

October 31, 2025

Draw No.: 3

Invoice No.: 210300-22C Bear Job No.: 210300-22

Board of Education, Crete-Monee School District #20

690 W. Exchange Street

Crete, IL 60417

Attn: Accounts Payable

RE: Crete-Monee SD#201U, Middle School - Breakout Rooms at 635 Olmstead Lane, University Park, IL

### INVOICE

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

Original Contract Amount \$232,800.00

Change Orders Approved to Date \$-45,637.01

Current Contract Amount \$187,162.99

Work Completed to Date \$187,162.99

Less: Retainage (\$0.00)

Less: Previously Invoiced (\$125,709.66)

TOTAL AMOUNT DUE THIS INVOICE

\$61,453.33

Thank you,

**BEAR Construction Company** 

#### APPLICATION AND CERTIFICATE FOR PAYMENT

To Owner: Crete-Monee School District 201U Project: Crete-Monee SD#201U, Middle School Application No.: 3 Distribution to: - Breakout Rooms c/o Board of Education, Crete-Monee School District #201-U Job No.: 210300-22 690 W. Exchange Street Architect Crete, IL 60417 Address: 635 Olmstead Lane, University Park. Invoice No.: 210300-22C Contracto Attn: Accounts Payable Period To: 10/31/2025 From Contractor: Bear Construction Company Architect: ARCON Associates Architect Project No.: 1501 Rohlwing Road, Rolling Meadows, IL 60008 **Customer Project No.:** The undersigned Contractor certifies that to the best of the Contractor's knowledge. CONTRACTOR'S APPLICATION FOR PAYMENT 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 Application is made for payment, as shown below, in connection with the Contract. Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due. 1. Original Contract Sum..... \$232,800.00 CONTRACTOR: Bear Construction Company 2. Net Change By Change Order -\$45,637.01 11/6/2025 \$187,162.99 3. Contract Sum To Date James S. Wienold, Chief Executive Officer 4. Total Completed and Stored To Date \$187,162.99 State of: Illinois County of: Cook 5. Retainage: a. 0.00% of Completed Work \$0.00 Subscribed and sworn to before me this 6th day of November, 2025 b. 0.00% of Stored Material \$0.00 Notary Public: \$0.00 Total Retainage ..... My Commission expires: 414118 6. Total Earned Less Retainage \$187,162.99 ARCHITECT'S CERTIFICATE FOR PAYMENT 7. Less Previous Certificates For Payments..... In accordance with the Contract Documents, based on on-site observations and the data \$125,709.66 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, 8. Current Payment Due the quality of the Work is in accordance with the Contract Documents, and the Contractor \$61,453,33 is entitled to payment of the AMOUNT CERTIFIED. \$0.00 9. Balance To Finish, Plus Retainage ..... AMOUNT CERTIFIED \$61,453.33 (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.) CHANGE ORDER SUMMARY Additions Deductions Total changes approved in previous months \$0.00 \$0.00 by Owner ARCHITECT: Total Approved this Month \$0.00 \$45,637.01 **TOTALS** This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the \$0.00 \$45.637.01 Contractor named herein. Issuance, payment, and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract. NET CHANGES by Change Order -\$45.637.01

### **CONTINUATION SHEET**

Application and Certification for Payment,

containing Contractor's signed certification is attached.

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

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

Application No.: 3

Application Date: 10/31/25

Period To: 10/31/25

Invoice #: 210300-22C Contract: 210300-22 Crete-Monee SD#201U, Middle School - Breakout Rooms

Architect's Project No.:

Α	В		С	D	E	F	G		Н	I
ltem	Contractor / Subcontractor Name	Description of Work	Scheduled	Work Co		Materials	Total	%	Balance	Retainage
No.			Value	From Previous Application (D+E)	This Period In Place	Presently Stored (Not in D or E)	, ,	(G / C)	To Finish (C-G)	
1	Bear Construction Company	Mobilization	9,999.34	5,701.62	4,297.72	0.00	9,999.34	100.00%	0.00	0.00
2	Bear Construction Company	General Conditions	34,319.00	19,568.69	14,750.31	0.00	34,319.00	100.00%	0.00	0.00
3	Bear Construction Company	Payment & Performance Bond	3,352.00					100.00%	0.00	0.00
4	Bear Construction Company	Insurance	2,327.70	2,327.70	0.00	0.00	'	100.00%	0.00	0.00
5	Bear Construction Company	OH&P	25,635.30	14,617.25	11,018.05	0.00	25,635.30	100.00%	0.00	0.00
6	Bear Construction Company	Owners Allowance	0.00	0.00	0.00	0.00	0.00	0.00%	0.00	0.00
7	JLDC Construction, Inc.	Rough Carpentry	13,699.00	12,329.00	1,370.00	0.00	13,699.00	100.00%	0.00	0.00
8	Chicago Doorways, LLC	Doors/Frames/Hardware	38,000.00	24,821.64	13,178.36	0.00	38,000.00	100.00%	0.00	0.00
9	Arlington Glass & Mirror Co.	Glass and Glazing	4,610.00	0.00	4,610.00	0.00	4,610.00	100.00%	0.00	0.00
10	N.A. Favia Builder, Inc. dba Alpine Acoustics	Ceilings	0.00		0.00			0.00%	0.00	0.00
11	Douglas Floor Covering, Inc.	Flooring	5,190.00	0.00	5,190.00	0.00	, i	100.00%	0.00	0.00
12	To Be Determined	Fire Suppression	0.00	0.00	0.00	0.00	0.00	0.00%	0.00	0.00
13	Electrical Systems, Inc.	Electrical	32,344.95	32,344.95	0.00	0.00	32,344.95	100.00%	0.00	0.00
14	Lankford Construction Co.	Painting and Drywall	17,685.70	17,685.70	0.00	0.00	17,685.70	100.00%	0.00	0.00
	Grand Totals		187,162.99	132,748.55	54,414.44	0.00	187,162.99	100.00%	0.00	0.00

