Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1618215
Vendor Name: Kandu Construction Inc
Invoice Number: APP# 2
Invoice Date: 02/12/21
PO Number: B0371295
Check Number: 0277568
Check Amount: $ 197,043.98
Check Date: 03/22/2021
Department ID: 39036
Reviewer Name: Kathy Striplin
Voucher Number: V0662638
Redaction Type: None
Document Type: AP Invoice

Document Below

From: JENNA KANDU <jennakandu@yahoo.com>
Sent: Thu Feb 25 13:33:44 CST 2021
To: invoicing@cod.edu
CC: loftust@cod.edu,james@kanduconstructioninc.com,george@kanduconstructioninc.com
Subject: [External] RE: COD PO #371295 - Big Classroom Renovation
---

CAUTION: This email originated from outside of COD's system. Do not click links, open attachments, or respond with sensitive information unless you recognize the sender and know the content is safe.

To whom it May Concern,

Attached please find copy of approved pay app. #2 for COD - BIC Classroom Renovations project.
Thank you

Sincerely,

Jenna Kandu
Kandu Construction Inc.
8055 Ridgeway Ave.
Skokie, IL. 60076
Cell:847-456-4059 Fax:847-983-0180

[attachment: payapp2_20210225_024303012_G702- Certified.pdf]

AIA®

Document G702 – 1992

APPROVED
02/27/21 - DONALD INMAN

COD PO # 371295

Application and Certificate for Payment

TO OWNER:	College of DuPage 425 Fawell Blvd. Glen Ellyn, IL. 60137	PROJECT:	BIC Classrooms Renovation 425 22nd Street Glen Ellyn, IL. 60137	APPLICATION NO: Payment #2 PERIOD TO: February 12, 2021 CONTRACT FOR: General Construction CONTRACT DATE: September 21, 2020 PROJECT NOS: / /	Distribution to: OWNER: ☒ ARCHITECT: ☒ CONTRACTOR: ☒ FIELD: ☐ OTHER: ☐
FROM CONTRACTOR:	Jenna Kandu Kandu Construction Inc. 8055 Ridgeway Ave. Skokie, IL. 60076	VIA ARCHITECT:	PERKINS AND WILL 410 North Michigan Ave. Suite 1600 Chicago, IL. 60611		

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract.
AIA Document G703®, Continuation Sheet, is attached.

1. ORIGINAL CONTRACT SUM		$635,000.00
2. NET CHANGE BY CHANGE ORDERS		$0.00
3. CONTRACT SUM TO DATE (Line 1 ± 2)		$635,000.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703)		$344,166.50
5. RETAINAGE:		
a. 10.00 % of Completed Work (Column D + E on G703)	$34,416.65	
b. 0 % of Stored Material (Column F on G703)	$0.00	
Total Retainage (Lines 5a + 5b or Total in Column I of G703)		$34,416.65
6. TOTAL EARNED LESS RETAINAGE (Line 4 Less Line 5 Total)		$309,749.85
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)		$112,705.87
8. CURRENT PAYMENT DUE		$197,043.98
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)	$325,250.15	

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	$0.00	$0.00
Total approved this Month	$0.00	$0.00
TOTALS	$0.00	$0.00
NET CHANGES by Change Order		$0.00

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

CONTRACTOR:
By: Date: 02/24/2021
State of: Illinois
County of: Cook
Subscribed and sworn to before me this 24th day of February
Notary Public:
My Commission expires: 08/09/2022

OFFICIAL SEAL
MARIO O HERRERA
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 08/09/22

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising this application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED $197,043.98
(Attach explanation if amount certified differs from the amount applied. Initial all figures on this Application and on the Continuation Sheet that are changed to conform with the amount certified.)

ARCHITECT: PERKINS&WILL
By: Date: 2/25/2021

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

INVOICE REVIEWED
OKAY TO PAY
KATHY STRIPLIN 02/26/21

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User Notes:

(3B9ADA4C)

AIA® Document G703® – 1992

Continuation Sheet

AIA Document G702®, Application and Certification for Payment, or G732™, Application and Certificate for Payment, Construction Manager as Adviser Edition, containing Contractor's signed certification is attached.
Use Column I on Contracts where variable retainage for line items may apply.

APPLICATION NO:	Payment #2
APPLICATION DATE:	February 12, 2021
PERIOD TO:	February 12, 2021
ARCHITECT'S PROJECT NO:	

