



May 31, 2025

Draw No.: 3
Invoice No.: 208944-21C
Bear Job No.: 208944-21
P.O. No.: 230104

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

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

INVOICE

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

Original Contract Amount	\$4,441,451.00
Change Orders Approved to Date	<u>\$0.00</u>
Current Contract Amount	\$4,441,451.00
Work Completed to Date	\$1,530,357.73
Less: Retainage	(\$153,035.80)
Less: Previously Invoiced	<u>(\$386,176.48)</u>

TOTAL AMOUNT DUE THIS INVOICE	\$991,145.45
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Thank you,

BEAR Construction Company

APPLICATION AND CERTIFICATE FOR PAYMENT

To Owner: Crete-Monee School District 201-U
c/o Board of Education, Crete-Monee School District #2
690 W. Exchange Street
Crete, IL 60417
Attn: Accounts Payable

Project Crete Monee High School - Concession Stand

Application No. : 3

Job No.: 208944-21

Address: 1515 W Exchange Street, Crete, IL

Invoice No.: 208944-21C

Period To: 5/31/2025

Distribution to :

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

From Contractor: Bear Construction Company

Architect: N/A

1501 Rohlwing Road, Rolling Meadows, IL 60008

CONTRACTOR'S APPLICATION FOR PAYMENT

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

1. Original Contract Sum.....	\$4,441,451.00
2. Net Change By Change Order.....	\$0.00
3. Contract Sum To Date.....	\$4,441,451.00
4. Total Completed and Stored To Date.....	\$1,530,357.73
5. Retainage:	
a. 10.00% of Completed Work.....	\$148,273.80
b. 10.00% of Stored Material.....	\$4,762.00
Total Retainage.....	\$153,035.80
6. Total Earned Less Retainage.....	\$1,377,321.93
7. Less Previous Certificates For Payments.....	\$386,176.48
8. Current Payment Due.....	\$991,145.45
9. Balance To Finish, Plus Retainage.....	\$3,064,129.07

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.

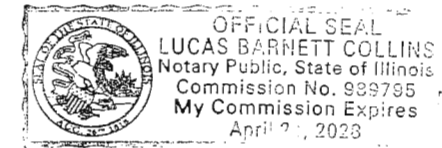
CONTRACTOR: Bear Construction Company

By: James S. Wienold Date: 6/2/2025
James S. Wienold, President

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

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

Notary Public: Lucas Barnett Collins
My Commission expires: 4/14/28



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 **\$991,145.45**

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

ARCHITECT:

By: _____ Date: _____

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

CONTINUATION SHEET

Application and Certification for Payment,

containing Contractor's signed certification is attached.

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

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

Application No.: 3

Application Date: 05/31/25

Period To: 05/31/25

Invoice #: 208944-21C

Contract: 208944- Crete Monee High School - Concession Stand

Architect's Project No.:

Item No.	Contractor / Subcontractor Name	Description of Work	Scheduled Value	Work Completed		Materials Presently Stored (Not in D or E)	Total Completed & Stored to Date (D+E+F)	% (G / C)	Balance To Finish (C-G)	Retainage
				From Previous Application (D+E)	This Period In Place					
1	Bear Construction Company	Mobilization	21,900.00	2,115.54	5,431.20	0.00	7,546.74	34.46%	14,353.26	754.68
2	Bear Construction Company	General Conditions	295,737.95	28,568.29	73,343.01	0.00	101,911.30	34.46%	193,826.65	10,191.13
3	Bear Construction Company	Payment and Performance Bond	37,996.00	37,996.00	0.00	0.00	37,996.00	100.00%	0.00	3,799.60
4	Bear Construction Company	Insurance	44,414.47	44,414.47	0.00	0.00	44,414.47	100.00%	0.00	4,441.45
5	Bear Construction Company	OH&P	133,247.53	12,871.71	33,045.39	0.00	45,917.10	34.46%	87,330.43	4,591.72
6	Bear Construction Company	Owner Allowance	0.00	0.00	0.00	0.00	0.00	0.00%	0.00	0.00
7	Honch Concrete, LLC	Concrete	207,319.00	87,319.00	94,000.00	0.00	181,319.00	87.46%	26,000.00	18,131.91
8	Jimmy'Z Masonry	Masonry	648,000.00	0.00	398,167.50	0.00	398,167.50	61.45%	249,832.50	39,816.75
9	Altra Division 5, LLC	Structural Steel	33,500.00	0.00	28,000.00	0.00	28,000.00	83.58%	5,500.00	2,800.00
10	JLDC Construction, Inc.	Rough Carpentry	444,085.00	0.00	224,766.52	0.00	224,766.52	50.61%	219,318.48	22,476.65
11	Heartland Cabinet Supply, Inc	Architectural Woodwork	36,850.00	0.00	0.00	0.00	0.00	0.00%	36,850.00	0.00
12	Domain Corporation	Roofing	138,000.00	0.00	0.00	0.00	0.00	0.00%	138,000.00	0.00
13	Block Iron & Supply Co Inc.	Doors/Frames/Hardware	87,743.00	0.00	6,855.00	0.00	6,855.00	7.81%	80,888.00	685.50
14	Paul Reilly Company Illinois Inc.	Overhead Doors	38,490.00	0.00	0.00	0.00	0.00	0.00%	38,490.00	0.00
15	TBD	Glass and Glazing	5,175.00	0.00	0.00	0.00	0.00	0.00%	5,175.00	0.00
16	TBD	Ceilings	31,620.00	0.00	0.00	0.00	0.00	0.00%	31,620.00	0.00
17	TBD	Flooring	60,826.00	0.00	0.00	0.00	0.00	0.00%	60,826.00	0.00
18	TBD	Painting and Coating	0.00	0.00	0.00	0.00	0.00	0.00%	0.00	0.00
19	Carney And Company, Inc.	Specialties	99,960.00	0.00	0.00	0.00	0.00	0.00%	99,960.00	0.00
20	TBD	Equipment	134,000.00	0.00	0.00	0.00	0.00	0.00%	134,000.00	0.00
21	S. J. Carlson Fire Protection, Inc.	Fire Supression	55,874.00	0.00	0.00	0.00	0.00	0.00%	55,874.00	0.00
22	Warren F. Thomas Plumbing Compan	Plumbing	410,900.00	112,680.00	42,940.00	0.00	155,620.00	37.87%	255,280.00	15,562.00
23	MG Mechanical Contracting, Inc.	HVAC	0.00	0.00	0.00	0.00	0.00	0.00%	0.00	0.00
24	MG Mechanical Contracting, LLC	HVAC	593,000.00	0.00	24,662.00	0.00	24,662.00	4.16%	568,338.00	2,466.20
25	Electrical Systems, Inc.	Electrical	458,659.00	7,235.00	65,367.10	47,620.00	120,222.10	26.21%	338,436.90	12,022.21