#### Sworn Statement for Contractor and Subcontractor To Owner

Contractor: Bear Construction Company

1501 Rohlwing Road Rolling Meadows, IL 60008 Customer: Board of Education, Crete-Monee School

District #201-U

Owner: Crete-Monee School District 201U

Application Date: 10/31/2025

Application No.: 3 Project No.: 210300-22

Invoice No.: 210300-22C

Project: Crete-Monee SD#201U, Middle School - Breakout Rooms

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	9,999.34	9,999.34	0.00	5,131.46	4,867.88	0.00
General Conditions	34,319.00	34,319.00	0.00	17,611.82	16,707.18	0.00
Payment & Performance Bond	3,352.00	3,352.00	0.00	3,016.80	335.20	0.00
Insurance	2,327.70	2,327.70	0.00	2,094.93	232.77	0.00
OH&P	25,635.30	25,635.30	0.00	13,155.52	12,479.78	0.00
Owners Allowance	0.00	0.00	0.00	0.00	0.00	0.00
Rough Carpentry						
JLDC Construction, Inc.	13,699.00	13,699.00	0.00	12,329.00	1,370.00	0.00
4616 W. 138th Street						
Crestwood, IL 60418						
(708) 926-2030		İ				
accounting@jldcconstruction.com						
Doors/Frames/Hardware						
Chicago Doorways, LLC	38,000.00	38,000.00	0.00	22,339.48	15,660.52	0.00
219 W. Diversey Avenue						
Elmhurst, IL 60126						
(630) 279-2227						
brace@chicagodoorways.com						
Glass and Glazing						
Arlington Glass & Mirror Co.	4,610.00	4,610.00	0.00	0.00	4,610.00	0.00
4547 N. Milwaukee Avenue		İ				
Chicago, IL 60630						
(773) 283-0737						
sjacinto@arlingtonglass.com						
Flooring						
Douglas Floor Covering, Inc.	5,190.00	5,190.00	0.00	0.00	5,190.00	0.00
200 Alder Drive	3,130.00	3,130.00	0.00	0.00	0,100.00	0.00
North Aurora, IL 60542						
(630) 892-8620						
kathy@douglasflooring.com						
katily@dodglashooring.com						
Electrical						
Electrical Systems, Inc.	32,344.95	32,344.95	0.00	32,344.95	0.00	0.00
17335 S. Ashland Avenue						
East Hazel Crest, IL 60429						
(708) 647-1300						
dshinkle@esipower.com						

#### 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

Owner: Crete-Monee School District 201U

District #201-U

Application Date:

10/31/2025

Application No.: Project No.:

Invoice No.:

61,453.33

210300-22 210300-22C

Project: Crete-Monee SD#201U, Middle School - Breakout Rooms

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
Painting and Drywall						
Lankford Construction Co.	17,685.70	17,685.70	0.00	17,685.70	0.00	0.00
1455 Karlens Way						
ohnsburg, IL 60051						
847) 497-0800						
kschmidt@lcco.com; dpollard@lcco.com						
Totals	187,162.99	187,162.99	0.00	125,709.66	61,453.33	0.00
Amount of Original Contract	232,800.00		Completed	& Stored to Date	187,162.99	9
Extras to Contract	0.00		Total R	etained by Owner	0.00	0 <del>-</del>
Total Contract and Extras	232,800.00		Ne	et Amount Earned	187,162.99	9
Credits to Contract	-45,637.01		Prev	iously Requested	125,709.66	6

State of Illinois

**Adjusted Total Contract** 

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:

187,162.99

Project: Crete-Monee SD#201U, Middle School - Breakout Rooms

**Net Amount Due This Payment** 

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 final payment in accordance with the terms of applicable contracts, and is a full, true, and complete statement, to the best of our knowledge, of all parties furnishing labor and/or material and of amounts paid, due, and to become due them.

Subscribed and sworn before me this 6th day of November, 2025	Signed for Bear Construction Company:
A CL	
Notary Public	James 3. Wiendru, Criter Executive Officer

Date: November 6, 2025

<b>-</b>				
Stat	e	of 1	llin	ois

County of Cook }

DATE:

10/31/2025

#### FINAL WAIVER OF LIEN

Waiver Not Valid Until Receipt of Payment

Gty#	
Escrow#	

TO WHOM IT MAY CONCERN:

WHEREAS the undersigned has been employed by: <u>Board of Education, Crete-Monee School District #201-U</u> to furnish: <u>General Work - Crete-Monee SD#201U, Middle School - Breakout Rooms</u> for the premises known as: <u>635 Olmstead Lane, University Park, IL</u> of which: <u>Crete-Monee School District 201U</u> is the owner.

The undersigned, for and in consideration of: <u>Sixty-One Thousand Four Hundred Fifty-Three And 33 / 100 (\$61,453.33)</u> 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, heretofore furnished, or which may be furnished at any time hereafter, by the undersigned for the above-described premises, INCLUDING EXTRAS.\*

COMPANY NAME: Bear Construction Company

		ADDRESS: 150	1 Rohlwing Road, Ro	ling Meadows, IL 6000	08
SIGNATURE AND TITLE:	(-1-)	The answer of the same	And the second s		
	James S. Wienold, Chie	f Executive Officer		7.20.40	
*EXTRAS INCLUDE BUT ARE NOT LI	MITED TO CHANGE OR	DERS, BOTH ORAL A	AND WRITTEN, TO THE	CONTRACT.	
State of Illinois }	CONTE	RACTOR'S A	FFIDAVIT		
County of Cook }					
TO WHOM IT MAY CONCERN:					
The undersigned, <u>James S.</u>	Wienold, being duly swo	orn, deposes and says	that (s)he is Chief Exec	cutive Officer of Bear	Construction
Company who is the contractor furnis School District 201U.	hing <u>General</u> work on the	e building located at <u>63</u>	35 Olmstead Lane, Uni	versity Park, IL owned	by <u>Crete-Monee</u>
That all waivers are true, correct and g waivers. That the following are the na contracts for specific portions of said v items mentioned include all labor and	mes of all parties who have work or for material entering	ve furnished material or ng into the constructio plete said work accordi	or labor, or both, for said n thereof and amount do	I work and all parties haue or to become due to	aving contracts or sub
NAMES	WHAT FOR	CONTRACT AMOUNT	AMOUNT PAID	THIS PAYMENT	BALANCE DUE
Bear Construction Company	General Work	187,162.99	125,709.66	61,453.33	0.00
Per Attached Sworn Statement					
TOTAL LABOR AND MATERIAL INCLUDING EX	(TRAS * TO COMPLETE:	187,162.99	125,709.66	61,453.33	0.00
That there are no other contracts for s of any kind done or to be done upon o DATE: 11/6/2025		work other than above		any person for materia	al, labor or other work
Subscribed and Sworn to me before r	ne this <b>6th</b> day of <b>Novem</b>	nber, 2024	James S. Wienold,	Chief Executive Offic	er
			Lu		
Viy :			Nota	ary Public	