A	B	C	D	E	F	G		H	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G ÷C)	BALANCE TO FINISH (C - G)	RETAINAGE (IF VARIABLE RATE)
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
01	General Requirements - Kandu Construction Inc.	8,000.00	2,000.00	2,000.00	0.00	4,000.00	50.00%	4,000.00	400.00
02	Demolition - Kandu Construction Inc.	46,000.00	40,000.00	6,000.00	0.00	46,000.00	100.00%	0.00	4,600.00
03	Metal Fabrications - Sturdi Iron, Inc.	23,088.00	0.00	23,088.00	0.00	23,088.00	100.00%	0.00	2,308.80
04	Preformed Metal Wall Panels - Wiesbrook Sheet Metal, Inc.	14,103.00	0.00	0.00	0.00	0.00	0.00%	14,103.00	0.00
05	Hollow Metal Doors & Frames - Kandu Construction Inc.	33,000.00	0.00	16,500.00	0.00	16,500.00	50.00%	16,500.00	1,650.00
06	Glazing - Kandu Construction Inc.	18,000.00	0.00	0.00	0.00	0.00	0.00%	18,000.00	0.00
07	Metal Framing - Kandu Construction Inc.	42,000.00	25,000.00	12,800.00	0.00	37,800.00	90.00%	4,200.00	3,780.00
08	Gypsum Board - Kandu Construction Inc.	38,000.00	0.00	0.00	0.00	0.00	0.00%	38,000.00	0.00
09	Acoustical Ceilling - Kandu Construction Inc.	27,000.00	0.00	0.00	0.00	0.00	0.00%	27,000.00	0.00
10	Resilient Flooring - Consolidated Chicago	29,952.00	0.00	0.00	0.00	0.00	0.00%	29,952.00	0.00
11	Painting - Kandu Construction Inc.	10,000.00	0.00	0.00	0.00	0.00	0.00%	10,000.00	0.00

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User Notes:

(3B9ADA50)

A	B	C	D	E	F	G		H	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G ÷C)	BALANCE TO FINISH (C - G)	RETAINAGE (IF VARIABLE RATE)
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
12	Roller Window Shades - Kandu Construction Inc.	3,500.00	0.00	0.00	0.00	0.00	0.00%	3,500.00	0.00
13	Sprinkler System - A&A Sprinkler Company Inc.	18,000.00	2,000.00	1,600.00	0.00	3,600.00	20.00%	14,400.00	360.00
14	HVAC - Mechanical Concepts of Illinois, Inc.	92,000.00	21,228.75	70,771.25	0.00	92,000.00	100.00%	0.00	9,200.00
15	Electric - Delta Electrical Industries LLC.	160,000.00	10,000.00	70,000.00	0.00	80,000.00	50.00%	80,000.00	8,000.00
16	Insurance & Bond	10,000.00	10,000.00	0.00	0.00	10,000.00	100.00%	0.00	1,000.00
17	O&P	62,357.00	15,000.00	16,178.50	0.00	31,178.50	50.00%	31,178.50	3,117.85
		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	0.00
	GRAND TOTAL	**$635,000.00**	**$125,228.75**	**$218,937.75**	**$0.00**	**$344,166.50**	**54.20%**	**$290,833.50**	**$34,416.65**

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User Notes:

(3B9ADA50)

WAIVER OF LIEN TO DATE

STATE OF ILLINOIS

COUNTY OF Cook

Gty #

Escrow #

TO WHOM IT MAY CONCERN:
WHEREAS the undersigned has been employed by College of DuPage
to furnish General Work
for the premises known as BIC Classrooms Renovations
of which Collage of DuPage is the owner.

THE undersigned, for and in consideration of One Hundred Ninety Seven Thousand Fourty Three Dollars and 98/100 cents ($ 197,043.98) Dollars, and other good and valuable considerations, the receipt whereof is hereby acknowledged, do(es) hereby waive and release any and all lien or claim of, or right to, lien, under the statutes of the State of Illinois, relating to mechanics' liens, with respect to and on said above-described premises, and the improvements thereon, and on the material, fixtures, apparatus or machinery furnished, and on the moneys, funds or other considerations due or to become due from the owner, on account of all labor, services, material, fixtures, apparatus or machinery, furnished to this date by the undersigned for the above-described premises, INCLUDING EXTRAS.*

DATE 02/24/2021 COMPANY NAME Kandu Construction Inc.
ADDRESS 8055 Ridgeway Ave.,Skokie, IL. 60076
SIGNATURE AND TITLE James Kandu President

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

CONTRACTOR'S AFFIDAVIT

STATE OF ILLINOIS

COUNTY OF Cook

TO WHOM IT MAY CONCERN:
THE UNDERSIGNED, (NAME) James Kandu BEING DULY SWORN, DEPOSES AND SAYS THAT HE OR SHE IS (POSITION) President OF (COMPANY NAME) Kandu Construction Inc. WHO IS THE CONTRACTOR FURNISHING BIC Classrooms Renovations WORK ON THE BUILDING LOCATED AT 425 22nd Street, Glen Ellyn, IL. 60137
OWNED BY College of DuPage
That the total amount of the contract including extras* is $ 635,000.00 on which he or she has received payment of $ 112,705.87 prior to this payment. That all waivers are true, correct and genuine and delivered unconditionally and that there is no claim either legal or equitable to defeat the validity of said waivers. That the following are the names and addresses of all parties who have furnished material or labor, or both, for said work and all parties having contracts or sub contracts for specific portions of said work or for material entering into the construction thereof and the amount due or to become due to each, and that the items mentioned include all labor and material required to complete said work according to plans and specifications:

NAMES AND ADDRESSES	WHAT FOR	CONTRACT PRICE INCLDG EXTRAS*	AMOUNT PAID	THIS PAYMENT	BALANCE DUE
Kandu Construction Inc. - 8055 Ridgeway Ave., Skokie, IL. 60076	General Work	$ 635,000.00	$ 112,705.87	$197,043.98	$ 325,250.15
TOTAL LABOR AND MATERIAL INCLUDING EXTRAS* TO COMPLETE.		$ 635,000.00	$ 112,705.87	$197,043.98	$ 325,250.15