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: 05/31/25

Period To: 05/31/25

Invoice #: 208944-21C

Contract: 208944- Crete Monee High School - Concession Stand

Architect's Project No.:

A	B		C	D	E	F	G		H	I
Item No.	Contractor / Subcontractor Name	Description of Work	Scheduled Value	Work Completed		Materials Presently Stored (Not in D or E)	Total Completed & Stored to Date (D+E+F)	% (G / C)	Balance To Finish (C-G)	Retainage
				From Previous Application (D+E)	This Period In Place					
26	Wigboldy Excavating, Inc.	Site Clearing	45,000.00	24,000.00	21,000.00	0.00	45,000.00	100.00%	0.00	4,500.00
27	TBD	Fences and Gates	24,834.00	0.00	0.00	0.00	0.00	0.00%	24,834.00	0.00
28	Kapur & Associates, Inc.	Surveys/Field Engineer	10,000.00	0.00	1,606.50	0.00	1,606.50	16.07%	8,393.50	160.65
29	Geocon Professional Services, LLC	Thrid Party Testing	10,000.00	1,885.00	4,468.50	0.00	6,353.50	63.54%	3,646.50	635.35
30	ARCON Associates, Inc.	Design Service	200,000.00	70,000.00	30,000.00	0.00	100,000.00	50.00%	100,000.00	10,000.00
31	TBD	Spray Insulation	131,700.00	0.00	0.00	0.00	0.00	0.00%	131,700.00	0.00
32	APCO Graphics, Inc.	Signage	2,620.05	0.00	0.00	0.00	0.00	0.00%	2,620.05	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 Dist**
Owner: **Crete-Monee School District 201-U**

Application Date: **5/31/2025**
Application No.: **3**
Project No.: **208944-21**
Invoice No.: **208944-21C**

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

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

Contractor or Vendor	Contract Amount	Work Completed	Total Retained	Previously Paid	Net Amount Requested	Balance To Become Due
Bear Construction Company						
Mobilization	21,900.00	7,546.74	754.68	1,903.98	4,888.08	15,107.94
General Conditions	295,737.95	101,911.30	10,191.13	25,711.46	66,008.71	204,017.78
Payment and Performance Bond	37,996.00	37,996.00	3,799.60	34,196.40	0.00	3,799.60
Insurance	44,414.47	44,414.47	4,441.45	39,973.02	0.00	4,441.45
OH&P	133,247.53	45,917.10	4,591.72	11,584.53	29,740.85	91,922.15
Owner Allowance	0.00	0.00	0.00	0.00	0.00	0.00
Concrete						
Honch Concrete, LLC 10553 Braeburn Road Barrington Hills, IL 60010 (708) 510-5764 honchconcrete@gmail.com	207,319.00	181,319.00	18,131.91	78,587.09	84,600.00	44,131.91
Masonry						
Jimmy'Z Masonry 8550 Ridgefield Rd Suite B Crystal Lake, IL 60012 (815) 477-0123 bfaller@jimmyzmasonry.com	648,000.00	398,167.50	39,816.75	0.00	358,350.75	289,649.25
Structural Steel						
Altra Division 5, LLC 650 Central Avenue University Park, IL 60484 (708) 534-1100 justin@altrabuilders.net	33,500.00	28,000.00	2,800.00	0.00	25,200.00	8,300.00
Rough Carpentry						
JLDC Construction, Inc. 4616 W. 138th Street Crestwood, IL 60418 (708) 926-2030 accounting@jldcconstruction.com	444,085.00	224,766.52	22,476.65	0.00	202,289.87	241,795.13
Architectural Woodwork						
Heartland Cabinet Supply, Inc 301 Industrial Avenue Crystal Lake, IL 60012 (815) 477-0900 terri@heartlandcabinet.com	36,850.00	0.00	0.00	0.00	0.00	36,850.00
Roofing						
Domain Corporation 6238 N. Northwest Highway Chicago, IL 60631 (773) 628-0001 nicoledomian@domaincorp.com	138,000.00	0.00	0.00	0.00	0.00	138,000.00

