Case #: 23-CTP-309804

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**
10/25/2023 to 10/31/2023	1631 Gaylord
Contractor Number Or FEIN	Cresthill IL 60403
37-971661	
Project Number or Name	**State Capital Funds**
1110-800	No
Agency	
Not a State Agency	

Contractor and/or Subcontractor

Company Name	**Contractor Location**
G. A. RICH & SONS INC.	PO BOX 50
Contact Name	DEER CREEK IL 61733
Katy 0 Miller	
Primary Email	**Secondary Email**
katy@garich.com	jeurich@vissering.com
Primary Phone	**Secondary Phone**
3094476231	

Public Body Information

Public Body Name	**Public Body Address**
City of Crest Hill	1610 PLAINFIELD RD
Contact Name	CREST HILL IL 60403
0 0 0	
Primary Phone	**Secondary Phone**
0	5555555555

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
BILLY D.GALLION	7745	OPERATOR	1420 WATER ST	MORRIS IL 60450	white	N H L	m	No	Yes	No	No	8155312413
ADAM LGREENAN	6944	OPERATOR	2387 E 29TH RD	SENECA IL 61360	white	N H L	m	No	Yes	No	No	8157158413
JOHN DGREEN	2607	CARPENTER	313 E 3RD AVE	DEER CREEK IL 61733	white	N H L	m	No	Yes	Yes	No	3092083940
ANDREW SKINI	9746	PLUMBER	860 S HARVARD DR	PALATINE IL 60067	white	N H L	m	No	No	No	Yes	2244002074
KEVIN LAZAR	6971	OPERATOR	162 BERTRAM DR UNIT C	YORKVILLE IL 60560	white	N H L	m	No	No	No	Yes	3312341276
STEVEN MORONES	7208	OPERATOR	1307 KINGSTON AVE	MONTGOMERY IL 60538	other	H L	m	Yes	No	No	Yes	3312038457
SAMUEL JSTOOPS	0750	PLUMBER	400 SHAGGY BARK TRL	MORTON IL 61550	white	N H L	m	No	Yes	Yes	No	3094479921
TY ASTRAHAN	4653	LABORER	615 N 5000W RD	KANKAKEE IL 60901	white	N H L	m	No	Yes	No	No	8155463262
TRAVIS AWEBER	5609	PLUMBER	702 W MAIN ST	LEXINGTON IL 61753	white	N H L	m	No	Yes	Yes	No	3095317155
ADAM LWICKENHAUSER	0867	PLUMBER	15229 E 625 NORTH RD	HEYWORTH IL 61745	white	N H L	m	No	Yes	No	No	3098259612

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
BILLY D.GALLION	P	0.00	17.00	0.00	0.00	0.00	0.00	0.00	16.00	1.00	0.00	58.60	87.90	0.00	1025.50	1632.36	
	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 40.00 Health 57.38 Vacation 0.00 Training 0.00

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
ADAM LGREENAN	P	8.50	9.50	8.50	8.50	8.50	0.00	0.00	40.00	3.50	0.00	56.80	85.20	0.00	2570.20	1658.74	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

Pension 16.00 Health 22.95 Vacation 0.00 Training 0.00

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
JOHN DGREEN	P	0.00	16.00	0.00	0.00	0.00	0.00	0.00	16.00	0.00	0.00	41.22	0.00	0.00	659.52	3609.38	

	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	0.00	0.00	

Pension 36.88 Health 23.63 Vacation 0.00 Training 0.00

ANDREW SKINI	P	0.00	8.00	0.00	0.00	0.00	0.00	0.00	8.00	0.00	0.00	22.00	0.00	0.00	176.00	552.93	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

Pension 0.00 Health 12.00 Vacation 0.00 Training 0.00

KEVIN LAZAR	P	0.00	25.50	0.00	0.00	0.00	0.00	0.00	24.00	1.50	0.00	29.75	44.62	0.00	780.93	2319.07	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

Pension 20.68 Health 32.85 Vacation 0.00 Training 0.00

STEVEN MORONES	P	8.50	9.00	9.00	8.50	8.50	0.00	0.00	40.00	3.50	0.00	36.90	55.35	0.00	1669.72	1136.38	
	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	0.00	0.00	

Pension 14.45 Health 22.95 Vacation 0.00 Training 0.00

SAMUEL JSTOOPS	P	0.00	16.00	0.00	0.00	0.00	0.00	0.00	16.00	0.00	0.00	60.00	0.00	0.00	960.00	1429.29	
	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 31.73 Health 32.63 Vacation 0.00 Training 5.56

