



June 30, 2025

Draw No.: 4  
Invoice No.: 208944-21D  
Bear Job No.: 208944-21  
P.O. No.: 230104

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>\$0.00</u>
Current Contract Amount	\$4,441,451.00

Work Completed to Date	\$2,160,285.15
Less: Retainage	(\$216,028.54)
Less: Previously Invoiced	<u>(\$1,377,321.93)</u>

**TOTAL AMOUNT DUE THIS INVOICE**

**\$566,934.68**

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

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

Project Crete Monee High School - Concession Stand

Address: 1515 W Exchange Street, Crete, IL

Architect: N/A

Application No. : 4

Job No.: 208944-21

Invoice No.: 208944-21D

Period To: 6/30/2025

Distribution to :

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Architect  
Contractor

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.....

0.00

3. Contract Sum To Date.....

\$4,441,451.00

4. Total Completed and Stored To Date.....

\$2,160,285.15

5. Retainage:

a. 10.00% of Completed Work.....

\$207,405.54

b. 10.00% of Stored Material.....

\$8,623.00

Total Retainage.....

\$216,028.54

6. Total Earned Less Retainage.....

\$1,944,256.61

7. Less Previous Certificates For Payments.....

\$1,377,321.93

8. Current Payment Due.....

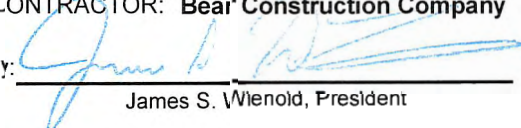
\$566,934.68

9. Balance To Finish, Plus Retainage.....

\$2,497,194.39

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

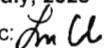
CONTRACTOR: Bear Construction Company

By:  Date: 7/2/2025

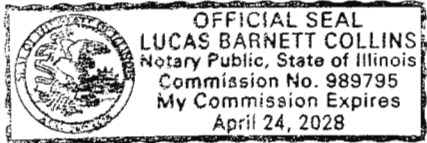
James S. Wienold, President

State of: Illinois  
County of: Cook

Subscribed and sworn to before me this  
2nd day of July, 2025

Notary Public: 

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 \$566,934.68

(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.

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

# 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.: 4

Application Date: 06/30/25

Period To: 06/30/25

Invoice #: 208944-21D

Contract : 208944- Crete Monee High School - Concession Stand

Architect's Project No.:

A	B		C	D	E	F	G		H	I
Item No.	Contractor / Subcontractor Name	Description of Work	Scheduled Value	Work Completed		Materials Presently Stored (Not in D or E)	Total Completed & Stored to Date (D+E+F)	% (G / C)	Balance To Finish (C-G)	Retainage
				From Previous Application (D+E)	This Period In Place					
1	Bear Construction Company	Mobilization	21,900.00	7,546.74	3,081.33	0.00	10,628.07	48.53%	11,271.93	1,062.81
2	Bear Construction Company	General Conditions	285,611.75	101,911.30	36,696.08	0.00	138,607.38	48.53%	147,004.37	13,860.74
3	Bear Construction Company	Payment and Performance Bond	37,996.00	37,996.00	0.00	0.00	37,996.00	100.00%	0.00	3,799.60
4	Bear Construction Company	Insurance	44,414.47	44,414.47	0.00	0.00	44,414.47	100.00%	0.00	4,441.45
5	Bear Construction Company	OH&P	133,247.53	45,917.10	18,747.93	0.00	64,665.03	48.53%	68,582.50	6,466.51
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	0.00	0.00	181,319.00	87.46%	26,000.00	18,131.91
8	Jimmy'Z Masonry	Masonry	648,000.00	398,167.50	195,236.00	0.00	593,403.50	91.57%	54,596.50	59,340.35
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	444,085.00	224,766.52	90,076.08	0.00	314,842.60	70.90%	129,242.40	31,484.26
11	Heartland Cabinet Supply, Inc	Architectural Woodwork	36,850.00	0.00	3,000.00	19,271.00	22,271.00	60.44%	14,579.00	2,227.10
12	Domain Corporation	Roofing	138,000.00	0.00	48,700.00	0.00	48,700.00	35.29%	89,300.00	4,870.00
13	Block Iron & Supply Co Inc.	Doors/Frames/Hardware	87,743.00	6,855.00	5,385.00	0.00	12,240.00	13.95%	75,503.00	1,224.00
14	Paul Reilly Company Illinois Inc.	Overhead Doors	38,490.00	0.00	0.00	0.00	0.00	0.00%	38,490.00	0.00
15	TBD	Glass and Glazing	5,175.00	0.00	0.00	0.00	0.00	0.00%	5,175.00	0.00
16	N.A. Favia Builder, Inc. dba Alpine Acc	Ceilings	31,620.00	0.00	0.00	0.00	0.00	0.00%	31,620.00	0.00
17	Artlow Systems, Inc.	Flooring	29,402.20	0.00	0.00	0.00	0.00	0.00%	29,402.20	0.00
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	99,960.00	0.00	0.00	0.00	0.00	0.00%	99,960.00	0.00
20	Elite Storage Products, LLC	Equipment	134,000.00	0.00	0.00	0.00	0.00	0.00%	134,000.00	0.00
21	S. J. Carlson Fire Protection, Inc.	Fire Supression	55,874.00	0.00	0.00	0.00	0.00	0.00%	55,874.00	0.00
22	Warren F. Thomas Plumbing Compan	Plumbing	410,900.00	155,620.00	107,830.00	0.00	263,450.00	64.12%	147,450.00	26,345.00
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	593,000.00	24,662.00	18,510.00	0.00	43,172.00	7.28%	549,828.00	4,317.20
25	Electrical Systems, Inc.	Electrical	458,659.00	72,602.10	14,055.00	66,959.00	153,616.10	33.49%	305,042.90	15,361.61

<p><b>Application and Certification for Payment,</b>  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.</p>	<p><b>Application No.:</b> 4  <b>Application Date:</b> 06/30/25  <b>Period To:</b> 06/30/25</p>
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Use Column I on Contracts where variable retainage for line items may apply.