Sworn Statement for Contractor and Subcontractor To Owner

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

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

Application Date: **5/31/2025**
Application No.: **3**
Project No.: **208944-21**
Invoice No.: **208944-21C**

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

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

Contractor or Vendor	Contract Amount	Work Completed	Total Retained	Previously Paid	Net Amount Requested	Balance To Become Due
Doors/Frames/Hardware						
Block Iron & Supply Co Inc. PO Box 557 Oshkosh, WI 54903 (920) 231-8645 jent@blockiron.com	87,743.00	6,855.00	685.50	0.00	6,169.50	81,573.50
Overhead Doors						
Paul Reilly Company Illinois Inc. 1967 Quincy Court Glendale Heights, IL 60139 (630) 529-8100 smatuszak@paulreilly.com	38,490.00	0.00	0.00	0.00	0.00	38,490.00
Glass and Glazing						
To Be Determined	5,175.00	0.00	0.00	0.00	0.00	5,175.00
Ceilings						
To Be Determined	31,620.00	0.00	0.00	0.00	0.00	31,620.00
Flooring						
To Be Determined	60,826.00	0.00	0.00	0.00	0.00	60,826.00
Specialties						
Carney And Company, Inc. 636 Schneider Drive South Elgin, IL 60177 (847) 931-4440 bethr@carneyandco.com	99,960.00	0.00	0.00	0.00	0.00	99,960.00
Equipment						
To Be Determined	134,000.00	0.00	0.00	0.00	0.00	134,000.00

Sworn Statement for Contractor and Subcontractor To Owner

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

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

Application Date: **5/31/2025**
Application No.: **3**
Project No.: **208944-21**
Invoice No.: **208944-21C**

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

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

Contractor or Vendor	Contract Amount	Work Completed	Total Retained	Previously Paid	Net Amount Requested	Balance To Become Due
Fire Supression						
S. J. Carlson Fire Protection, Inc. 4544 Shepherd Trail Rockford, IL 61103 (815) 636-1993 kerriw@sjcarlson.com	55,874.00	0.00	0.00	0.00	0.00	55,874.00
Plumbing						
Warren F. Thomas Plumbing Company 475 Quadrangle Drive, Suite A Bolingbrook, IL 60440 (630) 435-0636 Lauren@warrenthomasplbg.com	410,900.00	155,620.00	15,562.00	101,412.00	38,646.00	270,842.00
HVAC						
MG Mechanical Contracting, LLC 1513 Lamb Road Woodstock, IL 60098 (815) 334-9450 josuea@mgmechanical.net	593,000.00	24,662.00	2,466.20	0.00	22,195.80	570,804.20
Electrical						
Electrical Systems, Inc. 17335 S. Ashland Avenue East Hazel Crest, IL 60429 (708) 647-1300 dshinkle@esipower.com	458,659.00	120,222.10	12,022.21	6,511.50	101,688.39	350,459.11
Site Clearing						
Wigboldy Excavating, Inc. 13631 S. Kostner Avenue Crestwood, IL 60418 (708) 389-5356 info@wigboldyexcavating.com	45,000.00	45,000.00	4,500.00	21,600.00	18,900.00	4,500.00
Fences and Gates						
To Be Determined	24,834.00	0.00	0.00	0.00	0.00	24,834.00
Surveys/Field Engineer						
Kapur & Associates, Inc. 7711 N. Port Washing Road Milwaukee, WI 53217 (414) 751-7200 dkropidlowski@kapurinc.com	10,000.00	1,606.50	160.65	0.00	1,445.85	8,554.15

Sworn Statement for Contractor and Subcontractor To Owner

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

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

Application Date: **5/31/2025**
Application No.: **3**
Project No.: **208944-21**
Invoice No.: **208944-21C**

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

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

Contractor or Vendor	Contract Amount	Work Completed	Total Retained	Previously Paid	Net Amount Requested	Balance To Become Due
Third Party Testing						
Geocon Professional Services, LLC 10045 W. Lincoln Highway Frankfort, IL 60423 (815) 806-9986 GPSbilling@geoconcompanies.com	10,000.00	6,353.50	635.35	1,696.50	4,021.65	4,281.85
Design Service						
ARCON Associates, Inc. 2050 S. Finley Road, Suite 40 Lombard, IL 60148 (630) 495-1900 Dldemarakis@arconassoc.com	200,000.00	100,000.00	10,000.00	63,000.00	27,000.00	110,000.00
Spray Insulation						
To Be Determined	131,700.00	0.00	0.00	0.00	0.00	131,700.00
Signage						
APCO Graphics, Inc. P.O. Box 896815 Charlotte, NC 28289-6815 (404) 688-9000 kwright@apcosigns.com	2,620.05	0.00	0.00	0.00	0.00	2,620.05
Totals	4,441,451.00	1,530,357.73	153,035.80	386,176.48	991,145.45	3,064,129.07

