CONTRACTOR OR SUBCON	TRA	CTC	R									ADDI	RESS										
COMPLETE MECHA	NIC	AL	S	ER	VI	CES INC						255	1 DL	JKAN	NE DR S	STE A2.	ST CHA	RLES.	IL 60174	1			
PAYROLL NO.						OR WEEK EN	DING	ì							OCATION								
22							2/26	6/202	4				t Sev	age ·	Treatmen	nt Plant Im	nproveme	nts - City	of Crest F	lill, Crest	t Hill, IL 60	0403	
	_	2	<u>.</u>	4	ī σ	ח		S	M	DAY	AND D	ATE	IE	S			GROSS		Di	EDUCTION	vic.		NET WAGES
NAME, ADDRESS AND SOCIAL SECURITY NUMBER OF EMPLOYER	<u> </u>	Sec. 3	3 Income	Gender	Ethnic	WORK CLASSIFICATION	N	2/25	2/26	2/20	2/21	2/22	2/23	2/24	TOTAL	RATE OF			WITHHOLD			TOTAL	PAID FOR
		ω ;	ne la	us	lic.	5			Н	OURS	WORKE	D DAIL	_Y	U	HOURS	PAY	EARNED	FICA	TAX	STATE	OTHER	DEDUCT	WEEK
DANIEL J SEELEY	/26/1993						0																
23507 W DUPAGE COURT	3/18			¬ ≥	<u> </u>	≥ SU	Т								0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PLAINFIELD, IL 60544 358-70-6612	12/2						S								0.00	61.96							
MATTHEW P TIBERI	22						0																
1415 S PRINCETON AVE	/2022			¬ ₂	5 2	LA	Т								0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ARLINGTON HTS, IL 60005	/9/0				- -												0.00	0.00	0.00	0.00	0.00	0.00	0.00
327-88-5835 RUBEN N VALENCIA	+			-	-		Т								0.00	54.25							
71 SONORA DR	8/30/2023						O								0.00	0.00							
MONTGOMERY, IL 60538	30/2		-	າ ≥	₽ ⊐	LA LA	S								0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
349-64-8172	8/3						T								0.00	54.25							
							0																
							Т								0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
							S								0.00	0.00							
CHRISTOPHER A TERREL			+		_		- 	+							0.00	0.00							
322 HILL AVE	7/22/2019						O								0.00	0.00							
N AURORA, IL 60542	22/2			າ ≥	⊒ ⊐	E LA	s										0.00	0.00	0.00	0.00	0.00	0.00	0.00
355-82-2503	1/2						T								0.00	56.25							
ALEXANDER R GARRETT	22						0																
108 McKINLEY STREET	9/1/2022			∢ ≥	2 3	≥ AP	Т								0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ST CHARLES, IL 60174	9/1/						S								0.00	07.00							
349-92-6063 1. DATE OF HIRE						+									0.00	27.63							
2. IDENTIFIED SECTION 3 RESIDEN	т					TOTAL HRS. (C	OMRII	NED) THI	S PAGI	F					0.00								
3. AFFIDAVIT FOR SECTION 3 NEW		S				TOTAL TINO. (C	ווטוייו	110) 1111	o i Adi	_					0.00								
4. STATUS						TOTAL HRS. (C	OMBII	NED) CHI	CAGO	RESID	ENT				0.00								
5. GENDER	,															1							

0.00

TOTAL HRS. (COMBINED) NON-RESIDENT

6. ETHNIC GROUP

STATEMENT OF COMPLIANCE

DATE: March 1, 2024	(4) That:	
I, Michael J. Wagner , President (Name of signatory party) (Title)		ENEFITS ARE PAID TO S, FUNDS OR PROGRAMS
Do hereby state: (1) That I pay or supervise the payment of the persons employed by		
Complete Mechanical Services, Inc. on the West Sewage Treatment Plant (Contractor) (Building or Work)	b. WHERE FRINGE B	ENEFITS ARE PAID IN CASH
Improvements - City of Crest Hill project; that during the payroll period commencing on 2/20/24 and ending on 2/26/24, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either dirinally ctly to or on behalf of said Complete Mechanical Services, Inc. [Contractor or Subcontractor] from the full	□ Each laborer or mechanic listed in the as indicated on the payroll, an amount no hourly wage rate plus the amount of the contract, except as noted in Section 4 © c. EXCEPTIONS	ot less that the sum of the applicable basic required fringe benefits as listed in the
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than	EXCEPTIONS (CRAFT)	EXPLANATION
permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A),		
issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat.		
948. 63 Stat. 108. 72 Stat. 967: 76 Stat. 357: 40 U.S.C. 276c) and described below:		
	REMARKS	
(2) That any payrolls otherwise under the contract required to be submitted	NAME AND TITLE	SIGNATURE
for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less that the applicable wage rates contained in any wage determination incorporated into the	Michael J. Wagner, President	Michael Wagner
contract, that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	THE WILLFUL FALSIFICATION OF A MAY SUBJECT THE CONTRACTOR CRIMINAL PROSECUTION. SEE SEC	OR SUBCONTRACTOR TO CIVIL OR
(3) That any apprentices employed in the above period are registered with the	SECTION 231 OF TITLE 31 OF THE U	
Bureau of Apprenticeship and Training, United States Department of Labor.		

CONTRACTOR OR SUBCON	ITRA	СТО	R		T							ADDI	RESS										
COMPLETE MECHA	NIC	CAL	SE	R	VI	CES INC						255	1 DI	JKAN	NE DR S	STE A2.	ST CHA	RLES.	IL 60174				
PAYROLL NO.					F	OR WEEK END	NG								OCATION			· ·				-W-VIII-W-W	
23	_						_	202	4				t Sev	vage '	Treatmer	nt Plant Im	provemer	nts - City	of Crest H	ill, Crest	Hill, IL 60	403	
NAME. ADDRESS AND SOCIAL	=	28	3 0	5 6	5 2	m work		S	M		AND E	_	F	S			GROSS		D	EDUCTIO	NS		NET WAGES
SECURITY NUMBER OF EMPLOYER	Hire	2 Sec. 3	alus	ender	and	WORK CLASSIFICATION	t	3/3	3/4 H0	2/27 OURS \	2/28 WORK	2/29 ED DAII	3/1 Y	3/2	TOTAL HOURS	RATE OF PAY	AMOUNT EARNED	FICA	WITHHOLD TAX	STATE	OTHER	TOTAL DEDUCT	PAID FOR WEEK
DANIEL J SEELEY 23507 W DUPAGE COURT	12/26/1993			2		≲ SU	0 T								0.00	0.00	247.84	18.96	33.60	12.39	8.92	73.87	173.97
PLAINFIELD, IL 60544 358-70-6612	12/26					30	S T						4		4.00	61.96	247.04	10.96	33.60	12.39	8.92	/3.8/	173.97
MATTHEW P TIBERI 1415 S PRINCETON AVE	10/6/2022			2		\$ LA	0 T								0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ARLINGTON HTS, IL 60005 327-88-5835							S T								0.00	54.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00
RUBEN N VALENCIA 71 SONORA DR	8/30/2023			2		LA LA	0 T								0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1 SONORA DR MONTGOMERY, IL 60538 149-64-8172	8/3(S T								0.00	54.25							
							0 T								0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
- AANNA							S T								0.00	0.00							
CHRISTOPHER A TERREL 322 HILL AVE	7/22/2019			2		E LA	0 T								0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
N AURORA, IL 60542 355-82-2503	7122						S T								0.00	56.25					3.33	2.00	1134
ALEXANDER R GARRETT 108 McKINLEY STREET	9/1/2022		4			≥ AP	0 T								0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
T CHARLES, IL 60174 49-92-6063							S T								0.00	27.63	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DATE OF HIRE						10.3 33.44									11,5								
2. IDENTIFIED SECTION 3 RESIDEN		à				TOTAL HRS. (CO	MBIN	IED) TH	IIS PAGE						4.00								
AFFIDAVIT FOR SECTION 3 NEW HIRES STATUS						TOTAL HRS. (CO	MBIN	IED) CH	HICAGO	RESIDI	ENT				0.00								
5. GENDER 6. ETHNIC GROUP	DER								ON-RESI	DENT					0.00								

STATEMENT OF COMPLIANCE

DATE: March 7, 2024	(4) That:	
I, Michael J. Wagner , President (Name of signatory party) (Title)		BENEFITS ARE PAID TO IS, FUNDS OR PROGRAMS
Do hereby state: (1) That I pay or supervise the payment of the persons employed by		
Complete Mechanical Services, Inc. on the West Sewage Treatment Plant (Contractor) Improvements - City of Crest Hill project; that during the payroll period commencing on 2/27/24 and ending on 3/4/24, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either	☐ Each laborer or mechanic listed in the	ot less that the sum of the applicable basic
diriudlyectly to or on behalf of said Complete Mechanical Services, Inc. (Contractor or Subcontractor) from the full	c. EXCEPTIONS	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948. 63 Stat. 108. 72 Stat. 967: 76 Stat. 357: 40 U.S.C. 276c) and described below:	EXCEPTIONS (CRAFT)	EXPLANATION
	REMARKS	
(2) That any payrolls otherwise under the contract required to be submitted	NAME AND TITLE	SIGNATURE
for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less that the applicable wage rates contained in any wage determination incorporated into the	Michael J. Wagner, President	Michael Wagner
contract, that the classifications set forth therein for each laborer or mechanic conform with the work he performed.		ANY OF THE ABOVE STATEMENTS OR SUBCONTRACTOR TO CIVIL OR CTION 1001 OF TITLE 18 AND
(3) That any apprentices employed in the above period are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	SECTION 231 OF TITLE 31 OF THE U	

CONTRACTOR OR SUBCON	CONTRACTOR OR SUBCONTRACTOR												ADDI	RESS										
COMPLETE MECHAN	١IC	AL	SE	R														ST CHA	RLES,	IL 6017	4			
PAYROLL NO.					ı	-OR	WEEK ENDI	NG					PRO.	JECT	AND L	OCATION								
24							3/	/11	/202	4				t Sev	vage	Treatmer	nt Plant In	nproveme	nts - City	of Crest l	Hill, Cres	t Hill, IL 6	0403	
NAME, ADDRESS AND SOCIAL	1	28	2 4 S		5 G	υп	WORK		S	М		AND I	T	F	S			GROSS		D	EDUCTION	NS		NET WAGES
SECURITY NUMBER OF EMPLOYEE	dire	Sec. 3	Income	9	Gender	nnic	WORK CLASSIFICATION		3/10	3/11 F	3/5 HOURS	3/6 WORK	3/7 ED DAIL	3/8 _Y	3/9	TOTAL HOURS	RATE OF PAY	AMOUNT EARNED	FICA	WITHHOLD TAX	STATE	OTHER	TOTAL DEDUCT	PAID FOR WEEK
DANIEL J SEELEY 23507 W DUPAGE COURT PLAINFIELD, IL 60544 358-70-6612	12/26/1993		J.	> :	∑ ;	M	SU	O T S T		1		3				0.00	0.00	- 247.84	18.96	33.60	12.39	8.92	73.87	173.97
MATTHEW P TIBERI 1415 S PRINCETON AVE ARLINGTON HTS, IL 60005 327-88-5835	10/6/2022		-	> :	≥ }	8	LA	O T S T								0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
RUBEN N VALENCIA 71 SONORA DR MONTGOMERY, IL 60538 349-64-8172	8/30/2023			> :	∑ :	r	LA	O T S T								0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
								O T S T								0.00	0.00	- 0.00	0.00	0.00	0.00	0.00	0.00	0.00
CHRISTOPHER A TERREL 322 HILL AVE N AURORA, IL 60542 355-82-2503	7/22/2019		-	> :	≥ :	I	LA	O T S T								0.00	0.00 0.00 56.25	- 0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALEXANDER R GARRETT 108 McKINLEY STREET ST CHARLES, IL 60174	9/1/2022		A		≥ }	8	АР	O T S T								0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
349-92-6063 1. DATE OF HIRE 2. IDENTIFIED SECTION 3 RESIDENT 3. AFFIDAVIT FOR SECTION 3 NEW HIRES 4. STATUS 5. GENDER TOTAL HRS. (COMBINED) CHICAGO RESID								ENT		1	-	4.00				•		•	•	,				
6. ETHNIC GROUP						T	OTAL HRS. (COM	MBIN	IED) NC	N-RES	SIDENT					0.00								

STATEMENT OF COMPLIANCE

DATE: March 14, 2024	(4) That:	
I, Michael J. Wagner , President (Name of signatory party) (Title)		NEFITS ARE PAID TO FUNDS OR PROGRAMS
Do hereby state: (1) That I pay or supervise the payment of the persons employed by	X In addition to the basic hourly wage rates in the above referenced payroll, payments of have been or will be jade to appropriate pro- employer, except as noted in Section 4 © be	of fringe benefits as listed in the contractograms for the benefits of such
<u>Complete Mechanical Services, Inc.</u> on the <u>West Sewage Treatment Plant</u> (Contractor) (Building or Work)	b. WHERE FRINGE BEN	NEFITS ARE PAID IN CASH
Improvements - City of Crest Hill project; that during the payroll period commencing on 3/5/24 and ending on 3/11/24, 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 Complete Mechanical Services, Inc. (Contractor or Subcontractor) from the full	☐ Each laborer or mechanic listed in the aboas indicated on the payroll, an amount not lend hourly wage rate plus the amount of the requestract, except as noted in Section 4 © below.	ess that the sum of the applicable basic juired fringe benefits as listed in the
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than	EXCEPTIONS (CRAFT)	EXPLANATION
permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948. 63 Stat. 108. 72 Stat. 967: 76 Stat. 357: 40 U.S.C. 276c) and described below:		
	REMARKS	
(2) That any payrolls otherwise under the contract required to be submitted	NAME AND TITLE	SIGNATURE
for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less that the applicable wage rates contained in any wage determination incorporated into the	Michael J. Wagner, President	Michael Wagner
contract, that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	THE WILLFUL FALSIFICATION OF AN MAY SUBJECT THE CONTRACTOR OF CRIMINAL PROSECUTION. SEE SECT.	R SUBCONTRACTOR TO CIVIL OR

SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(3) That any apprentices employed in the above period are registered with the Bureau of Apprenticeship and Training, United States Department of

Labor.