TY ASTRAHAN	P	0.00	8.00	0.00	0.00	0.00	0.00	0.00	8.00	0.00	0.00	48.90	0.00	0.00	391.20	1473.86	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

Pension 79.55 Health 86.85 Vacation 0.00 Training 4.55

TRAVIS AWEBER	P	8.00	9.00	8.00	8.00	8.00	0.00	0.00	40.00	1.00	0.00	58.00	87.00	0.00	2407.00	1734.75	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

Pension 9.85 Health 12.65 Vacation 0.00 Training 3.12

ADAM LWICKENHAUSER	P	8.00	9.00	8.00	0.00	8.00	0.00	0.00	32.00	1.00	0.00	56.80	85.20	0.00	1902.80	1197.04	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

Pension 17.29 Health 15.00 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

Tammy Rich Stimson

Nov 03, 2023

Case #: 23-CTP-340401

Illinois Department of Labor

160 N. LaSalle St Suite1300
Chicago, IL 60601

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

CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date	**Project Location**
11/1/2023 to 11/7/2023	1631 Gaylord
Contractor Number Or FEIN	Cresthill IL 60403
37-971661	
Project Number or Name	**State Capital Funds**
1110-800	No
Agency	
Not a State Agency	

Contractor and/or Subcontractor

Company Name	**Contractor Location**
G. A. RICH & SONS INC.	PO BOX 50
Contact Name	DEER CREEK IL 61733
Katy 0 Miller	
Primary Email	**Secondary Email**
katy@garich.com	jeurich@vissering.com
Primary Phone	**Secondary Phone**
3094476231	

Public Body Information

Public Body Name	**Public Body Address**
City of Crest Hill	1610 PLAINFIELD RD
Contact Name	CREST HILL IL 60403
0 0 0	
Primary Phone	**Secondary Phone**
0	5555555555

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
MARK PFORD	5159	STEAMFITTER	20352 S GRACELAND LN	FRANKFORT IL 60423	white	N H L	m	No	Yes	No	No	8155738021
ADAM LGREENAN	6944	OPERATOR	2387 E 29TH RD	SENECA IL 61360	white	N H L	m	No	Yes	No	No	8157158413
STEVEN MORONES	7208	OPERATOR	1307 KINGSTON AVE	MONTGOMERY IL 60538	other	H L	m	Yes	No	No	Yes	3312038457
TRAVIS AWEBER	5609	PLUMBER	702 W MAIN ST	LEXINGTON IL 61753	white	N H L	m	No	Yes	Yes	No	3095317155
ADAM LWICKENHAUSER	0867	PLUMBER	15229 E 625 NORTH RD	HEYWORTH IL 61745	white	N H L	m	No	Yes	No	No	3098259612

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
MARK PFORD	P	0.00	0.00	0.00	0.00	8.00	0.00	0.00	8.00	0.00	0.00	55.00	0.00	0.00	440.00	1222.22	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

Pension 49.25 Health 63.25 Vacation 0.00 Training 15.60

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
ADAM LGREENAN	P	0.00	8.50	8.50	8.50	8.50	0.00	0.00	32.00	2.00	0.00	56.80	85.20	0.00	1988.00	1609.29	
	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 20.00 Health 28.69 Vacation 0.00 Training 0.00

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
STEVEN MORONES	P	0.00	3.00	8.50	8.50	8.50	0.00	0.00	27.00	1.50	0.00	36.90	55.35	0.00	1079.32	1103.10	
	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 21.55 Health 34.22 Vacation 0.00 Training 0.00

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
TRAVIS AWEBER	P	0.00	3.00	8.00	0.00	8.00	0.00	0.00	19.00	0.00	0.00	58.00	0.00	0.00	1102.00	1387.75	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

Pension 16.59 Health 21.31 Vacation 0.00 Training 5.25

ADAM LWICKEN HAUSER	P	0.00	3.00	5.00	8.00	0.00	0.00	0.00	16.00	0.00	0.00	56.80	0.00	0.00	908.80	1148.28	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

Pension 34.58 Health 30.00 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

Tammy Rich Stimson

Dec 01, 2023

Case #: 23-CTP-340405

Illinois Department of Labor

160 N. LaSalle St Suite1300
Chicago, IL 60601

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

CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date	**Project Location**
11/8/2023 to 11/14/2023	1631 Gaylord
Contractor Number Or FEIN	Cresthill IL 60403
37-971661	
Project Number or Name	**State Capital Funds**
1110-800	No
Agency	
Not a State Agency	