# TRAILING WAIVERS

# DRAW 2

### FINAL WAIVER OF LIEN

Gly#_	
scrow #	

COUNTY OF COOK

$\tau \cap$	PAYOR A	IT BAND	CONCERM

to furnish ;	VHEREAS the undersigned has been employed Rough Ca	rpentry Work for Crete Mc	neo SD#20111 Middle Se	Construction Co	ARITHATIA		
known as:		Crote Monse SD#201U		ilon		for the premise	
of which:		Crete-Monee School			· · · · · · · · · · · · · · · · · · ·	is the owner.	
	The undersigned, for and in consideration of:  Twelve Thousand Three Hundred Twenty No. 2011						
	(\$12,329,00) Dollars, and other trood and valuable considerations, the second Three Products and No Cents						
waive and relea	ass with a read all right of challing of the higher for higher	Inder the statutes of the Stet	a of Illinois, relation to ma	microsoft and the control of the		ereby	
and our selle dist	pre-described braintses, and the improvements	Discount on the maleda	EVILLEAR CORRECTION OF THE				
noncys, lunus	ar outer considerations after or to become ane it	OD the owner on account of	fall labor condons maked	ot Culcus			
indominory; mere	etofore furnished, or which may be furnished at	any time hereafter, by the un	densigned for the above-di	escribed premises	, INCLUDING EXTR	RAS,*	
to a more							
DATE;	8/31/2025	COMPANY NAME: JLD					
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	6 138th Stroot Crestwoo	d, IL. 60418			
	SIGNATURE AND TITLE:	Juan Cuire	l				
	7	Juan Curiel, Office M	anager			-1.	
XTRAB INCLUDE	BUT ARE NOT LIMITED TO CHANGE CROSHS, BOTH CRAL	AND WRITTEN TO THE CONTRACT					
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TI MOHW C	MAY CONCERN:						
VODAL DEGO	THE UNDERSIGNED,	,	Juan Curtot			BEING DULY	
YORN, DEPUR YORN, DEPUR	SES AND SAYS THAT HE IS	Office Manager	OF		JLDC Construc		
CATED AT	CONTRACTOR FURNISHING		Rough Carpentry			WORK ON THE BUILD	
VNED BY		635 Olmste	ad Lane, University Park	, IL			
		Crete-Mo	nee School District 201L	1			
that there is n ished malerial ving Into the c	That the total amount of the contra \$0,00 to claim either legal or equitable to defeat the va or labor, or both, for said work and all parties in construction thereof and amount due or to become te said work according to plans and specificalis	prior to this payment. The alldity of sald waivers, 'That alldity of sald waivers, 'That all all the cauting contracts or sub-contract of the the country to each, and that the	ine following are the name	s of all parties wh	nd delivered uncond o have	ch ha has received Hillonally	
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that there is n ished material bring Into the c ilred to comple C Constructio  C Constructio  C Constructio  C Constructio  C Constructio  C Constructio  C Constructio  C Constructio  C Constructio  C Constructio  C Constructio  C Constructio  C Constructio  C C Constructio  C C Constructio  C C Constructio  C C C C C C C C C C C C C C C C C C C	\$0,00  to claim either legal or equitable to defeat the value of labor, or both, for said work and all parties in onstruction thereof and amount due or to become the said work according to plans and specification.  NAMES  The property of the plans and specification of the possible in t	prior to this payment. The alldity of sald walvers. 'That is all the control of t	al all waivers are true, corrible following are the name acts for specific portions of items mentioned include at CONTRACT PRICE \$12,329.00  \$12,329.00  \$12,329.00  ecome due to any person size stated.  Juan Curlot, Co	s of all parties who is all work or for a li labor and male:  AMOUNT PAID  \$0.00  \$0.00  for material, labor  will ce Manager	nd delivered uncond o have nalerial isi	BALANCE DUE	

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

	WAIVER OF L	EN TO DATE	Chu#		
TATE OF: IL					
DUNTY OF: DUPAGE			Loan #		
WHOM IT MAY CONCERN:					
WHEREAS the undersigned has been employed by			uction Company		
furnish	Crete-Monee SD#201U, Mi	mas & Hardware	Rooms 635 Olmstead La	ne	
for the premises known aswhich	Crete-Monee School		toomo, ooo omiotoda Ed		is the owner
THE undersigned, for and in consideration of \$12,420.11  hereby waive and release any and all lie to and on said above - described premis moneys, funds or other considerations furnished to the	Dollars, and other go en or claim of, or right to, lien, under the	ood and valuable consider e statutes of the State of nd on the material, fixtures on account of labor servi	Illinois, relating to mechani s, apparatus or machinery ces, material, fixtures, app	furnished, and on the	do(es))
ATE:		COMPANY NAME: Chi	cago Doorways LLC		
September 9, 2025	/ section (A)	ADDRESS: 219	W. Diversey Ave. Elmhu	rst, IL 60126	
GNATURE AND TITLE:					
TYPE OUT NAME & TITLE: Richard Ochandategui, General	Manager				
EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHANGE ORD	DERS, BOTH ORAL AND WRITTEN,	TO THE CONTRACT.			
		CONTRACTOR OF THE PARTY OF THE			
TATE OF: IL	CONTRACTOR	S AFFIDAVII			
OUNTY OF: DUPAGE					
O WHOM IT MAY CONCERN:	1				
THE undersigned, being duly sworn, deposes and says that	at he is	*	Richard Ochandategu	ĺ .	
General Manager			Chicago Doorways Ll	.C.	
who is the contractor/supplier for the	A CONTRACTOR OF THE CONTRACTOR	oors, Frames & Hardwar			work on the
uilding located at	Crete-Monee SD#201U, Middle	nee School District 201			
wned byhat the total amount of the contract including extras *	\$42,500.00	nies School District 2010	on which he has receive	neyment of	
construction thereof and the amount du	all parties having contracts or sub con e or to become due to each, and that t work according to plans	he items mentioned include	le all labor and material red	quired to complete said	
	- N A1	CONTRACT	AMOUNT	THIS	BALANCE
NAMES	WHAT FOR	PRICE	PAID	PAYMENT	DUE
hicago Doorways LLC	Doors, Frames & Hardware	\$42,500.00	\$9,919.37	\$12,420.11	\$20,160.52
Il bills for material have been fully paid and discharged					
laterial used was taken from our own stock and delivered y our own truck					
III labor is paid. No outside rental equipment used.					
OTAL LABOR AND MATERIAL INCLUDING EXTRAS * TO CO	OMPLETE	\$42,500.00	\$9,919.37	\$12,420.11	\$20,160.52
That there are no other contracts for said of any kin	work outstanding, and that there is not ad done or to be done upon or in conne day of Septem	ection with said work other	e to any person for materia than above stated.	il, labor or other work	
	Signature:	1/-			
			2007		
Subscribed and sworn to before me this	9th day of	September	, 2025		
* EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHANGE ORDERS, BOTH ORAL AND WRITTEN, TO THE CONTRACT.	Signature:	1111			