CONTRACTOR OR SUBCON	ONTRACTOR OR SUBCONTRACTOR												ADDI	RESS										
COMPLETE MECHAN	ИC	AL	SE	R	١V	ICI	ES INC						255	1 DL	JKAN	NE DR S	STE A2,	ST CHA	RLES,	IL 6017	4			
PAYROLL NO.						FOI	R WEEK ENDI	NG								OCATION	<u>, , , , , , , , , , , , , , , , , , , </u>		·					
26							3,	/25	/2024	4				t Sev	vage	Treatmer	t Plant In	nproveme	nts - City	of Crest	Hill, Cres	t Hill, IL 6	60403	
NAME, ADDRESS AND SOCIAL	1	2 \$	3 ln		5 G	ρΠ	WORK			M	Т	Y AND I	Т		S			GROSS		D	EDUCTION	NS		NET WAGES
NAME, ADDRESS AND SOCIAL SECURITY NUMBER OF EMPLOYEE	∃ire	Sec. 3	Income		Gender	unic	WORK CLASSIFICATION		3/24			3/20 WORK			3/23	TOTAL HOURS	RATE OF PAY	AMOUNT EARNED	FICA	WITHHOLD TAX	STATE	OTHER	TOTAL DEDUCT	PAID FOR WEEK
DANIEL J SEELEY 23507 W DUPAGE COURT PLAINFIELD, IL 60544	12/26/1993		-	, :	Σ	>	SU	O T								0.00	0.00	123.92	9.48	16.80	6.20	4.46	36.94	86.98
358-70-6612 MATTHEW P TIBERI 1415 S PRINCETON AVE ARLINGTON HTS, IL 60005	10/6/2022 1:		-	> 2	Σ	>	LA	T O T			2					0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
327-88-5835	10/							S T								0.00	54.25							
RUBEN N VALENCIA 71 SONORA DR MONTGOMERY, IL 60538	8/30/2023		-	> 2	Σ	I	LA	O T								0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
349-64-8172	8/3							T								0.00	54.25							
								O T								0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
								S T								0.00	0.00							
CHRISTOPHER A TERREL 322 HILL AVE N AURORA, IL 60542	7/22/2019		_	,]	Σ	ェ	LA	O T								0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
355-82-2503	7/2							S T								0.00	56.25							
ALEXANDER R GARRETT 108 McKINLEY STREET	9/1/2022		<		Σ	×	AP	O T								0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ST CHARLES, IL 60174 349-92-6063	9/1							S T								0.00	30.29							
DATE OF HIRE IDENTIFIED SECTION 3 RESIDENT						TOTAL HRS. (COMBINED) THIS PAGE										2.00								
AFFIDAVIT FOR SECTION 3 NEW STATUS	HIRE	ES .				-	TOTAL HRS. (CO	MBIN	IED) CHI	CAGO	RESID	ENT				0.00								
5. GENDER 6. ETHNIC GROUP	NDER														0.00									

STATEMENT OF COMPLIANCE

DATE: March 28, 2024	(4) That:
I, Michael J. Wagner , President (Name of signatory party) (Title)	a. WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS
Do hereby state: (1) That I pay or supervise the payment of the persons employed by	X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be jade to appropriate programs for the benefits of such employer, except as noted in Section 4 © below.
Complete Mechanical Services, Inc. on the West Sewage Treatment Plant (Building or Work) Improvements - City of Crest Hill project; that during the payroll period commencing on 3/19/24 and ending on 3/25/24, 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 Complete Mechanical Services, Inc. from the full	b. WHERE FRINGE BENEFITS ARE PAID IN CASH ☐ Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less that the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 © below.
(Contractor or Subcontractor)	c. EXCEPTIONS
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948. 63 Stat. 108. 72 Stat. 967: 76 Stat. 357: 40 U.S.C. 276c) and described below:	EXCEPTIONS (CRAFT) EXPLANATION
	REMARKS
(2) That any payrolls otherwise under the contract required to be submitted	NAME AND TITLE SIGNATURE
for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less that the applicable wage rates contained in any wage determination incorporated into the	Michael J. Wagner, President Michael Wagner
contract, that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND
(3) That any apprentices employed in the above period are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

CONTRACTOR OR SUBCON	ONTRACTOR OR SUBCONTRACTOR												ADDF	RESS										
COMPLETE MECHAN	NIC	AL	SE	ΞR	٧	ΊC	ES INC						255	1 DL	JKAN	NE DR S	STE A2,	ST CHA	RLES,	IL 6017	4			
PAYROLL NO.						FO	R WEEK ENDI	NG								OCATION			·					
28							4	<u>l/8/</u>	2024	1				t Sev	vage	Treatmer	t Plant In	nproveme	nts - City	of Crest	Hill, Cres	t Hill, IL 6	60403	
NAME, ADDRESS AND SOCIAL	1+	25	3 2	ָ ถู	5 G	υ D	WORK		S	М		Y AND D		F	S			GROSS		D	EDUCTION	NS		NET WAGES PAID FOR
NAME, ADDRESS AND SOCIAL SECURITY NUMBER OF EMPLOYEE	ire.	Sec. 3	Income	1011	Gender	mnic	WORK CLASSIFICATION		4/7	4/8 F	4/2 HOURS	4/3 WORK	4/4 ED DAIL	4/5 .Y	4/6	TOTAL HOURS	RATE OF PAY	AMOUNT EARNED	FICA	WITHHOLD TAX	STATE	OTHER	TOTAL DEDUCT	WEEK
DANIEL J SEELEY 23507 W DUPAGE COURT PLAINFIELD, IL 60544	12/26/1993		-	¬ :	M	M	SU	O T								0.00	0.00	- 61.96	4.74	8.40	3.10	2.23	18.47	43.49
358-70-6612 MATTHEW P TIBERI 1415 S PRINCETON AVE	+							Т О Т						1		0.00	0.00							
ARLINGTON HTS, IL 60005 327-88-5835	10/6/2022		-	: כ	Σ	M	LA	S								0.00	54.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00
RUBEN N VALENCIA 71 SONORA DR MONTGOMERY, IL 60538	8/30/2023		-	o :	Σ	I	LA	0 T								0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
349-64-8172	8/3							T								0.00	54.25							
								O T								0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
								S T								0.00	0.00							
CHRISTOPHER A TERREL 322 HILL AVE N AURORA, IL 60542	7/22/2019		-	- -	Σ	ェ	LA	O T								0.00	0.00	- 0.00	0.00	0.00	0.00	0.00	0.00	0.00
355-82-2503	7/2							S T								0.00	56.25							
ALEXANDER R GARRETT 108 McKINLEY STREET	9/1/2022		<	ζ ;	Μ	M	AP	O T								0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ST CHARLES, IL 60174 349-92-6063	9/1							S T								0.00	30.29							
DATE OF HIRE IDENTIFIED SECTION 3 RESIDENT					TOTAL HRS. (COMBINED) THIS PAGE											1.00								
AFFIDAVIT FOR SECTION 3 NEW STATUS	HIRE	ES					TOTAL HRS. (COI	MBIN	IED) CH	ICAGO	RESID	ENT				0.00								
5. GENDER 6. ETHNIC GROUP							TOTAL HRS. (COI	MBIN	IED) NO	N-RES	IDENT					0.00								

STATEMENT OF COMPLIANCE

DATE: April 11, 2024	(4) That:	
I, Michael J. Wagner , President (Name of signatory party) (Title)	APPROVED PLANS	ENEFITS ARE PAID TO S, FUNDS OR PROGRAMS
Do hereby state: (1) That I pay or supervise the payment of the persons employed by		
Complete Mechanical Services, Inc. on the West Sewage Treatment Plant (Contractor) (Building or Work)	b. WHERE FRINGE B	ENEFITS ARE PAID IN CASH
Improvements - City of Crest Hill project; that during the payroll period commencing on 4/2/24 and ending on 4/8/24, 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 Complete Mechanical Services, Inc. from the full (Contractor or Subcontractor)	☐ Each laborer or mechanic listed in the as indicated on the payroll, an amount no hourly wage rate plus the amount of the rontract, except as noted in Section 4 © to EXCEPTIONS	ot less that the sum of the applicable basic required fringe benefits as listed in the
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948. 63 Stat. 108. 72 Stat. 967: 76 Stat. 357: 40 U.S.C. 276c) and described below:	EXCEPTIONS (CRAFT)	EXPLANATION
	REMARKS	
(2) That any payrolls otherwise under the contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less that the applicable wage rates contained in any wage determination incorporated into the	NAME AND TITLE Michael J. Wagner, President	SIGNATURE Michael Wagner
contract, that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	THE WILLFUL FALSIFICATION OF A MAY SUBJECT THE CONTRACTOR (CRIMINAL PROSECUTION. SEE SEC	OR SUBCONTRACTOR TO CIVIL OR
(3) That any apprentices employed in the above period are registered with the Bureau of Apprenticeship and Training, United States Department of	SECTION 231 OF TITLE 31 OF THE U	

Labor.

CONTRACTOR OR SUBCON	ONTRACTOR OR SUBCONTRACTOR												ADDI	RESS										
COMPLETE MECHAN	VIC	AL	SE	R														ST CHA	RLES,	IL 6017	4			
PAYROLL NO.					F	OR WEEK	ENDI	NG					PRO.	JECT	AND L	OCATION								
29							4,	/15	/2024	4				st Sev	vage	Treatmer	t Plant In	nproveme	nts - City	of Crest I	Hill, Cres	t Hill, IL 6	60403	
NAME, ADDRESS AND SOCIAL	1+	28	2 4 S		5 G	ு ப WOF	RK		S I	M		AND I	T	F	S			GROSS		D	EDUCTION	NS		NET WAGES
NAME, ADDRESS AND SOCIAL SECURITY NUMBER OF EMPLOYEE	dire	Sec. 3	Income	3140	Gender	WOF CLASSIFIC	CATION		4/14	4/15 H	4/9 OURS	4/10 WORK	4/11 ED DAIL		4/13	TOTAL HOURS	RATE OF PAY	AMOUNT EARNED	FICA	WITHHOLD TAX	STATE	OTHER	TOTAL DEDUCT	PAID FOR WEEK
DANIEL J SEELEY 23507 W DUPAGE COURT PLAINFIELD, IL 60544 358-70-6612	12/26/1993		J.	> :	Z Š	≶ SL	J	O T S T			8	1				0.00 9.00	0.00	- 557.64	42.66	71.82	27.88	20.07	162.43	395.21
MATTHEW P TIBERI 1415 S PRINCETON AVE ARLINGTON HTS, IL 60005 327-88-5835	10/6/2022		-	> :	≥ 3	≥ LA	A.	O T S T								0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
RUBEN N VALENCIA 71 SONORA DR MONTGOMERY, IL 60538 349-64-8172	8/30/2023		-	> :	≥ :	E LA	Λ.	O T S T								0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
								O T S T								0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CHRISTOPHER A TERREL 322 HILL AVE N AURORA, IL 60542 355-82-2503	7/22/2019		-	> :	≥ :	Ξ LA	λ	0 T S T								0.00	0.00 0.00 56.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ALEXANDER R GARRETT 108 McKINLEY STREET ST CHARLES, IL 60174 349-92-6063	9/1/2022		4		∑ }	≥ AF	Þ	O T S T								0.00	0.00	- 0.00	0.00	0.00	0.00	0.00	0.00	0.00
349-92-6063 1. DATE OF HIRE 2. IDENTIFIED SECTION 3 RESIDENT 3. AFFIDAVIT FOR SECTION 3 NEW HIRES 4. STATUS 5. GENDER TOTAL HRS. (COMBINED) CHICAGO RESIDI								ENT	1			9.00						!	•	,				
6. ETHNIC GROUP						TOTAL HR	RS. (COI	MBINI	ED) NOI	N-RESI	DENT					0.00								

STATEMENT OF COMPLIANCE

DATE: April 18, 2024	(4) That:	
I, Michael J. Wagner , President (Title) (Name of signatory party) (Title)		ENEFITS ARE PAID TO S, FUNDS OR PROGRAMS
Do hereby state: (1) That I pay or supervise the payment of the persons employed by		
Complete Mechanical Services, Inc. on the West Sewage Treatment Plant (Contractor) (Building or Work) Improvements - City of Crest Hill project; that during the payroll period commencing on 4/9/24 and ending	☐ Each laborer or mechanic listed in the a	
on 4/15/24, all persons employed on said project have been paid wthat fullwages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Complete Mechanical Services, Inc. from the full	as indicated on the payroll, an amount no hourly wage rate plus the amount of the r contract, except as noted in Section 4 © b	equired fringe benefits as listed in the
(Contractor or Subcontractor)	c. EXCEPTIONS	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948. 63 Stat. 108. 72 Stat. 967: 76 Stat. 357: 40 U.S.C. 276c) and described below:	EXCEPTIONS (CRAFT)	EXPLANATION
	REMARKS	
(2) That any payrolls otherwise under the contract required to be submitted	NAME AND TITLE	SIGNATURE
for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less that the applicable wage rates contained in any wage determination incorporated into the	Michael J. Wagner, President	Michael Wagner
contract, that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	THE WILLFUL FALSIFICATION OF A MAY SUBJECT THE CONTRACTOR (CRIMINAL PROSECUTION. SEE SEC	OR SUBCONTRACTOR TO CIVIL OR
(3) That any apprentices employed in the above period are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	SECTION 231 OF TITLE 31 OF THE U	

CONTRACTOR OR SUBCONT	TRA	СТС	R										ADDI	RESS										
COMPLETE MECHAN	ΝIC	AL	SE	R	VI	CE	ES INC						255	1 DL	JKAN	NE DR S	STE A2,	ST CHA	RLES,	IL 6017	4			
PAYROLL NO.					I	FOF	R WEEK ENDI	NG					PROJECT AND LOCATION											
30	DAY AND											t Sev	vage	Treatmer	t Plant In	nproveme	nts - City	of Crest	Hill, Cres	t Hill, IL 6	60403	_		
NAME, ADDRESS AND SOCIAL	1	28	۵ <u>۵</u>		5 06	0	WORK			M	Т	Y AND D	Τ		S			GROSS		D	EDUCTION	NS		NET WAGES
NAME, ADDRESS AND SOCIAL SECURITY NUMBER OF EMPLOYEE	∃ire	Sec. 3	4 Status		Gender	mic	WORK CLASSIFICATION		4/21	4/22 F		4/17 WORK			4/20	TOTAL HOURS	RATE OF PAY	AMOUNT EARNED	FICA	WITHHOLD TAX	STATE	OTHER	TOTAL DEDUCT	PAID FOR WEEK
DANIEL J SEELEY 23507 W DUPAGE COURT PLAINFIELD, IL 60544	12/26/1993		-) 2	∑	8	SU	O T								0.00	0.00	247.84	18.96	33.32	12.39	8.92	73.59	174.25
358-70-6612 MATTHEW P TIBERI	+		+		+			T 0			3		1			4.00	61.96							
1415 S PRINCETON AVE ARLINGTON HTS, IL 60005	10/6/2022		-	,	≥ į	≥	LA	Т								0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
327-88-5835	10/							S T								0.00	54.25							
RUBEN N VALENCIA 71 SONORA DR MONTGOMERY, IL 60538	8/30/2023		-	,]	Σ	I	LA	O T								0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
349-64-8172	8/3							S T								0.00	54.25							
								0 T								0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
								S T								0.00	0.00							
CHRISTOPHER A TERREL 322 HILL AVE	7/22/2019		-	,]	∑ :	ェ	LA	0 T								0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
N AURORA, IL 60542 355-82-2503	7/22							S T								0.00	56.25							
ALEXANDER R GARRETT 108 McKINLEY STREET	9/1/2022		4	.	∑ i	>	AP	O T								0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ST CHARLES, IL 60174 349-92-6063	9/1/				_	>	7.0	S T								0.00	30.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00
DATE OF HIRE IDENTIFIED SECTION 3 RESIDENT	Т					1	TOTAL HRS. (CO	ИBIN	IED) TH	IS PAG	E					4.00								
3. AFFIDAVIT FOR SECTION 3 NEW HIRES 4. STATUS TOTAL HRS. (COMBINED) CHICAGO RESIDENT							ENT				0.00													
5. GENDER 6. ETHNIC GROUP						1	TOTAL HRS. (COI	ИВIN	IED) NC	N-RES	IDENT					0.00								