Period To: 06/30/25

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

Application Date: **6/30/2025**  
Application No.: **4**  
Project No.: **208944-21**  
Invoice No.: **208944-21D**

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	21,900.00	10,628.07	1,062.81	6,792.06	2,773.20	12,334.74
General Conditions	285,611.75	138,607.38	13,860.74	91,720.17	33,026.47	160,865.11
Payment and Performance Bond	37,996.00	37,996.00	3,799.60	34,196.40	0.00	3,799.60
Insurance	44,414.47	44,414.47	4,441.45	39,973.02	0.00	4,441.45
OH&P	133,247.53	64,665.03	6,466.51	41,325.38	16,873.14	75,049.01
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	181,319.00	18,131.91	163,187.09	0.00	44,131.91
<b>Masonry</b>						
Jimmy'Z Masonry 8550 Ridgefield Rd Suite B Crystal Lake, IL 60012 (815) 477-0123 bfaller@jimmyzmasonry.com	648,000.00	593,403.50	59,340.35	358,350.75	175,712.40	113,936.85
<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	444,085.00	314,842.60	31,484.26	202,289.87	81,068.47	160,726.66
<b>Architectural Woodwork</b>						
Heartland Cabinet Supply, Inc 301 Industrial Avenue Crystal Lake, IL 60012 (815) 477-0900 terri@heartlandcabinet.com	36,850.00	22,271.00	2,227.10	0.00	20,043.90	16,806.10
<b>Roofing</b>						
Domain Corporation 6238 N. Northwest Highway Chicago, IL 60631 (773) 628-0001 nicoleodomian@domaincorp.com	138,000.00	48,700.00	4,870.00	0.00	43,830.00	94,170.00

# 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: **6/30/2025**  
Application No.: **4**  
Project No.: **208944-21**  
Invoice No.: **208944-21D**

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	87,743.00	12,240.00	1,224.00	6,169.50	4,846.50	76,727.00
<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	0.00	0.00	0.00	0.00	38,490.00
<b>Glass and Glazing</b>						
To Be Determined	5,175.00	0.00	0.00	0.00	0.00	5,175.00
<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	0.00	0.00	0.00	0.00	31,620.00
<b>Flooring</b>						
Artlow Systems, Inc. 170 S. Gary Avenue Carol Stream, IL 60188 (630) 653-8111 eledger@artlow.com	29,402.20	0.00	0.00	0.00	0.00	29,402.20
<b>Specialties</b>						
Carney And Company, Inc. 636 Schneider Drive South Elgin, IL 60177 (847) 931-4440 bethr@carneyandco.com	99,960.00	0.00	0.00	0.00	0.00	99,960.00
<b>Equipment</b>						
Elite Storage Products, LLC P.O. Box 517 Collierville, TN 38027 (901) 367-3930 gvanhooose@elitestorageproducts.com	134,000.00	0.00	0.00	0.00	0.00	134,000.00

# Sworn Statement for Contractor and Subcontractor To Owner

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

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

Application Date: **6/30/2025**  
Application No.: **4**  
Project No.: **208944-21**  
Invoice No.: **208944-21D**

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	0.00	0.00	0.00	0.00	55,874.00
<b>Plumbing</b>						
Warren F. Thomas Plumbing Company 475 Quadrangle Drive, Suite A Bolingbrook, IL 60440 (630) 435-0636 stefanie@warrenthomasplbg.com	410,900.00	263,450.00	26,345.00	140,058.00	97,047.00	173,795.00
<b>HVAC</b>						
MG Mechanical Contracting, LLC 1513 Lamb Road Woodstock, IL 60098 (815) 334-9450 manderson@mgmechanical.net	593,000.00	43,172.00	4,317.20	22,195.80	16,659.00	554,145.20
<b>Electrical</b>						
Electrical Systems, Inc. 17335 S. Ashland Avenue East Hazel Crest, IL 60429 (708) 647-1300 dshinkle@esipower.com	458,659.00	153,616.10	15,361.61	108,199.89	30,054.60	320,404.51
<b>Site Clearing</b>						
Wigboldy Excavating, Inc. 13631 S. Kostner Avenue Crestwood, IL 60418 (708) 389-5356 info@wigboldyexcavating.com	45,000.00	45,000.00	4,500.00	40,500.00	0.00	4,500.00
<b>Fences and Gates</b>						
To Be Determined	24,834.00	0.00	0.00	0.00	0.00	24,834.00
<b>Surveys/Field Engineer</b>						
Kapur & Associates, Inc. 7711 N. Port Washing Road Milwaukee, WI 53217 (414) 751-7200 dkropidowski@kapurinc.com	10,000.00	1,606.50	160.65	1,445.85	0.00	8,554.15

# 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: **6/30/2025**  
Application No.: **4**  
Project No.: **208944-21**  
Invoice No.: **208944-21D**

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	6,353.50	635.35	5,718.15	0.00	4,281.85
<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	150,000.00	15,000.00	90,000.00	45,000.00	65,000.00
<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	173,250.00	0.00	0.00	0.00	0.00	173,250.00
<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>Totals</b>	<b>4,441,451.00</b>	<b>2,160,285.15</b>	<b>216,028.54</b>	<b>1,377,321.93</b>	<b>566,934.68</b>	<b>2,497,194.39</b>



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

Completed to Date	2,074,055.15
Total Retained by Owner	216,028.54
<b>Net Amount Earned</b>	<b>1,944,256.61</b>
Previously Paid by Owner	1,377,321.93
<b>Net Amount Due This Payment</b>	<b>566,934.68</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 **2nd** day of **July, 2025**

Signed for Bear Construction Company:

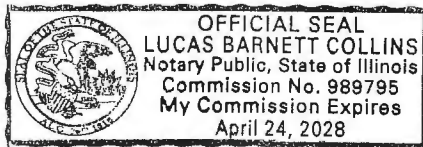
*Lucas Barnett Collins*

Notary Public

*James S. Wienold*

James S. Wienold, President

Date: **July 2, 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: Five Hundred Sixty-Six Thousand Nine Hundred Thirty-Four And 68 / 100 (\$566,934.68) 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: 6/30/2025

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 \$4,441,451.00 on which he has received payment of \$1,377,321.93 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	4,441,451.00	1,377,321.93	566,934.68	2,497,194.39
Per Attached Sworn Statement					
TOTAL LABOR AND MATERIAL INCLUDING EXTRAS * TO COMPLETE:		4,441,451.00	1,377,321.93	566,934.68	2,497,194.39

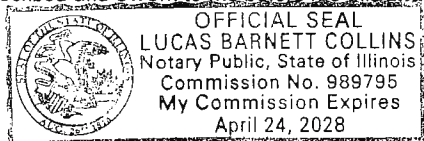
That there are no other contracts for said work outstanding, and that there is nothing due or to become due to any person for material, labor or other work of any kind done or to be done upon or in connection with said work other than above stated.

DATE: 7/2/2025

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

James S. Wienold, President

Subscribed and Sworn to me before me this 2nd day of July, 2025



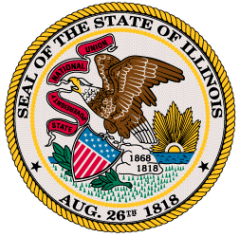
Lucas Barnett Collins

Notary Public

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

# TRAILING CERTIFIED PAYROLL

Draw 3



Case #: 25-CTP-130362

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>
4/26/2025 to 5/2/2025	1515 W EXCHANGE ST
<b>Contractor Number Or FEIN</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
NICHOLAS POLITO	6677	CONSTRUC TION SITE MANAGER	11170 MADIGAN AVE	CEDAR LAKE IN 46303	Other	N H L	M	No	No	No	No	7082578134

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
NICHOLA S POLITO	P	2.00	2.00	2.00	2.00	2.00	0.00	0.00	10.00	0.00		70.31	0.00		2812.75	1897.03	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
Pension		0.00		Health		0.00		Vacation		0.00		Training		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  
May 09, 2025



Case #: 25-CTP-133548

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>
5/3/2025 to 5/9/2025	1515 W EXCHANGE ST
<b>Contractor Number Or FEIN</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

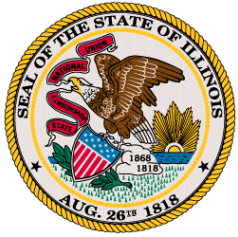
N H L- Not Hispanic or Latino  
H L- Hispanic or Latino

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		2307.70	1584.06	
	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			

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  
May 13, 2025



Case #: 25-CTP-129900

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>
4/28/2025 to 5/4/2025	1515 W EXCHANGE ST
<b>Contractor Number Or FEIN</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>
2177823049	



## Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Joshua Sanchez	4844	Laborer	833 N HAROLD AVE	MELROSE PARK IL 60164	hispanic or latino	H L	m	No	Yes	No	No	7735871522
Guillermo Ponce	3500	Bricklayer	2085 SAPPHIRE LN	AURORA IL 60506	hispanic or latino	H L	m	No	Yes	No	No	6307429850
Daniel Posada	9018	Laborer	1873 ASPEN DR	HANOVER PARK IL 60133	hispanic or latino	H L	m	No	Yes	No	No	3122877880
Filippo Lombardo	920	Laborer	214 LORIEN CT	EAST DUNDEE IL 60118	white	N H L	m	No	Yes	No	No	2245673226
Jeremy TDvorak	6308	Bricklayer	1584 LAKE HOLIDAY DR	SANDWICH IL 60548	white	N H L	m	No	No	Yes	No	7087102220
Mark AForsberg	8214	Bricklayer	512 CLARK ST UNIT 2	ELGIN IL 60123	white	N H L	m	No	Yes	No	No	6303382627
Joseph SKies Jr	8523	Bricklayer	558 N PARK AVE	AURORA IL 60506	white	N H L	m	No	Yes	No	No	6308035549
Roberto Ortiz	7640	Bricklayer	2007 TUSCANY LN	ROMEOVILLE IL 60446	hispanic or latino	H L	m	No	No	No	Yes	7086760381
Michael WPignato	3277	Bricklayer	14962 W CEDAR GLEN DR	HOMER GLEN IL 60491	white	N H L	m	No	Yes	No	No	7082431597
Bert SSchneider	8971	Bricklayer	1425 E ELM ST	STREATOR IL 61364	white	N H L	m	No	Yes	No	No	8158229030
Stephen KMcFall	6653	Laborer	380 E JOHN CASEY RD	BOURBONNAIS IL 60914	white	N H L	m	No	Yes	No	No	7792363050
Antonio Zepeda	8664	Laborer	905 WESTMINSTER RD	JOLIET IL 60435	hispanic or latino	H L	m	No	Yes	No	No	7737427569

## V-Veteran

## F-Foreman

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
Joshua Sanchez	P	8.00	0.00	7.00	0.00	0.00	0.00	0.00	15.00	0.00	0.00	50.15	0.00	0.00	752.25	1433.95	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Pension	19.10			Health		15.53		Vacation	0.00		Training	0.91				

[illegible]

Pension	24.54	Health	12.70	Vacation	0.00	Training	1.24
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Daniel Posada	P	0.00	0.00	0.00	0.00	8.00	0.00	0.00	8.00	0.00	0.00	50.15	0.00	0.00	401.20	1536.16	
	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	0.00	0.00	
Pension		19.10		Health		15.53		Vacation		0.00		Training		0.91			

Filippo Lombard o	P	0.00	0.00	7.00	5.50	8.00	0.00	0.00	20.50	0.00	0.00	50.15	0.00	0.00	1028.08	1389.95	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Pension		19.10		Health		15.53		Vacation		0.00		Training		0.91			