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

DATE 02/24/2021 **SIGNATURE:** James Kandu

SUBSCRIBED AND SWORN TO BEFORE ME THIS 24th DAY OF February, 2021

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

NOTARY PUBLIC

OFFICIAL SEAL
MARIO O HERRERA
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:08/09/22

f.1722 R5/96

Provided by Chicago Title Insurance Company

State of Illinois
Illinois Department of Labor

Certified Transcript of Payroll

IDOL Case File Number: _____ Payroll Start: Nov 30, 2020 Payroll End: Dec 4, 2020

(Contract Number)

(Project Number)

425 22nd St., Glen Ellyn, IL. 60137
(Project Location)

Contractor and/or Subcontractor

Kandu Construction Inc. (Company Name) James Kandu (Contact Name)
8055 Ridgeway Ave. (Street Address) Skokie (City)
IL. (State) 60076 (Zipcode) 847-779-3616 (Telephone Number)

Public Body Information

BIC Classrooms Renovations (Public Body Name) Tim Loftus (Contact Name)
425 Fawell Blvd. (Street Address) Glen Ellyn (City)
IL. (State) 60137 (Zipcode) 630-942-2066 (Telephone Number)

Report Hours for Each Day, Including Overtime Hours, List Hourly Prevailing Wage Rate and Hourly Fringe Benefits Allotments.

Worker Name, Address Last Four of SSN & Telephone Number		* Hours worked each day SUN	MON	TUE	WED	THR	FRI	SAT	Total Straight Time Hours	Total OT Hours	Hourly Wage Rate	OT Wage Rate	Per Pay Period Gross	Net
James kandu 6740 N. Avers Ave. Lincolnwood Il. 60712 XXX-XX-0950 847-779-3616	PW		3	3		3	3		12		88.6		1,056.7	
	N													
Labor Classification: General Work	Hourly Fringe Benefit: Pension:			Health/Welfare:			Vacation:			Training:				
Jacob Kandu 6740 N. Avers Ave. Lincolnwood, IL. 60712 XXX-XX-2800 8474-779-3616	PW		2	2		2			6		88.6		531.6	
	N													
Labor Classification: General Work	Hourly Fringe Benefit: Pension:			Health/Welfare:			Vacation:			Training:				
George Kandu 6740 N. Avers Ave. Lincolnwood, IL. 60712 XXX-XX-2800 8474-779-3616	PW		2	2		2	2		8		88.6		692.8	
	N													
Labor Classification: General Work	Hourly Fringe Benefit: Pension:			Health/Welfare:			Vacation:			Training:				

Please place an "F" by the hourly rate for fringe benefits paid to a Fund jointly managed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act (See instruction 4 for completing this form). In addition contractors/subcontractors who do not make contributions for covered fringe benefits to a fringe benefit fund that is jointly managed and jointly governed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act must provide the additional information set forth on the form on page 2 (see Instruction 5). Contractors/subcontractors who do not make contributions for fringe benefits on a per hour basis for each hour worked must convert such contributions to an annualized per hour basis for purpose of reporting on this form in accordance with instruction 5. You must keep original records showing start and end time each day.

***PW - Prevailing Hours Worked *N - Non Prevailing Hours Worked**

State of Illinois
Illinois Department of Labor

Certified Transcript of Payroll

AFFIDAVIT

Weekly Statement of Compliance

Date: Dec 4, 2020

I, James Kandu ,
(name signatory party)

President , do
(Title)

hereby state: that I pay or supervise the payment of the persons employed on the public works project BIC Classrooms Renovations ;
(name of project)

that during the payroll period commencing on the 30th (day) day of November (month), 2020 (year),

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

Kandu Construction Inc.
(name of contractor or subcontractor)

from the full 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 contained therein are not less than the actual rates herein stated and that the classification set forth for each laborers or mechanic conform to the work he/she performed.

James Kandu
Signature

Digital Signature _____

FRINGES

Health Fund _____
Health Address _____
Health Sponsor _____
Health Admin _____

Pension Fund _____
Pension Address _____
Pension Sponsor _____
Pension Admin _____

401(k) Fund _____
401(k) Address _____
401(k) Sponsor _____
401(k) Admin _____

Vacation Fund _____
Vacation Address _____
Vacation Sponsor _____
Vacation Admin _____

SUBCONTRACTORS

Attach explanation of Monies paid, copy of contract of billing, or other pertinent information.