STATEMENT OF COMPLIANCE

DATE: April 25, 2024	(4) That:	
I, Michael J. Wagner , President (Title)		ENEFITS ARE PAID TO S, FUNDS OR PROGRAMS
Do hereby state: (1) That I pay or supervise the payment of the persons employed by Complete Mechanical Services, Inc. on the West Sewage Treatment Plant (Contractor) (Building or Work) Improvements - City of Crest Hill project; that during the payroll period commencing on 4/16/24 and ending on 4/22/24, all persons employed on said project have whick fly planges earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Complete Mechanical Services, Inc. from the full (Contractor or Subcontractor)	in the above referenced payroll, payment have been or will be jade to appropriate pemployer, except as noted in Section 4 © b. WHERE FRINGE B	below. ENEFITS ARE PAID IN CASH above referenced payroll has been paid, of less that the sum of the applicable basic required fringe benefits as listed in the
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948. 63 Stat. 108. 72 Stat. 967: 76 Stat. 357: 40 U.S.C. 276c) and described below:	EXCEPTIONS (CRAFT)	EXPLANATION
	REMARKS	
(2) That any payrolls otherwise under the contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less that the applicable wage rates contained in any wage determination incorporated into the	Michael J. Wagner, President	SIGNATURE Michael Wagner
contract, that the classifications set forth therein for each laborer or mechanic conform with the work he performed. (3) That any apprentices employed in the above period are registered with the	THE WILLFUL FALSIFICATION OF A MAY SUBJECT THE CONTRACTOR OF CRIMINAL PROSECUTION. SEE SECTION 231 OF TITLE 31 OF THE U	OR SUBCONTRACTOR TO CIVIL OR CTION 1001 OF TITLE 18 AND
Bureau of Apprenticeship and Training, United States Department of Labor.	SECTION 231 OF TITLE 31 OF THE U	MILED STATES CODE.

Date 3/22/2024	Date	3	/22	/20	024
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l,	Trisha Connelly (Name of Signatory P		Assistant Payroll (Title)	
Do her	eby state:			
	(1) That I pay or	supervise the payment of the	persons employed by	
		Connelly Electric Co. (Contractor or Subcontractor)		on the
	Hill Sewage Treat encing on the (Building or Work)	ment Plant; 1631 Gaylo	rd Rd., Crest Hill, IL 60	403 ; that during the payroll period
26 th d	ay of February 2024	and ending the 3 rd day of M	arch 2024.	
		project have been paid the fu ctly to or on behalf of said	ll weekly wages earned, that	no rebates have been or will be
		Connelly Electric Co. (Contractor or Subcontractor)	from the	full
earned the Sec	by any person, other t	han permissible deduction as	defined in Regulations, Part	ctly or indirectly from the full wages 3 (29 C.F.R. Subtitle A), issued by 72 Stat. 967; 76 State. 357; 40 U.S.C
		rolls otherwise under this con	•	d for the above period are correct

applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he/she performed.

program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and

Training, United State Department of Labor, or if no such recognized agency exists in a State, are registered

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship

with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) THAT

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

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

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above reference payroll has been paid as indicated on the payroll, an amount lot less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as note in section 4(c) below.

C) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

No Hours to Report

Name and Title Signature

Trisha Connelly; Payroll Trisha Connelly Control Control

The willful falsification of any of the above statements may subject the contractor or subcontractors to civil or criminal prosecution.

US DEPARTMENT OF LABOR

Employment Standards Administration

CONTRACTOR OR SUBCONTRACTOR	Co	nnelly Electric			ADDR	ESS			10 S Addiso	on Rd., Suite	e 100						
PAYROLL NO. #58	FC	OR WEEK ENDING	3/3/	2024	PROJ	ECT A	ND LO	CATION				ant; 1631 Gayl Crest Hill, IL 60					
NAME, ADDRESS CITY, STATE ZIP CODE, TELEPHONE NUMBER AND	OF LDING TIONS	WORK		S M	T W	D RAT								CTIONS			NET
SOCIAL SECURTIY NUMBER OF EMPLOYEE	NO. OF WITHOLDING EXEMPTIONS	CLASSIFICATION		100H	RS WOI	% 62/7 RKED	چ ا چ		RATE OF PAY	GROSS AMOUNT EARNED	FICA	FEDERAL WITHHOLDING	STATE	OTHER	UNION DUES	TOTAL DEDUCTIONS	WAGES PAID FOR WEEK
No Hours to Report			O T S					0		-							
			Т					0								0	0
			O T			$\perp \perp$		0		-							
			S T					0								0	0
			O T					0									
			S T					0								0	0
			O T					0									
			S T					0								0	0
			O T					0									
			S T					0								0	0
			O T					0									
			S T					0								0	0
			O T					0									
(1) Data of Hira			S T					0								0	0

(1) Date of Hire (2) Gender (3) Ethnic

A. -White American

C. - Native American

E. - Asian/Pacific Amercian

B. -Black American
D. - Hispanic American

Date	3	/22	/2024	ļ

l,	Trisha Connelly (Name of Signatory Party)	Assistant (Titl	·
Do he	reby state:		
	(1) That I pay or supervise	the payment of the persons e	employed by
		elly Electric Co. actor or Subcontractor)	on the
	t Hill Sewage Treatment Place encing on the (Building or Work)	ant; 1631 Gaylord Rd., C	Crest Hill, IL 60403; that during the payroll period
4 th da	ay of March 2024 and ending th	e 10 th day of March 2024.	
	rsons employed on said project ha either directly or indirectly to or c		vages earned, that no rebates have been or will be
		elly Electric Co. actor or Subcontractor)	from the full
earne the Se	d by any person, other than perm	issible deduction as defined in	n made either directly or indirectly from the full wages Regulations, Part 3 (29 C.F.R. Subtitle A), issued by 948, 63 Start, 108, 72 Stat. 967; 76 State. 357; 40 U.S.C
		•	red to be submitted for the above period are correct

applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he/she performed.

program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and

Training, United State Department of Labor, or if no such recognized agency exists in a State, are registered

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship

with the Bureau of Apprenticeship and Training, United States Department of Labor.

- (4) THAT
 - (A) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS

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

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above reference payroll has been paid as indicated on the payroll, an amount lot less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as note in section 4(c) below.

C) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

No Hours to Report

Name and Title Signature

Trisha Connelly; Payroll Trisha Connelly Strikla Connelly Edition Control Strikla Connelly Edition Control Strikla Connell Str

The willful falsification of any of the above statements may subject the contractor or subcontractors to civil or criminal prosecution.

US DEPARTMENT OF LABOR

Employment Standards Administration

CONTRACTOR OR SUBCONTRACTOR	Co	nnelly Electric			ADDF	RESS				0 S Addisc	on Rd., Suite	100						
PAYROLL NO. #59	FC	OR WEEK ENDING	3/1	0/202	4 PRO	JECT	AND	LO					ant; 1631 Gaylo Crest Hill, IL 60					
NAME, ADDRESS CITY, STATE ZIP CODE, TELEPHONE NUMBER AND	OF LDING TIONS	WORK		S M	T V		TE F	S							CTIONS			NET
SOCIAL SECURTIY NUMBER OF EMPLOYEE	NO. OF WITHOLDING EXEMPTIONS	CLASSIFICATION		HOU	k k RS WO	% <u>%</u> RKEI		6/E LY	TOTAL HOURS		GROSS AMOUNT EARNED	FICA	FEDERAL WITHHOLDING	STATE	OTHER	UNION DUES	TOTAL DEDUCTIONS	WAGES PAID FOR WEEK
No Hours to Report			O T S						0									
			Т						0								0	0
			O T						0									
			S T						0								0	0
			O T						0									
			S T						0								0	0
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			S T						0								0	0
			O T						0									
			S T						0								0	0
			O T						0									
			S T						0								0	0
			O T						0									
(1) Data of Hira			S T						0								0	0

(1) Date of Hire (2) Gender (3) Ethnic

A. -White American

C. - Native American

E. - Asian/Pacific Amercian

B. -Black American
D. - Hispanic American

Date	3	/22	/2024	ļ

l,	Trisha Connelly (Name of Signatory Party)	Assistant (Tit	t Payroll itle)	
Do he	reby state:			
	(1) That I pay or supervise t	the payment of the persons of	employed by	
		Ily Electric Co. tor or Subcontractor)	on the	
	t Hill Sewage Treatment Pla encing on the (Building or Work)	nt; 1631 Gaylord Rd., (Crest Hill, IL 60403; that during the payroll peri	od
11 th c	day of March 2024 and ending th	e 17 th day of March 2024	4.	
	rsons employed on said project hav either directly or indirectly to or or		wages earned, that no rebates have been or will be	
		Ily Electric Co. tor or Subcontractor)	from the full	
earne the Se	d by any person, other than permis	sible deduction as defined in	en made either directly or indirectly from the full waj in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by . 948, 63 Start, 108, 72 Stat. 967; 76 State. 357; 40 U	
		•	ired to be submitted for the above period are correc nechanics contained therein are not less than the	:t

applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he/she performed.

program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and

Training, United State Department of Labor, or if no such recognized agency exists in a State, are registered

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship

with the Bureau of Apprenticeship and Training, United States Department of Labor.

- (4) THAT
- (A) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS

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

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above reference payroll has been paid as indicated on the payroll, an amount lot less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as note in section 4(c) below.

C) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

No Hours to Report

Name and Title	Signature
Trisha Connelly; Payroll_	Trisha Connelly Digitally signed by Trisha Connelly Dis Cell. Etricha connell(s) Eletric Charles (Section 2) Eletric (Section

The willful falsification of any of the above statements may subject the contractor or subcontractors to civil or criminal prosecution.

US DEPARTMENT OF LABOR

Employment Standards Administration

CONTRACTOR OR SUBCONTRACTOR	Co	nnelly Electric			ADDR	RESS) S Addisc	n Rd., Suite	100						
PAYROLL NO. #60	FC	OR WEEK ENDING	3/1	7/2024	PROJ	ECT	AND	LOC					ant; 1631 Gayl Crest Hill, IL 60					
NAME, ADDRESS CITY, STATE ZIP CODE, TELEPHONE NUMBER AND	OF LDING TIONS	WORK		S M	T W			S							CTIONS			NET
SOCIAL SECURTIY NUMBER OF EMPLOYEE	NO. OF WITHOLDING EXEMPTIONS	CLASSIFICATION	-	MOH 3/10	3 4 5 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	8KED 8/13 8/13		A 3/16	TOTAL HOURS		GROSS AMOUNT EARNED	FICA	FEDERAL WITHHOLDING	STATE	OTHER	UNION DUES	TOTAL DEDUCTIONS	WAGES PAID FOR WEEK
No Hours to Report			O T S						0									
			Т						0								0	0
			O T						0									
			S T						0								0	0
			O T						0									
			S T						0								0	0
			O T						0									
			S T						0								0	0
			O T						0									
			S T						0								0	0
			O T						0									
			S T						0								0	0
			O T						0									
(1) Data of Hira			S T						0								0	0

(1) Date of Hire (2) Gender (3) Ethnic

A. -White American

C. - Native American

E. - Asian/Pacific Amercian

B. -Black American
D. - Hispanic American

	Date	4	/2	/21	02	4
--	------	---	----	-----	----	---

l,	Trisha Connelly (Name of Signatory Party)	Assistant Payroll (Title)
Do hereby	state:	
	(1) That I pay or supervise the payment of the	e persons employed by
	Connelly Electric Co. (Contractor or Subcontractor	on the
	II Sewage Treatment Plant; 1631 Gaylo ing on the (Building or Work)	ord Rd., Crest Hill, IL 60403; that during the payroll period
18 th day	of March 2024 and ending the 24th day of Ma	arch 2024.
•	s employed on said project have been paid the fu er directly or indirectly to or on behalf of said	ıll weekly wages earned, that no rebates have been or will be
	Connelly Electric Co. (Contractor or Subcontractor	from the full)
earned by the Secret	any person, other than permissible deduction as	n have been made either directly or indirectly from the full wages defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by d (48 Stat. 948, 63 Start, 108, 72 Stat. 967; 76 State. 357; 40 U.S.C
		ntact required to be submitted for the above period are correct press or mechanics contained therein are not less than the

applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he/she performed.

program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and

Training, United State Department of Labor, or if no such recognized agency exists in a State, are registered

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship

with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) THAT

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

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

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above reference payroll has been paid as indicated on the payroll, an amount lot less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as note in section 4(c) below.

C) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

Name and Title Signature

Trisha Connelly; Payroll Trisha Connelly (Control of Control o

The willful falsification of any of the above statements may subject the contractor or subcontractors to civil or criminal prosecution.

