



January 31, 2026

Draw No.: 4
Invoice No.: 210742-01D
Bear Job No.: 210742-01

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

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

INVOICE

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

Original Contract Amount	\$3,692,611.00
Change Orders Approved to Date	<u>\$0.00</u>
Current Contract Amount	\$3,692,611.00

Work Completed to Date	\$906,930.23
Less: Retainage	(\$90,693.06)
Less: Previously Invoiced	<u>(\$408,253.34)</u>

TOTAL AMOUNT DUE THIS INVOICE

\$407,983.83

Thank you,

BEAR Construction Company

APPLICATION AND CERTIFICATE FOR PAYMENT

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

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

Application No. : 4
Job No.: 210742-01
Invoice No.: 210742-01D
Period To: 1/31/2026

Distribution to :

 Architect
 Contract

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

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

CONTRACTOR'S APPLICATION FOR PAYMENT

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

1. Original Contract Sum	\$3,692,611.00
2. Net Change By Change Order	\$0.00
3. Contract Sum To Date	\$3,692,611.00
4. Total Completed and Stored To Date	\$906,930.23
5. Retainage:	
a. <u>10.00%</u> of Completed Work	\$90,693.06
b. <u>0.00%</u> of Stored Material	\$0.00
Total Retainage	\$90,693.06
6. Total Earned Less Retainage	\$816,237.17
7. Less Previous Certificates For Payments	\$408,253.34
8. Current Payment Due	\$407,983.83
9. Balance To Finish, Plus Retainage	\$2,876,373.83

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

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

CONTRACTOR: Bear Construction Company

By: James S. Wienold Date: 2/4/2026
 James S. Wienold, Chief Executive Officer

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

Subscribed and sworn to before me this
 4th day of **February, 2026**

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 **\$407,983.83**

(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: Lucas Barnett Collins Date: 2/23/2026

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

CONTINUATION SHEET

Application and Certification for Payment,

containing Contractor's signed certification is attached.

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

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

Application No.: 4

Application Date: 01/31/26

Period To: 01/31/26

Invoice #: 210742-01D

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

Architect's Project No.:

A Item No.	B Contractor / Subcontractor Name	C Description of Work	D Scheduled Value	E Work Completed		F Materials Presently Stored (Not in D or E)	G Total Completed & Stored to Date (D+E+F)	H % (G / C)	I Balance To Finish (C-G)	J Retainage
				From Previous Application (D+E)	This Period In Place					
1	Bear Construction Company	Mobilization	36,910.00	4,532.55	4,532.55	0.00	9,065.10	24.56%	27,844.90	906.52
2	Bear Construction Company	General Conditions	708,370.00	90,134.09	83,841.58	0.00	173,975.67	24.56%	534,394.33	17,397.58
3	Bear Construction Company	Payment & Performance Bond	32,830.00	32,830.00	0.00	0.00	32,830.00	100.00%	0.00	3,283.00
4	Bear Construction Company	Insurance	36,926.09	36,926.09	0.00	0.00	36,926.09	100.00%	0.00	3,692.61
5	Bear Construction Company	OH&P	206,955.91	26,945.87	23,882.50	0.00	50,828.37	24.56%	156,127.54	5,082.84
6	Bear Construction Company	Owner Allowance	200,839.00	0.00	0.00	0.00	0.00	0.00%	200,839.00	0.00
7	To Be Determined	Demolition	19,050.00	0.00	0.00	0.00	0.00	0.00%	19,050.00	0.00
8	Concrete By Wagner, Inc.	Concrete	123,105.00	55,370.00	35,272.50	0.00	90,642.50	73.63%	32,462.50	9,064.25
9	Jimmy'Z Masonry	Masonry	163,500.00	26,482.50	10,000.00	0.00	36,482.50	22.31%	127,017.50	3,648.25
10	Mace Iron Works, Inc.	Structural Steel	191,002.00	132,042.00	58,960.00	0.00	191,002.00	100.00%	0.00	19,100.20
11	JP Phillips, Inc.	Rough Carpentry	253,750.00	0.00	0.00	0.00	0.00	0.00%	253,750.00	0.00
12	Heartland Cabinet Supply, Inc	Architectural Woodwork	84,057.00	0.00	5,000.00	0.00	5,000.00	5.95%	79,057.00	500.00
13	Domain Corporation	Roofing	86,200.00	0.00	0.00	0.00	0.00	0.00%	86,200.00	0.00
14	Chicago Doorways, LLC	Doors/Frames/Hardware	43,000.00	0.00	0.00	0.00	0.00	0.00%	43,000.00	0.00
15	United Glass, Inc.	Glass and Glazing	68,533.00	0.00	0.00	0.00	0.00	0.00%	68,533.00	0.00
16	Douglas Floor Covering, Inc.	Flooring	93,500.00	0.00	0.00	0.00	0.00	0.00%	93,500.00	0.00
17	Lankford Construction Co.	Painting and Coating	24,929.00	0.00	0.00	0.00	0.00	0.00%	24,929.00	0.00
18	To Be Determined	Specialties	22,662.06	0.00	0.00	0.00	0.00	0.00%	22,662.06	0.00
19	To Be Determined	Furnishings	2,084.00	0.00	0.00	0.00	0.00	0.00%	2,084.00	0.00
20	S. J. Carlson Fire Protection, Inc.	Fire Suppression	14,809.00	1,599.00	0.00	0.00	1,599.00	10.80%	13,210.00	159.90
21	Warren F. Thomas Plumbing Company	Plumbing	14,565.00	0.00	0.00	0.00	0.00	0.00%	14,565.00	0.00
22	State Mechanical Services, LLC	HVAC	429,000.00	5,135.75	111,641.25	0.00	116,777.00	27.22%	312,223.00	11,677.71
23	Electrical Systems, Inc.	Electrical	519,058.00	0.00	40,435.00	0.00	40,435.00	7.79%	478,623.00	4,043.50

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: 01/31/26

Period To: 01/31/26

Invoice #: 210742-01D

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

Architect's Project No.:

A Item No.	B Contractor / Subcontractor Name	C Description of Work	C Scheduled Value	D Work Completed		E This Period In Place	F Materials Presently Stored (Not in D or E)	G Total Completed & Stored to Date (D+E+F)	H % (G / C)	I Balance To Finish (C-G)	Retainage
				D From Previous Application (D+E)	E This Period In Place						
24	To Be Determined	Communications (Voice/Data)	35,000.00	0.00	0.00	0.00	0.00	0.00%	35,000.00	0.00	
25	To Be Determined	Audio-Video Communications	35,000.00	0.00	0.00	0.00	0.00	0.00%	35,000.00	0.00	
26	Wigboldy Excavating, Inc.	Site Clearing	105,500.00	25,750.00	79,750.00	0.00	105,500.00	100.00%	0.00	10,550.00	
27	Cardinal State, LLC	Planting/Landscaping	116,798.00	0.00	0.00	0.00	0.00	0.00%	116,798.00	0.00	
28	Must Buy Enough Fence, Inc. dba MBE Fence	Temporary Fencing	15,490.00	10,840.00	0.00	0.00	10,840.00	69.98%	4,650.00	1,084.00	
29	Kapur & Associates, Inc.	Survey	2,022.00	2,022.00	0.00	0.00	2,022.00	100.00%	0.00	202.20	
30	Geocon Professional Services, LLC	Third Party Testing	3,005.00	3,005.00	0.00	0.00	3,005.00	100.00%	0.00	300.50	
31	Inpro Corporation	Specialties	4,160.94	0.00	0.00	0.00	0.00	0.00%	4,160.94	0.00	
Grand Totals			3,692,611.00	453,614.85	453,315.38	0.00	906,930.23	24.56%	2,785,680.77	90,693.06	