Notify Public

Official Seal

JEFFREY ALAN BRENNAN

Notary Public, State of Illinois

Commission No. 998920

My Commission Expires October 23, 2028

### **FINAL WAIVER OF LIEN**

Gty	#	
Escrow	#	

COUNTY	OF	соок
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MAY CONCERN:

	WHEREAS	the undersigned has been employed b	y:	BEAR C	onstruction Com	pany	
to furnish:	-	Electrical Work t	for Crete Monee SD#201U,	Middle School-Breakout	Rooms		for the premises
known as:	-		635 Olmstead L				
of which:	-		Crete-Monee School Di	istrict 201-U			is the owner.
	The und	ersigned, for and in consideration of:	Thirty T	wo Thousand Three Hun	dred Forty Four D	ollars and Ninety F	ive Cents
walus and sal	(\$32,34		her good and valuable consid				by
		nd all lien or claim of, or right to, lien, ur ibed premises, and the improvements t					
		onsiderations due or to become due fro					
machinery, he	eretofore fur	nished, or which may be furnished at a	ny time hereafter, by the unde	ersigned for the above-des	cribed premises, II	NCLUDING EXTRAS	*
DAT	TE:	8/19/2025	COMPANY NAME Elect	trical Systems, Inc.			
			1733	5 S. Ashland Ave. East H	azel Crest, IL 604:	29	
	SIG	SNATURE AND TITLE:	2000	Desan 1	/		
			Robert J. Bergeron, Jr., Vie	e President			
* EXTRAS INCLU	IDE BUT ARE N	OT LIMITED TO CHANGE ORDERS, BOTH ORAL A	AND WRITTEN TO THE CONTRACT				
	* * * * * *	* * * * * * * * * * * * * * * * * * *	* * * * * * * *				
STATE OF ILLINO	SIC		CONTRACTO	R'S AFFIDAVIT			
COUNTY OF COO	ок						
TO WHOM	IT MAY C	ONCERN:					
		THE UNDERSIGNED,		Robert J. Bergeror	ı, Jr.		BEING DULY
			Vice President	OF		Electrical System	ns, Inc.
		ACTOR FURNISHING		Electrical		v	VORK ON THE BUILDING
LOCATED AT OWNED BY	.====			ad Lane, University Park, nee School District 201-L			
OWNEDDI			CTete-INIO	nee School District 201-(	,		
		That the total amount of the contra	act including extras* is	\$32,344,95		on which	he has received
payment of:		\$0.00		at all waivers are true, corr	ect and genuine ar		
and that there	is no claim	either legal or equitable to defeat the v					,
furnished mat	terial or labo	or, or both, for said work and all parties	having contracts or sub contr	racts for specific portions o	f said work or for n	naterial	
entering into t	the construc	tion thereof and amount due or to become	me due to each, and that the	items mentioned include a	II labor and materi	al	
required to co	omplete said	work according to plans and specificat	ions:				
		NAMES	WHAT FOR	CONTRACT PRICE	AMOUNT PAID	THIS PAYMENT	BALANCE DUE
Electrical Sys	eteme Inc		Electrical	\$32,344.95	\$0.00		
Licoti icai Cy	Stems, me	•	Liectrical	\$32,344.90	\$0.00	\$32,344.95	\$0.00
_							
_		18					
		paid stock and delivered to the jobsite in bor paid in full. There is no rental					
equipment on t		The second secon					
			M				
TOTAL LABO	OR AND MA	TERIAL INCLUDING EXTRAS* TO CO	MPLETE	\$32,344.95	\$0.00	\$32,344.95	\$0.00
That there are	e no other co	ontracts for said work outstanding, and	that there is nothing due or to	hecome due to any perso	n for material Jahr		2
		done or to be done upon or in connection			Thormaterial, labo		
	•			11	Se a		)
DAT	E	9/8/2025	SIGNATURE:	M	uca	eron	
				Robert J. Berger	on, Jr., Vice Pres	ident	
SUBS	SCRIBED AN	D SWORN TO BEFORE ME THIS	8th DAY	OF Septem	ber	, 2025.	
		OFFICIAL SEAL		7		47	
	9	KIMBERLY ANN MANCUSO	K.	. / /		1 /	
	3	Notary Public, State of Illinois	K	1. 1	- M	War	2
	7	Commission No. 1011093	<b>5</b>	2 mul	W/11, 1	MALLI	NO OW
	N	Mr Commission Expires May 29, 2028		111	NOTAR	V PLIBLIC	