US DEPARTMENT OF LABOR

Employment Standards Administration

CONTRACTOR OR SUBCONTRACTOR	Со	nnelly Electric			Α	DDF	RESS	3				n Rd., Suite	100						
PAYROLL NO. #61	FC	OR WEEK ENDING	3/2	4/202	24 P	RO	JECT	AND	LOC	ATION	dison, IL 6 Crest Hill 9	Sewage Tre		nt; 1631 Gaylo Frest Hill, IL 604					
NAME, ADDRESS CITY, STATE ZIP CODE, TELEPHONE NUMBER AND	OF LDING TIONS	WORK		s N			ND R		S					restriii, iL oo-		CTIONS			NET
SOCIAL SECURTIY NUMBER OF EMPLOYEE	NO. OF WITHOLDING EXEMPTIONS	CLASSIFICATION	-	3/17	URS	3/19	0Z/g DRKE	3/21 AD DE	3/53 JLY	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	FEDERAL WITHHOLDING	STATE	OTHER	UNION DUES	TOTAL DEDUCTIONS	WAGES PAID FOR WEEK
Zane Roth 1100 N Raynor Ave. Joliet, IL 60435	1	Electrician Foreman	O T S							0		-							
XXX-XX-4077 815-953-1086			T O	+	4 6	5.5	8	8	+	26.5	56.68	2182.18	166.94	342.39	105.38		136.31	751.02	1431.16
			S T							0								0	0
			O T							0									
			S T							0								0	0
			0 T							0		-							
			S T					-		0								0	0
			T					+		0		-							
			T							0								0	0
			T							0		<u> </u>							
			O	+						0								0	0
			S T							0		-						0	0

(1) Date of Hire (2) Gender (3) Ethnic

A. -White American

C. - Native American

E. - Asian/Pacific Amercian

B. -Black American
D. - Hispanic American

Date	4	12	/20	124
Date	-		/ _ \	, _ +

l,	Trisha Connelly (Name of Signatory Part		Assistant Payroll (Title)
Do here	oy state:		
	(1) That I pay or so	upervise the payment of the	persons employed by
		Connelly Electric Co. (Contractor or Subcontractor)	on the
	Hill Sewage Treatm cing on the (Building or Work)	ent Plant; 1631 Gayloı	d Rd., Crest Hill, IL 60403; that during the payroll period
25 th da	y of March 2024 and	ending the 31st day of Mar	ch 2024.
		oject have been paid the ful y to or on behalf of said	weekly wages earned, that no rebates have been or will be
		Connelly Electric Co. (Contractor or Subcontractor)	from the full
earned bethe the Secr	y any person, other tha	n permissible deduction as o	nave been made either directly or indirectly from the full wages lefined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by (48 Stat. 948, 63 Start, 108, 72 Stat. 967; 76 State. 357; 40 U.S.C
	and complete;	that the wage rates for labor	act required to be submitted for the above period are correct ers or mechanics contained therein are not less than the e determination incorporated into the contract; that the

classifications set forth therein for each laborer or mechanic conform with the work he/she performed.

program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and

Training, United State Department of Labor, or if no such recognized agency exists in a State, are registered

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship

with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) THAT

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

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

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above reference payroll has been paid as indicated on the payroll, an amount lot less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as note in section 4(c) below.

C) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

Name and Title

Signature

Trisha Connelly; Payroll

Trisha Connelly

Diction could by Trisha Connelly

Extraction connelly @connelly@con

The willful falsification of any of the above statements may subject the contractor or subcontractors to civil or criminal prosecution.

US DEPARTMENT OF LABOR

Employment Standards Administration

CONTRACTOR OR SUBCONTRACTOR	Co	nnelly Electric			ADDF	RESS					n Rd., Suite	100						
PAYROLL NO. #62	F	OR WEEK ENDING	3/31	/2024	PRO	JECT .	AND L	OC.	ATION	dison, IL 6 Crest Hill S	0101 Sewage Tre		nt; 1631 Gaylo Crest Hill, IL 604					
NAME, ADDRESS CITY, STATE ZIP CODE, TELEPHONE NUMBER AND	OF LDING TIONS	WORK	5		DAY AI	ND RA		S							CTIONS			NET
SOCIAL SECURTIY NUMBER OF EMPLOYEE	NO. OF WITHOLDING EXEMPTIONS	CLASSIFICATION		3/24 3/25 3/25		2/S DRKEI	0 7 8 8 8 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9	3/30	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	FEDERAL WITHHOLDING	STATE	OTHER	UNION DUES	TOTAL DEDUCTIONS	WAGES PAID FOR WEEK
Zane Roth 1100 N Raynor Ave. Joliet, IL 60435	1	Electrician Foreman	0 T S						0									
XXX-XX-4077 815-953-1086			T				2		2	56.68	2267.2	173.45	362.79	109.58		141.62	787.44	1479.76
			T S						0									
			Т	_					0								0	0
			0 T						0									
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			O T						0									
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			S T						0								0	0
			O T						0									
			S T						0								0	0
			O T						0									
(A) Data of History			S T						0								0	0

(1) Date of Hire (2) Gender (3) Ethnic

A. -White American

C. - Native American

E. - Asian/Pacific Amercian

B. -Black American
D. - Hispanic American

Date 4/29/2024	ate 4/29	/2024
----------------	----------	-------

l,	Trisha Connelly (Name of Signatory Party)	Assistant Payroll (Title)
Do hereby	state:	
	(1) That I pay or supervise the payment of the	e persons employed by
	Connelly Electric Co. (Contractor or Subcontractor)	on the
Crest Hi		ord Rd., Crest Hill, IL 60403; that during the payroll period
1st day o	f April 2024 and ending the 7 th day of April 20	024.
•	s employed on said project have been paid the fu er directly or indirectly to or on behalf of said	III weekly wages earned, that no rebates have been or will be
	Connelly Electric Co. (Contractor or Subcontractor)	from the full
earned by the Secret	any person, other than permissible deduction as	have been made either directly or indirectly from the full wages defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by d (48 Stat. 948, 63 Start, 108, 72 Stat. 967; 76 State. 357; 40 U.S.C
	and complete; that the wage rates for labo	stact required to be submitted for the above period are correct orers or mechanics contained therein are not less than the ge determination incorporated into the contract; that the

classifications set forth therein for each laborer or mechanic conform with the work he/she performed.

program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and

Training, United State Department of Labor, or if no such recognized agency exists in a State, are registered

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship

with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) THAT

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

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

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above reference payroll has been paid as indicated on the payroll, an amount lot less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as note in section 4(c) below.

C) EXCEPTIONS

EXPLANATION

REMARKS:

Name and Title Signature

Trisha Connelly; Payroll Trisha Connelly Signature

Trisha Connelly; Payroll Trisha Connelly Signature by Trisha Connell Signature by Trish

The willful falsification of any of the above statements may subject the contractor or subcontractors to civil or criminal prosecution.

US DEPARTMENT OF LABOR

Employment Standards Administration

CONTRACTOR OR SUBCONTRACTOR Connelly Electric					ADDRESS 40 S Addison Rd., Suite 100 Addison, IL 60101														
PAYROLL NO. #63	F	OR WEEK ENDING	4/7/2	2024	PR	OJE	CT A	ND I	LOC					nt; 1631 Gaylo Crest Hill, IL 604					
NAME, ADDRESS CITY, STATE ZIP CODE, TELEPHONE NUMBER AND	NO. OF WITHOLDING EXEMPTIONS	WORK		S M		\neg	RA1		S							CTIONS			NET
SOCIAL SECURTIY NUMBER OF EMPLOYEE	NO. WITHO	CLASSIFICATION	_	3/31 10H	RS V	y S VOR	KED 44	DAII		TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	FEDERAL WITHHOLDING	STATE	OTHER	UNION DUES	TOTAL DEDUCTIONS	WAGES PAID FOR WEEK
Zane Roth 1100 N Raynor Ave. Joliet, IL 60435	1	Electrician Foreman	O T S							0									
XXX-XX-4077 815-953-1086			Т	2	5	8	3			15	56.68	2097.16	160.43	322.66	101.17		131	715.26	1381.9
Kyle Szepelak 5065 W. 9000 N Rd. Manteno, IL 60950	0	Electrician Foreman	O T S	-						0									
XXX-XX-4781 815-791-9780			Т			-	8	8		16	56.68	1860.8	142.36	252.47	92.11		100	586.94	1273.86
			0 T							0									
			S T							0								0	0
			0 T							0									
			S T							0								0	0
			O T							0									
			S T							0								0	0
			O T							0									
			S T							0								0	0
			O T							0									
(4) Data of History			S T							0								0	0

(1) Date of Hire (2) Gender (3) Ethnic

A. -White American

C. - Native American

B. -Black American
D. - Hispanic American

E. - Asian/Pacific Amercian

US DEPARTMENT OF LABOR

Employment Standards Administration

Employment Standards Administration		I A D F	DECC			40	O A -1-1:	D-1 0t-	400									
CONTRACTOR OR SUBCONTRACTOR	Cc	nnelly Electric			ADL	RESS	•			S Addisor dison, IL 6	Rd., Suite	100						
PAYROLL NO. #64	I_	OR WEEK ENDING	1/1	4/2024	DDC	LECT	. V V I	2100				otmont Dla	nt; 1631 Gaylo	rd Dd				
PAYROLL NO. #64	F	JR WEEK ENDING	4/14	1/2024	PRC	JJECI	AINL	J LOC	ATION	Crest mill 3	sewage rre		rit, 1631 Gaylo Frest Hill, IL 604					
			1 1)) 	ND R	ΛTE				I		iest fill, iL 002	103				
NAME, ADDRESS CITY, STATE ZIP	5 S					1 1			-									
CODE. TELEPHONE NUMBER AND	NO. OF WITHOLDING EXEMPTIONS	WORK		S M	Т	w 1	· F	S						DEDU	CTIONS			NET
SOCIAL SECURTIY NUMBER OF	o. o 년	CLASSIFICATION						21 6			GROSS							WAGES
EMPLOYEE	Z E E			4/7	4/9	4/10	4/11 4/13 4/13		TOTAL	RATE	AMOUNT		FEDERAL			UNION	TOTAL	PAID FOR
	≥ iii			HOU		ORKE			HOURS	OF PAY	EARNED	FICA	WITHHOLDING	STATE	OTHER	DUES	DEDUCTIONS	WEEK
Rhett Claevs		C																
301 E. Cleveland St.		Electrician	Т	.					0									
Ladd, IL 61329	0	Apprentice	S				1				1							
XXX-XX-3758 815-303-8683		''	Т	8	4				12	28.6	1144	87.52	99.13	56.63		74.38	317.66	826.34
Zane Roth			0															
1100 N Raynor Ave.	1	Electrician	Т	1					1	85.02								
Joliet, IL 60435	1	Foreman	S															
XXX-XX-4077 815-953-1086			Т	.			8		8	56.68	2352.22	179.94	383.2	113.79		146.18	823.11	1529.11
Kyle Szepelak			0															
5065 W. 9000 N Rd.		Electrician	Т	.					0									
Manteno, IL 60950	0	Foreman	S				1				1							
XXX-XX-4781 815-791-9780			Т	.	8	4	- 1 8	8	20	56.68	1718.04	131.42	221.07	85.04		101.23	538.76	1179.28
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			Т						0								0	0

(1) Date of Hire (2) Gender (3) Ethnic

A. -White American

C. - Native American

E. - Asian/Pacific Amercian

B. -Black American
D. - Hispanic American

Date	1	/20	12	าว	л
Date	4	129	/ Z!	UZ.	4

l,	Trisha Connelly (Name of Signatory Party)	Assistant Payrol (Title)	I
Do herek	py state:		
	(1) That I pay or supervise the pa	syment of the persons employ	ved by
	Connelly Ele (Contractor or		on the
	iill Sewage Treatment Plant; 1 cing on the (Building or Work)	631 Gaylord Rd., Crest	Hill, IL 60403; that during the payroll period
15 th day	of April 2024 and ending the 21st of	day of April 2024.	
•	ns employed on said project have bee her directly or indirectly to or on beha		earned, that no rebates have been or will be
	Connelly El (Contractor or	ectric Co. Subcontractor)	from the full
earned b	y any person, other than permissible	deduction as defined in Regul	e either directly or indirectly from the full wages ations, Part 3 (29 C.F.R. Subtitle A), issued by 3 Start, 108, 72 Stat. 967; 76 State. 357; 40 U.S.C
	(2) That any payrolls otherwise u	nder this contact required to	be submitted for the above period are correct

applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he/she performed.

program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and

Training, United State Department of Labor, or if no such recognized agency exists in a State, are registered

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship

with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) THAT

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

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

(B) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above reference payroll has been paid as indicated on the payroll, an amount lot less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as note in section 4(c) below.

C) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

Name and Title

Signature

Display upsectly Tracks Cornelly

Trisha Connelly; Payroll

Trisha Connelly; Payroll

The willful falsification of any of the above statements may subject the contractor or subcontractors to civil or criminal prosecution.

US DEPARTMENT OF LABOR

Employment Standards Administration

CONTRACTOR OR SUBCONTRACTOR	NTRACTOR OR SUBCONTRACTOR Connelly Electric						ADDRESS 40 S Addison Rd., Suite 100 Addison, IL 60101												
PAYROLL NO. #65	FC	OR WEEK ENDING	4/21	/202	4 PRC	JEC	IA T	ND L	OC					nt; 1631 Gaylo rest Hill, IL 604					
NAME, ADDRESS CITY, STATE ZIP CODE, TELEPHONE NUMBER AND	OF DING TIONS	WORK		S N	DAY AND RATE				S					rest Hill, IL 604		ICTIONS			NET
SOCIAL SECURTIY NUMBER OF EMPLOYEE	NO. OF WITHOLDING EXEMPTIONS	CLASSIFICATION	-		JRS W		ED 4/18	DAII	≺ 4/20	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	FEDERAL WITHHOLDING	STATE	OTHER	UNION DUES	TOTAL DEDUCTIONS	WAGES PAID FOR WEEK
Dustin Fleischauer 4279 Main St. Kankakee, IL 60901	0	Electrician Apprentice	O T S	4						0									
XXX-XX-3063 815-545-3531 Zane Roth 1100 N Raynor Ave.		Electrician	T O T					8		8	28.6	1144	87.52	99.13	56.63		74.38	317.66	826.34
Joliet, IL 60435 XXX-XX-4077 815-953-1086	1	Foreman	S T			8	8	8		24	56.68	2267.2	173.44	362.79	109.58		141.62	787.43	1479.77
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			T O T							0								0	0
			S T							0								0	0
			O T S							0									
			T O T							0								0	0
			S T							0								0	0
			O T S							0									
			T							0								0	0

(1) Date of Hire (2) Gender (3) Ethnic

A. -White American

C. - Native American

E. - Asian/Pacific Amercian

B. -Black American
D. - Hispanic American



Case #: 24-CTP-114665

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 TO STATE OF THE SECOND								
PAY PERIOD									
Payroll Date	Project Location								
3/27/2024 to 4/2/2024	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									
C	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								
cp@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	55555555								

				Employe	e Deta	ils						
Name	Last4SSN	Classificati on	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
BILLY D.GALLION	7745	OPERATOR	1420 WATER ST	MORRIS IL 60450	white	NHL	m	No	Yes	No	No	8155312413
TRAVIS AWEBER	5609	STEAMFITT ER	702 W MAIN ST	LEXINGTO N IL 61753	white	NHL	m	No	Yes	Yes	No	3095317155
ADAM LWICKENHAUSE R	0867	PLUMBER	201 E CLEVELAND ST	HEYWORT H IL 61745	white	NHL	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