Sworn Statement for Contractor and Subcontractor To Owner

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

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

Application Date: **1/31/2026**
 Application No.: **4**
 Project No.: **210742-01**
 Invoice No.: **210742-01D**

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

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

Contractor or Vendor	Contract Amount	Work Completed	Total Retained	Previously Requested	Net Amount Requested	Balance To Become Due
Bear Construction Company						
Mobilization	36,910.00	9,065.10	906.52	4,079.29	4,079.29	28,751.42
General Conditions	708,370.00	173,975.67	17,397.58	81,120.67	75,457.42	551,791.91
Payment & Performance Bond	32,830.00	32,830.00	3,283.00	29,547.00	0.00	3,283.00
Insurance	36,926.09	36,926.09	3,692.61	33,233.48	0.00	3,692.61
OH&P	206,955.91	50,828.37	5,082.84	24,251.28	21,494.25	161,210.38
Owner Allowance	200,839.00	0.00	0.00	0.00	0.00	200,839.00
Demolition						
To Be Determined	19,050.00	0.00	0.00	0.00	0.00	19,050.00
Concrete						
Concrete By Wagner, Inc. 13808 High Road Lockport, IL 60441 (815) 838-9218 accounting@concretebywagner.com	123,105.00	90,642.50	9,064.25	49,833.00	31,745.25	41,526.75
Masonry						
Jimmy'Z Masonry 8550 Ridgefield Rd Suite B Crystal Lake, IL 60012 (815) 477-0123 bfaller@jimmyzmasonry.com	163,500.00	36,482.50	3,648.25	23,834.25	9,000.00	130,665.75
Structural Steel						
Mace Iron Works, Inc. P.O. Box 640 Frankfort, IL 60423 (815) 469-2345 andrea@maceiron.com	191,002.00	191,002.00	19,100.20	118,837.80	53,064.00	19,100.20
Rough Carpentry						
JP Phillips, Inc. 3220 N. Wolf Road Franklin Park, IL 60131 (847) 288-0008 bridget@jppconstruction.com	253,750.00	0.00	0.00	0.00	0.00	253,750.00

Sworn Statement for Contractor and Subcontractor To Owner

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

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

Application Date: **1/31/2026**
 Application No.: **4**
 Project No.: **210742-01**
 Invoice No.: **210742-01D**

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

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

Contractor or Vendor	Contract Amount	Work Completed	Total Retained	Previously Requested	Net Amount Requested	Balance To Become Due
Architectural Woodwork						
Heartland Cabinet Supply, Inc 301 Industrial Avenue Crystal Lake, IL 60012 (815) 477-0900 terri@heartlandcabinet.com	84,057.00	5,000.00	500.00	0.00	4,500.00	79,557.00
Roofing						
Domain Corporation 6238 N. Northwest Highway Chicago, IL 60631 (773) 628-0001 admin@domaincorp.com	86,200.00	0.00	0.00	0.00	0.00	86,200.00
Doors/Frames/Hardware						
Chicago Doorways, LLC 219 W. Diversey Avenue Elmhurst, IL 60126 (630) 279-2227 kzedzie@chicagodoorways.com	43,000.00	0.00	0.00	0.00	0.00	43,000.00
Glass and Glazing						
United Glass, Inc. 8340 89th Avenue N Brooklyn Park, MN 55445 (651) 395-4841 bgerth@unitedglassinc.com	68,533.00	0.00	0.00	0.00	0.00	68,533.00
Flooring						
Douglas Floor Covering, Inc. 200 Alder Drive North Aurora, IL 60542 (630) 892-8620 kathy@douglasflooring.com	93,500.00	0.00	0.00	0.00	0.00	93,500.00
Painting and Coating						
Lankford Construction Co. 1455 Karlens Way Johnsburg, IL 60051 (847) 497-0800 kschmidt@lcco.com; dpollard@lcco.com	24,929.00	0.00	0.00	0.00	0.00	24,929.00

Sworn Statement for Contractor and Subcontractor To Owner

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

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

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

Application Date: **1/31/2026**

Application No.: **4**

Project No.: **210742-01**

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

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

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

Contractor or Vendor	Contract Amount	Work Completed	Total Retained	Previously Requested	Net Amount Requested	Balance To Become Due
Specialties						
To Be Determined	22,662.06	0.00	0.00	0.00	0.00	22,662.06
Furnishings						
To Be Determined	2,084.00	0.00	0.00	0.00	0.00	2,084.00
Fire Suppression						
S. J. Carlson Fire Protection, Inc. 4544 Shepherd Trail Rockford, IL 61103 (815) 636-1993 kerriw@sjcarlson.com	14,809.00	1,599.00	159.90	1,439.10	0.00	13,369.90
Plumbing						
Warren F. Thomas Plumbing Company 475 Quadrangle Drive, Suite A Bolingbrook, IL 60440 (630) 435-0636 stefanie@warrenthomasplbg.com	14,565.00	0.00	0.00	0.00	0.00	14,565.00
HVAC						
State Mechanical Services, LLC 535 Exchange Court Aurora, IL 60504 (630) 723-6000 aallen@statemechservices.com	429,000.00	116,777.00	11,677.71	4,622.17	100,477.12	323,900.71
Electrical						
Electrical Systems, Inc. 17335 S. Ashland Avenue East Hazel Crest, IL 60429 (708) 647-1300 dshinkle@esipower.com	519,058.00	40,435.00	4,043.50	0.00	36,391.50	482,666.50

Sworn Statement for Contractor and Subcontractor To Owner

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

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

Application Date: **1/31/2026**
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Project: **Crete Middle School - Addition & Renovations**

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

Contractor or Vendor	Contract Amount	Work Completed	Total Retained	Previously Requested	Net Amount Requested	Balance To Become Due
Communications (Voice/Data)						
To Be Determined	35,000.00	0.00	0.00	0.00	0.00	35,000.00
Audio-Video Communications						
To Be Determined	35,000.00	0.00	0.00	0.00	0.00	35,000.00
Site Clearing						
Wigboldy Excavating, Inc. 13631 S. Kostner Avenue Crestwood, IL 60418 (708) 389-5356 info@wigboldyexcavating.com	105,500.00	105,500.00	10,550.00	23,175.00	71,775.00	10,550.00
Planting/Landscaping						
Cardinal State, LLC 1719 Spring Creek Road Barrington, IL 60010 (630) 320-9257 frankf@cardinalstatellc.com	116,798.00	0.00	0.00	0.00	0.00	116,798.00
Temporary Fencing						
Must Buy Enough Fence, Inc. dba MBE Fence 3S340 Rockwell Street, Unit 101 Warrenville, IL 60555 (708) 223-5700 mbefence@gmail.com	15,490.00	10,840.00	1,084.00	9,756.00	0.00	5,734.00
Survey						
Kapur & Associates, Inc. 7711 N. Port Washing Road Milwaukee, WI 53217 (414) 751-7200 dkropidowski@kapurinc.com	2,022.00	2,022.00	202.20	1,819.80	0.00	202.20