Company Name: Kandu Construction Inc.
Contact Person: James Kandu
8055 Ridgeway Ave.
(Address)
Skokie (City) IL. (State) 60076 (zipcode)
Telephone Number: 847-799-3616

Company Name: _____
Contact Person: _____
(Address)
(City) (State) (zipcode)
Telephone Number: _____

Company Name: _____
Contact Person: _____
(Address)
(City) (State) (zipcode)
Telephone Number: _____

Company Name: _____
Contact Person: _____
(Address)
(City) (State) (zipcode)
Telephone Number: _____

State of Illinois
Illinois Department of Labor

Certified Transcript of Payroll

IDOL Case File Number:

Payroll Start: Dec 7, 2020

Payroll End: Dec 11, 2020

(Contract Number)

(Project Number)

425 22nd St., Glen Ellyn, IL. 60137
(Project Location)

Contractor and/or Subcontractor

Kandu Construction Inc. (Company Name)
James Kandu (Contact Name)
8055 Ridgeway Ave. (Street Address)
Skokie (City)
IL. (State) 60076 (Zipcode) 847-779-3616 (Telephone Number)

Public Body Information

BIC Classrooms Renovations (Public Body Name)
Tim Loftus (Contact Name)
425 Fawell Blvd. (Street Address)
Glen Ellyn (City)
IL. (State) 60137 (Zipcode) 630-942-2066 (Telephone Number)

Report Hours for Each Day, Including Overtime Hours, List Hourly Prevailing Wage Rate and Hourly Fringe Benefits Allotments.

Worker Name, Address Last Four of SSN & Telephone Number		* Hours worked each day SUN	MON	TUE	WED	THR	FRI	SAT	Total Straight Time Hours	Total OT Hours	Hourly Wage Rate	OT Wage Rate	Per Pay Period Gross	Net
James kandu 6740 N. Avers Ave. Lincolnwood Il. 60712 XXX-XX-0950 847-779-3616	PW		3	3	2	3	3		14		88.6		1,240.4	
	N													
Labor Classification: General Work	Hourly Fringe Benefit: Pension:			Health/Welfare:			Vacation:			Training:				
Jacob Kandu 6740 N. Avers Ave. Lincolnwood, IL. 60712 XXX-XX-2800 8474-779-3616	PW			2		2	3		7		88.6		620.2	
	N													
Labor Classification: General Work	Hourly Fringe Benefit: Pension:			Health/Welfare:			Vacation:			Training:				
George Kandu 6740 N. Avers Ave. Lincolnwood, IL. 60712 XXX-XX-2800 8474-779-3616	PW			2		2	3		7		88.6		620.2	
	N													
Labor Classification: General Work	Hourly Fringe Benefit: Pension:			Health/Welfare:			Vacation:			Training:				

Please place an "F" by the hourly rate for fringe benefits paid to a Fund jointly managed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act (See instruction 4 for completing this form). In addition contractors/subcontractors who do not make contributions for covered fringe benefits to a fringe benefit fund that is jointly managed and jointly governed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act must provide the additional information set forth on the form on page 2 (see Instruction 5). Contractors/subcontractors who do not make contributions for fringe benefits on a per hour basis for each hour worked must convert such contributions to an annualized per hour basis for purpose of reporting on this form in accordance with instruction 5. You must keep original records showing start and end time each day.

***PW - Prevailing Hours Worked *N - Non Prevailing Hours Worked**

State of Illinois
Illinois Department of Labor

Certified Transcript of Payroll

AFFIDAVIT

Weekly Statement of Compliance

Date: Dec 11, 2020

I, James Kandu ,
(name signatory party)

President , do
(Title)

hereby state: that I pay or supervise the payment of the persons employed on the public works project BIC Classrooms Renovations ;
(name of project)

that during the payroll period commencing on the 7th (day) day of December (month), 2020 (year),

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

Kandu Construction Inc.
(name of contractor or subcontractor)

from the full 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 contained therein are not less than the actual rates herein stated and that the classification set forth for each laborers or mechanic conform to the work he/she performed.

James Kandu
Signature

Digital Signature _____

FRINGES

Health Fund _____
Health Address _____
Health Sponsor _____
Health Admin _____

Pension Fund _____
Pension Address _____
Pension Sponsor _____
Pension Admin _____

401(k) Fund _____
401(k) Address _____
401(k) Sponsor _____
401(k) Admin _____

Vacation Fund _____
Vacation Address _____
Vacation Sponsor _____
Vacation Admin _____

SUBCONTRACTORS

Attach explanation of Monies paid, copy of contract of billing, or other pertinent information.

Company Name: Kandu Construction Inc.
Contact Person: James Kandu
8055 Ridgeway Ave.
(Address)
Skokie (City) IL. (State) 60076 (zipcode)
Telephone Number: 847-799-3616

Company Name: _____
Contact Person: _____
(Address)
(City) (State) (zipcode)
Telephone Number: _____

Company Name: _____
Contact Person: _____
(Address)
(City) (State) (zipcode)
Telephone Number: _____

Company Name: _____
Contact Person: _____
(Address)
(City) (State) (zipcode)
Telephone Number: _____

State of Illinois
Illinois Department of Labor

Certified Transcript of Payroll

IDOL Case File Number:

Payroll Start: Dec 14, 2020

Payroll End: Dec 18, 2020

(Contract Number)

(Project Number)

425 22nd St., Glen Ellyn, IL. 60137
(Project Location)

Contractor and/or Subcontractor

Kandu Construction Inc. (Company Name)
James Kandu (Contact Name)
8055 Ridgeway Ave. (Street Address)
Skokie (City)
IL. (State) 60076 (Zipcode) 847-779-3616 (Telephone Number)

Public Body Information

BIC Classrooms Renovations (Public Body Name)
Tim Loftus (Contact Name)
425 Fawell Blvd. (Street Address)
Glen Ellyn (City)
IL. (State) 60137 (Zipcode) 630-942-2066 (Telephone Number)

Report Hours for Each Day, Including Overtime Hours, List Hourly Prevailing Wage Rate and Hourly Fringe Benefits Allotments.