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

#### **FINAL WAIVER OF LIEN**

Gty #	
Escrow #_	

COUNTY OF MCHENRY

TO	WHOM	IT	MAY	CONCERN:
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	WHEREAS the undersigned has been employed by				pany										
to furnish : known as:	Painting and Drywaii we			akout Rooms		for the premises									
of which:		Painting and Drywall Work for Crete-Monee SD#201U, Middle School - Breakout Rooms 635 Olmstead Ln Crete-Monee School District 201U is use undersigned, for and in consideration of: 817,685.70) Dollars, and other good and valuable considerations, the receipt whereof is hereby acknowledged, does hereby any and all lien or claim of, or right to, lien, under the statutes of the State of Illinois, reliaing to mechanical liens, with respect liens, w													
	The undersigned, for and in consideration of	Savente	on Thousand Six Hun	drad Eighty Eiva	Dollars and Sovent	v Conte									
	•														
waive and rel	ease any and all lien or claim of, or right to, lien, und	der the statutes of the State of	f Illinois, relating to mech	nanics' liens, with n	espect to	•									
			and the state of t												
-				17.5		AS.*									
DAT	E: 8/31/2025	- /													
		1455 K	arlens Way, Johnsburg	g, IL 60051											
	SIGNATURE AND TITLE:														
		Rob Copenharve, President	dent												
EXTRAS INCLU	IDE BUT ARE NOT LIMITED TO CHANGE ORDERS, BOTH ORAL	AND WRITTEN, TO THE CONTRACT	r. ••••••												
STATE OF ILLING	DIS	CONTRACTOR	'S AFFIDAVIT												
COUNTY OF MC	HENRY														
TO WHOM	IT MAY CONCERN:														
	THE UNDERSIGNED,		Rob Copenhary	re .		BEING DULY									
	POSES AND SAYS THAT HE IS		The second second												
	E CONTRACTOR FURNISHING				'	WORK ON THE BUILDING									
LOCATED AT OWNED BY		Wilder on Arter													
OWNEDBI		Clete-Molli	ee School District 2010	•											
	That the total amount of the contra	ct including extras* is	\$17,685.70		on which	n he has received									
payment of:	\$0.00	prior to this payment. That	all waivers are true, con	rect and genuine a	nd delivered uncond	itionally									
and that there	e is no claim either legal or equitable to defeat the va	alidity of said waivers. That th	ne following are the name	es of all parties wh	o have										
	and the second s	\$\frac{1}{2} \cdot	200 15												
CONTRACTOR OF THE PARTY AND			tems mentioned include	all labor and mate	паі										
	NAMES	WHAT FOR	CONTRACT PRICE	AMOUNT PAID	THIS PAYMENT	BALANCE DUE									
Lankford Co	nstruction	Painting and Drywall	\$17,685.70	\$0.00	\$17,685.70	\$0.00									
				•	, ,	•									
Dringinal Sun	plior: LCC Painting														
	Fox Lake, IL 60020														
All material tak	ken from fully paid stock and delivered to the jobsite in														
our company v equipment on t	rehicle. All labor paid in full. There is no rental this project	-													
oquipinoni on i	ine project.														
TOTAL LABO	OR AND MATERIAL INCLUDING EXTRAS* TO CO	MPLETE	\$17,685.70	\$0.00	\$17,685.70	\$0.00									
		1 1944 121 BASI M W W		20 00 0000 00 0											
	e no other contracts for said work outstanding, and t of any kind done or to be done upon or in connectio	/		on for material, lab	00Г										
DATI	E: 9/8/2025	SIGNATURE	m	/											
DATI		SIGNATURE:	Rob Conen	harve, President											
CLIDO	COURSE AND SWORN TO RESORE ME THIS	9th DAYO			2025										
3083	CRIBED AND SWORN TO BEFORE ME THIS	BthDAY OF	Septem	nei	, 2025.										

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

NOTARY PUBLIC, STATE OF ILLINOIS
Commission No. 987048
My Commission Expires February 13, 2028

# TRAILING CERTIFIED PAYROLL

# Draw 2



### Case #: 25-CTP-294565

### 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

CRIFT OF FATROLL FORM
PAY PERIOD
Project Location
635 OLMSTEAD LN
UNIVERSITY PARK IL 60484
State Capital Funds
No
and/or Subcontractor
Contractor Location
17335 ASHLAND AVE
EAST HAZEL CREST IL 60429
Secondary Email
DSHINKLE@ESIPOWER.COM
Secondary Phone
Body Information
Public Body Address
690 W EXCHANGE ST
CRETE IL 60417
Secondary Phone

	Employee Details													
Name	Last4SSN	Classificati on	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber		
ADAM LPALYS	9115	ELECTRICIA N	25027 CLARE CIR	MANHATT AN IL 60442	White	NHL	M	No	No	Yes	No	7086997140		
STEPHEN RROMAN	4373	ELECTRICIA N	18526 MARTIN AVE	HOMEWO OD IL 60430	White	NHL	M	Yes	Yes	No	No	7085433199		
DAVID PROMAN	2439	ELECTRICIA N	18010 HOMEWOOD AVE	HOMEWO OD IL 60430	White	NHL	M	No	No	Yes	No	7089353009		

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
ADAM LPALYS	Р	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00		0.00	95.29		2794.65	1793.52	
	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	
	Pen	sion	21.25		Healt	h	18.13	=	Vacation	0.00	-	Training	1.38		-		-
	Hourly Other Ins		5.50 <sup>15AddOT</sup>			0.00		20AddOT	0.00								
STEPHEN RROMAN		3.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	3.00		0.00	86.62		3349.51	2266.02	
KKOWAN	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	
	Pen	sion	21.25	Health		h	18.13	18.13 Vacatio		0.00		Training	1.38				
	Hourly Other Ins		Ins	5.50 <sup>15AddOT</sup>		0.00 20AddOT		0.00									
DAVID PROMAN	Р	4.00	1.00	0.00	0.00	0.00	0.00	0.00	2.00	3.00		63.53	95.29		3684.75	2470.81	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
	Pen	sion	21.25		Healt	h	18.13		Vacation	0.00		Training	1.38		•		-
	Hou	rly Other	Ins	5.50	15Add	ОТ	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