Sworn Statement for Contractor and Subcontractor To Owner

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

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

Application Date: **1/31/2026**
 Application No.: **4**
 Project No.: **210742-01**
 Invoice No.: **210742-01D**

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

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

Contractor or Vendor	Contract Amount	Work Completed	Total Retained	Previously Requested	Net Amount Requested	Balance To Become Due
Third Party Testing						
Geocon Professional Services, LLC 10045 W. Lincoln Highway Frankfort, IL 60423 (815) 806-9986 GPSbilling@geoconcompanies.com	3,005.00	3,005.00	300.50	2,704.50	0.00	300.50
Specialties						
Inpro Corporation PO Box 720 Muskego, WI 53150 (262) 682-5438 peyton.niegocki@inprocorp.com	4,160.94	0.00	0.00	0.00	0.00	4,160.94
Totals	3,692,611.00	906,930.23	90,693.06	408,253.34	407,983.83	2,876,373.83

Amount of Original Contract 3,692,611.00
 Extras to Contract 0.00
 Total Contract and Extras 3,692,611.00
 Credits to Contract 0.00
Adjusted Total Contract 3,692,611.00

Completed & Stored to Date 906,930.23
 Total Retained by Owner 90,693.06
 Net Amount Earned 816,237.17
 Previously Requested 408,253.34
Net Amount Due This Payment 407,983.83

State of Illinois
 County of Cook

The undersigned, James S. Wienold,, being first duly sworn on oath, deposes and says that (s)he is Chief Executive Officer of Bear Construction Company, General Contractor for the entire work for the following project:

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

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

Subscribed and sworn before me this **4th** day of **February, 2026**

Signed for Bear Construction Company:

Notary Public

James S. Wienold, Chief Executive Officer

Date:

February 4, 2026



TRAILING WAIVERS

DRAW 3

State of Illinois }
County of Cook } SS

WAIVER OF LIEN TO DATE

Waiver Not Valid Until Receipt of Payment

Gly # _____
Escrow # _____

TO WHOM IT MAY CONCERN:

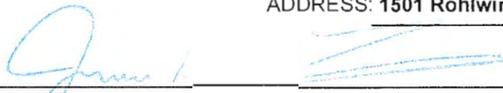
WHEREAS the undersigned has been employed by: Board of Education, Crete-Monee School District #201-U to furnish: General Work - Crete Middle School - Addition & Renovations for the premises known as: 635 Olmstead Lane, University Park, IL of which: Crete-Monee School District 201U is the owner.

The undersigned, for and in consideration of: Four Hundred Seven Thousand Nine Hundred Eighty-Three And 83 / 100 (\$407,983.83) 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: 1/31/2026

COMPANY NAME: Bear Construction Company

ADDRESS: 1501 Rohlwing Road, Rolling Meadows, IL 60008

SIGNATURE AND TITLE: 
James S. Wienold, Chief Executive Officer

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

State of Illinois }
County of Cook } SS

CONTRACTOR'S AFFIDAVIT

TO WHOM IT MAY CONCERN:

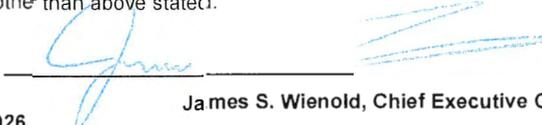
The undersigned, James S. Wienold, being duly sworn, deposes and says that (s)he is Chief Executive Officer of Bear Construction Company who is the contractor furnishing General work on the building located at 635 Olmstead Lane, University Park, IL owned by Crete-Monee School District 201U.

That the total amount of the contract including extras is \$3,692,611.00 on which he has received payment of \$408,253.34 prior to this payment. That all waivers are true, correct and genuine and delivered unconditionally and that there is no claim either legal or equitable to defeat the validity of said waivers. That the following are the names of all parties who have furnished material or labor, or both, for said work and all parties having contracts or sub contracts for specific portions of said work or for material entering into the construction thereof and amount due or to become due to each, and that the items mentioned include all labor and material required to complete said work according to plans and specifications:

NAMES	WHAT FOR	CONTRACT AMOUNT	AMOUNT PAID	THIS PAYMENT	BALANCE DUE
Bear Construction Company	General Work	3,692,611.00	408,253.34	407,983.83	2,876,373.83
Per Attached Sworn Statement					
TOTAL LABOR AND MATERIAL INCLUDING EXTRAS * TO COMPLETE:		3,692,611.00	408,253.34	407,983.83	2,876,373.83

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: 2/4/2026

SIGNATURE: 

James S. Wienold, Chief Executive Officer

Subscribed and Sworn to me before me this 4th day of February, 2026





Notary Public

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

WAIVER OF LIEN TO DATE

STATE OF IL
COUNTY OF McHenry

} SS

Gty # _____

Escrow # _____

TO WHOM IT MAY CONCERN:

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

THE undersigned, for and in consideration of Eighteen Thousand, Three Hundred Fifty Five Dollars & 50/100
(\$ 18,355.50) Dollars, and other good and valuable considerations, the receipt whereof is hereby acknowledged,
do(es) hereby waive and release any and all lien or claim of, or right to, lien, under the statutes of the State of IL,
relating to mechanics' liens, with respect to and on said above-described premises, and the improvements thereon, and on
the material, fixtures, apparatus or machinery furnished, and on the moneys, funds or other considerations due or to become
due from the owner, on account of all labor services, material, fixtures, apparatus or machinery, furnished to this date by the
undersigned for the above-described premises, INCLUDING EXTRAS.*

DATE January 7, 2026 COMPANY NAME Jimmy'Z Masonry Corporation
ADDRESS 8550 Ridgefield Rd., Ste. B, Crystal Lake, IL 60012

SIGNATURE AND TITLE [Signature]
* Extras include but are not limited to change orders, both oral and written, to the contract.

STATE OF IL
COUNTY OF McHenry

} SS

CONTRACTOR'S AFFIDAVIT

TO WHOM IT MAY CONCERN:

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

That the total amount of the contract including extras* is \$ 163,500.00 on which he has received payment of
\$ 5,478.75 prior to this payment.

