</b>
<b>Project Number or Name</b>	<b>State Capital Funds</b>
208944-21	No
<b>Agency</b>	
Not a State Agency	

## Contractor and/or Subcontractor

<b>Company Name</b>	<b>Contractor Location</b>
WIGBOLDY EXCAVATING, INC	13631 KOSTNER AVE
<b>Contact Name</b>	CRESTWOOD IL 60418
JENNIFER MINETTI	
<b>Primary Email</b>	<b>Secondary Email</b>
info@wigboldyexcavating.com	info@wigboldyexcavating.com
<b>Primary Phone</b>	<b>Secondary Phone</b>
7083895356	7083895356

## Public Body Information

<b>Public Body Name</b>	<b>Public Body Address</b>
CRETE-MONEE SCHOOL DISTRICT 201-U	25425 S WILL CENTER RD
<b>Contact Name</b>	MONEE IL 60449
<b>Primary Phone</b>	<b>Secondary Phone</b>

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

JENNIFER MINETTI  
Aug 21, 2025