Jeremy TDvorak	P	8.00	8.00	7.50	5.50	8.00	0.00	0.00	37.00	0.00	0.00	57.27	0.00	0.00	2119.00	1221.07	
	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	24.54		Health	12.70		Vacation	0.00		Training	1.24						

Mark AForsberg	P	2.00	0.00	7.00	4.50	8.00	0.00	0.00	21.50	0.00	0.00	52.06	0.00	0.00	1119.29	821.79	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Pension	24.54			Health	12.70			Vacation	0.00			Training	1.24			

Joseph SKies Jr	P	8.00	7.00	0.00	3.50	8.00	0.00	0.00	26.50	0.00	0.00	52.06	0.00	0.00	1379.59	906.29	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Pension	24.54			Health	12.70			Vacation	0.00			Training	1.24			

Roberto Ortiz	P	8.00	7.00	7.00	5.00	8.00	0.00	0.00	35.00	0.00	0.00	41.65	0.00	0.00	1457.75	1029.23	
	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	0.00	0.00	
	Pension	24.54		Health	12.70		Vacation	0.00		Training	1.24						

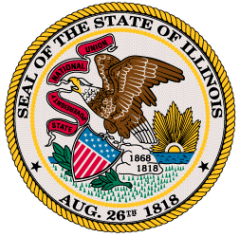
Michael WPignat o	P	8.00	7.00	7.00	5.00	8.00	0.00	0.00	35.00	0.00	0.00	52.06	0.00	0.00	1822.10	1578.41	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Pension	24.54			Health	12.70			Vacation	0.00			Training	1.24			

[illegible]

Pension		24.54	Health		12.70	Vacation		0.00	Training		1.24						
Stephen KMcFall	P	8.00	8.00	7.00	5.50	8.00	0.00	0.00	36.50	0.00	0.00	50.15	0.00	0.00	1830.48	1274.28	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Pension		19.10	Health		15.53	Vacation		0.00	Training		0.91						
Antonio Zepeda	P	8.00	8.00	7.00	5.50	8.00	0.00	0.00	36.50	0.00	0.00	50.15	0.00	0.00	1830.48	1260.19	
	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	0.00	0.00	
Pension		19.10	Health		15.53	Vacation		0.00	Training		0.91						

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  
May 08, 2025



Case #: 25-CTP-146709

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>
5/12/2025 to 5/18/2025	1515 W EXCHANGE ST
<b>Contractor Number Or FEIN</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>
2177823049	

Employee Details

Name	Last4SSN	Classificati on	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Matthew PSmith	3877	Bricklayer	3109 ISLAND VIEW RD	ROCK FALLS IL 61071	white	N H L	m	No	Yes	No	No	8156224258
Dawson MSmith	9509	Laborer	3109 ISLAND VIEW RD	ROCK FALLS IL 61071	white	N H L	m	No	Yes	No	No	8157184258
Jeremy TDvorak	6308	Bricklayer	1584 LAKE HOLIDAY DR	SANDWIC H IL 60548	white	N H L	m	No	No	Yes	No	7087102220
Mark AForsberg	8214	Bricklayer	512 CLARK ST UNIT 2	ELGIN IL 60123	white	N H L	m	No	Yes	No	No	6303382627
Michael WPignato	3277	Bricklayer	14962 W CEDAR GLEN DR	HOMER GLEN IL 60491	white	N H L	m	No	Yes	No	No	7082431597
Joseph SKies Jr	8523	Bricklayer	558 N PARK AVE	AURORA IL 60506	white	N H L	m	No	Yes	No	No	6308035549
Bert SSchneider	8971	Bricklayer	1425 E ELM ST	STREATO R IL 61364	white	N H L	m	No	Yes	No	No	8158229030
Guillermo Ponce	3500	Bricklayer	2085 SAPPHIRE LN	AURORA IL 60506	hispanic or latino	H L	m	No	Yes	No	No	6307429850
Juan Jara	8052	Bricklayer	3150 BRISBANE DR	LAKE IN THE HILLS IL 60156	hispanic or latino	H L	m	No	Yes	No	No	8472074410
Essence LWallace	3839	Bricklayer	4042 W 21ST PL	CHICAGO IL 60623	black or african america n	N H L	m	No	No	No	Yes	7739517869
Daniel Posada	9018	Laborer	1873 ASPEN DR	HANOVER PARK IL 60133	hispanic or latino	H L	m	No	Yes	No	No	3122877880
Antonio Zepeda	8664	Laborer	905 WESTMINSTER RD	JOLIET IL 60435	hispanic or latino	H L	m	No	Yes	No	No	7737427569
Isaias Guerrero Jr	4692	Laborer	5128 LEE ST	SKOKIE IL 60077	hispanic or latino	H L	m	No	Yes	No	No	8476732449

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
Matthew PSmith	P	8.00	3.00	8.00	0.00	0.00	0.00	0.00	19.00	0.00	0.00	52.06	0.00	0.00	989.14	1488.51	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Pension		24.54		Health		12.70		Vacation		0.00		Training		1.24			

Dawson MSmith	P	8.00	3.00	8.00	0.00	0.00	0.00	0.00	19.00	0.00	0.00	50.15	0.00	0.00	952.85	1245.54	
	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	19.10		Health	15.53		Vacation	0.00		Training	0.91						

Jeremy TDvorak	P	8.00	8.00	8.00	0.00	8.00	0.00	0.00	32.00	0.00	0.00	57.27	0.00	0.00	1832.64	1048.71	
	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	0.00	0.00	
	Pension	24.54		Health	12.70		Vacation	0.00		Training	1.24						

Mark AForsberg	P	8.00	0.00	0.00	0.00	0.00	0.00	0.00	8.00	0.00	0.00	52.06	0.00	0.00	416.48	330.08	
	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	24.54		Health		12.70		Vacation		0.00		Training		1.24			