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

NAMES AND ADDRESSES	WHAT FOR	CONTRACT PRICE INCLUDING EXTRAS*	AMOUNT PAID	THIS PAYMENT	BALANCE DUE
Jimmy'Z Masonry Corp	Masonry	136,500.00	5,478.75	18,355.50	112,665.75
Northfield Block	CMU	13,000.00	0.00		13,000.00
Brickworks Supply	Brick	14,000.00	0.00		14,000.00

All labor, fringes and materials have been paid. Materials are from prepaid stock and delivered to site in company owned vehicles.					
Total Labor And Material Including Extras* To Complete		163,500.00	5,478.75	18,355.50	139,665.75

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

DATE January 7, 2026 Signature: [Signature]
Subscribed and sworn before me this 7th day of January, 2026

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

WAIVER OF LIEN TO DATE

STATE OF ILLINOIS
COUNTY OF WILL

Gty # _____
Escrow# _____

TO WHOM IT MAY CONCERN:

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

THE undersigned for and in consideration of One-Hundred & Eighteen-Thousand & Eight-Hundred & Thirty Seven & 80/100
(\$ 118,837.80) Dollars, and other good and valuable considerations, the receipt whereof is hereby acknowledged, do(es)
hereby waive and release any and all lien or claim of, or right to, lien, under the statutes of the State of Illinois, relating to mechanics' liens,
with respect to and on said above-described premises, and the improvements thereon, and on the material, fixtures, apparatus or machinery.
furnished, and on the moneys, funds or other considerations due or to become due from the owner, on account of all labor, services, materials,
fixtures, apparatus or machinery, furnished to this day by undersigned for the above-described premises, INCLUDING EXTRAS.*

DATE: December 30, 2025 COMPANY NAME Mace Iron Works, Inc.
ADDRESS 221 Industry Ave., Frankfort, IL 60423

SIGNATURE AND TITLE C.J. Macewicz, Jr. C.J. Macewicz, Jr. - President

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

CONTRACTOR'S AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF WILL

TO WHOM IT MAY CONCERN:

THE UNDERSIGNED, (NAME) C.J. Macewicz, Jr. BEING DULY SWORN, DEPOSES
AND SAYS THAT HE OR SHE IS (POSITION) President OF
(COMPANY NAME) Mace Iron Works, Inc. WHO IS THE
CONTRACTOR FURNISHING Structural Steel
LOCATED AT 635 Olmstead Lane
OWNED BY Crete-Monee School District 201U

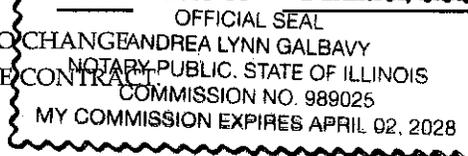
That the total amount of the contract including extra's is \$ 180,042.00 on which he or she has received payment of
\$ 0.00 prior to this payment. That all waivers are true, correct and genuine and delivered unconditionally and that
there is no claim either legal or equitable to defeat the validity of said waivers. That the following are names and addresses of all parties who
have furnished materials or labor, or both, for said work and all parties having contracts or sub contracts for specified portions of said work or
for material entering into the construction thereof and the amount due or to become due to each, and that the items mentioned include all
labor and material required to complete said work accoring to plans and specifications:

NAME AND ADDRESSES	WHAT FOR	CONTRACT PRICES INCLDG EXTRAS*	AMOUNT PAID	THIS PAYMENT	BALANCE DUE
Mace Iron Works, Inc.	Structural Steel	\$100,375.00	\$0.00	\$71,870.80	\$28,504.20
Mace Iron Works, Inc.	Drawings	\$6,400.00	\$0.00	\$6,400.00	\$0.00
Elite Ironworks	Erection	\$73,267.00	\$0.00	\$40,567.00	\$32,700.00
					\$0.00
					\$0.00
TOTAL LABOR AND MATERIAL INCLUDING EXTRAS* TO COMPLETE		\$180,042.00	\$0.00	\$118,837.80	\$61,204.20

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

DATE: December 30, 2025 SIGNATURE: C.J. Macewicz, Jr. C.J. Macewicz, Jr. - President

SUBSCRIBED AND SWORN TO BEFORE ME THIS 50th DAY OF December, 2025.



Andrea Lynn Galbavy
Andrea Lynn Galbavy - Notary

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

The parties acknowledge that Mace Iron Works, Inc. is accepting payment without waiving any rights or defenses that Mace Iron Works, Inc. has relating to payment due for the work performed on the job listed

WAIVER OF LIEN TO DATE

STATE OF ILLINOIS
COUNTY OF WILL

Gty # _____
Escrow# _____

TO WHOM IT MAY CONCERN:

WHEREAS the undersigned has been employed by Mace Iron Works Inc.
to furnish Install

for the premises known as Crete Middle School - Addition & Renovations
of which Crete-Monee School District 201U is the owner

THE undersigned for and in consideration of Forty Thousand Five Hundred Sixty Seven and 00 Cents
(\$ 40,567.00) Dollars, and other good and valuable considerations, the receipt whereof is hereby acknowledged, do(es)
hereby waive and release any and all lien or claim of, or right to, lien, under the statutes of the State of Illinois, relating to mechanics' liens,
with respect to and on said above-described premises, and the improvements thereon, and on the material, fixtures, apparatus or machinery.
furnished, and on the moneys, funds or other considerations due or to become due from the owner, on account of all labor, services, materials,
fixtures, apparatus or machinery, furnished to this day by undersigned for the above-described premises, INCLUDING EXTRAS.*

DATE: December 30, 2025 COMPANY NAME Elite Ironworks Inc.

ADDRESS 22809 Mustang Rd St. A, Frankfort, IL 60423

SIGNATURE AND TITLE [Signature] Vice President

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

CONTRACTOR'S AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF WILL

TO WHOM IT MAY CONCERN:

THE UNDERSIGNED, (NAME) Darren Enselman BEING DULY SWORN, DEPOSES
AND SAYS THAT HE OR SHE IS (POSITION) Vice President OF
(COMPANY NAME) Elite Ironworks Inc. WHO IS THE
CONTRACTOR FURNISHING Install

LOCATED AT 635 Olmsted Ln University Park IL 60484

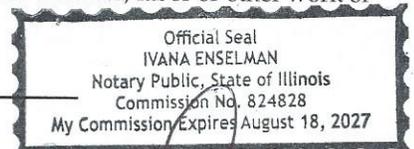
OWNED BY Crete-Monee School District 201U

That the total amount of the contract including extra's is \$ 73,267.00 on which he or she has received payment of
\$ 0.00 prior to this payment. That all waivers are true, correct and genuine and delivered unconditionally and that
there is no claim either legal or equitable to defeat the validity of said waivers. That the following are names and addresses of all parties who
have furnished materials or labor, or both, for said work and all parties having contracts or sub contracts for specified portions of said work or
for material entering into the construction thereof and the amount due or to become due to each, and that the items mentioned include all
labor and material required to complete said work accoring to plans and specifications:

NAME AND ADDRESSES	WHAT FOR	CONTRACT PRICES INCLDNG EXTRAS*	AMOUNT PAID	THIS PAYMENT	BALANCE DUE
Elite Ironworks Inc, 22809 Mustang, St. A, Frankfort, IL 60423	Installation	\$73,267.00	\$0.00	\$40,567.00	\$32,700.00
TOTAL LABOR AND MATERIAL INCLUDING EXTRAS* TO COMPLETE		\$73,267.00	\$0.00	\$40,567.00	\$32,700.00

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

DATE: December 30, 2025 SIGNATURE: [Signature]
SUBSCRIBED AND SWORN TO BEFORE ME THIS 30th DAY OF December, 2025



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

[Signature]

WAIVER OF LIEN TO DATE

STATE OF ILLINOIS

QTY #

SMS 25062

LOAN #

BC 210742-01

COUNTY OF DUPAGE

TO WHOM IT MAY CONCERN:

WHEREAS the undersigned has been employed by

Bear Construction

To furnish

HVAC for Crete Middle School - Addition & Renovations

For the premises known as

635 Olmstead Lane

Of which

Crete-Monee School District 201U

is the owner.