								١	Nork Cla	assifica	ition						
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
BILLY D.GALLIO N	Р	8.50	0.00	8.50	8.50	8.50	0.00	0.00	32.00	2.00	0.00	58.60	87.90	0.00	2051.00	1346.34	
	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	
	Pen	sion	16.00		Healt	h	22.95		Vacation	0.00		Training	0.00				
TRAVIS AWEBER	Р	8.50	0.00	8.00	8.00	8.00	0.00	0.00	32.00	0.50	0.00	58.00	87.00	0.00	1899.50	1721.35	
	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	
	Pen	sion	12.27		Healt	h	15.76		Vacation	0.00		Training	3.89				
ADAM LWICKEN HAUSER	Р	8.00	0.00	8.00	8.00	8.00	0.00	0.00	32.00	0.00	0.00	56.80	0.00	0.00	1817.60	1406.21	
	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	
	Pen	sion	21.61		Healt	h	18.75		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 Apr 26, 2024



Case #: 24-CTP-114669

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

GEITTI IEB									
PAY PERIOD									
Payroll Date	Project Location								
4/3/2024 to 4/9/2024	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								
cp@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	55555555								

				Employe	e Deta	ils						
Name	Last4SSN	Classificati on	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
BILLY D.GALLION	7745	OPERATOR	1420 WATER ST	MORRIS IL 60450	white	NHL	m	No	Yes	No	No	8155312413
TRAVIS AWEBER	5609	STEAMFITT ER	702 W MAIN ST	LEXINGTO N IL 61753	white	NHL	m	No	Yes	Yes	No	3095317155
ADAM LWICKENHAUSE R	0867	PLUMBER	201 E CLEVELAND ST	HEYWORT H IL 61745	white	NHL	m	No	Yes	No	No	3098259612

G-Gender V-Veteran J-Journeyman A-Apprentice F-Foreman

N H L- Not Hispanic or Latino

H L- Hispanic or Latino

								١	Nork Cla	assifica	ition						
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
BILLY D.GALLIO N	Р	0.00	8.50	0.00	8.50	8.50	0.00	0.00	24.00	1.50	0.00	58.60	87.90	0.00	1538.25	1346.33	
	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	0.00	0.00	
	Pen	sion	21.33		Healt	h	30.60		Vacation	0.00		Training	0.00				
TRAVIS AWEBER	Р	8.00	8.50	0.00	8.00	8.00	0.00	0.00	32.00	0.50	0.00	58.00	87.00	0.00	1899.50	1426.88	
	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	0.00	0.00	
	Pen	sion	9.85		Healt	h	12.65		Vacation	0.00		Training	3.12				
ADAM LWICKEN HAUSER	Р	8.00	8.00	0.00	8.00	8.00	0.00	0.00	32.00	0.00	0.00	56.80	0.00	0.00	1817.60	1406.21	
	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	0.00	0.00	
	Pen	sion	21.61		Healt	h	18.75		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 Apr 26, 2024



Case #: 24-CTP-114672

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	TRANSCRIPT OF PATROLL FORM											
	PAY PERIOD											
Payroll Date	Project Location											
4/10/2024 to 4/16/2024	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											
cp@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	55555555											

	Employee Details													
Name	Last4SSN	Classificati on	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber		
BILLY D.GALLION	7745	OPERATOR	1420 WATER ST	MORRIS IL 60450	white	NHL	m	No	Yes	No	No	8155312413		
MARK PFORD	5159	STEAMFITT ER	20352 S GRACELAND LN	FRANKFO RT IL 60423	white	NHL	m	No	Yes	No	No	8155738021		
STEVEN MORONES	7208	OPERATOR	1307 KINGSTON AVE	MONTGO MERY IL 60538	other	HL	m	Yes	No	No	Yes	3312038457		
TRAVIS AWEBER	5609	STEAMFITT ER	702 W MAIN ST	LEXINGTO N IL 61753	white	NHL	m	No	Yes	Yes	No	3095317155		
ADAM LWICKENHAUSE R	0867	PLUMBER	201 E CLEVELAND ST	HEYWORT H IL 61745	white	NHL	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

								١	Nork Cla	assifica	ition						
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
BILLY D.GALLIO N	Р	8.50	8.50	8.50	8.50	8.50	0.00	0.00	40.00	2.50	0.00	58.60	87.90	0.00	2563.75	1642.31	
	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	0.00	0.00	
Pension 16.00 Health						22.95		Vacation	0.00		Training	0.00					
MARK PFORD	Р	8.00	8.00	0.00	0.00	0.00	0.00	0.00	16.00	0.00	0.00	55.00	0.00	0.00	880.00	1230.28	
	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	0.00	0.00	
	Pension 24.63 Health 31.63					Vacation 0.00 Training					7.80						
STEVEN MORONE S	Р	0.00	8.50	0.00	0.00	0.00	0.00	0.00	8.00	0.50	0.00	36.90	55.35	0.00	322.87	965.86	
	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	0.00	0.00	
	Pen	sion	71.40		Healt	h	113.4	0	Vacation	0.00		Training	0.00				•
TRAVIS AWEBER	Р	8.50	8.00	8.00	8.00	8.00	0.00	0.00	40.00	0.50	0.00	58.00	87.00	0.00	2363.50	1721.35	
	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	0.00	0.00	
	Pen	sion	9.85		Healt	h	12.65		Vacation	0.00		Training	3.12				

ADAM LWICKEN HAUSER	Р	8.00	8.00	9.50	8.00	8.00	0.00	0.00	40.00	1.50	0.00	56.80	85.20	0.00	2399.80	1478.04	
	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	0.00	0.00	
Pension 17.2		17.29		Health	1	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 Apr 26, 2024



Case #: 24-CTP-114674

Illinois Department of Labor

160 N. LaSalle St Suite1300 Chicago, IL 60601

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CERTIFIED TRANSCRIPT OF PAYROLL FORM

CLITTIED	TRANSCRIPT OF PATROLL FORM										
Payroll Date	Project Location										
4/17/2024 to 4/23/2024	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										
cp@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	55555555										

				Employe	e Deta	ils						
Name	Last4SSN	Classificati on	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
BILLY D.GALLION	7745	OPERATOR	1420 WATER ST	MORRIS IL 60450	white	NHL	m	No	Yes	No	No	8155312413
MARK PFORD	5159	STEAMFITT ER	20352 S GRACELAND LN	FRANKFO RT IL 60423	white	NHL	m	No	Yes	No	No	8155738021
KEVIN LAZAR	6971	OPERATOR	162 BERTRAM DR UNIT C	YORKVILL E IL 60560	white	NHL	m	No	No	No	Yes	3312341276
TRAVIS AWEBER	5609	STEAMFITT ER	702 W MAIN ST	LEXINGTO N IL 61753	white	NHL	m	No	Yes	Yes	No	3095317155
ADAM LWICKENHAUSE R	0867	PLUMBER	201 E CLEVELAND ST	HEYWORT H IL 61745	white	NHL	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 ame Mon Tue Wed Thr Fri Sat Sun Straight Tot OT Dub Tim Hourly OT Dbl Gross Net No																
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
BILLY D.GALLIO N	Р	8.50	8.50	8.50	8.50	8.50	0.00	0.00	40.00	2.50	0.00	58.60	87.90	0.00	2563.75	1642.30	
	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	0.00	0.00	
	Pen	sion	16.00		Healt	h	22.95		Vacation	0.00		Training	0.00				
MARK PFORD	Р	0.00	0.00	8.00	0.00	0.00	0.00	0.00	8.00	0.00	0.00	55.00	0.00	0.00	440.00	1231.38	
	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	0.00	0.00	
	Pen	sion	48.02		Healt	h	61.67		Vacation	0.00		Training	15.21				
KEVIN LAZAR	Р	8.50	0.00	0.00	0.00	8.00	0.00	0.00	16.00	0.50	0.00	36.90	55.35	0.00	618.07	980.36	
	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	0.00	0.00	
	Pen	sion	38.10		Healt	h	60.50		Vacation	0.00		Training	0.00				
TRAVIS AWEBER	Р	8.00	8.00	8.00	8.00	8.00	0.00	0.00	40.00	0.00	0.00	58.00	0.00	0.00	2320.00	1693.65	
	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	0.00	0.00	
Pension 9.85 Health 12.65 Vacation										0.00		Training	3.12		_	_	-

ADAM	Р	8.00	8.00	8.00	8.00	0.00	0.00	0.00	32.00	0.00	0.00	56.80	0.00	0.00	1817.60	1156.36	
LWICKEN																	
HAUSER																	
	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	
	Pen	sion	17.29		Health	1	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 Apr 26, 2024

PAYROLL

U.S. Wage and Hour Division

Rev. Dec. 2008

Wage and Hour Division

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

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

NAME OF CONTRACTOR OR SUBCONTR	ACTOR _	VISSERING (COI	NSTRUCTION	۷ C	0		DDRES		ARK INDU	STRIAL	DRIVE,	STREA	TOR, IL	61364	OMB No.: Expires:	: 1235-0008 01/31/2015
PAYROLL NO. 063		FOR WEEK ENDING 04.02.2		4					ST HILL W	on WTP - 1631	GAYLO	RD RD, (CREST H		VCC JC	T NO. OB #11108.0	00
(1)	(2) SNO SNO	(3)	ST.	(4) DAY AND W TH FR S	S DAT	E M	T	(5)	(6)	(7)			DED	(8) UCTIONS			(9) NET
NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	OT. OF	HOURS WORKE	D EAC	CH DAY		OTAL OURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX			OTHER	TOTAL DEDUCTIONS	WAGES PAID
SEE ATTACHED BREAKDOWNS			o s														
			o s														
			0														
			0														
			0														
			0														
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			0 S														

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DoL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and tone the project accompanied by a signed "Statement of Compliance" indicating that the payroll and to the project payrolls are correct and complete and through the information review the information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

Date <u>04.02.2024</u>		(b) WHERE FRINGE BENEFITS ARE	PAID IN CASH
JULIE EURICH PROJECT ADMINISTRA	ATOR		
(Name of Signatory Party) (Titl do hereby state:	e)	as indicated on the public basic hourly wage ra	chanic listed in the above referenced payroll has been paid, payroll, an amount not less than the sum of the applicable ate plus the amount of the required fringe benefits as listed up to so the plus the amount of the required fringe benefits as listed up to so the plus the amount of the required fringe benefits as listed up to so the plus the
(1) That I pay or supervise the payment of the persons employed by		,	(c) 201011
VISSERING CONSTRUCTION COMPANY	on the	(c) EXCEPTIONS	
(Contractor or Subcontractor)		EXCEPTION (CRAFT)	EXPLANATION
CREST HILL WWTP - CREST HILL, IL ; that during the payroll period (Building or Work)			
27TH day of MARCH , 2024 and ending the 2ND day of APF	RIL <u>, 2024</u> ,		
all persons employed on said project have been paid the full weekly wages earned, the been or will be made either directly or indirectly to or on behalf of said	at no rebates have		
VISSERING CONSTRUCTION COMPA	ANY from the full		
(Contractor or Subcontractor)	non the fall		
weekly wages earned by any person and that no deductions have been made either di from the full wages earned by any person, other than permissible deductions as defined 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as a	d in Řegulations, Part		
63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:			
		REMARKS:	
(2) That any payrolls otherwise under this contract required to be submitted for the correct and complete; that the wage rates for laborers or mechanics contained therein applicable wage rates contained in any wage determination incorporated into the contraset forth therein for each laborer or mechanic conform with the work he performed.	are not less than the		
(3) That any apprentices employed in the above period are duly registered in a bon program registered with a State apprenticeship agency recognized by the Bureau of Ap Training, United States Department of Labor, or if no such recognized agency exists in with the Bureau of Apprenticeship and Training, United States Department of Labor.	prenticeship and		
(4) That:		NAME AND TITLE	SIGNATURE
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS	3, OR PROGRAMS	Julie Eurich,	Ordin Eurich
 in addition to the basic hourly wage rates paid to each laborer 	or mechanic listed in	Project Administrator	y were word
the above referenced payroll, payments of fringe benefits as I have been or will be made to appropriate programs for the benef except as noted in section 4(c) below.	listed in the contract		BOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR CUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITL

DALTON BRUST		EMPLOYEE TRAI	DE: LAB	LA	BORER							
905 WEST 1ST STREET SPRING VALLEY, IL 61362 XXX-XX-7218 Caucasian Male S - 0 Reg OT				Mon	Tue H 2.00 2	lours 4.00 4	Rate Frin	ge Fringe	This Job	Gross	FWH SWH Other FICA SUI/SDI Deducts 109.36 59.91 45.39 92.59	Net 903.03
JOHN W DAVIS		EMPLOYEE TRAI	DE: CEMFIN	I CE	MENT FI	NISHER	ι					
	Wed 8.00	Thu Fri	Sat Sun	Mon	Tue H 5.00 3	lours	Rate Frin 19.55	ge Fringe	This Job	2,427.95	FWH SWH Other FICA SUI/SDI Deducts 324.92 120.18 157.81	
VINCENT T DZIERZYNSKI		EMPLOYEE TRA	DE: OP EN	G OP	ERATOR							
512 E LINCOLN AVE CHERRY, IL 61317 XXX-XX-3967 Caucasian Male S - 0 Reg	Wed	03-28 03-29			Tue H	lours	Rate Frin	ge Fringe	This Job	Total Gross 2,293.60	FWH SWH Other FICA SUI/SDI Deducts 388.97 113.53 316.89 175.47	Net 1,298.74
DOMINIC GUERRINI		EMPLOYEE TRA	DE: MILL	AP	PRENTIC	CE						
	Wed 8.00	03-28 03-29 Thu Fri 8.00 8.00	Sat Sun	Mon	Tue H 5.00 3	lours	Rate Frin 28.01	ge Fringe	This Job	Total Gross 1,372.49	FWH SWH Other FICA SUI/SDI Deducts 107.80 67.94 65.65	
Reg OT	Wed 8.00	Thu Fri 0-8.00-8.00- 0-2.00-	Sat Sun	Mon 8.00-	Tue H 5.00-	dours 37.00	Rate Frin	ge Fringe	This Job	Gross 1,372.49-		Net 5- 1,026.10-
Reg OT	Wed 8.00	7 03-28 03-29 Thu Fri 0 8.00 8.00 0 2.00	Sat Sun	Mon	Tue H 5.00 3	Hours 37.00 2	Rate Frin	ge Fringe	This Job	Gross 1,335.74	FWH SWH Other FICA SUI/SDI Deducts 103.39 66.12 64.10	Net 3 999.86
BRIAN GUZMAN		EMPLOYEE TRA	DE: CARP									
1800 FOXFIELD dRIVE JOLIET, IL 60435 XXX-XX-2651 Caucasian Male M - 0 Reg OT	Wed		Sat Sun	Mon	Tue F	Hours 34.00 5	Rate Frin	ige Fringe	This Job	Gross 1,881.60	FWH SWH Other FICA SUI/SDI Deducts 299.48 93.14 83.89	
JUSTIN HALLIDAY 245 S ROBIN CT		EMPLOYEE TRA	DE: CARP	CA	RPENTER	R						
COAL CITY, IL 60416 XXX-XX-6675 Caucasian Male	Wed	7 03-28 03-29 Thu Fri 0 8.00 8.00	Sat Sun	Mon	Tue F	Hours	Rate Fri	ge Fringe	This Job	Gross	FWH SWH Other FICA SUI/SDI Deducts 281.61 90.48 81.6 139.82	
BRIAN HINTZ 12805 GRANDE PINES BLVD		EMPLOYEE TRA	DE: IRWRK	IR	ONWORE	R						
PLAINFIELD, IL 60585	03-23 Wed	7 03-28 03-29 Thu Fri	03-30 03-33 Sat Sun	Mon	04-02 Tue H 2.00 I	Hours	Rate Fri	ish Hrly ige Fringe	Gross This Job 490.00 490.00	490.00	FWH SWH Other FICA SUI/SDI Deducts 17.65 24.26 21.6 37.48	
RYAN J MARENDA 362 N 24TH ROAD		EMPLOYEE TRA	DE: CARP	CA	RPENTE	R						
OGLESBY, IL 61348 XXX-XX-9445 Caucasian Male	Wed 8.00	7 03-28 03-29 Thu Fri 0 8.00 8.00 .50	Sat Sun	Mon	Tue I	Hours 36.00 5	C. Rate Fri: 55.76 11.52	ash Hrly nge Fringe	This Job	2,063.12	FWH SWH Other FICA SUI/SDI Deducts 315.17 99.82 91.6	
DAVE MAYBERRY 18825 EAGLE DR		EMPLOYEE TRA	DE: LAB	LA	BORER							
MORRIS, IL 60450 XXX-XX-5247 Caucasian Male	Wed 8.00	7 03-28 03-29 Thu Fri 0 8.00 8.00 1.00		Mon	Tue H	Hours	Rate Fri 48.90		Gross This Job 1,956.00 73.35 2,029.35	Gross 2,029.35		
EDWARD MILLS JR 501 N 4509TH RD		EMPLOYEE TRA	ADE: CEMFI	N FI	NISHER							
MENDOTA, IL 61342 XXX-XX-7933 Caucasian Male S - 0 Reg	Wed	7 03-28 03-29 Thu Fri 8.00 1.00	03-30 03-3 Sat Sun	1 04-01 Mon	Tue l	Total Hours 8.00	Rate Fri 46.25	ash Hrly nge Fringe		Gross 860.10		

Certified Payroll Report For the Period Ending: 04-02-2024

XXX-XX-3707 Caucasian Male	EMPLOYEE TRADE: OP ENG OPERATOR 3-27 03-28 03-29 03-30 03-31 04-01 04-02 Total Cash Hrly Gross Total FWH SWH Other Wed Thu Fri Sat Sun Mon Tue Hours Rate Fringe Fringe This Job Gross FICA SUI/SDI Deducts 8.00 8.00 8.00 8.00 8.00 8.00 2.00 34.00 57.30 1,948.20 1,948.20 308.08 96.44 126.45 1,2	Net 268.19
S - 0 Reg	8.00 8.00 8.00 8.00 2.00 34.00 57.30 1,948.20 1,948.20 308.08 96.44 126.45 1,2 1,948.20 149.04	200113
JEREMIAH S STERR 121 STADIUM DRIVE	EMPLOYEE TRADE: LAB LABORER	
JOLIET, IL 60435 XXX-XX-1474 Caucasian Male	3-27 03-28 03-29 03-30 03-31 04-01 04-02 Total Cash Hrly Gross Total FWH SWH Other Wed Thu Fri Sat Sun Mon Tue Hours Rate Fringe Fringe This Job Gross FICA SUI/SDI Deducts 8.00 8.00 8.00 8.00 8.00 4.00 36.00 48.90 1,760.40 1,833.75 246.52 90.77 68.77 1,3 1.00 73.35 73.35 1,833.75 140.29	Net 287.40
MARCUS WELSH	EMPLOYEE TRADE: CARP CARPENTER	
XXX-XX-6946 Caucasian Male	3-27 03-28 03-29 03-30 03-31 04-01 04-02 Total Cash Hrly Gross Total FWH SWH Other Wed Thu Fri Sat Sun Mon Tue Hours Rate Fringe Fringe This Job Gross FICA SUI/SDI Deducts 8.00 8.00 8.00 8.00 8.00 2.00 34.00 53.76 1,827.84 1,827.84 281.61 90.48 81.61 1,827.84 139.83	Net 234.31
LOGAN WILLIAMSON	EMPLOYEE TRADE: CARP APPRENTICE	
		Net 546.39
JOHN W ZIEL	EMPLOYEE TRADE: MILL MILLWRIGHT	
M - 0 Reg	3-27 03-28 03-29 03-30 03-31 04-01 04-02 Total Cash Hrly Gross Total FWH SWH Other Wed Thu Fri Sat Sun Mon Tue Hours Rate Fringe Fringe This Job Gross FICA SUI/SDI Deducts 8.00 8.00 8.00 8.00 8.00 8.00 6.00115.96 2,145.26 2,841.02 365.79 140.63 103.84 2, 4.00 2.00 6.00115.96 2,841.02 217.33	Net 013.43
3	3-27 03-28 03-29 03-30 03-31 04-01 04-02 Total Cash Hrly Gross Total FWH SWH Other Wed Thu Fri Sat Sun Mon Tue Hours Rate Fringe Fringe This Job Gross FICA SUI/SDI Deducts 8.00- 8.00- 8.00- 8.00- 8.00- 8.00- 6.00115.96 2,145.26- 2,841.02- 365.79- 140.63- 103.84- 2,400- 2.00- 6.00115.96 217.33-	Net 013.43-
Reg OT	wed the fit 3at 3ah Mon ide Modis Rate fittige tittige into 500 52555 1255 555 555	Net 990.62
Totals for CREST HILL WEST	TP	
	Saturday Sunday Monday Idesday Mours	Net 17.43

PAYROLL

U.S. Wage and Hour Division

Rev. Dec. 2008

Wage and Hour Division

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

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

NAME OF CONTRACTOR OR SUBCONTRACTOR ADDRESS OMB No.: 1235-0008 175 BENCHMARK INDUSTRIAL DRIVE, STREATOR, IL 61364 VISSERING CONSTRUCTION CO Expires: 01/31/2015 PROJECT OR CONTRACT NO. PROJECT AND LOCATION FOR WEEK ENDING PAYROLL NO. CREST HILL WWTP - 1631 GAYLORD RD, CREST HILL, IL VCC JOB #11108.00 064 04.09.2024 (1) (3) (4) DAY AND DATE (9) (2) (5) (6) (7) NO. OF WITHHOLDING EXEMPTIONS DEDUCTIONS Т W TH FR S S M NET NAME AND INDIVIDUAL IDENTIFYING NUMBER **GROSS** WITH-WAGES (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY WORK TOTAL RATE AMOUNT HOLDING TOTAL PAID NUMBER) OF WORKER CLASSIFICATION HOURS WORKED EACH DAY HOURS OF PAY **EARNED FICA** TAX OTHER DEDUCTIONS FOR WEEK SEE ATTACHED BREAKDOWNS

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

Public Burden Statement

Date _	04.09.2024			(b) WHERE FRINGE BENEF	ITS ARE PAID IN CASH	
	JULIE EURICH	PROJECT ADMINISTRATOR		<u> </u>		
',	(Name of Signatory Party)	(Title)		as indicated	d on the payroll, an amount not le	e referenced payroll has been paid, ess than the sum of the applicable
do here	eby state:				y wage rate plus the amount of the act, except as noted in section 4	ne required fringe benefits as listed
(1) That I pay or supervise the payment of the	persons employed by			ac, 5/00pt ac 11010a 111 0001011 1	(0) 2010
	VISSERING CONSTRUCTION COM	IPANY	on the	(c) EXCEPTIONS		
	(Contractor or Sub	•		EXCEPTION (CRAFT	Γ)	EXPLANATION
CRES	ST HILL WWTP - CREST HILL, IL (Building or Work)	; that during the payroll period comm	nencing on the			
3RE		ending the 9TH day of APRIL	2024			
	sons employed on said project have been par r will be made either directly or indirectly to c	d the full weekly wages earned, that no re	ebates have			
	VISSERING	CONSTRUCTION COMPANY	from the full			
	(Contractor or Su	ubcontractor)				
from th	wages earned by any person and that no de full wages earned by any person, other that	n permissible deductions as defined in Ŕe	gulations, Part			
3 (29 C 63 Stat	C.F.R. Subtitle A), issued by the Secretary of t. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C.	Labor under the Copeland Act, as amende § 3145), and described below:	ed (48 Stat. 948,			
				REMARKS:	•	
(2)	That any payrolls otherwise under this con	tract required to be submitted for the abov	e period are			
applica	and complete; that the wage rates for laborable wage rates contained in any wage deterr	nination incorporated into the contract; that	t less than the the classifications			
set fort	h therein for each laborer or mechanic confo	rm with the work he performed.				
	That any apprentices employed in the abov					
Trainin	m registered with a State apprenticeship age g, United States Department of Labor, or if n e Bureau of Apprenticeship and Training, Un	o such recognized agency exists in a State	esnip and e, are registered			
(4)) That:					
. ,	(a) WHERE FRINGE BENEFITS ARE PA	ID TO APPROVED PLANS, FUNDS, OR F	PROGRAMS	NAME AND TITLE Julie Eurich,	SIGNATURE	Ordie Eurich
	_ in addition to the basic hour	ly wage rates paid to each laborer or med	chanic listed in	Project Administrator		Grille Wrich
	the above referenced payro	II, payments of fringe benefits as listed in	the contract	THE WILLFUL FALSIFICATION OF ANY		
	have been or will be made to except as noted in section 4(appropriate programs for the benefit of su c) below.	ch employees,	SUBCONTRACTOR TO CIVIL OR CRIMINA 31 OF THE UNITED STATES CODE.	AL PROSECUTION. SEE SECTION 100	1 OF TITLE 18 AND SECTION 231 OF TITL

DALTON BRUST		EMPLO	YEE TR	ADE:	LAB	la	ABORER								
905 WEST 1ST STREET SPRING VALLEY, IL 61362 XXX-XX-7218 Caucasian Male S - 0 Rec	Wed	Thu		Sat			Tue	Hours		Fringe		This Job	Total Gross 1,220.55	FWH SWH Other FICA SUI/SDI Deducts 111.62 60.42 116.10	Net 839.03
												586.80		93.38	
JOHN W DAVIS 1175 MAGNOLIA RD		EMPLO	YEE TRA	ADE:	CEMFIN	C	EMENT	FINISH	ER						
MAGNOLIA, IL 61336 XXX-XX-4833 Caucasian Male M - 0 Reg	Wed		Fri				Tue	Hours 8.00		Fringe	Fringe		Total Gross 2,675.70	FWH 5WH Other FICA SUI/SDI Deducts 379.42 132.45 134.71 204.68	Net 1,824.44
VINCENT T DZIERZYNSKI		EMPLO	YEE TRA	ADE:	OP ENG	io.	PERATO	iR							
512 E LINCOLN AVE CHERRY, 1L 61317	84-03									Cash	Hrly	Gross	Total	FWH SWH Other	
XXX-XX-3967 Caucasian Male S ~ 0	Wed					Mon	Tue		Rate	Fringe		This Job	Gross 4,280.32	FICA SUI/SDI Deducts 903.67 211.88 404.49 327.45	Net 2,432.83
DOMINIC GUERRINI		EMPLO	YEE TRA	ADE:	MILL	A	PPRENT	ICE							
1104 N RAILROAD ST SEATONVILLE, IL 61359 XXX-XX-6384 Caucasian Male H - 0 Reg	Wed		Fri					Hours 0,00	Rate	Fringe			Total Gross 1,541.46	FWH SWH Other Fica SUI/SDI Deducts 128.07 76.30 123.99	Net 1,095:18
BRIAN GUZMAN		PMPLO	VER TRE	NOF-	CARD							244.00		444,92	
1800 FOXFIELD dRIVE JOLIET, IL 60435 XXX-XX-2651 Caucasian Male M - 0 Reg	04-03 Wed	04-04 Thu	04-09	04-06 Sat	04-07	Mon	Tue	Hours	Rate	Fringe	Fringe	This Job 1,505.28	Total Gross 1,505.28	FWH SWH Other FICA SUI/SDI Deducts 254.33 74.51 67.21	Net 994.08
JUSTIN HALLIDAY		PMHTON	YEE TRA	Note .	espp	61	RPENT	FD				1,505.28		115.19	
245 S ROBIN CT COAL CITY, IL 60416	04-03									Cash	Hrly	Gross	Total	FWH SWH Other	
XXX-XX-6675 Caucasian Male S: - 0 Reg	Wed	Thu 4.00	Frl			Mon	Tue	Hours	Rate	Fringe	Fringe	This Job 1,075.20 1,075.20	Gross	FICA SUI/SDI Deducts 116.02 53.22 48.01 82.26	Net 775.69
BRIAN HINTZ 12805 GRANDE PINES BLVD		EMPLOY	YEE TRA	ADE:	IRWRK	IF	RONWOR	ER							
PLAINFIELD, IL 60585 XXX-XX-7390 Caucasian Male M - 0 Reg	Wed			Sat	Sun	Mon	Tue	Hours	Rate	Cash Fringe	Fringe		Total Gross 1,421.00	FWH SWH Other FICA SUI/SDI Deducts 123.98 70.34 62.64 108.70	Net 1,055,34
RYAN J MARENDA		EMPLOY	YEE TRA	DB:	CARP	CF	RPENT	ER							
36Z N 24TH BOAD OGLESBY, IL 61340 XXX-XX-9445 Caucasian Male 5 - 1 Reg	Wed	Thu				Mon	Tue	Hours	Rate	Cash Fringe	Fringe			FWH SWH Other FICA SUI/SDI Deducts 253.84 86.02 79.37 136.50	Net 1,228.58
		EMPLOY	EE TRA	DE:	LAB	LA	BORER								
18825 EAGLE DR MORRIS, 11. 60450 XXX-XX-5247 Caucasian Male S - 0 Reg	Wed		Fri			Mon	Tue			Fringe	Hrly Fringe	Gross This Job 1,858.20 1,858.20		FWH SWH Other FICA SUI/SDI Deducts 251.90 91.98 69.68 142.15	Net 1,302.49
EDWARD MILLS JR		EMPLOY	EE TRA	DE:	CEMFIN	FI	NISHE	R							
501 N 4509TH RD MENDOTA, IL 61342 XXX-XX-7933 Caucasian Male S - 0 Reg							Tue		Rate			Gross This Job 370.00 370.00	Total Gross 694.00	FWH SWH Other FICA SUI/SDI Deducts 45.13 34.35 53.12 53.08	Net 508.32
JOSH MONTERASTELLI		EMPLOY	EE TRA	DE:	IRWRK	IP	ONWOR	KER							
344 W. FLORENCE ST OGLESBY, IL 61348										Cash		Gross	Total Gross	FWH SWH Other FICA SUI/SDI Deducts	Net
MXX-XX-2389 Caucasian Male H - 2 Reg	wed	mu	311	pat	Sun					eringe			1,904.80		865.70
CALVIN NICKEL 106 NORTH CHURCH ST		EMPLOY	EE TRA	DE:	OP ENG	OP	ERATO	R							
LAMOILLE, IL 61330 XXX-XX-3707 Caucasian Male	Wed	Thu		Sat	Sun	Mon	Tue	Hours	Rate	Fringe	Fringe	Gross This Job 1,833.60 1,833.60		FWH SWH Other FICA SUI/SDI Deducts 282.87 90.76 119.01 140.27	Net 1,200.69
JEREMIAH S STERR 121 STADIUM DRIVE		EMPLOY	EE TRA	DE: 1	LAB	LA	BORER								
JOLIET, IL 60435 XXX-XX-1474 Caucasian Male		Thu			Sun	Mon 8,00	Tue	Hours	Rate		Fringe	Gross This Job 1,369.20 1,369.20	Total Gross 1,369.20	FWH SWH Other FICA SUI/SDI Deducts 144.32 67.78 51.35 104.74	Net 1,001.01