Amount of Original Contract	4,441,451.00
Extras to Contract	0.00
Total Contract and Extras	4,441,451.00
Credits to Contract	0.00
Adjusted Total Contract	4,441,451.00

Completed to Date	1,482,737.73
Total Retained by Owner	153,035.80
Net Amount Earned	1,377,321.93
Previously Paid by Owner	386,176.48
Net Amount Due This Payment	991,145.45

State of Illinois

County of Cook

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

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

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

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

Subscribed and sworn before me this **2nd** day of **June, 2025**

Signed for Bear Construction Company:

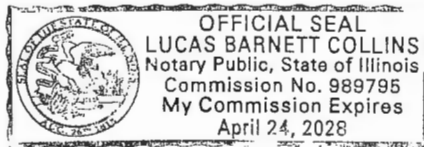
Lucas Barnett Collins

Notary Public

James S. Wienold
James S. Wienold, President

Date:

June 2, 2025



State of Illinois }
County of Cook } SS

WAIVER OF LIEN TO DATE

Waiver Not Valid Until Receipt of Payment

Gty # _____
Escrow # _____

TO WHOM IT MAY CONCERN:

WHEREAS the undersigned has been employed by: Board of Education, Crete-Monee School District #201-U to furnish: General Work - Crete Monee High School - Concession Stand for the premises known as: 1515 W Exchange Street, Crete, IL of which: Crete-Monee School District 201-U is the owner.

The undersigned, for and in consideration of: Nine Hundred Ninety-One Thousand One Hundred Forty-Five And 45 / 100 (\$991,145.45) 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: 5/31/2025

COMPANY NAME: Bear Construction Company

ADDRESS: 1501 Rohlwing Road, Rolling Meadows, IL 60008

SIGNATURE AND TITLE: _____

James S. Wienold, President

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

State of Illinois }
County of Cook } SS

CONTRACTOR'S AFFIDAVIT

TO WHOM IT MAY CONCERN:

The undersigned, James S. Wienold, being duly sworn, deposes and says that (s)he is President of Bear Construction Company who is the contractor furnishing General work on the building located at 1515 W Exchange Street, Crete, IL owned by Crete-Monee School District 201-U.

That the total amount of the contract including extras is \$4,441,451.00 on which he has received payment of \$386,176.48 prior to this payment. That all waivers are true, correct and genuine and delivered unconditionally and that there is no claim either legal or equitable to defeat the validity of said waivers. That the following are the names of all parties who have furnished material or labor, or both, for said work and all parties having contracts or sub contracts for specific portions of said work or for material entering into the construction thereof and amount due or to become due to each, and that the items mentioned include all labor and material required to complete said work according to plans and specifications:

NAMES	WHAT FOR	CONTRACT AMOUNT	AMOUNT PAID	THIS PAYMENT	BALANCE DUE
Bear Construction Company	General Work	4,441,451.00	386,176.48	991,145.45	3,064,129.07
Per Attached Sworn Statement					
TOTAL LABOR AND MATERIAL INCLUDING EXTRAS * TO COMPLETE:		4,441,451.00	386,176.48	991,145.45	3,064,129.07

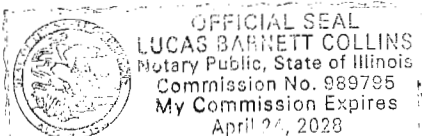
That there are no other contracts for said work outstanding, and that there is nothing due or to become due to any person for material, labor or other work of any kind done or to be done upon or in connection with said work other than above stated.

DATE: 6/2/2025

SIGNATURE: _____

James S. Wienold, President

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

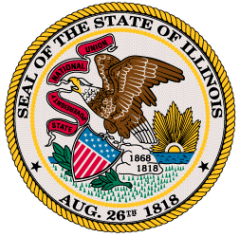


Notary Public

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

TRAILING CERTIFIED PAYROLL

Draw 2



Case #: 25-CTP-113220

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
4/5/2025 to 4/11/2025	1515 W EXCHANGE ST
Contractor Number Or FEIN	CRETE IL 60417
36-3351654	
Project Number or Name	State Capital Funds
208944-21 Crete Monee High School-concession stand	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
208944-21 Crete Monee High School-concession stand	1515 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
CHARLES EAHEART	5603	CONSTRUCTION SITE MANAGER	317 HARVARD CT	SHOREWOOD IL 60404	White	N H L	M	No	No	No	No	8155465939

G-GenderV-VeteranJ-JourneymanF-ForemanA-Apprentice

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

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
CHARLES EAHEART	P	8.00	8.00	8.00	8.00	8.00	0.00	0.00	40.00	0.00		57.69	0.00		2307.70	1584.06	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
Pension		0.00		Health		0.00		Vacation		0.00		Training		0.00			

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

SUSAN RHODES
Apr 24, 2025



Case #: 25-CTP-113234

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
4/12/2025 to 4/18/2025	1515 W EXCHANGE ST
Contractor Number Or FEIN	CRETE IL 60417
36-3351654	
Project Number or Name	State Capital Funds
208944-21 Crete Monee High School-concession stand	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
208944-21 Crete Monee High School-concession stand	1515 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
CHARLES EAHEART	5603	CONSTRUCTION SITE MANAGER	317 HARVARD CT	SHOREWOOD IL 60404	White	N H L	M	No	No	No	No	8155465939