The undersigned, for and in consideration of

Four Thousand Six Hundred Twenty Two Dollars and 17 Cents

\$4,622.17

Dollars, and other good and valuable consideration, the receipt where of is hereby acknowledged, do(es) hereby waive and release any and all lien or claim of, or right to, lien, under the statutes of the State of Illinois, relating to mechanics liens', with respect to and on said above-described premises, and the improvements thereon, and on the material, fixtures, apparatus or machinery furnished, and on the moneys, fund or other considerations due or to become due from the owner, on account of labor, services, material, fixture, apparatus or machinery, furnished to this date by the undersigned for the aboved-described premises, INCLUDING EXTRAS.*

Given under My hand Signed and seal on this 31st Day of December, 2025

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

Signature and Seal: [Signature]
Eva Chmielewska | Controller

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

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

STATE OF ILLINOIS

CONTRACTOR'S AFFIDAVIT

COUNTY OF DUPAGE

TO WHOM IT MAY CONCERN:

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

Eva Chmielewska

Controller

of the

State Mechanical Services

Who is the contractor for the

HVAC for Crete Middle School - Addition & Renovations

work on the

Building Located at

635 Olmstead Lane, University Park, IL 60484

Owned by

Crete-Monee School District 201U

That the total amount of the contract including extras is

\$

429,000.00

on which he has received payment of

\$0.00

prior to this payment. That all waivers are true, correct and genuine and delivered unconditionally and

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

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

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

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

TOTAL LABOR AND MATERIAL TO COMPLETE \$ 429,000.00 \$ - \$ 4,622.17 \$ 424,377.83

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

Signed This 11th day of February, 2026

Signature

Eva Chmielewska | Controller

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

Subscribed and sworn to before me this

11th

day of

February

2026

[Signature]

NOTARY PUBLIC



TRAILING CERTIFIED PAYROLL

Draw 3



Case #: 25-CTP-430148

Illinois Department of Labor

160 N. LaSalle St Suite1300
Chicago, IL 60601

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

CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date	Project Location
11/29/2025 to 12/5/2025	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
36-3351654	
Project Number or Name	State Capital Funds
210742-01 Crete Middle School Addition & Renovations	No
Agency	
Education, Board of	

Contractor and/or Subcontractor

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

Public Body Information

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

Employee Details

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

G-Gender

V-Veteran

J-Journeyman

F-Foreman

A-Apprentice

N H L- Not Hispanic or Latino

H L- Hispanic or Latino

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
GILBERT HENSON	P	8.00	8.00	8.00	8.00	8.00	0.00	0.00	40.00	0.00		74.27	0.00		2971.15	2180.75	
	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	

Pension 0.00 Health 0.00 Vacation 0.00 Training 0.00

Hourly Other Ins 0.00 15AddOT 0.00 20AddOT 0.00

Dennis Panozzo	P	8.00	8.00	8.00	8.00	8.00	0.00	0.00	40.00	0.00		51.40	0.00		2056.00	1442.04	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	

Pension 0.00 Health 0.00 Vacation 0.00 Training 0.00

Hourly Other Ins 0.00 15AddOT 0.00 20AddOT 0.00

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

SUSAN RHODES

Dec 11, 2025



Case #: 25-CTP-439800

Illinois Department of Labor

160 N. LaSalle St Suite1300
Chicago, IL 60601

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

CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date	Project Location
12/6/2025 to 12/12/2025	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
36-3351654	
Project Number or Name	State Capital Funds
210742-01 Crete Middle School Addition & Renovations	No
Agency	
Education, Board of	

Contractor and/or Subcontractor

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

Public Body Information

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

Employee Details

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

G-Gender

V-Veteran

J-Journeyman

F-Foreman

A-Apprentice

N H L- Not Hispanic or Latino

H L- Hispanic or Latino

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
GILBERT HENSON	P	8.00	8.00	8.00	8.00	8.00	0.00	0.00	40.00	0.00		74.27	0.00		4971.15	3494.23	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	

Pension 0.00 Health 0.00 Vacation 0.00 Training 0.00

Hourly Other Ins 0.00 15AddOT 0.00 20AddOT 0.00

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

SUSAN RHODES

Dec 18, 2025



Case #: 26-CTP-026316

Illinois Department of Labor

160 N. LaSalle St Suite1300
Chicago, IL 60601

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

CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date	Project Location
12/13/2025 to 12/19/2025	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
36-3351654	
Project Number or Name	State Capital Funds
210742-01 Crete Middle School Addition & Renovations	No
Agency	
Education, Board of	

Contractor and/or Subcontractor

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

Public Body Information

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

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Terrance Cole	7793	LABORER JOURNEYMAN---	1221 S INDEPENDENCE BLVD	CHICAGO IL 60623	Other	N H L	M	No	No	No	No	7738640164
GILBERT HENSON	2256	CONSTRUCTION SITE MANAGER---	15130 COLINA AVE	OAK FOREST IL 60452	Hispanic or Latino	H L	M	No	No	No	No	7085527207
Sergio Nunez	9092	LABORER APPRENTICE YEAR 1---	404 HIGHMOOR DR	ROUND LAKE PARK IL 60073	Hispanic or Latino	H L	M	No	No	No	No	2244215767
Dennis Panozzo	0222	LABORER JOURNEYMAN---	1336 CANTERBURY CT	DYER IN 46311	White	N H L	M	No	No	No	No	7082621427
George Vendel III	9469	LABORER JOURNEYMAN---	5206 S TRUMBULL AVE	CHICAGO IL 60632	White	N H L	M	No	No	No	No	7737332358

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
Terrance Cole	P	0.00	0.00	0.00	0.00	8.00	0.00	0.00	8.00	0.00		51.40	0.00		2261.60	1342.84	
	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											

GILBERT HENSON	P	8.00	8.00	8.00	8.00	8.00	0.00	0.00	40.00	0.00		74.27	0.00		2971.15	2186.22	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
		Pension 0.00		Health 0.00		Vacation 0.00		Training 0.00									
		Hourly Other Ins 0.00		15AddOT 0.00		20AddOT 0.00											

Sergio Nunez	P	0.00	0.00	0.00	0.00	8.00	0.00	0.00	8.00	0.00		46.26	0.00		1110.24	867.86	
	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 0.00		Health 0.00		Vacation 0.00		Training 0.00									
		Hourly Other Ins 0.00		15AddOT 0.00		20AddOT 0.00											

Dennis Panozzo	P	8.00	8.00	0.00	0.00	8.00	0.00	0.00	24.00	0.00		51.40	0.00		1233.60	935.03	
	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					
		Hourly Other Ins	0.00	15AddOT	0.00	20AddOT	0.00										