Dana Shinkle



**Primary Phone** 

### Case #: 25-CTP-294633

### 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

CENTIFIED TRAINS	CRIPT OF PATROLL FORIVI	
P	PAY PERIOD	
Payroll Date	Project Location	
7/21/2025 to 7/27/2025	635 OLMSTEAD LN	
FEIN or Contractor Number	UNIVERSITY PARK IL 60484	
2964568		
Project Number or Name	State Capital Funds	
210300-22004	No	
Agency		
Education, Board of		
Contractor	and/or Subcontractor	
Company Name	Contractor Location	
ELECTRICAL SYSTEMS, INC.	17335 ASHLAND AVE	
Contact Name	EAST HAZEL CREST IL 60429	
DANA SHINKLE		
Primary Email	Secondary Email	
DSHINKLE@ESIPOWER.COM	DSHINKLE@ESIPOWER.COM	
Primary Phone	Secondary Phone	
7086471300		
Public I	Body Information	
Public Body Name	Public Body Address	
CRETE-MONEE SCHOOL DISTRICT 201-U, MIDDLE SCHOOL	690 W EXCHANGE ST	
Contact Name	CRETE IL 60417	

**Secondary Phone** 

	Employee Details													
Name	Last4SSN	Classificati on	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber		
NEIL ABERGERON	4234	ELECTRICIA N	25258 FARADAY RD	MANHATT AN IL 60442	White	NHL	М	No	No	Yes	No	7089353025		
ADAM LPALYS	9115	ELECTRICIA N	25027 CLARE CIR	MANHATT AN IL 60442	White	NHL	М	No	No	Yes	No	7086997140		
DAVID PROMAN	2439	ELECTRICIA N	18010 HOMEWOOD AVE	HOMEWO OD IL 60430	White	NHL	M	No	No	Yes	No	7089353009		

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
NEIL ABERGER ON	Р	2.00	2.00	0.00	0.00	2.00	7.00	0.00	4.00	9.00		63.53	95.29		3589.45	2243.94	
	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	
	Pen	sion	21.25		Healt	h	18.13		Vacation	0.00	-	Training	1.38				
	Hou	rly Other	Ins	5.50	15Add	ОТ	0.00		20AddOT	0.00							
ADAM LPALYS	Р	2.00	0.00	0.00	0.00	2.00	0.00	0.00	2.00	2.00		63.53	95.29		2922.38	1860.91	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
	Pen	sion	21.25		Healt	h	18.13	3.13 Vacation		0.00		Training	1.38				
	Hou	rly Other	Ins	5.50	15Add	ОТ	0.00		20AddOT	0.00							
DAVID PROMAN	Р	2.00	0.00	0.00	0.00	2.00	7.00	0.00	2.00	9.00		63.53	95.29		3600.65	2426.62	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
	Pen	sion	21.25		Healt	h	18.13		Vacation	0.00		Training	1.38				
	Hou	rly Other	Ins	5.50	15Add	ОТ	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

#### **DANA SHINKLE**



**Contact Name** 

**Primary Phone** 

### Case #: 25-CTP-294686

### 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

CERTIFIED TRANS	CRIPT OF PAYROLL FORM
P	PAY PERIOD
Payroll Date	Project Location
7/28/2025 to 8/3/2025	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
362964568	
Project Number or Name	State Capital Funds
210300-22004	No
Agency	
Education, Board of	
Contractor	and/or Subcontractor
Company Name	Contractor Location
ELECTRICAL SYSTEMS, INC.	17335 ASHLAND AVE
Contact Name	EAST HAZEL CREST IL 60429
DANA SHINKLE	
Primary Email	Secondary Email
DSHINKLE@ESIPOWER.COM	DSHINKLE@ESIPOWER.COM
Primary Phone	Secondary Phone
7086471300	
Public I	Body Information
Public Body Name	Public Body Address
CRETE-MONEE SCHOOL DISTRICT 201-U, MIDDLE SCHOOL	690 W EXCHANGE ST

CRETE IL 60417

**Secondary Phone** 

				Employe	e Detai	ls						
Name	Last4SSN	Classificati on	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
NEIL ABERGERON	4234	ELECTRICIA N	25258 FARADAY RD	MANHATT AN IL 60442	White	NHL	M	No	No	Yes	No	7089353025
ADAM LPALYS	9115	ELECTRICIA N	25027 CLARE CIR	MANHATT AN IL 60442	White	NHL	М	No	No	Yes	No	7086997140

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
NEIL ABERGER ON	Р	0.00	0.00	0.00	9.00	10.00	5.00	0.00	16.00	8.00		63.53	95.29		2890.63	1826.37	
	NΡ	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
	Pen	sion	21.25		Healt	h	18.13		Vacation	0.00	-	Training	1.38		-		-
	Houi	rly Other	· Ins	5.50	15Add	ТС	0.00		20AddOT	0.00							
ADAM LPALYS				0.00	9.00	10.00	5.00	0.00	16.00	8.00		63.53	95.29		2287.09	1485.66	
	NP 0.00 0.00			0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
	Pen	sion	21.25		Healt	h	18.13		Vacation	0.00		Training	1.38				
	Hou	rly Other	· Ins	5.50	15Add	TC	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

DANA SHINKLE Sep 08, 2025



### Case #: 25-CTP-294721

### 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

SERTIFIED THE RESERVE	11 1 31 17(11(3)221 31(1))
PAY	PERIOD
Payroll Date	Project Location
8/4/2025 to 8/10/2025	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
362964568	
Project Number or Name	State Capital Funds
210300-22004	No
Agency	
Education, Board of	
Contractor and	d/or Subcontractor
Company Name	Contractor Location
ELECTRICAL SYSTEMS, INC.	17335 ASHLAND AVE
Contact Name	EAST HAZEL CREST IL 60429
DANA SHINKLE	
Primary Email	Secondary Email
DSHINKLE@ESIPOWER.COM	DSHINKLE@ESIPOWER.COM
Primary Phone	Secondary Phone
7086471300	
Public Boo	dy Information
Public Body Name	Public Body Address
CRETE-MONEE SCHOOL DISTRICT 201-U, MIDDLE SCHOOL	690 W EXCHANGE ST
Contact Name	CRETE IL 60417
Primary Phone	Secondary Phone

				Employe	e Detai	ls						
Name	Last4SSN	Classificati on	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
NEIL ABERGERON	4234	ELECTRICIA N	25258 FARADAY RD	MANHATT AN IL 60442	White	NHL	М	No	No	Yes	No	7089353025
ADAM LPALYS	9115	ELECTRICIA N	25027 CLARE CIR	MANHATT AN IL 60442	White	NHL	М	No	No	Yes	No	7086997140