G-GenderV-VeteranJ-JourneymanF-ForemanA-Apprentice

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

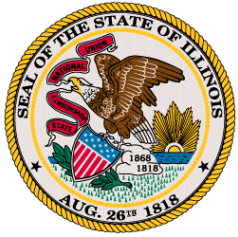
Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
CHARLES EAHEART	P	8.00	8.00	8.00	8.00	8.00	0.00	0.00	40.00	0.00		57.69	0.00		2307.70	1584.06	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	

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

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

SUSAN RHODES
Apr 24, 2025



Case #: 25-CTP-115588

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
4/14/2025 to 4/20/2025	1515 W EXCHANGE ST
Contractor Number Or FEIN	CRETE IL 60417
36-4058295	
Project Number or Name	State Capital Funds
Crete Monee High School Concession Stand	No
Agency	
Not a State Agency	

Contractor and/or Subcontractor

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

Public Body Information

Public Body Name	Public Body Address
Crete-Monee School District 201-U	1515 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
Michael Porter	8378	Foreman	6800 WHISPER GLEN DR	PLAINFIELD IL 60586	White	N H L	M	No	No	Yes	No	6304170968
Raymond Sieloff Jr.	5794	A	10921 S TROY ST	CHICAGO IL 60655	White	N H L	M	No	No	No	Yes	7087055026
Andres Heredia Jr.	7344	Apprentice	7513 W AINSLIE ST	HARWOOD HEIGHTS IL 60706	White	N H L	M	No	No	No	Yes	7205030093

G-GenderV-VeteranJ-JourneymanF-ForemanA-Apprentice

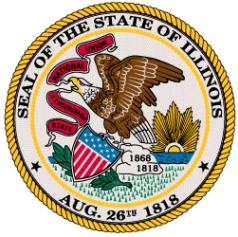
N H L- Not Hispanic or Latino
H L- Hispanic or Latino

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
Michael Porter	P	0.00	0.00	8.00	8.00	8.00	0.00	0.00	24.00	0.00		62.05	0.00		2482.00	1580.69	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
Pension		17.74	Health		17.75	Vacation		0.00	Training		2.13						
Raymond Sieloff Jr.	P	0.00	0.00	8.00	0.00	8.00	0.00	0.00	16.00	0.00		29.25	0.00		1170.00	802.57	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
Pension		11.99	Health		10.75	Vacation		0.00	Training		1.83						
Andres Heredia Jr.	P	0.00	0.00	0.00	8.00	0.00	0.00	0.00	8.00	0.00		29.25	0.00		555.75	407.48	
	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	
Pension		11.99	Health		10.75	Vacation		0.00	Training		1.83						

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

Tina Coash
Apr 25, 2025



Case #: 25-CTP-123482

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
4/19/2025 to 4/25/2025	1515 W EXCHANGE ST
Contractor Number Or FEIN	CRETE IL 60417
36-3351654	
Project Number or Name	State Capital Funds
208944-21 Crete Monee High School-concession stand	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
208944-21 Crete Monee High School-concession stand	1515 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
CHARLES EAHEART	5603	CONSTRUCTION SITE MANAGER	317 HARVARD CT	SHOREWOOD IL 60404	White	N H L	M	No	No	No	No	8155465939

G-GenderV-VeteranJ-JourneymanF-ForemanA-Apprentice

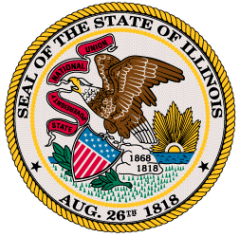
N H L- Not Hispanic or Latino
H L- Hispanic or Latino

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
CHARLES EAHEART	P	8.00	8.00	8.00	8.00	8.00	0.00	0.00	40.00	0.00		57.69	0.00		2307.70	1584.06	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
Pension		0.00		Health		0.00		Vacation		0.00		Training		0.00			

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

SUSAN RHODES
May 02, 2025



Case #: 25-CTP-130362

Illinois Department of Labor

160 N. LaSalle St Suite1300
Chicago, IL 60601

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

CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date	Project Location
4/26/2025 to 5/2/2025	1515 W EXCHANGE ST
Contractor Number Or FEIN	CRETE IL 60417
36-3351654	
Project Number or Name	State Capital Funds
208944-21 Crete Monee High School-concession stand	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
208944-21 Crete Monee High School-concession stand	1515 W EXCHANGE ST
Contact Name	CRETE IL 60417
Primary Phone	Secondary Phone

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
NICHOLAS POLITO	6677	CONSTRUC TION SITE MANAGER	11170 MADIGAN AVE	CEDAR LAKE IN 46303	Other	N H L	M	No	No	No	No	7082578134

G-GenderV-VeteranJ-JourneymanF-ForemanA-Apprentice

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

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Wor k
NICHOLA S POLITO	P	2.00	2.00	2.00	2.00	2.00	0.00	0.00	10.00	0.00		70.31	0.00		2812.75	1897.03	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
Pension		0.00		Health		0.00		Vacation		0.00		Training		0.00			