Worker Name, Address Last Four of SSN & Telephone Number		* Hours worked each day SUN	MON	TUE	WED	THR	FRI	SAT	Total Straight Time Hours	Total OT Hours	Hourly Wage Rate	OT Wage Rate	Per Pay Period Gross	Net
James kandu 6740 N. Avers Ave. Lincolnwood Il. 60712 XXX-XX-0950 847-779-3616	PW		3		3	3			9		88.6		797.4	
	N													
Labor Classification: General Work	Hourly Fringe Benefit: Pension:				Health/Welfare:				Vacation:		Training:			
Jacob Kandu 6740 N. Avers Ave. Lincolnwood, IL. 60712 XXX-XX-2800 8474-779-3616	PW		2	2			3		7		88.6		620.2	
	N													
Labor Classification: General Work	Hourly Fringe Benefit: Pension:				Health/Welfare:				Vacation:		Training:			
George Kandu 6740 N. Avers Ave. Lincolnwood, IL. 60712 XXX-XX-2800 8474-779-3616	PW		2	2			3		7		88.6		620.2	
	N													
Labor Classification: General Work	Hourly Fringe Benefit: Pension:				Health/Welfare:				Vacation:		Training:			

Please place an "F" by the hourly rate for fringe benefits paid to a Fund jointly managed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act (See instruction 4 for completing this form). In addition contractors/subcontractors who do not make contributions for covered fringe benefits to a fringe benefit fund that is jointly managed and jointly governed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act must provide the additional information set forth on the form on page 2 (see Instruction 5). Contractors/subcontractors who do not make contributions for fringe benefits on a per hour basis for each hour worked must convert such contributions to an annualized per hour basis for purpose of reporting on this form in accordance with instruction 5. You must keep original records showing start and end time each day.

***PW - Prevailing Hours Worked *N - Non Prevailing Hours Worked**

State of Illinois
Illinois Department of Labor

Certified Transcript of Payroll

AFFIDAVIT

Weekly Statement of Compliance

Date: Dec 18, 2020

I, James Kandu (name signatory party),

President (Title), do

hereby state: that I pay or supervise the payment of the persons employed on the public works project BIC Classrooms Renovations (name of project);

that during the payroll period commencing on the 14th (day) day of December (month), 2020 (year),

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

Kandu Construction Inc. (name of contractor or subcontractor)

from the full 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 contained therein are not less than the actual rates herein stated and that the classification set forth for each laborers or mechanic conform to the work he/she performed.

James Kandu
Signature

Digital Signature _____

FRINGES

Health Fund _____
Health Address _____
Health Sponsor _____
Health Admin _____

Pension Fund _____
Pension Address _____
Pension Sponsor _____
Pension Admin _____

401(k) Fund _____
401(k) Address _____
401(k) Sponsor _____
401(k) Admin _____

Vacation Fund _____
Vacation Address _____
Vacation Sponsor _____
Vacation Admin _____

SUBCONTRACTORS

Attach explanation of Monies paid, copy of contract of billing, or other pertinent information.

Company Name: Kandu Construction Inc.
Contact Person: James Kandu
8055 Ridgeway Ave. (Address)
Skokie (City) IL. (State) 60076 (zipcode)
Telephone Number: 847-799-3616

Company Name: _____
Contact Person: _____
_____ (Address)
_____ (City) _____ (State) _____ (zipcode)
Telephone Number: _____

Company Name: _____
Contact Person: _____
_____ (Address)
_____ (City) _____ (State) _____ (zipcode)
Telephone Number: _____

Company Name: _____
Contact Person: _____
_____ (Address)
_____ (City) _____ (State) _____ (zipcode)
Telephone Number: _____

State of Illinois
Illinois Department of Labor

Certified Transcript of Payroll

IDOL Case File Number:

Payroll Start: Dec 21, 2020

Payroll End: Dec 25, 2020

(Contract Number)

(Project Number)

425 22nd St., Glen Ellyn, IL. 60137
(Project Location)

Contractor and/or Subcontractor

Kandu Construction Inc. (Company Name)
James Kandu (Contact Name)
8055 Ridgeway Ave. (Street Address)
Skokie (City)
IL. (State) 60076 (Zipcode) 847-779-3616 (Telephone Number)

Public Body Information

BIC Classrooms Renovations (Public Body Name)
Tim Loftus (Contact Name)
425 Fawell Blvd. (Street Address)
Glen Ellyn (City)
IL. (State) 60137 (Zipcode) 630-942-2066 (Telephone Number)

Report Hours for Each Day, Including Overtime Hours, List Hourly Prevailing Wage Rate and Hourly Fringe Benefits Allotments.