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
NEIL ABERGER ON	Р	8.00	0.00	2.00	0.00	0.00	0.00	0.00	10.00	0.00		63.53	0.00		3303.58	2071.48	
	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	
	Pen	sion	21.25		Healt	h	18.13		Vacation	0.00	•	Training	1.38		-		
	Hou	rly Othei	r Ins	5.50	15Add	ОТ	0.00		20AddOT	0.00							
ADAM LPALYS				0.00	0.00	0.00	0.00	0.00	8.00	0.00		63.53	0.00		3303.58	2090.85	
	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	
	Pen	sion	21.25		Healt	h	18.13		Vacation	0.00	•	Training	1.38	-			-
	Hou	rly Othei	r Ins	5.50	15Add	ОТ	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

DANA SHINKLE Sep 08, 2025



### Case #: 25-CTP-294748

### 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

F	PAY PERIOD	
Payroll Date	Project Location	
8/11/2025 to 8/17/2025	635 OLMSTEAD LN	
FEIN or Contractor Number	UNIVERSITY PARK IL 60484	
362964568		
Project Number or Name	State Capital Funds	
210300-22004	No	
Agency		
Education, Board of		
Contractor	and/or Subcontractor	
Company Name	Contractor Location	
ELECTRICAL SYSTEMS, INC.	17335 ASHLAND AVE	
Contact Name	EAST HAZEL CREST IL 60429	
DANA SHINKLE		
Primary Email	Secondary Email	
DSHINKLE@ESIPOWER.COM	DSHINKLE@ESIPOWER.COM	
Primary Phone	Secondary Phone	
7086471300		
Public	Body Information	
Public Body Name	Public Body Address	
CRETE-MONEE SCHOOL DISTRICT 201-U, MIDDLE SCHOOL	690 W EXCHANGE ST	
Contact Name	CRETE IL 60417	
Primary Phone	Secondary Phone	

				Employe	e Detai	ls						
Name	Last4SSN	Classificati on	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
NEIL ABERGERON	4234	ELECTRICIA N	25258 FARADAY RD	MANHATT AN IL 60442	White	NHL	М	No	No	Yes	No	7089353025
ADAM LPALYS	9115	ELECTRICIA N	25027 CLARE CIR	MANHATT AN IL 60442	White	NHL	М	No	No	Yes	No	7086997140

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
NEIL ABERGER ON	Р	0.00	2.00	0.00	4.00	0.00	0.00	0.00	4.00	2.00		63.53	95.29		3589.47	2243.95	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
	Pen	sion	21.25		Healt	h	18.13		Vacation	0.00		Training	1.38				
	Hou	rly Other	r Ins	5.50	15Add	ОТ	0.00		20AddOT	0.00							
ADAM LPALYS				0.00	4.00	0.00	0.00	0.00	4.00	2.00		63.53	95.29		3208.29	2033.38	
	NP 0.00 0.00			0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
	Pen	sion	21.25		Healt	h	18.13		Vacation	0.00		Training	1.38				
	Hou	rly Other	r Ins	5.50	15Add	ОТ	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

DANA SHINKLE Sep 08, 2025



Case #: 25-CTP-238526

### 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

CLITTILD TRANSC	RIPT OF PATROLL FURIVI
PA	AY PERIOD
Payroll Date	Project Location
7/20/2025 to 7/26/2025	635 OLMSTEAD LN
FEIN or Contractor Number	UNIVERSITY PARK IL 60484
16-1771813	
Project Number or Name	State Capital Funds
Crete-Monee SD#201U, Middle School - Breakout Rooms	No
Agency	
Not a State Agency	
Contractor a	nd/or Subcontractor
Company Name	Contractor Location
JLDC Construction Inc	4616 138TH ST
Contact Name	CRESTWOOD IL 60418
Robin Wachowski	
Primary Email	Secondary Email
accounting@jldcconstruction.com	
Primary Phone	Secondary Phone
7089262030	
Public Be	ody Information
Public Body Name	Public Body Address
Crete-Monee School District #201-U	690 W EXCHANGE ST
Contact Name	CRETE IL 60417
Primary Phone	Secondary Phone

				Employe	e Detai	ls						
Name	Last4SSN	Classificati on	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Arturo Cardenas	9843	Foreman	216 WILDWOOD DR	NORTH AURORA IL 60542	Hispani c or Latino	HL	M	No	No	Yes	No	7083087894
Jose Castro Rodriguez	1721	Foreman	3825 W 77TH ST	CHICAGO IL 60652	Hispani c or Latino	HL	M	No	No	Yes	No	7734740044
Cesar Garcia Mendoza	7408	Journeyma n	13011 SEELEY AVE	BLUE ISLAND IL 60406	Hispani c or Latino	HL	M	No	Yes	No	No	7083515034
Richard Iacullo	0511	Foreman	633 BUSHRUN CT	LAKE ZURICH IL 60047	Hispani c or Latino	HL	M	No	No	Yes	No	8479101963
Cruz Luna	6260	Carpenter App 1st Yr	1522 RIDGE RD	HOMEWO OD IL 60430	Hispani c or Latino	HL	M	No	No	No	Yes	7085604512
Francisco Ramirez Garcia	5928	Carpenter Journeyma n	2800 BROADWAY ST	BLUE ISLAND IL 60406	Hispani c or Latino	ΗL	М	No	Yes	No	No	7088707260
Eliseo Soto	9574	Carpenter Journeyma n	3314 TULIP DR	HAZEL CREST IL 60429	Hispani c or Latino	HL	М	No	Yes	No	No	7084734111
Javier Uriostegi Gomez JR.	5776	Apprentice 4th	1902 ASH ST	WAUKEGA N IL 60087	Hispani c or Latino	HL	М	No	No	No	Yes	2247308656