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

SUSAN RHODES
May 09, 2025



Case #: 25-CTP-121243

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
4/21/2025 to 4/27/2025	1515 W EXCHANGE ST
Contractor Number Or FEIN	CRETE IL 60417
36-3796352	
Project Number or Name	State Capital Funds
Crete Monee High School - Consession Stand	No
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	1500 S SANGAMON ST
Contact Name	CRETE IL 60417
Primary Phone	Secondary Phone
2177823049	

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Dawson MSmith	9509	Laborer	3109 ISLAND VIEW RD	ROCK FALLS IL 61071	white	N H L	m	No	Yes	No	No	8157184258
Matthew PSmith	3877	Bricklayer	3109 ISLAND VIEW RD	ROCK FALLS IL 61071	white	N H L	m	No	No	Yes	No	8156224258
Jeremy TDvorak	6308	Bricklayer	1584 LAKE HOLIDAY DR	SANDWICH IL 60548	white	N H L	m	No	No	Yes	No	7087102220
Bert SSchneider	8971	Bricklayer	1425 E ELM ST	STREATOR IL 61364	white	N H L	m	No	Yes	No	No	8158229030
Mark AForsberg	8214	Bricklayer	512 CLARK ST UNIT 2	ELGIN IL 60123	white	N H L	m	No	Yes	No	No	6303382627
Roberto Ortiz	7640	Bricklayer	2007 TUSCANY LN	ROMEOVILLE IL 60446	hispanic or latino	H L	m	No	No	No	Yes	7086760381
Michael WPignato	3277	Bricklayer	14962 W CEDAR GLEN DR	HOMER GLEN IL 60491	white	N H L	m	No	Yes	No	No	7082431597
Joseph SKies Jr	8523	Bricklayer	558 N PARK AVE	AURORA IL 60506	white	N H L	m	No	Yes	No	No	6308035549
Antonio Zepeda	8664	Laborer	905 WESTMINSTER RD	JOLIET IL 60435	hispanic or latino	H L	m	No	Yes	No	No	7737427569
Joshua Sanchez	4844	Laborer	833 N HAROLD AVE	MELROSE PARK IL 60164	hispanic or latino	H L	m	No	Yes	No	No	7735871522
Stephen KMcFall	6653	Laborer	380 E JOHN CASEY RD	BOURBONNAIS IL 60914	white	N H L	m	No	Yes	No	No	7792363050

G-GenderV-VeteranJ-JourneymanF-ForemanA-Apprentice

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

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dbl Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
Dawson MSmith	P	0.00	0.00	0.00	8.00	0.00	0.00	0.00	8.00	0.00	0.00	50.15	0.00	0.00	401.20	1150.62	
	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	0.00	0.00	
Pension		19.10	Health		15.53	Vacation		0.00	Training		0.91						
Matthew PSmith	P	0.00	0.00	0.00	8.00	0.00	0.00	0.00	8.00	0.00	0.00	57.27	0.00	0.00	458.16	1114.44	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Pension		24.54	Health		12.70	Vacation		0.00	Training		1.24						

Jeremy TDvorak	P	8.00	8.00	0.00	8.00	4.00	0.00	0.00	28.00	0.00	0.00	57.27	0.00	0.00	1603.56	903.18	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Pension		24.54		Health		12.70		Vacation		0.00		Training		1.24			

Bert SSchneider	P	8.00	0.00	0.00	6.50	2.00	0.00	0.00	11.00	0.00	0.00	52.06	0.00	0.00	572.66	443.35	
	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	0.00	0.00	
Pension		24.54		Health		12.70		Vacation		0.00		Training		1.24			

Mark AForsberg	P	8.00	8.00	0.00	8.00	2.00	0.00	0.00	26.00	0.00	0.00	52.06	0.00	0.00	1353.56	971.73	
	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		24.54		Health		12.70		Vacation		0.00		Training		1.24			

Roberto Ortiz	P	8.00	8.00	0.00	8.00	0.00	0.00	0.00	24.00	0.00	0.00	41.65	0.00	0.00	999.60	734.34	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Pension		24.54		Health		12.70		Vacation		0.00		Training		1.24			

Michael WPignato	P	8.00	8.00	0.00	0.00	3.00	0.00	0.00	19.00	0.00	0.00	52.06	0.00	0.00	989.14	856.85	
	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	0.00	0.00	
Pension		24.54		Health		12.70		Vacation		0.00		Training		1.24			

Joseph SKies Jr	P	8.00	8.00	0.00	8.00	3.00	0.00	0.00	27.00	0.00	0.00	52.06	0.00	0.00	1405.62	921.81	
	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	0.00	0.00	
Pension		24.54		Health		12.70		Vacation		0.00		Training		1.24			

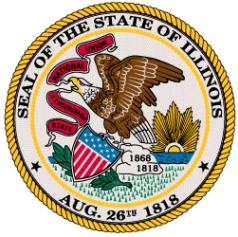
Antonio Zepeda	P	8.00	0.00	8.00	8.00	4.00	0.00	0.00	28.00	0.00	0.00	50.15	0.00	0.00	1404.20	997.39	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Pension		19.10		Health		15.53		Vacation		0.00		Training		0.91			

Joshua Sanchez	P	8.00	0.00	8.00	8.00	4.00	0.00	0.00	28.00	0.00	0.00	50.15	0.00	0.00	1404.20	1066.29	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Pension		19.10		Health		15.53		Vacation		0.00		Training		0.91			