Michael WPignat o	P	8.00	0.00	0.00	0.00	0.00	0.00	0.00	8.00	0.00	0.00	52.06	0.00	0.00	416.48	360.78	
	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	24.54			Health	12.70			Vacation	0.00			Training	1.24			

Joseph SKies Jr	P	8.00	8.00	8.00	0.00	8.00	0.00	0.00	32.00	0.00	0.00	52.06	0.00	0.00	1665.92	1097.06	
	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	24.54		Health	12.70		Vacation	0.00		Training	1.24						

Bert SSchneider	P	0.00	5.00	8.00	0.00	8.00	0.00	0.00	21.00	0.00	0.00	52.06	0.00	0.00	1093.26	810.37	
	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		24.54		Health		12.70		Vacation		0.00		Training		1.24		

Guillerm o Ponce	P	0.00	8.00	8.00	0.00	8.00	0.00	0.00	24.00	0.00	0.00	52.06	0.00	0.00	1249.44	919.18	
	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	0.00	0.00	
	Pension		24.54		Health		12.70		Vacation		0.00		Training		1.24		

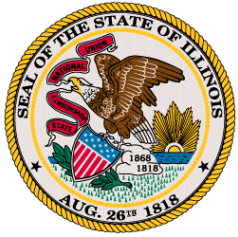
Juan Jara	P	0.00	8.00	8.00	0.00	8.00	0.00	0.00	24.00	0.00	0.00	52.06	0.00	0.00	1249.44	951.67	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Pension		24.54		Health		12.70		Vacation		0.00		Training		1.24		

Essence LWallace	P	0.00	0.00	8.00	0.00	8.00	0.00	0.00	16.00	0.00	0.00	49.46	0.00	0.00	791.36	596.86	
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	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Pension	24.54		Health	12.70		Vacation	0.00		Training	1.24						
Daniel Posada	P	8.00	8.00	0.00	0.00	8.00	0.00	0.00	24.00	0.00	0.00	50.15	0.00	0.00	1203.60	961.25	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Pension	19.10		Health	15.53		Vacation	0.00		Training	0.91						
Antonio Zepeda	P	8.00	8.00	8.00	8.00	8.00	0.00	0.00	40.00	0.00	0.00	50.15	0.00	0.00	2006.00	1368.39	
	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	0.00	0.00	
	Pension	19.10		Health	15.53		Vacation	0.00		Training	0.91						
Isaias Guerrero Jr	P	0.00	8.00	8.00	0.00	8.00	0.00	0.00	24.00	0.00	0.00	50.15	0.00	0.00	1203.60	1136.37	
	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	19.10		Health	15.53		Vacation	0.00		Training	0.91						

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  
May 23, 2025



Case #: 25-CTP-152137

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>
5/19/2025 to 5/25/2025	1515 W EXCHANGE ST
<b>Contractor Number Or FEIN</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>
2177823049	



Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Jeremy TDvorak	6308	Bricklayer	1584 LAKE HOLIDAY DR	SANDWICH IL 60548	white	N H L	m	No	No	Yes	No	7087102220
Bert SSchneider	8971	Bricklayer	1425 E ELM ST	STREATOR IL 61364	white	N H L	m	No	Yes	No	No	8158229030
Guillermo Ponce	3500	Bricklayer	2085 SAPPHIRE LN	AURORA IL 60506	hispanic or latino	H L	m	No	Yes	No	No	6307429850
Michael WPignato	3277	Bricklayer	14962 W CEDAR GLEN DR	HOMER GLEN IL 60491	white	N H L	m	No	Yes	No	No	7082431597
Joseph SKies Jr	8523	Bricklayer	558 N PARK AVE	AURORA IL 60506	white	N H L	m	No	Yes	No	No	6308035549
Essence LWallace	3839	Bricklayer	4042 W 21ST PL	CHICAGO IL 60623	black or african american	N H L	m	No	No	No	Yes	7739517869
Juan Jara	8052	Bricklayer	3150 BRISBANE DR	LAKE IN THE HILLS IL 60156	hispanic or latino	H L	m	No	Yes	No	No	8472074410
Veljko Petkovic	4435	Bricklayer	7410 BROOKDALE DR APT 102	DARIEN IL 60561	white	N H L	m	No	No	No	Yes	3474951839
Mark AForsberg	8214	Bricklayer	512 CLARK ST UNIT 2	ELGIN IL 60123	white	N H L	m	No	Yes	No	No	6303382627
Antonio Zepeda	8664	Laborer	905 WESTMINSTER RD	JOLIET IL 60435	hispanic or latino	H L	m	No	Yes	No	No	7737427569
Daniel Posada	9018	Laborer	1873 ASPEN DR	HANOVER PARK IL 60133	hispanic or latino	H L	m	No	Yes	No	No	3122877880
Isaias Guerrero Jr	4692	Laborer	5128 LEE ST	SKOKIE IL 60077	hispanic or latino	H L	m	No	Yes	No	No	8476732449
Filippo Lombardo	920	Laborer	214 LORIEN CT	EAST DUNDEE IL 60118	white	N H L	m	No	Yes	No	No	2245673226

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
Jeremy TDvorak	P	8.00	0.00	4.50	8.00	8.00	0.00	0.00	28.50	0.00	0.00	57.27	0.00	0.00	1632.20	923.29	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Pension		24.54		Health		12.70		Vacation		0.00		Training		1.24			

Bert SSchneider	P	5.00	0.00	3.50	8.00	0.00	0.00	0.00	16.50	0.00	0.00	52.06	0.00	0.00	858.99	647.14	
	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	0.00	0.00	
Pension		24.54		Health		12.70		Vacation		0.00		Training		1.24			

Guillerm o Ponce	P	5.00	0.00	3.50	8.00	8.00	0.00	0.00	24.50	0.00	0.00	52.06	0.00	0.00	1275.47	937.33	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Pension		24.54		Health		12.70		Vacation		0.00		Training		1.24			