Certified Payroll Report For the Period Ending: 04-09-2024

Job: 11108-0- CREST HILL WEST WWITE

MARCUS WELSE EMPLOYEE TRADE: CARP CARPENTER

MARCUS MELSH
812 S MATER ST.
WILMINGTON, IL 60481 04-03 04-04 04-05 04-06 04-07 04-08 04-09 Total Cash Hrly Gross Total FWH SWH Other
XXX-XX-6946 Caucasian Male Wed Thu Fri Sat Sun Mon Tue Hours Rate Fringe Tringe Tring 1,505.28

EMPLOYEE TRADE: MILL MILLWRIGHT JOHN W ZIEL

404 ELM STREET 404 ELM STREET
SEATONVILLE, IL 61359 04-03 04-04 04-05 04-06 04-07 04-08 04-09 Total Cash Hrly Gross
XXX-XX-9288 Caucasian Male Wed Thu Fri Sat Sun Mon Tue Hours Rate Fringe Fringe This Job
M - 0 Reg 8.00 8.00 57.23 457.84
OT 2.00 2.0014.46 228,92 SWH Other Total FWH. FICA SUI/SDI Deducts Gross 457.84 4,646.87 772.42 230.02 386.37 2,902,57 Reg 2.00114.46 2.00

686.76 355.49

Totals for CREST HILL WEST WWTP

04-03-24 04-04-24 04-05-24 04-06-24 04-07-24 04-08-24 04-08-24 Total Total Gross Wednesdy Thursday Friday Saturday Sunday Monday Tuesday 8,00 72.00 59.00 .00 72.00 86.00 Deductions This Job Hours Gross 15932.32 29,315.78 FWH 4,176,92 FICA 2,242.65 SWH 1,444.21 SDI ,00 19,063,72

SDI ,00 Other 2,380.26

PAYROLL

forms/wh347instr.htm)

U.S. Wage and Hour Division

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Public Burden Statement

Date <u>04.16.2024</u>	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
JULIE EURICH PROJECT ADMINISTRATOR	
(Name of Signatory Party) (Title)	 Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable
do hereby state:	basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.
(1) That I pay or supervise the payment of the persons employed by	(c) EXCEPTIONS
VISSERING CONSTRUCTION COMPANY on the	
(Contractor or Subcontractor)	EXCEPTION (CRAFT) EXPLANATION
CREST HILL WWTP - CREST HILL, IL ; that during the payroll period commencing on the (Building or Work)	,
10TH day of APRIL , 2024, and ending the 16TH day of APRIL , 2024	,
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	
VISSERING CONSTRUCTION COMPANY from the f	idli
(Contractor or Subcontractor)	ип
weekly wages earned by any person and that no deductions have been made either directly or indirectly	
from the full wages earned by any person, other than permissible deductions as defined in Regulations, Pal 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 963 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	t 48,
	REMARKS:
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classificate forth therein for each laborer or mechanic conform with the work he performed.	
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are register with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	NAME AND TITLE SIGNATURE
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	Julie Eurich,
 in addition to the basic hourly wage rates paid to each laborer or mechanic listed in 	Project Administrator
the above referenced payroll, payments of fringe benefits as listed in the contrac have been or will be made to appropriate programs for the benefit of such employees except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR

SHAWN M. BROWN		EMPLO	YEE TRA	ADE:	BRKLYR	В	RICKLA	YER								
1462 NORTH 18TH ROAD STREATOR, IL 61364 XXX-XX-8064 Caucasian Male M - 0 Reg	Wed					Mon	Tue	Hours	Rate	Fringe	Fringe	This Job	Gross 2,032.40		Other Deducta 115.20	Net 1,463.77
JOHN W DAVIS		EMPLO	YEE TRA	ADE:	CEMFIN	C	EMENT	FINISH	ER							
1175 MAGNOLIA RD MAGNOLIA, IL 61336 XXX-XX-4833 Caucasian Male M - 0 Reg OT	Wed		04-12 Eri				Tue	Hours 8.00	Rate	Fringe	Fringe	Gross This Job 396.40 247.75 644.15	Gross 6,144,20	FWH SWH FICA SUI/SDI 1181,78 304.14		Net 3,937,35
DALLAS FREEMAN		EMPLO	YEE TRA	ADE:	LAB	La	ABORER									
339 ELM ST OGLESBY, IL 61J48 XXX-XX-8682 Caucasian Male 8 -10 Reg	Wed			sat	Sun	Mon	Tue	Hours	Rate	Fringe	Fringe	This Job	Tótal Gross 1,956.00	FWH SWH FICA SUI/SDI 127,88 89.90	Deducts	Net 1,077,15
BRIAN GUZMAN		EMPLO	YEE TRA	ADE:	CARP											
Reg	Wed 8.00	Thu 8.00	Fri. 8:00	Sat	Sun	Mon	Tue B.00	Hours	Rate 53.76	Fringe			2,166.40	FWH SWH FICA SUI/SDI 333.66 107.24		Net 1,463.11
JUSTIN HALLIDAY 245 S ROBIN CT		EMPLO	YEE TRA	ADE:	CARP	C	ARPENT	ER								
245 S ROBIN CT COAL CITY, IL 60416 XXX-XX-6675 Caucasian Male S - d Reg	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Hours	Rate 53:76	Fringe	Fringe	This Job		FWR SWH FICA SUI/SDI 317.09 98.40		Net 1,332,60
BRIAN HINTZ		EMPLO	YER TRA	ADE:	1RWRK	11	RONWOR	ER								
12005 GRANDE PINES BLVD PLAINFIELD, IL 60595 XXX-XX-7390 Caucasian Male M - 0 Reg	Wed	Thu					Tue	Hours	Rate		Fringe	Gross This Job 784.00 784.00	Total Gross 784.00	FICA SUI/SDI	Other Deducts 34.56	Net 603,11
TROY JOHNSON		EMPLO	YEE TRA	ADE:	CEMFIN	Ci	EMENT	MASON								
609 S 3RD TONICA, IL 61370 XXX-XX-8791 Esucasian Mâle M - 0 Reg OT	Wed	Thu						Hours 8.00	Rate	Fringe	Hrly Fringe	Gross This Job 370.00 92.50 462.50	Total Gross 462.50	FWH SWH FICA SUI/SDI 114.90 72.89		Net 206.30
JOSEPH A. KINTNER		EMPLO	YEE TRA	DE:	BRKLTR	ы	KICKLA	YER								
1211 CHALLIS DRIVE BLOOMINGTON, IL 61704 XXX-XX-9052 Caucasian Male S - 4 Reg	Wed	Thu	04-12 Fri 4.00	Sat	Sun	Mon	Tue	Hours	Rate	Fringe	Fringe	Gross This Job 609.72 609.72	Total Gross 1.219.44	FWH SWH FICA SUI/SDI 88.33 51.13 93.28		Net 917,58
LIAM LOCKRIDGE 1404 CALHOUN STREET		EMPLO'	YEE TRA	ADE:	BRKLYR	Ai	PPRENT	ICE								
PERU, IL 61354 XXX-XX-5730 Caucasian Male S - 0 Reg	Wed	04-11 Thu	04-12 Fri	04-13 Sat	04-14 Sun	Mon	Tue	Hours	Rate	Cash Fringe	Fringe	This Job	Gross 1,626.00	FWH SWH FICA SUI/SDI 200.82 80.49 124.40		Net 1,105.09
RYAN J MARENDA		EMPLO'	YEE TRA	DE;	CARP	Ċ	RPENT	ER								
362 N 24TH ROAD OGLESBY, 1L 61348 XXX-XX-9445 Caucasian Male S - 1 Reg	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Hours 32.00	Rate	Fringe	Fringe	Gross This Job 1,784.32 1,784.32	Total Gross 2,214.40	FWH SWH FICA SU1/SDI 350.12 107.30 169.40	Deducts	Net 1,489,00
		EMPLO	YEE TRA	DE:	AB	L	ABORER									
18825 EAGLE DR MORRIS, IL 60450 XXX-XX-5247 Caucasian Male S - 0 Reg	Wed 8.00	Thu	Fri 8.00	Sat	Sun	Mon	Tue	Hours	Rate	Cash Fringe	Fringe	Gross This Job 1,882.65 1,882.65	1,882.65	FWH SWH FICA SUI/SDI 257.28 93.19 144.03		Net 1,317.58
THOMAS R MINNICK		EMPI/O	YEE TRA	DE:	CEMFIN	CE	EMENT	FINISH	ER							
1295 S LAURA LANE DIAMON, IL 60416 XXX-XX-9459 Caucasian Male M - 0 Reg OT	D4-10 Wed	04-11 Thu	04-12 Fri	04-13 Sat	04-14 Sun	Mon B.00	Tue	Hours	16.25		Fringe	Gross This Job 370.00 34.69 404.69	Total Gross 404.69	FWH SWH FICA SUI/SDI 20.03	Deducts	Net 322,50

JOSH MONTERASTELLI		EMPLO	YEE TR	ADE:	IHWRK	11	RONWOR	KER								
344 W. FLORENCE ST OGLESBY, 11, 61348 XXX-XX-2389 Caucasian Male H - 2 Reg		Thu		04-13 Sat			Tue		Rate		Fringe	Gross This Job 784.00	Gross		SWH Other SUI/SDI Deducts 73.00 589,95	Net 653.85
CALVIN NICKEL		EMPLO	YEE TR	ADE:	OP ENG	of	PERATO	R								
106 NORTH CHURCH ST		Inti Do	700 110		01											
LAMOILLE, IL 61330										Cash		Gross	Total	FWH	SWH Other	
XXX-XX-3707 Caucasian Male					Sun							This Job	Gross	FICA 5	UI/SDI Deducts 115.51 150.01	Not 1,490.99
S - 0 Reg Reg	8:00		8.00			8.00		24.00				937.60	2,333.60	390.37	115.51 150.01	11490199
neg	0.00						0.00	10100	20.00	-		20,80		178.52		
												2,333.60		178.02		
BRET A. PRAIRIE 520 EAST JUNIPER LN		EMPLO	YEE TR	ADE:	CEMFIN	CI	EMENT	FINISH	žR.							
BRADLEY, IL 60415	04-10	04-11	04-12	04-13	04-14	04-15	04-16	Total		cash	Wrly	Gross	Total	FWH.	SWH Other	
XXX-XX-3722 Caucasian Male	Wed	Thu	Fri	sat	Sun						Fringe	This Job	Gross		SUT/SDI Deducts	Net
S - 0 Reg						8:00		8.00	46.25			370.00	404.69	30.26	20,03 31.20	292.24
OT						.50		.50	69.38			404.69		30,96		
JEREMIAH S STERR 121 STADIUM DRIVE		EMPLO	YEE TR	ADE:	LAB	1,7	ABORER									
JOLIET, IL 60435	04-10	04-11	04-12	04-13	04-19	04-15	04-16	Total		Cash	WELY	Gross	Total	FWH	SWH Other	
XXX-XX-1474 Caucasian Male					Sun						Fringe	This Job	Gross		SUI/SDI Deducts	Net
S - 0 Reg	8.00	8.00	8:00			8.00	8.00	40.00	48.90			1,956.00	1,956.00	273,42	96.82 73.35	1,362.77
MARCUS WELSH		PMDTO	YEE TR	nhr.	PABD	7-7	REENT	e p								
812 S WATER ST.		EMPLO	LEE TR	ADE I	CARE	last.	ACC DIAT	ER								
WILMINGTON, IL 60481	04-10	04-11	04-12	04-13	04-14	04-15	04-16	Total		Cash	Hrly	Gross	Total	FWH	SWH Other	
XXX-XX-6946 Caucasian Male		Thu										This Job	Gross		SUI/SDI Deducts	Net
s = 0 Reg	8.00	8.00	8.00			9.00	8.00	46.00	53.76			2,150.40	2,150.40	164,50	106,44 96.02	1,428.83
No. 1 for the process and a second	· · · · · · · · · · · · · · · · · · ·															
Totals for CREST HILL WEST	WWTP															
04-10-24 04-11-24 04-12-	24 04-	13-24	04-14-	24 04-	15-24	04-16-2	4	Total				Gross	To	tal		
Wednesdy Thursday Frid								Hours				This Job		oss	Deductions	Net
81.00 53.00 68.	00	.00	-	00 1	11.50	90.5	50 4	04.00				20993.20	31,294	.49 FWI		20,463.99
														SWI	1,575.98	
														501		