Worker Name, Address Last Four of SSN & Telephone Number		* Hours worked each day SUN	MON	TUE	WED	THR	FRI	SAT	Total Straight Time Hours	Total OT Hours	Hourly Wage Rate	OT Wage Rate	Per Pay Period Gross	Net
James kandu 6740 N. Avers Ave. Lincolnwood Il. 60712 XXX-XX-0950 847-779-3616	PW		4	2					6		88.6		531.6	
	N													
Labor Classification: General Work	Hourly Fringe Benefit: Pension:			Health/Welfare:			Vacation:			Training:				
Jacob Kandu 6740 N. Avers Ave. Lincolnwood, IL. 60712 XXX-XX-2800 8474-779-3616	PW		4	2					6		88.6		531.6	
	N													
Labor Classification: General Work	Hourly Fringe Benefit: Pension:			Health/Welfare:			Vacation:			Training:				
George Kandu 6740 N. Avers Ave. Lincolnwood, IL. 60712 XXX-XX-2800 8474-779-3616	PW		4	2					6		88.6		531.6	
	N													
Labor Classification: General Work	Hourly Fringe Benefit: Pension:			Health/Welfare:			Vacation:			Training:				

Please place an "F" by the hourly rate for fringe benefits paid to a Fund jointly managed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act (See instruction 4 for completing this form). In addition contractors/subcontractors who do not make contributions for covered fringe benefits to a fringe benefit fund that is jointly managed and jointly governed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act must provide the additional information set forth on the form on page 2 (see Instruction 5). Contractors/subcontractors who do not make contributions for fringe benefits on a per hour basis for each hour worked must convert such contributions to an annualized per hour basis for purpose of reporting on this form in accordance with instruction 5. You must keep original records showing start and end time each day.

***PW - Prevailing Hours Worked *N - Non Prevailing Hours Worked**

State of Illinois
Illinois Department of Labor

Certified Transcript of Payroll

AFFIDAVIT

Weekly Statement of Compliance

Date: Dec 25, 2020

I, James Kandu, (name signatory party)

President, (Title) do hereby state: that I pay or supervise the payment of the persons employed on the public works project BIC Classrooms Renovations; (name of project) that during the payroll period commencing on the 21st (day) day of December (month), 2020 (year), 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 Kandu Construction Inc. (name of contractor or subcontractor) from the full 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 contained therein are not less than the actual rates herein stated and that the classification set forth for each laborers or mechanic conform to the work he/she performed.

James Kandu
Signature

Digital Signature _____

FRINGES

Health Fund _____
Health Address _____
Health Sponsor _____
Health Admin _____

Pension Fund _____
Pension Address _____
Pension Sponsor _____
Pension Admin _____

401(k) Fund _____
401(k) Address _____
401(k) Sponsor _____
401(k) Admin _____

Vacation Fund _____
Vacation Address _____
Vacation Sponsor _____
Vacation Admin _____

SUBCONTRACTORS

Attach explanation of Monies paid, copy of contract of billing, or other pertinent information.

Company Name: Kandu Construction Inc.
Contact Person: James Kandu
8055 Ridgeway Ave. (Address)
Skokie (City) IL. (State) 60076 (zipcode)
Telephone Number: 847-799-3616

Company Name: _____
Contact Person: _____
_____ (Address)
_____ (City) _____ (State) _____ (zipcode)
Telephone Number: _____

Company Name: _____
Contact Person: _____
_____ (Address)
_____ (City) _____ (State) _____ (zipcode)
Telephone Number: _____

Company Name: _____
Contact Person: _____
_____ (Address)
_____ (City) _____ (State) _____ (zipcode)
Telephone Number: _____

State of Illinois
Illinois Department of Labor

Certified Transcript of Payroll

IDOL Case File Number:

Payroll Start: Jan 4, 2021

Payroll End: Jan 8, 2021

(Contract Number)

(Project Number)

425 22nd St., Glen Ellyn, IL. 60137
(Project Location)

Contractor and/or Subcontractor

Kandu Construction Inc. (Company Name)
James Kandu (Contact Name)
8055 Ridgeway Ave. (Street Address)
Skokie (City)
IL. (State) 60076 (Zipcode) 847-779-3616 (Telephone Number)

Public Body Information

BIC Classrooms Renovations (Public Body Name)
Tim Loftus (Contact Name)
425 Fawell Blvd. (Street Address)
Glen Ellyn (City)
IL. (State) 60137 (Zipcode) 630-942-2066 (Telephone Number)

Report Hours for Each Day, Including Overtime Hours, List Hourly Prevailing Wage Rate and Hourly Fringe Benefits Allotments.