George Vendel III	P	0.00	0.00	0.00	0.00	8.00	0.00	0.00	8.00	0.00		51.40	0.00		1233.60	909.35	
	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

Jan 23, 2026



Case #: 26-CTP-026329

Illinois Department of Labor

160 N. LaSalle St Suite1300
Chicago, IL 60601

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

CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date	Project Location
12/20/2025 to 12/26/2025	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
36-3351654	
Project Number or Name	State Capital Funds
210742-01 Crete Middle School Addition & Renovations	No
Agency	
Education, Board of	

Contractor and/or Subcontractor

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

Public Body Information

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

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Terrance Cole	7793	LABORER JOURNEYMAN---	1221 S INDEPENDENCE BLVD	CHICAGO IL 60623	Other	N H L	M	No	No	No	No	7738640164
GILBERT HENSON	2256	CONSTRUCTION SITE MANAGER---	15130 COLINA AVE	OAK FOREST IL 60452	Hispanic or Latino	H L	M	No	No	No	No	7085527207
Sergio Nunez	9092	LABORER APPRENTICE YEAR 1---	404 HIGHMOOR DR	ROUND LAKE PARK IL 60073	Hispanic or Latino	H L	M	No	No	No	No	2244215767
Dennis Panozzo	0222	LABORER JOURNEYMAN---	1336 CANTERBURY CT	DYER IN 46311	White	N H L	M	No	No	No	No	7082621427
George Vendel III	9469	LABORER JOURNEYMAN---	5206 S TRUMBULL AVE	CHICAGO IL 60632	White	N H L	M	No	No	No	No	7737332358

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
Terrance Cole	P	0.00	0.00	0.00	0.00	0.00	8.00	0.00	0.00	8.00	8.00	0.00	77.10	102.80	1850.40	1089.34	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	8.00	0.00	0.00		0.00	0.00		0.00	0.00	
		Pension 0.00		Health 0.00		Vacation 0.00		Training 0.00									
		Hourly Other Ins 0.00		15AddOT 0.00		20AddOT 0.00											

GILBERT HENSON	P	8.00	8.00	8.00	0.00	0.00	0.00	0.00	32.00	0.00		74.27	0.00		2971.15	2186.23	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
		Pension 0.00		Health 0.00		Vacation 0.00		Training 0.00									
		Hourly Other Ins 0.00		15AddOT 0.00		20AddOT 0.00											

Sergio Nunez	P	0.00	0.00	0.00	0.00	0.00	8.00	8.00	0.00	8.00	8.00	0.00	69.39	92.52	1295.28	1000.45	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
		Pension 0.00		Health 0.00		Vacation 0.00		Training 0.00									
		Hourly Other Ins 0.00		15AddOT 0.00		20AddOT 0.00											

Dennis Panozzo	P	0.00	8.00	8.00	0.00	8.00	8.00	8.00	32.00	8.00	8.00	51.40	77.10	102.80	3084.00	2057.80	
	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	
	Pension	0.00		Health	0.00		Vacation	0.00		Training	0.00						
	Hourly Other Ins	0.00	15AddOT	0.00		20AddOT	0.00										

George Vendel III	P	0.00	0.00	0.00	0.00	0.00	8.00	8.00	0.00	8.00	8.00	0.00	77.10	102.80	1850.40	1289.61	
	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

Jan 23, 2026

Confirmation

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

Certified Transaction of payroll has been submitted. The case number for this submission is 25-CTP-432771. Click [here](#) to download a copy for your records.

Create Another Payroll

Payroll #4
we 12/2/25



Case #: 25-CTP-432771

Illinois Department of Labor

160 N. LaSalle St Suite1300
Chicago, IL 60601

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

CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date	Project Location
11/26/2025 to 12/2/2025	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
36-3086311	No Work Report: Yes
Project Number or Name	State Capital Funds
Crete Middle School	No
Agency	
Education, Board of	

Contractor and/or Subcontractor

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

Public Body Information

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

Employee Details

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

G-Gender

V-Veteran

J-Journeyman

F-Foreman

A-Apprentice

N H L- Not Hispanic or Latino

H L- Hispanic or Latino

Work Classification

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

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

Robert Wagner

Dec 12, 2025



U.S. Wage and Hour Division

Rev. Dec. 2008

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

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

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

U.S. Department of Labor
Wage and Hour Division

NAME OF CONTRACTOR OR SUBCONTRACTOR
Concrete By Wagner, Inc.

ADDRESS 13808 High Road
Lockport, IL 60441

PAYROLL NO. 4 FOR WEEK ENDING 12/02/2025 PROJECT AND LOCATION 1766-Crete Middle School PROJECT OR CONTRACT NO.

(1) Name and Individual Identifying number (e.g. last four digits of Social Security number) of worker	(2) # of W/H Exmp	(3) Work Classification	(4) DAY AND DATE							(5) Total Hours	(6) Rate of Pay	(7) Gross Amount Earned	(8) DEDUCTIONS			(9) Net Wages Paid For Week
			WED 11/26	THU 11/27	FRI 11/28	SAT 11/29	SUN 11/30	TUE 12/01	TUE 12/02				FICA	Fed W/H Tax	State & Local W/H Tax	
No Work This Period																

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

Public Burden Statement

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

Date 12/04/25

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

do hereby state:

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

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

26th day of November, 2025, and ending the 2nd day of December 2025,
all persons employed on said project have been paid the full weekly wages earned, that no rebates have
been or will be made either directly or indirectly to or on behalf of said

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

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

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

(c) EXCEPTIONS

EXCEPTION (CRAFT) EXPLANATION

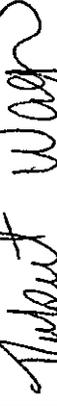
EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE

Robert Wagner
President

SIGNATURE



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

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

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

(4) That:

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

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

Confirmation

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

Certified Transaction of payroll has been submitted. The case number for this submission is 25-CTP-442555. Click [here](#) to download a copy for your records.

Create Another Payroll

Payroll #5
w/e 12/9/25



Case #: 25-CTP-442555

Illinois Department of Labor

160 N. LaSalle St Suite1300
Chicago, IL 60601

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

CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date	Project Location
12/3/2025 to 12/9/2025	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
36-3086311	No Work Report: Yes
Project Number or Name	State Capital Funds
Crete Middle School	No
Agency	
Education, Board of	

Contractor and/or Subcontractor

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

Public Body Information

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

Employee Details

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

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

Work Classification

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

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

Robert Wagner
 Dec 22, 2025



U.S. Department of Labor
Wage and Hour Division

PAYROLL

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

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

NAME OF CONTRACTOR OR SUBCONTRACTOR
 Concrete By Wagner, Inc.
 PAYROLL NO. 5

ADDRESS 13808 High Road
 Lockport, IL 60441

PROJECT AND LOCATION 1766-Crete Middle School

FOR WEEK ENDING 12/09/2025

PROJECT OR CONTRACT NO.