PAYROLL

U.S. Wage and Hour Division

Rev. Dec. 2008

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NAME OF CONTRACTOR OR SUBCONTRACTOR VISSERING CONSTRUCTION CO

ADDRESS
175 BENCHMARK INDUSTRIAL DRIVE, STREATOR, IL 61364 Expires: 01/31/2015

PROJECT OR CONTRACT NO. PROJECT AND LOCATION FOR WEEK ENDING PAYROLL NO. CREST HILL WWTP - 1631 GAYLORD RD, CREST HILL, IL VCC JOB #11108.00 066 04.23.2024 (1) (3) (4) DAY AND DATE (9) (2) (5) (6) (7) NO. OF WITHHOLDING EXEMPTIONS DEDUCTIONS Т W TH FR S S M NET NAME AND INDIVIDUAL IDENTIFYING NUMBER **GROSS** WITH-WAGES (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY WORK TOTAL RATE AMOUNT HOLDING TOTAL PAID NUMBER) OF WORKER CLASSIFICATION HOURS WORKED EACH DAY HOURS OF PAY **EARNED FICA** TAX OTHER DEDUCTIONS FOR WEEK SEE ATTACHED BREAKDOWNS

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (Debt) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payorlles to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payorler Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

Date <u>04.23.2024</u>			(b) WHERE FRINGE BE	ENEFITS ARE PAID IN	N CASH
, JULIE EURICH	PROJECT ADMINISTRATOR		· · · <u>_</u>		
(Name of Signatory Party)	(Title)				sted in the above referenced payroll has been paid, an amount not less than the sum of the applicable
do hereby state:			basic h	hourly wage rate plus t	the amount of the required fringe benefits as listed of the section 4(c) below.
(1) That I pay or supervise the payment of the p	ersons employed by			,	(-)
VISSERING CONSTRUCTION COMP	PANY	on the	(c) EXCEPTIONS		T
(Contractor or Subc	•		EXCEPTION (C	RAFT)	EXPLANATION
CREST HILL WWTP - CREST HILL, IL (Building or Work)	; that during the payroll period comm	encing on the			
	nding the 23RD day of APRIL	, 2024			
all persons employed on said project have been paid been or will be made either directly or indirectly to or	the full weekly wages earned, that no re	ebates have			
VISSERING (CONSTRUCTION COMPANY	from the full			
(Contractor or Sub	contractor)				
weekly wages earned by any person and that no dec					
from the full wages earned by any person, other than 3 (29 C.F.R. Subtitle A), issued by the Secretary of L. 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. §	abor under the Copeland Act. as amende				
			REMARKS:		
(2) That any payrolls otherwise under this contricorrect and complete; that the wage rates for laborer applicable wage rates contained in any wage determined for the therein for each laborer or mechanic conformation.	s or mechanics contained therein are not nation incorporated into the contract; that	less than the			
(3) That any apprentices employed in the above program registered with a State apprenticeship agent Training, United States Department of Labor, or if no with the Bureau of Apprenticeship and Training, United	by recognized by the Bureau of Apprentice such recognized agency exists in a State	eship and			
(4) That:			NAME AND TITLE		SIGNATURE
(a) WHERE FRINGE BENEFITS ARE PAIL) TO APPROVED PLANS, FUNDS, OR F	KOGRAMS	Julie Eurich,		Ordin Eurich
 in addition to the basic hourly 	wage rates paid to each laborer or mec	hanic listed in	Project Administrator		Time with
the above referenced payroll,	payments of fringe benefits as listed in ppropriate programs for the benefit of suc	the contract		RIMINAL PROSECUTION.	ATEMENTS MAY SUBJECT THE CONTRACTOR OR SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITL

SHAWN M. BROWN		EMPLOY	YEE TRADE	BRKLY	R E	BRICKLA	AYER							
1462 NORTH 18TH ROAD STREATOR, IL 61364	04-1	7. 04-19	04-19 04-	-20 04-2	1 04-25	04-25	3 Total		Cash	Hrly	Gross	Total	FWH SWH Other	
XXX-XX-8064 Caucasian Male M - 0 Reg	Wed	Thu	Fri S	at Sun	Mon	Tue	Hours	Rate	Fringe	Fringe	This Job 2,032.40	Gross	FICA SUI/SDI Deducts 197.35 100.60 115.2	Net
ERIK BRYANT		EMPLOY	YEE TRADE	BRKLY	R E	RICK I	AYER							
1612 N LEE ST BLOOMINGTON, IL 61701 XXX-XX-4528 Caucasian Male S -10 Reg	Wed	7 04-18 Thu	04-19 04- Fri Sa	-20 04-2 st Sun	Mon	Tue	Hours	Rate	Fringe	Fringe	Gross This Job 660.53	Gross	FWH SWH Other FICA SUI/SDI Deducts 241.32 66.52 102.0	
ANTHONY CROWTHER		EMPLOY	YEE TRADE:	CARP	A	PPRENT	TICE							
6 DOVER DR. SPRING VALLEY, IL 61362	04-17	04-18	04-19 04-	20 04-2	1 04-22	04-23	Total		Cash	Hrly	Gross	Total	FWH SWH Other	
XXX-XX-7789 Caucasian Male S - 0 Reg	Wed	Thu 6.00	Fri Sa 8.00	t Sun	Mon 8.00	Tue 8.00	Hours 32.00	Rate 35.03	Fringe	Fringe	This Job 1,120.96 1,120.96	1,354.08	FICA SUI/SDI Deducts 177,38 67.03 62.1 103.60	
DALLAS FREEMAN 339 ELM ST		EMPLOY	EE TRADE:	LAB	L	ABORER								
OGLESBY, IL 61348 XXX-XX-8682 Caucasian Male	Wed 8.00	04-18 Thu 8.00	Fri Sa	t Sun	Mon	Tue 8.00	Hours 40.00	Rate			Gross This Job 1,956.00 36.68 1,992.68		FWH SWH Other FICA SUI/SDI Deducts 135.95 91.71 515.1	Net
BRIAN GUZMAN		EMPLOY	EE TRADE	CARP										
1800 FOXFIELD dRIVE JOLIET, IL 60435 XXX-XX-2651 Caucasian Male M - 0 Reg	Wed	Thu	04-19 04- Fri Sa 8:00	t Sun	Mon	Tue	Hours	Rate	Cash Fringe	Fringe		Total Gross 2,150,40	FWH. SWH Other FICA SUI/SDI Deducts 331.74 106.44 96.0 164.50	
JOSE GUZMAN		EMPLOY	EE TRADE:	CEMPIN	ı A	PPRENT	ICE							
430 BURKE DRIVE JOLIET, IL 60433 XXX-XX-3575 Hispanic Male S - 0 Reg	Wed	04-18 Thu	04-19 04- Fri Sa	t. Sun	Mon	Tue	Hours	Rate	Cash Fringe	Fringe	592.00	592.00	The second secon	
JUSTIN HALLIDAY		EMPLOY	EE TRADE:	CARP	C	ARPENT	ER				592.00		45.28	
245 S ROBIN CT COAL CITY, IL 60416 XXX-XX-6675 Caucasian Male S - 0 Reg	Wed	04-18 (Thu 8.00	Fri Sa	20 04-21 t Sun	Mon	Tue 8.00	Hours	Rate	Fringe	Fringe	This Job		FWH SWH Other FICA SUI/SDI Deducts 354.61 106.44 96.0; 164.51	
BRIAN HINTZ		EMPLOYE	EE TRADE:	IRWRK	II	RONWORE	ER				3,			
12805 GRANDE PINES BLVD PLAINFIELD, 1L 60585	04-17	04-18 (04-19 04-1	20 04-21	04-22	04-23	Total		Cash	Hrly	Gross	Total	FWH SWH Other	
XXX-XX-7390 Caucasian Male M = 0 Reg		Thu 8.00		t Sun	Mon 8.00	Tue 8.00	Hours 36.50	Rate	Fringe	Fringe	This Job	Gross	FICA SUI/SDI Deducts 188.66 97.02 86.40 149.94	
MICHAEL JOHNSON 14813 ATLANTIC AVE		EMPLOYE	EE TRADE:	BRKLYR	BE	RICKLAY	ER							
DOLTON, IL 60419	Wed	04-18 0 Thu	04-19 04-1 Fri Sat	20 04-21 Sun	Mon	Tue	Hours	Rate 50.81	Fringe	Hrly Fringe	Gross This Job 812.96 812.96	Total Gross 812.96	FWH SWH Other FICA SUI/SDI Deducts 11.32 33.32 46.08 62.19	
JOSEPH A. KINTNER 1211 CHALLIS DRIVE		EMPLOYE	EE TRADE:	BRKLYR	ВР	ICKLAY	ER							
S - 4 Reg	Wed	Thu	Fri Sat	Sun	Mon	Tue	Hours	Rate	Fringe	Fringe	This Job	Gross 2,032.40	FWH SWH Other FICA SUI/SDI Deducts 253.84 91.37 115.20 155.48	Net
LIAM LOCKRIDGE 1104 CALHOUN STREET		EMPLOYE	E TRADE:	BRKLYR	AP	PRENTI	CE							
PERU, IL 61354 XXX-XX-5730 Caucasian Male S - 0 Reg	Wed	Thu	Fri Sat	Sun	Mon	Tue	Hours	Rate	Fringe	Fringe	This Job	Gross	FWH SWH Other FICA SUI/SDI Deducts 200.8Z 80.49 115.20	Net 1,105.11
RYAN J MARENDA			E TRADE:								1,626.00	3 40	124.38	
362 N 24TH ROAD OGLESBY, IL 61348									Cash	Hrly	Grass	Total	FWH CHU ALLA	
XXX-XX-9445 Caucasian Male S - 1 Reg	Wed	Thu	Fri Sat	Sun	Mon	Tue	Hours	Rate	Fringe 1	Fringe	This Job	Gross 2,246.40		
WAYNE A. MAURER	1	EMPLOYE	E TRADE:	BRKLYR	BR	ICKLAY	ER							
29108 E 650 N RD FORREST, IL 61741 XXX-XX-1718 Caucasian Male M - 0 Reg	Wed	Thu !	Fri Sat	Sun	Mon	Tue	Hours	Rate !	Cash Fringe	Fringe	This Job	2,154.32	FWH SWH Other FICA SUI/SDI Deducts 214.72 106.64 115.20 164.80	

DAVE MAYBERRY 18825 EAGLE DR							ABORER										
MORRIS, IL 60450 XXX-XX-5247 Caucasian Male S - 0 Reg	04-17 Wed 8.00	Thu	Fri	Sat	04-21 Sun	Mon	Tue	Hours	Rate	Cash Fringe	Fringe	This Job	Gross 1,956.00		SUI/SDI	Other Deducts 2 73.35	
TRAVIS MCKINNEY 1632 11TH ST		EMPLO!	YEE TRA	ADE:	BRKLYR	В	RICKLA	YER									
PERU, IL 61354 XXX-XX-0609 Caucasian Male S = 0 Reg	Wed	04-18 Thu	04-19 Fri	04-20 Sat	04-21 Sun	Mon	Tue	Hours	Rate	Cash Fringe	Fringe	Gross This Job 406.48 406.48	Total Gross 1,795.58		SUI/SDI	Other Deducts 101.05	
JOSH MONTERASTELLI 344 W. FLORENCE ST		EMPLOY	EE TRA	DE:	IRWRK	I	RONWOR	KER									
OGLESBY, IL 61348 MXX-XX-2389 Caucasian Male H - 2 Reg	Wed	04-18 Thu 8.00	Fri	04-20 Sat	04-21 Sun	Mon	Tue	Hours	Rate	Fringe	Fringe	Gross This Job 1,004.50 1,004.50	Gross			Other Deducts 593.35	
CALVIN NICKEL 106 NORTH CHURCH ST		EMPLOY	EE TRA	DE:	OP ENG	01	PERATO	R									
	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Hours	Rate	Cash Fringe	Fringe	This Job	Gross 2,292.00			Other Deducts 148.76	
NICK D PELKA 409 MORRIS ST		EMPLOY	EE TRA	DE:	LAB	1.2	ABORER										
OGLESBY, IL 61348 XXX-XX-8119 Caucasian Male M - 1 Reg	Wed	04-18 Thu	04-19 Fri 8.00	04-20 Sat	Sun	Mon	Tue	Hours	Rate	Fringe	Fringe	Gross This Job 1,124.70 1,124.70	Total Gross 1,907.10		SUI/SDI	Other Deducts 71.52	
GERALD M STEVENS 219 19TH AVE							RICKLAY										
OTTAWA, IL 61350 XXX-XX-5625 Caucasian Male	Wed	04-18 Thu 8.00	FFI	Sat	Sun	Mon	Tue	Hours	Rate	Fringe	Fringe	Gross This Job 1,625.92 1,625.92	Gross	FWH FICA S 290.22 155.46	SWH SUI/SDI 95,99	Other Deducts 115.20	Net 1,375.51
JEREMIAH S STERR 121 STADIUM DRIVE		EMPLOY	EE TRAI	DE: 1	LAB	L	BORER										
JOLIET, IL 60435 XXX-XX-1474 Caucasian Male S - 0 Reg	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Hours	Rate	Cash Fringe	Fringe	Gross This Job 1,956.00 1,956.00	Total Gross 1,956.00	FWH FICA S 273.42 149.63	UI/SDI	Other Deducts 73,35	Net 1,362.78
MARCUS WELSH 812 S WATER ST.		EMPLOY	EE TRAI	DE: C	CARP	CA	RPENTE	R									
WILMINGTON, IL 60481 XXX-XX-6946 Caucasian Male S - 0 Reg	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Hours	Rate	Fringe	Fringe	Gross This Job 1,854.72 1,854.72	Total Gross 1,854,72	FWH FICA S 287.52 141.88	SWH UI/SDI 91.81	Other Deducts 82.82	Net 1,250.69
BRADLEY ZELLERS 2014 AUTUMNWOOD DR		EMPLOYE	SE TRAI	E: I	AB	LA	BORER										
OTTAWA, IL 61350 XXX-XX-9053 Caucasian Male S: - 0 Reg	04-17 Wed	04-18 (Thu	14-19 (Fri	94-20 Sat	04-21 Sun	Mon	Tue	Hours	Rate	Fringe	Fringe					Deducts	Net 1,191,47
DRAKE ZIANO 1104 CALHOUN STREET		EMPLOYE	E TRAD	E: B	RKLYR	AP	PRENTI	CE									
PERU, IL 61354 XXX-XX-7676 Caucasian Male S - 0 Reg	04-17 Wed	04~18 ()4-19 0 Fri	Sat	Sun	Mon	Tue	Hours	Rate	Cash Fringe	Fringe	This Job	1,177.60	FICA S	55.98	Deducts	Net 847.9T
Totals for CREST HILL WEST W	WTP																
04-17-24 04-18-24 04-19-2 Wednesdy Thursday Frida 97.00 112.00 122.5	y Satu	.00	Sunday	Mo	nday	Tuesda	у н	ours				Gross This Job 32655,87	41,309	.24 FWH FICA SWH SDI	5,15	7.40 0.14 0.16	Net. 27,924,57