Stephen KMcFall	P	8.00	0.00	8.00	8.00	4.00	0.00	0.00	28.00	0.00	0.00	50.15	0.00	0.00	1404.20	1011.48	
	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	0.00	0.00	
Pension		19.10		Health		15.53		Vacation		0.00		Training		0.91			

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

Rebecca L Faller
May 01, 2025



Case #: 25-CTP-122485

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
4/21/2025 to 4/27/2025	1515 W EXCHANGE ST
Contractor Number Or FEIN	CRETE IL 60417
36-4058295	
Project Number or Name	State Capital Funds
Crete-Monee High School Concession Stand	No
Agency	
Not a State Agency	

Contractor and/or Subcontractor

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

Public Body 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

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Michael Porter	8378	Foreman	6800 WHISPER GLEN DR	PLAINFIELD IL 60586	White	N H L	M	No	No	Yes	No	6304170968
Raymond Sieloff Jr.	5794	Apprentice	10921 S TROY ST	CHICAGO IL 60655	White	N H L	M	No	No	No	Yes	7087055026
Raul Garcia Aguilera	5449	Apprentice	6353 S LAWLER AVE	CHICAGO IL 60638	Hispanic or Latino	H L	M	No	No	No	Yes	7737332423

G-GenderV-VeteranJ-JourneymanF-ForemanA-Apprentice

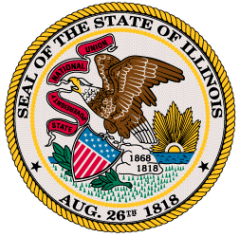
N H L- Not Hispanic or Latino
H L- Hispanic or Latino

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dbl Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
Michael Porter	P	8.00	8.00	8.00	8.00	8.00	0.00	0.00	40.00	0.00		62.05	0.00		2482.00	1580.68	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
Pension		17.74	Health		17.75	Vacation		0.00	Training		2.13						
Raymond Sieloff Jr.	P	8.00	8.00	8.00	0.00	8.00	0.00	0.00	32.00	0.00		29.25	0.00		1170.00	802.58	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
Pension		11.99	Health		10.75	Vacation		0.00	Training		1.83						
Raul Garcia Aguilera	P	0.00	0.00	0.00	8.00	0.00	0.00	0.00	8.00	0.00		21.65	0.00		346.40	256.32	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
Pension		0.00	Health		10.75	Vacation		0.00	Training		1.83						

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

Tina Coash
May 02, 2025



Case #: 25-CTP-121239

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
3/31/2025 to 4/6/2025	1515 W EXCHANGE ST
Contractor Number Or FEIN	CRETE IL 60417
208944-21012	
Project Number or Name	State Capital Funds
23173	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	7082491170

Public Body Information

Public Body Name	Public Body Address
CRETE-MONEE HIGH 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
EDWARD MWITT	1806	ELECTRICIAN	882 SANDSTONE LN	MANTENO IL 60950	White	N H L	M	No	No	Yes	No	7085347104

G-GenderV-VeteranJ-JourneymanF-ForemanA-Apprentice

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

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
EDWARD MWITT	P	0.00	3.00	0.00	0.00	0.00	0.00	0.00	3.00	0.00		61.11	0.00		2499.90	1651.64	
	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	
Pension		20.65		Health		17.74		Vacation		0.00		Training		1.38			

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
May 01, 2025



Case #: 25-CTP-121285

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
4/7/2025 to 4/13/2025	1515 W EXCHANGE ST
Contractor Number Or FEIN	CRETE IL 60417
208944-21012	
Project Number or Name	State Capital Funds
23173	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	7082491170

Public Body Information

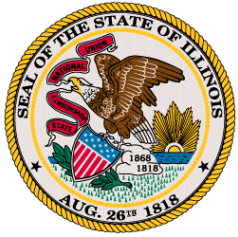
Public Body Name	Public Body Address
CRETE-MONEE HIGH SCHOOL DISTRICT 201-U	690 W EXCHANGE ST
Contact Name	CRETE IL 60417
Primary Phone	Secondary Phone

Employee Details												
Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
EDWARD MWITT	1806	ELECTRICIAN	882 SANDSTONE LN	MANTENO IL 60950	White	N H L	M	No	No	Yes	No	7085347104
STEPHEN RROMAN	4373	ELECTRICIAN	18526 MARTIN AVE	HOMEWOOD IL 60430	White	N H L	M	No	Yes	No	No	7085433199
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
EDWARD MWITT	P	0.00	5.00	8.00	0.00	3.00	0.00	0.00	16.00	0.00		61.11	0.00		2448.90	1598.32	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
Pension		20.65		Health		17.74		Vacation		0.00		Training		1.38			
STEPHEN RROMAN	P	0.00	8.00	8.00	0.00	3.00	0.00	0.00	19.00	0.00		55.55	0.00		1777.60	1281.28	
	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	
Pension		20.65		Health		17.74		Vacation		0.00		Training		1.38			

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
May 01, 2025



Case #: 25-CTP-121372

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
4/14/2025 to 4/20/2025	1515 W EXCHANGE ST
Contractor Number Or FEIN	CRETE IL 60417
208944-21012	
Project Number or Name	State Capital Funds
23173	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	7082491170