OMB No.: 1235-0008
 Expires: 09/30/2026
 Rev. Dec. 2008

(1) Name and Individual Identifying number (e.g. last four digits of Social Security number) of worker	(2) # of W/H Exmp	(3) Work Classification	(4) DAY AND DATE	(5) Total Hours	(6) Rate of Pay	(7) Gross Amount Earned	(8) DEDUCTIONS				(9) Net Wages Paid For Week																
							FICA	Fed W/H Tax	State & Local W/H Tax	Union Deduc- tions		Other	Total Deductions														
<table border="1"> <tr> <td>WED</td> <td>THU</td> <td>FRI</td> <td>SAT</td> <td>SUN</td> <td>MON</td> <td>TUE</td> </tr> <tr> <td>12/03</td> <td>12/04</td> <td>12/05</td> <td>12/06</td> <td>12/07</td> <td>12/08</td> <td>12/09</td> </tr> </table>				WED	THU	FRI	SAT	SUN	MON	TUE	12/03	12/04	12/05	12/06	12/07	12/08	12/09	<p style="text-align: center;">No Work This Period</p>									
WED	THU	FRI	SAT	SUN	MON	TUE																					
12/03	12/04	12/05	12/06	12/07	12/08	12/09																					

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

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

Public Burden Statement

Confirmation

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

Certified Transaction of payroll has been submitted. The case number for this submission is 25-CTP-444879. Click [here](#) to download a copy for your records.

Create Another Payroll

Payroll #6

W/E 12/16/25



Case #: 25-CTP-444879

Illinois Department of Labor

160 N. LaSalle St Suite1300
Chicago, IL 60601

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

CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date	Project Location
12/10/2025 to 12/16/2025	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
36-3086311	No Work Report: Yes
Project Number or Name	State Capital Funds
Crete Middle School	No
Agency	
Education, Board of	

Contractor and/or Subcontractor

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

Public Body Information

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

Employee Details

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

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	Dbt Tim Wage	Gross	Net	No Work
------	-----	-----	-----	-----	-----	-----	-----	--------------	------------	-------------	-------------	--------------	--------------	-------	-----	---------

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

Robert Wagner

Dec 24, 2025

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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



Rev. Dec. 2008

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

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

PAYROLL NO. 6
 FOR WEEK ENDING 12/16/2025
 PROJECT AND LOCATION 1766-Crete Middle School
 PROJECT OR CONTRACT NO.

(1) Name and Individual Identifying number (e.g. last four digits of Social Security number) of worker	(2) # of W/H Exmp	(3) Work Classification	(4) DAY AND DATE	(5) Total Hours	(6) Rate of Pay	(7) Gross Amount Earned	(8) DEDUCTIONS				(9) Net Wages Paid For Week	
							FICA	Fed W/H Tax	State & Local W/H Tax	Union Deduc- tions		Other
(4) DAY AND DATE												
WED THU FRI SAT SUN MON TUE												
12/10 12/11 12/12 12/13 12/14 12/15 12/16												
HOURS WORKED EACH DAY												
No Work This Period												

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

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

Date 12/18/25

I, Robert Wagner, President

(Name of signatory party) (Title)

do hereby state:

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

Concrete By Wagner, Inc. on the

(Contractor or Subcontractor)

Crete Middle School; that during the payroll period commencing on the

(Building or Work)

10th day of December, 2025, and ending the 16th day of December 2025,

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

Concrete By Wagner, Inc. from the full

(Contractor or Subcontractor)

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

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

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

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

(4) That:

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

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

SIGNATURE

NAME AND TITLE
Robert Wagner
President

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

Confirmation

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

Certified Transaction of payroll has been submitted. The case number for this submission is 25-CTP-449669. Click [here](#) to download a copy for your records.

Create Another Payroll

Payroll #7
W/E 12/23/25



Case #: 25-CTP-449669

Illinois Department of Labor

160 N. LaSalle St Suite1300
Chicago, IL 60601

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

CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date	Project Location
12/17/2025 to 12/23/2025	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
36-3086311	No Work Report: Yes
Project Number or Name	State Capital Funds
Crete Middle School	No
Agency	
Education, Board of	

Contractor and/or Subcontractor

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

Public Body Information

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

Employee Details

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

N H L- Not Hispanic or Latino

H L- Hispanic or Latino

Work Classification

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

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

Robert Wagner

Dec 31, 2025



U.S. Department of Labor
Wage and Hour Division

PAYROLL

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

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

Rev. Dec. 2008

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

PAYROLL NO. 7
 FOR WEEK ENDING 12/23/2025
 PROJECT AND LOCATION 1766-Crete Middle School
 PROJECT OR CONTRACT NO.

(1) Name and Individual Identifying number (e.g. last four digits of Social Security number) of worker	(2) # of W/H Exmp	(3) Work Classification	(4) DAY AND DATE	(5) Total Hours							(6) Rate of Pay	(7) Gross Amount Earned	(8) DEDUCTIONS				(9) Net Wages Paid For Week
				WED 12/17	THU 12/18	FRI 12/19	SAT 12/20	SUN 12/21	MON 12/22	TUE 12/23			FICA	Fed W/H Tax	State & Local W/H Tax	Union Deduc- tions	
			No Work This Period														

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

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

Public Burden Statement

Date 12/29/25

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

do hereby state:

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

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

17th day of December, 2025, and ending the 23rd day of December 2025,
all persons employed on said project have been paid the full weekly wages earned, that no rebates have
been or will be made either directly or indirectly to or on behalf of said

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

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

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

(c) EXCEPTIONS

EXCEPTION (CRAFT) EXPLANATION

REMARKS:

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

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

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

SIGNATURE

NAME AND TITLE
Robert Wagner
President



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

Confirmation

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

Certified Transaction of payroll has been submitted. The case number for this submission is 26-CTP-004161. Click [here](#) to download a copy for your records.

Create Another Payroll

Payroll #8
W/E 12/30/25



Case #: 26-CTP-004161

Illinois Department of Labor

160 N. LaSalle St Suite1300
Chicago, IL 60601

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

CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date	Project Location
12/24/2025 to 12/30/2025	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
36-3086311	No Work Report: Yes
Project Number or Name	State Capital Funds
Crete Middle School	No
Agency	
Education, Board of	

Contractor and/or Subcontractor

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

Public Body Information

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



U.S. Department of Labor
Wage and Hour Division

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

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

Rev. Dec. 2008

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

PAYROLL NO. 8
 FOR WEEK ENDING 12/30/2025
 PROJECT AND LOCATION 1766-Crete Middle School
 PROJECT OR CONTRACT NO.