Michael WPignat o	P	8.00	0.00	3.50	8.00	8.00	0.00	0.00	27.50	0.00	0.00	52.06	0.00	0.00	1431.65	1240.18	
	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	0.00	0.00	
Pension		24.54		Health		12.70		Vacation		0.00		Training		1.24			

Joseph SKies Jr	P	5.00	0.00	3.50	5.50	0.00	0.00	0.00	14.00	0.00	0.00	52.06	0.00	0.00	728.84	488.67	
	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	0.00	0.00	
Pension		24.54		Health		12.70		Vacation		0.00		Training		1.24			

Essence LWallace	P	8.00	0.00	0.00	0.00	0.00	0.00	0.00	8.00	0.00	0.00	49.46	0.00	0.00	395.68	315.58	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Pension		24.54		Health		12.70		Vacation		0.00		Training		1.24			

Juan Jara	P	8.00	0.00	3.50	8.00	8.00	0.00	0.00	27.50	0.00	0.00	52.06	0.00	0.00	1431.65	1078.64	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Pension		24.54		Health		12.70		Vacation		0.00		Training		1.24			

Veljko Petkovic	P	0.00	0.00	3.50	8.00	8.00	0.00	0.00	19.50	0.00	0.00	36.44	0.00	0.00	710.58	528.57	
	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	0.00	0.00	
Pension		24.54		Health		12.70		Vacation		0.00		Training		1.24			

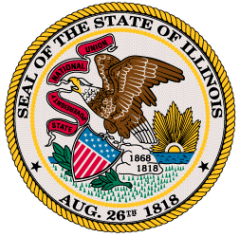
Mark AForsber g	P	0.00	0.00	0.00	8.00	8.00	0.00	0.00	16.00	0.00	0.00	52.06	0.00	0.00	832.96	622.29	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Pension		24.54		Health		12.70		Vacation		0.00		Training		1.24			

Antonio Zepeda	P	8.00	0.00	3.50	8.00	8.00	0.00	0.00	27.50	0.00	0.00	50.15	0.00	0.00	1379.13	981.92	
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	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Pension	19.10		Health	15.53		Vacation	0.00		Training	0.91						
Daniel Posada	P	8.00	0.00	3.50	8.00	8.00	0.00	0.00	27.50	0.00	0.00	50.15	0.00	0.00	1379.13	1087.00	
	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	0.00	0.00	
	Pension	19.10		Health	15.53		Vacation	0.00		Training	0.91						
Isaias Guerrero Jr	P	8.00	0.00	3.50	8.00	8.00	0.00	0.00	27.50	0.00	0.00	50.15	0.00	0.00	1379.13	1046.54	
	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	19.10		Health	15.53		Vacation	0.00		Training	0.91						
Filippo Lombardo	P	0.00	0.00	0.00	8.00	8.00	0.00	0.00	16.00	0.00	0.00	50.15	0.00	0.00	802.40	648.66	
	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	0.00	0.00	
	Pension	19.10		Health	15.53		Vacation	0.00		Training	0.91						

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  
May 29, 2025



Case #: 25-CTP-151345

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>
5/10/2025 to 5/16/2025	1515 W EXCHANGE ST
<b>Contractor Number Or FEIN</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		2307.70	1584.06	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	

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

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  
May 29, 2025



Case #: 25-CTP-151404

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>
5/17/2025 to 5/23/2025	1515 W EXCHANGE ST
<b>Contractor Number Or FEIN</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

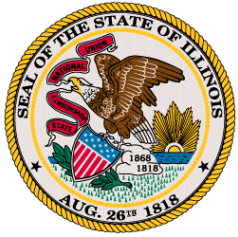
N H L- Not Hispanic or LatinoH L- Hispanic or Latino

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	4.00	0.00	0.00	36.00	0.00	0.00	57.69	0.00		2307.70	1584.06	
	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			

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  
May 29, 2025



Case #: 25-CTP-170950

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>
5/24/2025 to 5/30/2025	1515 W EXCHANGE ST
<b>Contractor Number Or FEIN</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

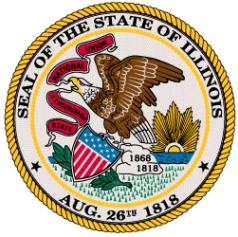
N H L- Not Hispanic or Latino  
H L- Hispanic or Latino

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	0.00	8.00	8.00	8.00	8.00	0.00	0.00	32.00	0.00		57.69	0.00		2307.70	1584.06	
	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			

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

SUSAN RHODES  
Jun 13, 2025



Case #: 25-CTP-162791

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>
4/27/2025 to 5/3/2025	1515 W EXCHANGE ST
<b>Contractor Number Or FEIN</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

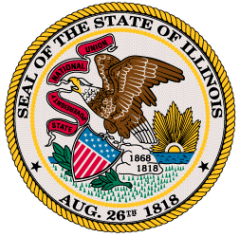
<b>Public Body Name</b>	<b>Public Body Address</b>
Crete Monee Cons.Stand	1515 W EXCHANGE ST
<b>Contact Name</b>	CRETE IL 60417
<b>Primary Phone</b>	<b>Secondary Phone</b>

Employee Details												
Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Arturo Cardenas	9843	Carpenter Foreman	216 WILDWOOD DR	NORTH AURORA IL 60542	other	H L	m	No	Yes	No	No	7083087894
Thomas EHeredia	4409	Carpenter 2nd Year	12918 CALIFORNIA AVE	BLUE ISLAND IL 60406	other	H L	m	No	No	No	Yes	7739097959
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
Arturo Cardenas	P	7.00	0.00	0.00	0.00	0.00	0.00	0.00	7.00	0.00	0.00	59.26	0.00	0.00	414.82	1544.52	
	NP	0.00	5.50	8.00	8.00	8.00	0.00	0.00	29.50	0.00	0.00	57.11	0.00	0.00	1684.75	0.00	
Pension		26.26		Health		12.89		Vacation		0.00		Training		0.94			
Thomas EHeredia	P	7.00	0.00	0.00	0.00	0.00	0.00	0.00	7.00	0.00	0.00	29.71	0.00	0.00	207.97	512.71	
	NP	0.00	0.00	0.00	8.00	12.00	0.00	0.00	20.00	0.00	0.00	27.56	0.00	0.00	551.20	0.00	
Pension		26.26		Health		12.89		Vacation		0.00		Training		0.94			