Worker Name, Address Last Four of SSN & Telephone Number		* Hours worked each day SUN	MON	TUE	WED	THR	FRI	SAT	Total Straight Time Hours	Total OT Hours	Hourly Wage Rate	OT Wage Rate	Per Pay Period Gross	Net
James kandu 6740 N. Avers Ave. Lincolnwood Il. 60712 XXX-XX-0950 847-779-3616	PW		3		3	2	3		11		88.6		974.6	
	N													
Labor Classification: General Work	Hourly Fringe Benefit: Pension:			Health/Welfare:			Vacation:			Training:				
Jacob Kandu 6740 N. Avers Ave. Lincolnwood, IL. 60712 XXX-XX-2800 8474-779-3616	PW		3	2			3		8		88.6		708.8	
	N													
Labor Classification: General Work	Hourly Fringe Benefit: Pension:			Health/Welfare:			Vacation:			Training:				
George Kandu 6740 N. Avers Ave. Lincolnwood, IL. 60712 XXX-XX-2800 8474-779-3616	PW		3	2			3		8		88.6		708.8	
	N													
Labor Classification: General Work	Hourly Fringe Benefit: Pension:			Health/Welfare:			Vacation:			Training:				

Please place an "F" by the hourly rate for fringe benefits paid to a Fund jointly managed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act (See instruction 4 for completing this form). In addition contractors/subcontractors who do not make contributions for covered fringe benefits to a fringe benefit fund that is jointly managed and jointly governed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act must provide the additional information set forth on the form on page 2 (see Instruction 5). Contractors/subcontractors who do not make contributions for fringe benefits on a per hour basis for each hour worked must convert such contributions to an annualized per hour basis for purpose of reporting on this form in accordance with instruction 5. You must keep original records showing start and end time each day.

***PW - Prevailing Hours Worked *N - Non Prevailing Hours Worked**

State of Illinois
Illinois Department of Labor

Certified Transcript of Payroll

AFFIDAVIT

Weekly Statement of Compliance

Date: Jan 8, 2021

I, James Kandu (name signatory party),

President (Title), do

hereby state: that I pay or supervise the payment of the persons employed on the public works project BIC Classrooms Renovations (name of project);

that during the payroll period commencing on the 4th (day) day of January (month), 2020 (year),

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

Kandu Construction Inc. (name of contractor or subcontractor)

from the full 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 contained therein are not less than the actual rates herein stated and that the classification set forth for each laborers or mechanic conform to the work he/she performed.

James Kandu

Signature

Digital Signature

FRINGES

Health Fund

Health Address

Health Sponsor

Health Admin

Pension Fund

Pension Address

Pension Sponsor

Pension Admin

401(k) Fund

401(k) Address

401(k) Sponsor

401(k) Admin

Vacation Fund

Vacation Address

Vacation Sponsor

Vacation Admin

SUBCONTRACTORS

Attach explanation of Monies paid, copy of contract of billing, or other pertinent information.

Company Name: Kandu Construction Inc.
Contact Person: James Kandu
8055 Ridgeway Ave. (Address)
Skokie (City) IL. (State) 60076 (zipcode)
Telephone Number: 847-799-3616

Company Name:
Contact Person:
(Address)
(City) (State) (zipcode)
Telephone Number:

Company Name:
Contact Person:
(Address)
(City) (State) (zipcode)
Telephone Number:

Company Name:
Contact Person:
(Address)
(City) (State) (zipcode)
Telephone Number:

State of Illinois
Illinois Department of Labor

Certified Transcript of Payroll

IDOL Case File Number:

Payroll Start: Jan 11, 2021

Payroll End: Jan 15, 2021

(Contract Number)

(Project Number)

425 22nd St., Glen Ellyn, IL. 60137
(Project Location)

Contractor and/or Subcontractor

Kandu Construction Inc. (Company Name)
James Kandu (Contact Name)
8055 Ridgeway Ave. (Street Address)
Skokie (City)
IL. (State) 60076 (Zipcode) 847-779-3616 (Telephone Number)

Public Body Information

BIC Classrooms Renovations (Public Body Name)
Tim Loftus (Contact Name)
425 Fawell Blvd. (Street Address)
Glen Ellyn (City)
IL. (State) 60137 (Zipcode) 630-942-2066 (Telephone Number)

Report Hours for Each Day, Including Overtime Hours, List Hourly Prevailing Wage Rate and Hourly Fringe Benefits Allotments.

Worker Name, Address Last Four of SSN & Telephone Number		* Hours worked each day SUN	MON	TUE	WED	THR	FRI	SAT	Total Straight Time Hours	Total OT Hours	Hourly Wage Rate	OT Wage Rate	Per Pay Period Gross	Net
James kandu 6740 N. Avers Ave. Lincolnwood Il. 60712 XXX-XX-0950 847-779-3616	PW		3		3	4	3		13		88.6		1,151.8	
	N													
Labor Classification: General Work	Hourly Fringe Benefit: Pension:				Health/Welfare:				Vacation:		Training:			
Jacob Kandu 6740 N. Avers Ave. Lincolnwood, IL. 60712 XXX-XX-2800 8474-779-3616	PW		2	2	2				6		88.6		531.6	
	N													
Labor Classification: General Work	Hourly Fringe Benefit: Pension:				Health/Welfare:				Vacation:		Training:			
George Kandu 6740 N. Avers Ave. Lincolnwood, IL. 60712 XXX-XX-2800 8474-779-3616	PW		2	2	2		2		8		88.6		708.8	
	N													
Labor Classification: General Work	Hourly Fringe Benefit: Pension:				Health/Welfare:				Vacation:		Training:			

Please place an "F" by the hourly rate for fringe benefits paid to a Fund jointly managed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act (See instruction 4 for completing this form). In addition contractors/subcontractors who do not make contributions for covered fringe benefits to a fringe benefit fund that is jointly managed and jointly governed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act must provide the additional information set forth on the form on page 2 (see Instruction 5). Contractors/subcontractors who do not make contributions for fringe benefits on a per hour basis for each hour worked must convert such contributions to an annualized per hour basis for purpose of reporting on this form in accordance with instruction 5. You must keep original records showing start and end time each day.