Public Body Information

Public Body Name	Public Body Address
CRETE-MONEE HIGH SCHOOL DISTRICT 201-U	690 W EXCHANGE ST
Contact Name	CRETE IL 60417
Primary Phone	Secondary Phone

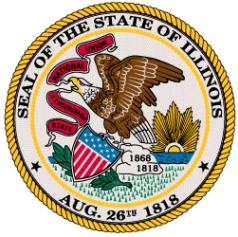
Employee Details												
Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
G-Gender		V-Veteran			J-Journeyman			F-Foreman		A-Apprentice		

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

Dana Shinkle
May 01, 2025



Case #: 25-CTP-121391

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
4/21/2025 to 4/27/2025	1515 W EXCHANGE ST
Contractor Number Or FEIN	CRETE IL 60417
208944-21012	
Project Number or Name	State Capital Funds
23173	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	7082491170

Public Body Information

Public Body Name	Public Body Address
CRETE-MONEE HIGH 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
EDWARD MWITT	1806	ELECTRICIAN	882 SANDSTONE LN	MANTENO IL 60950	White	N H L	M	No	No	Yes	No	7085347104

G-Gender

V-Veteran

J-Journeyman

F-Foreman

A-Apprentice

N H L- Not Hispanic or Latino

H L- Hispanic or Latino

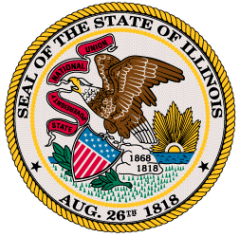
Work Classification

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
EDWARD MWITT	P	0.00	8.00	0.00	8.00	4.00	0.00	0.00	20.00	0.00		61.11	0.00		3189.72	2044.28	
	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	
Pension		20.65		Health		17.74		Vacation		0.00		Training		1.38			

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

May 01, 2025



Case #: 25-CTP-133017

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
4/6/2025 to 4/12/2025	1515 W EXCHANGE ST
Contractor Number Or FEIN	CRETE IL 60417
362443110	
Project Number or Name	State Capital Funds
208944-21	No
Agency	
Not a State Agency	

Contractor and/or Subcontractor

Company Name	Contractor Location
WIGBOLDY EXCAVATING INC	13631 KOSTNER AVE
Contact Name	CRESTWOOD IL 60418
JENNIFER MINETTI	
Primary Email	Secondary Email
INFO@WIGBOLDYEXCAVATING.COM	
Primary Phone	Secondary Phone
7083895356	

Public Body Information

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

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Kevin Wiltjer	0961	Operator	1005 JUNIPER LN	DARIEN IL 60561	White	N H L	M	No	Yes	No	No	7083895356
Nathan Wigboldy	9494	Operator	12132 S 73RD CT	PALOS HEIGHTS IL 60463	White	N H L	M	No	No	No	Yes	7083895356
Kerry London	3279	Laborer	8342 S CRANDON AVE	CHICAGO IL 60617	Black or African American	N H L	M	No	No	No	No	7083895356

G-GenderV-VeteranJ-JourneymanF-ForemanA-Apprentice

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

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
Kevin Wiltjer	P	0.00	5.00	0.00	0.00	0.00	0.00	0.00	5.00	0.00		60.45	0.00		2507.68	1639.43	
	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			
Nathan Wigboldy	P	0.00	0.00	0.00	0.00	8.00	0.00	0.00	8.00	0.00		46.25	0.00		1884.19	1217.59	
	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			
Kerry London	P	0.00	0.00	0.00	0.00	8.00	0.00	0.00	8.00	0.00		50.15	0.00		1830.48	1372.80	
	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			

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

JENNIFER MINETTI
May 13, 2025



Case #: 25-CTP-133001

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
4/13/2025 to 4/19/2025	1515 W EXCHANGE ST
Contractor Number Or FEIN	CRETE IL 60417
362443110	
Project Number or Name	State Capital Funds
208944-21	No
Agency	
Not a State Agency	

Contractor and/or Subcontractor

Company Name	Contractor Location
WIGBOLDY EXCAVATING INC	13631 KOSTNER AVE
Contact Name	CRESTWOOD IL 60418
JENNIFER MINETTI	
Primary Email	Secondary Email
INFO@WIGBOLDYEXCAVATING.COM	
Primary Phone	Secondary Phone
7083895356	

Public Body Information

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

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Nathan Wigboldy	9494	Operator	12132 S 73RD CT	PALOS HEIGHTS IL 60463	White	N H L	M	No	No	No	Yes	7083895356
Kerry London	3279	Laborer	8342 S CRANDON AVE	CHICAGO IL 60617	Black or African American	N H L	M	No	No	No	No	7083895356

G-GenderV-VeteranJ-JourneymanF-ForemanA-Apprentice

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

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
Nathan Wigboldy	P	9.00	0.00	0.00	0.00	0.00	0.00	0.00	8.00	1.00		46.25	68.38		2020.94	1298.82	
	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			

Kerry London	P	8.00	0.00	0.00	0.00	0.00	0.00	0.00	8.00	0.00		50.15	0.00		1855.55	1390.78	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
Pension		0.00		Health		0.00		Vacation		0.00		Training		0.00			

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

JENNIFER MINETTI
May 13, 2025