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

Wachowski, Robin  
Jun 06, 2025



Case #: 25-CTP-162859

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>
5/4/2025 to 5/10/2025	1515 W EXCHANGE ST
<b>Contractor Number Or FEIN</b>	CRETE IL 60417
161771813	<b>No Work Report: Yes</b>
<b>Project Number or Name</b>	<b>State Capital Funds</b>
Crete-Monee School Dist. 201-U	No
<b>Agency</b>	
Not a State Agency	

Contractor and/or Subcontractor

<b>Company Name</b>	<b>Contractor Location</b>
J.L.D.C. Construction, Inc.	4616 138TH ST
<b>Contact Name</b>	CRESTWOOD IL 60418
Robin Wachowski	
<b>Primary Email</b>	<b>Secondary Email</b>
accounts@jldcconstruction.com	accounts@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 School Dist. 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
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

Wachowski, Robin

Jun 06, 2025



Case #: 25-CTP-162873

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>
5/11/2025 to 5/17/2025	1515 W EXCHANGE ST
<b>Contractor Number Or FEIN</b>	CRETE IL 60417
161771813	<b>No Work Report: Yes</b>
<b>Project Number or Name</b>	<b>State Capital Funds</b>
Crete Monee School Dist. 201-U	No
<b>Agency</b>	
Not a State Agency	

Contractor and/or Subcontractor

<b>Company Name</b>	<b>Contractor Location</b>
J.L.D.C. Construction, Inc.	4616 138TH ST
<b>Contact Name</b>	CRESTWOOD IL 60418
Robin Wachowski	
<b>Primary Email</b>	<b>Secondary Email</b>
accounts@jldcconstruction.com	accounts@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 School Dist. 201-U	1515 W EXCHANGE ST
<b>Contact Name</b>	CRETE IL 60417
<b>Primary Phone</b>	<b>Secondary Phone</b>

Employee Details

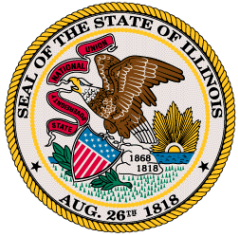
Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber	
G-Gender			V-Veteran			J-Journeyman			F-Foreman			A-Apprentice	
N H L- Not Hispanic or Latino													
H L- Hispanic or Latino													

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
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I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above , all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

Wachowski, Robin  
Jun 06, 2025



Case #: 25-CTP-162886

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>
5/18/2025 to 5/24/2025	1515 W EXCHANGE ST
<b>Contractor Number Or FEIN</b>	CRETE IL 60417
161771813	<b>No Work Report: Yes</b>
<b>Project Number or Name</b>	<b>State Capital Funds</b>
Crete Monee School Dist. 201-U	No
<b>Agency</b>	
Not a State Agency	

Contractor and/or Subcontractor

<b>Company Name</b>	<b>Contractor Location</b>
J.L.D.C. Construction, Inc.	4616 138TH ST
<b>Contact Name</b>	CRESTWOOD IL 60418
Robin Wachowski	
<b>Primary Email</b>	<b>Secondary Email</b>
accounts@jldcconstruction.com	accounts@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 School Dist. 201-U	1515 W EXCHANGE ST
<b>Contact Name</b>	CRETE IL 60417
<b>Primary Phone</b>	<b>Secondary Phone</b>



Employee Details

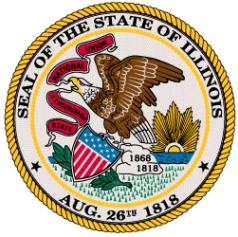
Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber	
G-Gender			V-Veteran			J-Journeyman			F-Foreman			A-Apprentice	
N H L- Not Hispanic or Latino													
H L- Hispanic or Latino													

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

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

Wachowski, Robin

Jun 06, 2025



Case #: 25-CTP-162895

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>
5/25/2025 to 5/31/2025	1515 W EXCHANGE ST
<b>Contractor Number Or FEIN</b>	CRETE IL 60417
161771813	<b>No Work Report: Yes</b>
<b>Project Number or Name</b>	<b>State Capital Funds</b>
Crete Monee School Dist. 201-U	No
<b>Agency</b>	
Not a State Agency	

Contractor and/or Subcontractor

<b>Company Name</b>	<b>Contractor Location</b>
J.L.D.C. Construction, Inc.	4616 138TH ST
<b>Contact Name</b>	CRESTWOOD IL 60418
Robin Wachowski	
<b>Primary Email</b>	<b>Secondary Email</b>
accounts@jldcconstruction.com	accounts@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 School Dist. 201-U	1515 W EXCHANGE ST
<b>Contact Name</b>	CRETE IL 60417
<b>Primary Phone</b>	<b>Secondary Phone</b>

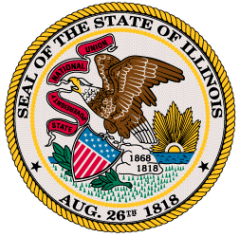
Employee Details												
Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
G-Gender		V-Veteran			J-Journeyman			F-Foreman		A-Apprentice		
N H L- Not Hispanic or Latino												
H L- Hispanic or Latino												

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

Wachowski, Robin

Jun 06, 2025



Case #: 25-CTP-128474

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>
4/28/2025 to 5/4/2025	1515 W EXCHANGE ST
<b>Contractor Number Or FEIN</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
Michael Porter	8378	Foreman	6800 WHISPER GLEN DR	PLAINFIELD IL 60586	White	N H L	M	No	No	Yes	No	6304170968
Raymond Sieloff Jr.	5794	Apprentice	10921 S TROY ST	CHICAGO IL 60655	White	N H L	M	No	No	No	Yes	7087055026