Contractor and/or Subcontractor

Company Name	**Contractor Location**
G. A. RICH & SONS INC.	PO BOX 50
Contact Name	DEER CREEK IL 61733
Katy 0 Miller	
Primary Email	**Secondary Email**
katy@garich.com	jeurich@vissering.com
Primary Phone	**Secondary Phone**
3094476231	

Public Body Information

Public Body Name	**Public Body Address**
City of Crest Hill	1610 PLAINFIELD RD
Contact Name	CREST HILL IL 60403
0 0 0	
Primary Phone	**Secondary Phone**
0	5555555555

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
MARK PFORD	5159	STEAMFITTER	20352 S GRACELAND LN	FRANKFORT IL 60423	white	N H L	m	No	Yes	No	No	8155738021
ADAM LGREENAN	6944	OPERATOR	2387 E 29TH RD	SENECA IL 61360	white	N H L	m	No	Yes	No	No	8157158413
STEVEN MORONES	7208	OPERATOR	1307 KINGSTON AVE	MONTGOMERY IL 60538	other	H L	m	Yes	No	No	Yes	3312038457
TRAVIS AWEBER	5609	PLUMBER	702 W MAIN ST	LEXINGTON IL 61753	white	N H L	m	No	Yes	Yes	No	3095317155
ADAM LWICKENHAUSER	0867	PLUMBER	15229 E 625 NORTH RD	HEYWORTH IL 61745	white	N H L	m	No	Yes	No	No	3098259612

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
MARK PFORD	P	0.00	0.00	0.00	0.00	8.00	0.00	0.00	8.00	0.00	0.00	55.00	0.00	0.00	440.00	1141.71	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Pension	45.56		Health		58.51		Vacation	0.00		Training		14.43				
ADAM LGREENAN	P	8.50	8.50	8.50	8.50	8.50	0.00	0.00	40.00	2.50	0.00	56.80	85.20	0.00	2485.00	1609.28	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Pension	16.00		Health		22.95		Vacation	0.00		Training		0.00				
STEVEN MORONES	P	8.50	8.50	8.50	8.50	8.50	0.00	0.00	40.00	2.50	0.00	36.90	55.35	0.00	1614.37	1103.10	
	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	14.45		Health		22.95		Vacation	0.00		Training		0.00				
TRAVIS AWEBER	P	8.50	8.50	8.00	8.00	8.00	0.00	0.00	40.00	1.00	0.00	58.00	87.00	0.00	2407.00	1734.74	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Pension	9.85		Health		12.65		Vacation	0.00		Training		3.12				

ADAM LWICKEN HAUSER	P	0.00	0.00	8.00	8.00	8.00	0.00	0.00	24.00	0.00	0.00	56.80	0.00	0.00	1363.20	1415.61	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

Pension 25.79 Health 21.55 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

Tammy Rich Stimson

Dec 01, 2023

Case #: 23-CTP-340419

Illinois Department of Labor

160 N. LaSalle St Suite1300
Chicago, IL 60601

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

CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date	**Project Location**
11/15/2023 to 11/21/2023	1631 Gaylord
Contractor Number Or FEIN	Cresthill IL 60403
37-971661	
Project Number or Name	**State Capital Funds**
1110-800	No
Agency	
Not a State Agency	

Contractor and/or Subcontractor

Company Name	**Contractor Location**
G. A. RICH & SONS INC.	PO BOX 50
Contact Name	DEER CREEK IL 61733
Katy 0 Miller	
Primary Email	**Secondary Email**
katy@garich.com	jeurich@vissering.com
Primary Phone	**Secondary Phone**
3094476231	

Public Body Information

Public Body Name	**Public Body Address**
City of Crest Hill	1610 PLAINFIELD RD
Contact Name	CREST HILL IL 60403
0 0 0	
Primary Phone	**Secondary Phone**
0	5555555555

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
MARK PFORD	5159	STEAMFITTER	20352 S GRACELAND LN	FRANKFORT IL 60423	white	N H L	m	No	Yes	No	No	8155738021
ADAM LGREENAN	6944	OPERATOR	2387 E 29TH RD	SENECA IL 61360	white	N H L	m	No	Yes	No	No	8157158413
ANDREW SKINI	9746	PLUMBER	860 S HARVARD DR	PALATINE IL 60067	white	N H L	m	No	No	No	Yes	2244002074
STEVEN MORONES	7208	OPERATOR	1307 KINGSTON AVE	MONTGOMERY IL 60538	other	H L	m	Yes	No	No	Yes	3312038457
TRAVIS AWEBER	5609	PLUMBER	702 W MAIN ST	LEXINGTON IL 61753	white	N H L	m	No	Yes	Yes	No	3095317155