(1) Name and Individual Identifying number (e.g. last four digits of Social Security number) of worker	(2) # of W/H Emp	(3) Work Classification	(4) DAY AND DATE	(5) Total Hours	(6) Rate of Pay	(7) Gross Amount Earned	(8) DEDUCTIONS				(9) Net Wages Paid For Week	
							FICA	Fed W/H Tax	State & Local W/H Tax	Union Deduc- tions		Other
(4) DAY AND DATE												
				WED THU FRI SAT SUN MON TUE								
				12/24 12/25 12/26 12/27 12/28 12/29 12/30								
				HOURS WORKED EACH DAY								
No Work This Period												

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

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

Public Burden Statement

Date 12/31/25

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

do hereby state:

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

Concrete By Wagner, Inc. on the _____

(Contractor or Subcontractor)

Crete Middle School; that during the payroll period commencing on the _____

(Building or Work)

24th day of December, 2025, and ending the 30th day of December, 2025,

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

Concrete By Wagner, Inc. from the full _____

(Contractor or Subcontractor)

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

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

(c) EXCEPTIONS

EXPLANATION

EXCEPTION (CRAFT)

REMARKS:

(4) That:

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

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

SIGNATURE

NAME AND TITLE

Robert Wagner
President

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



Case #: 26-CTP-009802

Illinois Department of Labor

160 N. LaSalle St Suite1300
Chicago, IL 60601

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

CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date	Project Location
12/1/2025 to 12/7/2025	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
36-3796352	
Project Number or Name	State Capital Funds
Crete Middle School - Addition & Renovations	Yes
Agency	
Education, Board of	

Contractor and/or Subcontractor

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

Public Body Information

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

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Rafael Garcia Pavon Chavez	4744	Bricklayer-ALL-BLD-	217 GAYLE CT	STREAMWOOD IL 60107	hispanic or latino	H L	m	No	No	Yes	No	6303648743
Efrain Valdez	5453	Bricklayer-ALL-BLD-	423 LORRAINE ST	GLEN ELLYN IL 60137	hispanic or latino	H L	m	No	Yes	No	No	6307099567
Alejandro Toledo	3790	Laborer-ALL-ALL-	3720 W 61ST PL	CHICAGO IL 60629	hispanic or latino	H L	m	No	Yes	No	No	7737102273

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
Rafael Garcia Pavon Chavez	P	8.00	8.00	8.00	8.00	0.00	0.00	0.00	32.00	0.00	0.00	58.37	0.00	0.00	1867.84	1686.73	
	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

Efrain Valdez	P	0.00	8.00	8.00	8.00	0.00	0.00	0.00	24.00	0.00	0.00	53.06	0.00	0.00	1273.44	1378.64	
	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 26.26 Health 12.95 Vacation 0.00 Training 1.57
 Hourly Other Ins 0.00 15AddOT 4.23 20AddOT 8.45

Alejandro Toledo	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	1551.53	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	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

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

Jan 10, 2026



Case #: 26-CTP-009803

Illinois Department of Labor

160 N. LaSalle St Suite1300
Chicago, IL 60601

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

CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date	Project Location
12/8/2025 to 12/14/2025	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
36-3796352	No Work Report: Yes
Project Number or Name	State Capital Funds
Crete Middle School - Addition & Renovations	Yes
Agency	
Education, Board of	

Contractor and/or Subcontractor

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

Public Body Information

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

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
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G-Gender

V-Veteran

J-Journeyman

F-Foreman

A-Apprentice

N H L- Not Hispanic or Latino

H L- Hispanic or Latino

Work Classification

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

Rebecca L Faller

Jan 10, 2026



Case #: 26-CTP-009804

Illinois Department of Labor

160 N. LaSalle St Suite1300
Chicago, IL 60601

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CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date	Project Location
12/15/2025 to 12/21/2025	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
36-3796352	No Work Report: Yes
Project Number or Name	State Capital Funds
Crete Middle School - Addition & Renovations	Yes
Agency	
Education, Board of	

Contractor and/or Subcontractor

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

Public Body Information

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

Employee Details

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

G-Gender

V-Veteran

J-Journeyman

F-Foreman

A-Apprentice

N H L- Not Hispanic or Latino

H L- Hispanic or Latino

Work Classification

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

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

Rebecca L Faller

Jan 10, 2026



Case #: 26-CTP-009805

Illinois Department of Labor

160 N. LaSalle St Suite1300
Chicago, IL 60601

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CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date	Project Location
12/22/2025 to 12/28/2025	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
36-3796352	No Work Report: Yes
Project Number or Name	State Capital Funds
Crete Middle School - Addition & Renovations	Yes
Agency	
Education, Board of	

Contractor and/or Subcontractor

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

Public Body Information

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

Employee Details

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

G-Gender

V-Veteran

J-Journeyman

F-Foreman

A-Apprentice

N H L- Not Hispanic or Latino

H L- Hispanic or Latino

Work Classification

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

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

Rebecca L Faller

Jan 10, 2026



Case #: 26-CTP-003562

Illinois Department of Labor

160 N. LaSalle St Suite1300
Chicago, IL 60601

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

CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date	Project Location
12/21/2025 to 12/27/2025	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
271348270	
Project Number or Name	State Capital Funds
Crete Middle School – Addition & Renovations	No
Agency	
Education, Board of	

Contractor and/or Subcontractor

Company Name	Contractor Location
Elite ironworks inc	22809 S MUSTANG RD STE A
Contact Name	FRANKFORT IL 60423
ivana enselman	
Primary Email	Secondary Email
ivana@eliteironinc.com	sarahm@bearcc.com
Primary Phone	Secondary Phone
6308702340	6308702340

Public Body Information

Public Body Name	Public Body Address
Crete-Monee School District 201U	635 OLMSTEAD LN
Contact Name	UNIVERSITY PARK IL 60484
Primary Phone	Secondary Phone

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
James Boshold	9684	Foreman Ironworker- --	2041 N 76TH AVE	ELMWOOD D PARK IL 60707	White	N H L	M	No	No	Yes	No	7735580228
Eric Casillas	6547	Journeyman Ironworker- --	11129 S AVENUE J	CHICAGO IL 60617	White	N H L	M	No	Yes	No	No	7736795727
Darren Enselman	5212	Journeyman Ironworker- --	22520 COBBLE STONE TRL	FRANKFO RT IL 60423	White	N H L	M	No	Yes	No	No	6306872061
Patrick Hannigan	5902	Journeyman Ironworker- --	701 BIRCHWOOD RD	FRANKFO RT IL 60423	White	N H L	M	No	Yes	No	No	7083551915

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
James Boshold	P	0.00	8.00	8.00	0.00	8.00	8.00	0.00	24.00	0.00	8.00	63.76	0.00	127.52	2550.40	1578.74	
	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	
	Pension	886.40		Health		475.52		Vacation		144.00		Training		72.00			
	Hourly Other Ins	14.08		15AddOT		0.00		20AddOT		0.00							

Eric Casillas	P	0.00	8.00	8.00	0.00	8.00	8.00	0.00	24.00	0.00	8.00	59.26	0.00	118.52	2370.40	1471.17	
	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	886.40		Health		475.52		Vacation		72.00		Training		72.00			
	Hourly Other Ins	14.08		15AddOT		0.00		20AddOT		0.00							

Darren Enselman	P	0.00	8.00	8.00	0.00	8.00	8.00	0.00	24.00	0.00	8.00	59.26	0.00	118.52	2370.40	1622.17	
	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	886.40		Health		475.52		Vacation		144.00		Training		72.00			
	Hourly Other Ins	14.08		15AddOT		0.00		20AddOT		0.00							

Patrick Hannigan	P	0.00	0.00	8.00	0.00	8.00	8.00	0.00	16.00	0.00	8.00	59.26	0.00	118.52	1896.32	1382.51	
	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	

Pension 664.80 Health 356.64 Vacation 108.00 Training 54.00

Hourly Other Ins 10.56 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

Ivana Enselman
Jan 06, 2026