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
Michael Porter	P	8.00	8.00	8.00	0.00	8.00	0.00	0.00	32.00	0.00		62.05	0.00		2575.08	1635.70	
	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	

Pension17.74Health17.75Vacation0.00Training2.13

Raymond Sieloff Jr.P8.008.008.000.008.000.000.0032.000.0029.250.001170.00802.57NP0.000.000.000.000.000.000.000.000.000.000.000.000.000.000.000.00Pension11.99Health10.75Vacation0.00Training1.83

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  
May 08, 2025



Case #: 25-CTP-135977

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>
5/5/2025 to 5/11/2025	1515 W EXCHANGE ST
<b>Contractor Number Or FEIN</b>	CRETE IL 60417
36-4058295	
<b>Project Number or Name</b>	<b>State Capital Funds</b>
Crete-Monee School District 201-U	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
Michael Porter	8378	Foreman	6800 WHISPER GLEN DR	PLAINFIELD IL 60586	White	N H L	M	No	No	Yes	No	6304170968

G-GenderV-VeteranJ-JourneymanF-ForemanA-Apprentice

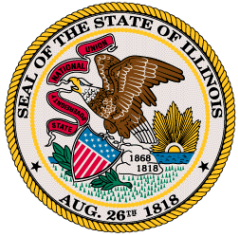
N H L- Not Hispanic or LatinoH L- Hispanic or Latino

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
Michael Porter	P	0.00	8.00	8.00	0.00	0.00	0.00	0.00	16.00	0.00		62.05	0.00		2482.00	1580.68	
	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		17.74		Health		17.75		Vacation		0.00		Training		2.13			

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  
May 15, 2025



Case #: 25-CTP-144286

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>
5/12/2025 to 5/18/2025	1515 W EXCHANGE ST
<b>Contractor Number Or FEIN</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
Michael Porter	8378	Foreman	6800 WHISPER GLEN DR	PLAINFIELD IL 60586	White	N H L	M	No	No	Yes	No	6304170968
Jason Berg	9807	Foreman	5630 171ST PL	TINLEY PARK IL 60477	White	N H L	M	No	No	Yes	No	6308789101

G-GenderV-VeteranJ-JourneymanF-ForemanA-Apprentice

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

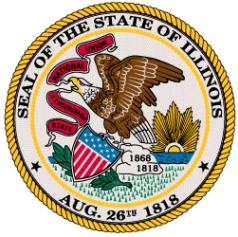
Work Classification

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
Michael Porter	P	0.00	0.00	0.00	8.00	8.00	0.00	0.00	16.00	0.00		62.05	0.00		2482.00	1580.69	
	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		17.74	Health		17.75	Vacation		0.00	Training		2.13						

Jason Berg	P	8.00	0.00	0.00	0.00	0.00	0.00	0.00	8.00	0.00		62.05	0.00		2482.00	1538.06	
	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		17.75	Vacation		0.00	Training		2.13						

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  
May 22, 2025



Case #: 25-CTP-151234

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>
5/19/2025 to 5/25/2025	1515 W EXCHANGE ST
<b>Contractor Number Or FEIN</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
Markus Mallett	2252	Foreman	326 E 56TH ST	CHICAGO IL 60637	Black or African American	N H L	M	No	No	Yes	No	6308781374
Frank Fazio	5828	Journeyman	1703 AUBURN LAKES DR	SHOREWOOD IL 60404	White	N H L	M	No	Yes	No	No	6309473781

G-GenderV-VeteranJ-JourneymanF-ForemanA-Apprentice

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

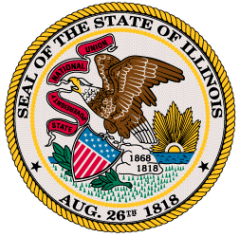
Work Classification

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
Markus Mallett	P	0.00	0.00	0.00	8.00	8.00	0.00	0.00	16.00	0.00		63.05	0.00		1513.20	1031.07	
	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		17.75		Vacation		0.00		Training		2.13			

Frank Fazio	P	0.00	0.00	0.00	0.00	8.00	0.00	0.00	8.00	0.00		58.55	0.00		2342.00	1539.76	
	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	
Pension		17.74		Health		17.75		Vacation		0.00		Training		2.13			

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  
May 29, 2025



Case #: 25-CTP-162846

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>
5/26/2025 to 6/1/2025	1515 W EXCHANGE ST
<b>Contractor Number Or FEIN</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	

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Crete-Monee School District 201-U	690 W EXCHANGE ST
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Markus Mallett	2252	Foreman	326 E 56TH ST	CHICAGO IL 60637	Black or African American	N H L	M	No	No	Yes	No	6308781374
Frank Fazio	1541	Journeyman	1703 AUBURN LAKES DR	SHOREWOOD IL 60404	White	N H L	M	No	Yes	No	No	6309473781
Troy Holte	0484	Journeyman	713 AVALON WAY	MINOOKA IL 60447	White	N H L	M	No	Yes	No	No	8473543114

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
Markus Mallett	P	0.00	8.00	2.00	8.00	8.00	0.00	0.00	26.00	0.00		63.05	0.00		2522.00	1634.81	
	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		17.75	Vacation		0.00	Training		2.13						
Frank Fazio	P	0.00	8.00	0.00	8.00	8.00	0.00	0.00	24.00	0.00		58.55	0.00		1405.20	992.41	
	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		17.74	Health		17.75	Vacation		0.00	Training		2.13						
Troy Holte	P	0.00	8.00	0.00	8.00	8.00	0.00	0.00	24.00	0.00		58.55	0.00		1405.20	1041.93	
	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		17.74	Health		17.75	Vacation		0.00	Training		2.13						

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Tina Coash  
Jun 06, 2025