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
MARK PFORD	P	8.00	8.00	0.00	0.00	8.00	8.00	0.00	24.00	8.00	0.00	55.00	82.50	0.00	1980.00	1544.88	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Pension	14.78		Health		18.98		Vacation	0.00			Training	4.68				
ADAM LGREENAN	P	8.50	8.50	8.50	8.50	8.50	8.50	0.00	40.00	11.00	0.00	56.80	85.20	0.00	3209.20	2029.70	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Pension	16.00		Health		22.95		Vacation	0.00			Training	0.00				
ANDREW SKINI	P	0.00	0.00	0.00	8.00	0.00	0.00	0.00	8.00	0.00	0.00	22.00	0.00	0.00	176.00	682.11	
	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	0.00		Health		15.00		Vacation	0.00			Training	0.00				
STEVEN MORONES	P	8.50	8.50	8.50	8.50	8.50	8.50	0.00	40.00	11.00	0.00	36.90	55.35	0.00	2084.85	1386.04	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Pension	14.45		Health		22.95		Vacation	0.00			Training	0.00				

TRAVIS AWEBER	P	8.00	8.00	8.00	8.00	8.00	8.00	0.00	40.00	8.00	0.00	58.00	87.00	0.00	3016.00	2113.16	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

Pension 9.85 Health 12.65 Vacation 0.00 Training 3.12

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

Tammy Rich Stimson

Dec 01, 2023

Case #: 23-CTP-340423

Illinois Department of Labor

160 N. LaSalle St Suite1300
Chicago, IL 60601

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

CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date	**Project Location**
11/22/2023 to 11/28/2023	1631 Gaylord
Contractor Number Or FEIN	Cresthill IL 60403
37-971661	
Project Number or Name	**State Capital Funds**
1110-800	No
Agency	
Not a State Agency	

Contractor and/or Subcontractor

Company Name	**Contractor Location**
G. A. RICH & SONS INC.	PO BOX 50
Contact Name	DEER CREEK IL 61733
Katy 0 Miller	
Primary Email	**Secondary Email**
katy@garich.com	jeurich@vissering.com
Primary Phone	**Secondary Phone**
3094476231	

Public Body Information

Public Body Name	**Public Body Address**
City of Crest Hill	1610 PLAINFIELD RD
Contact Name	CREST HILL IL 60403
0 0 0	
Primary Phone	**Secondary Phone**
0	5555555555

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
MARK PFORD	5159	STEAMFITTER	20352 S GRACELAND LN	FRANKFORT IL 60423	white	N H L	m	No	Yes	No	No	8155738021
ADAM LGREENAN	6944	OPERATOR	2387 E 29TH RD	SENECA IL 61360	white	N H L	m	No	Yes	No	No	8157158413
ANDREW SKINI	9746	PLUMBER	860 S HARVARD DR	PALATINE IL 60067	white	N H L	m	No	No	No	Yes	2244002074
TRAVIS AWEBER	5609	PLUMBER	702 W MAIN ST	LEXINGTON IL 61753	white	N H L	m	No	Yes	Yes	No	3095317155

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
MARK PFORD	P	8.00	0.00	0.00	0.00	0.00	0.00	0.00	8.00	0.00	0.00	55.00	0.00	0.00	440.00	785.82	
	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	0.00	0.00	

Pension 29.55 Health 37.95 Vacation 0.00 Training 9.36

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
ADAM LGREENAN	P	8.50	0.00	8.50	0.00	0.00	0.00	0.00	16.00	1.00	0.00	56.80	85.20	0.00	994.00	1030.72	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

Pension 24.00 Health 34.43 Vacation 0.00 Training 0.00

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
ANDREW SKINI	P	0.00	0.00	8.00	0.00	0.00	0.00	0.00	8.00	0.00	0.00	22.00	0.00	0.00	176.00	423.75	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

Pension 0.00 Health 9.00 Vacation 0.00 Training 0.00

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
TRAVIS AWEBER	P	8.00	0.00	8.00	0.00	0.00	0.00	0.00	16.00	0.00	0.00	58.00	0.00	0.00	928.00	1077.22	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

Pension 14.78 Health 18.98 Vacation 0.00 Training 4.68

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

Tammy Rich Stimson

Dec 01, 2023