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		OT Wage Rate	Dbl Tim Wage	Gross	Net	No Wor k
Arturo Cardenas	Р	0.00	0.00	0.00	0.00	0.00	7.00	0.00	7.00	7.00		58.71	88.06		3187.53	2198.12	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
	Pen	sion	16.91		Healt	h	13.64		Vacation	2.61		Training	0.93				
	Pension 16.9 Hourly Other Ins			11.07	15Add	ОТ	0.00		20AddOT	0.00							
Jose Castro Rodrigue z	Р	0.00	0.00	0.00	0.00	0.00	7.00	0.00	7.00	7.00		58.71	88.06		3026.21	2063.28	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
		sion	16.91		Healt		13.64		Vacation	2.61		Training	0.93				
	Hou	rly Other	· Ins	11.07	15Add	OT	0.00		20AddOT	0.00							

Cesar	Р	0.00	0.00	0.00	0.00	0.00	7.00	0.00	7.00	7.00	56.71	85.06	3775.60	2589.28	
Garcia															
Mendoza	Ш														
	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	
	Pen	sion	16.91		Health	า	13.64		Vacation	2.61	Training	0.93			
	Hour	ly Other	Ins	11.07	15Add0	TC	0.00		20AddOT	0.00					
Richard	Р	0.00	0.00	0.00	0.00	8.00	7.00	0.00	15.00	7.00	58.71	88.06	2413.01	1737.41	
lacullo	ľ	0.00	0.00												
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Pen		16.91		Health	 າ	13.64		Vacation	2.61	Training	0.93			<u> </u>
		ly Other		11 07	15Add0		0.00		20AddOT	0.00	9				
		,		11.07			0.00			0.00					
_		1		0.00	0.00	0.00	7.00	0.00	45.00	7.00	22.00	24.00	4200.04	000.04	
Cruz	Р	0.00	0.00	0.00	0.00	8.00	7.00	0.00	15.00	7.00	22.68	34.02	1268.01	863.81	
Luna	ND.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	NP	0.00		0.00	Health					2.61	Training	0.93	0.00	0.00	
	Pension 16.91 Hourly Other Ins			11.07 <sup>15Add</sup>				Vacation			Training	0.93			
	Hour	ly Other	IIIS	11.07	TSAGGC	JI	0.00		20AddOT	0.00					
Francisco	Р	0.00	0.00	0.00	0.00	0.00	7.00	0.00	7.00	7.00	56.71	85.06	2986.53	2049.70	
Ramirez															
Garcia				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	NP	0.00	0.00	0.00		0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		sion	16.91		Health		13.64		Vacation	2.61	Training	0.93			
	Hour	ly Other	Ins	11.07	15Add0	OT	0.00		20AddOT	0.00					
Eliseo	Р	0.00	0.00	0.00	0.00	0.00	4.00	0.00	4.00	4.00	56.71	85.06	3424.90	2396.71	
Soto															
	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	
	Pen	sion	16.91		Health	า	13.64		Vacation	2.61	Training	0.93	•		
	Hour	ly Other	Ins	11.07	15AddC	TC	0.00		20AddOT	0.00					
Javier	Р	0.00	0.00	0.00	0.00	0.00	7.00	0.00	7.00	7.00	58.71	88.06	3087.53	1918.11	
Uriostegi	l'	0.00	0.00												
Gomez															
JR.															
	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	
	Pen	sion .	16.91		Health	า	13.64		Vacation	2.61	Training	0.93			
	Hour	ly Other	Ins	11.07	15Add0	OT	0.00		20AddOT	0.00					

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

Robin Wachowski Jul 31, 2025



**Contact Name** 

**Primary Phone** 

### Case #: 25-CTP-249753

### Illinois Department of Labor

160 N. LaSalle St Suite1300 Chicago, IL 60601

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

CERTIFIED TRANS	CRIPT OF PAYROLL FORM										
PAY PERIOD											
Payroll Date	Project Location										
7/27/2025 to 8/2/2025	635 OLMSTEAD LN										
FEIN or Contractor Number	UNIVERSITY PARK IL 60484										
16-1771813	No Work Report: Yes										
Project Number or Name	State Capital Funds										
Crete-Monee SD#201U, Middle School - Breakout Rooms	No										
Agency											
Not a State Agency											
Contractor	and/or Subcontractor										
Company Name	Contractor Location										
JLDC Construction Inc	4616 138TH ST										
Contact Name	CRESTWOOD IL 60418										
Robin Wachowski											
Primary Email	Secondary Email										
accounting@jldcconstruction.com											
Primary Phone	Secondary Phone										
7089262030											
Public	Body Information										
Public Body Name	Public Body Address										
Crete-Monee School District #201-U	690 W EXCHANGE ST										
	ODETE II 00445										

**CRETE IL 60417** 

**Secondary Phone** 

Employee Details												
Name	ne Last4SSN Classificati Ad			City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
	G-Gender		V-Vetera	าท	J-Journeyman			F-Foreman		A-Apr		prentice

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

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

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

Robin Wachowski Aug 08, 2025



**Primary Phone** 

### Case #: 25-CTP-263573

### 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

CLIVIII LD TRANSCRII I OI TATROLLI ORIVI											
PAY PERIOD											
Payroll Date	Project Location										
8/3/2025 to 8/9/2025	635 OLMSTEAD LN										
FEIN or Contractor Number	UNIVERSITY PARK IL 60484										
16-1771813	No Work Report: Yes										
Project Number or Name	State Capital Funds										
Crete-Monee SD#201U, Middle School - Breakout Rooms	No										
Agency											
Not a State Agency											
Contractor and/or Subcontractor											
Company Name	Contractor Location										
JLDC Construction Inc	4616 138TH ST										
Contact Name	CRESTWOOD IL 60418										
Robin Wachowski											
Primary Email	Secondary Email										
accounting@jldcconstruction.com											
Primary Phone	Secondary Phone										
7089262030											
Public E	Body Information										
Public Body Name	Public Body Address										
Crete-Monee School District #201-U	690 W EXCHANGE ST										
Contact Name	CRETE IL 60417										
Contact Name	CRETE IL 60417										

**Secondary Phone** 

Employee Details													
Name	Last4SSN	Address	City	Race	Ethnicity	G	V	J	F	Α	PhoneNumber		
	G-G	on ender	V-Veteran		J-Jou		F-For	eman		A-Ap	prentice		

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

	Work Classification																
Name	Мо	n T	ue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Wor k

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

Robin Wachowski

Aug 18, 2025