***PW - Prevailing Hours Worked *N - Non Prevailing Hours Worked**

State of Illinois
Illinois Department of Labor

Certified Transcript of Payroll

AFFIDAVIT

Weekly Statement of Compliance

Date: Jan 15, 2021

I, James Kandu (name signatory party),

President (Title), do

hereby state: that I pay or supervise the payment of the persons employed on the public works project BIC Classrooms Renovations (name of project);

that during the payroll period commencing on the 11th (day) day of January (month), 2020 (year),

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

Kandu Construction Inc. (name of contractor or subcontractor)

from the full 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 contained therein are not less than the actual rates herein stated and that the classification set forth for each laborers or mechanic conform to the work he/she performed.

James Kandu
Signature

Digital Signature _____

FRINGES

Health Fund _____
Health Address _____
Health Sponsor _____
Health Admin _____

Pension Fund _____
Pension Address _____
Pension Sponsor _____
Pension Admin _____

401(k) Fund _____
401(k) Address _____
401(k) Sponsor _____
401(k) Admin _____

Vacation Fund _____
Vacation Address _____
Vacation Sponsor _____
Vacation Admin _____

SUBCONTRACTORS

Attach explanation of Monies paid, copy of contract of billing, or other pertinent information.

Company Name: Kandu Construction Inc.
Contact Person: James Kandu
8055 Ridgeway Ave. (Address)
Skokie (City) IL. (State) 60076 (zipcode)
Telephone Number: 847-799-3616

Company Name: _____
Contact Person: _____
_____ (Address)
_____ (City) _____ (State) _____ (zipcode)
Telephone Number: _____

Company Name: _____
Contact Person: _____
_____ (Address)
_____ (City) _____ (State) _____ (zipcode)
Telephone Number: _____

Company Name: _____
Contact Person: _____
_____ (Address)
_____ (City) _____ (State) _____ (zipcode)
Telephone Number: _____

State of Illinois
Illinois Department of Labor

Certified Transcript of Payroll

AFFIDAVIT

Weekly Statement of Compliance

Date: Jan 22, 2021

I, James Kandu (name signatory party),

President (Title), do

hereby state: that I pay or supervise the payment of the persons employed on the public works project BIC Classrooms Renovations (name of project);

that during the payroll period commencing on the 18th (day) day of January (month), 2020 (year),

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

Kandu Construction Inc. (name of contractor or subcontractor)

from the full 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 contained therein are not less than the actual rates herein stated and that the classification set forth for each laborers or mechanic conform to the work he/she performed.

James Kandu
Signature

Digital Signature _____

FRINGES

Health Fund _____
Health Address _____
Health Sponsor _____
Health Admin _____

Pension Fund _____
Pension Address _____
Pension Sponsor _____
Pension Admin _____

401(k) Fund _____
401(k) Address _____
401(k) Sponsor _____
401(k) Admin _____

Vacation Fund _____
Vacation Address _____
Vacation Sponsor _____
Vacation Admin _____

SUBCONTRACTORS

Attach explanation of Monies paid, copy of contract of billing, or other pertinent information.

Company Name: Kandu Construction Inc.
Contact Person: James Kandu
8055 Ridgeway Ave. (Address)
Skokie (City) IL. (State) 60076 (zipcode)
Telephone Number: 847-799-3616

Company Name: _____
Contact Person: _____
_____ (Address)
_____ (City) _____ (State) _____ (zipcode)
Telephone Number: _____

Company Name: _____
Contact Person: _____
_____ (Address)
_____ (City) _____ (State) _____ (zipcode)
Telephone Number: _____

Company Name: _____
Contact Person: _____
_____ (Address)
_____ (City) _____ (State) _____ (zipcode)
Telephone Number: _____

State of Illinois
Illinois Department of Labor

Certified Transcript of Payroll

IDOL Case File Number: _____ Payroll Start: Jan 25, 2021 Payroll End: Jan 29, 2021

(Contract Number)

(Project Number)

425 22nd St., Glen Ellyn, IL. 60137
(Project Location)

Contractor and/or Subcontractor

Kandu Construction Inc. (Company Name) James Kandu (Contact Name)
8055 Ridgeway Ave. (Street Address) Skokie (City)
IL. (State) 60076 (Zipcode) 847-779-3616 (Telephone Number)

Public Body Information

BIC Classrooms Renovations (Public Body Name) Tim Loftus (Contact Name)
425 Fawell Blvd. (Street Address) Glen Ellyn (City)
IL. (State) 60137 (Zipcode) 630-942-2066 (Telephone Number)

Report Hours for Each Day, Including Overtime Hours, List Hourly Prevailing Wage Rate and Hourly Fringe Benefits Allotments.

Worker Name, Address Last Four of SSN & Telephone Number		* Hours worked each day SUN	MON	TUE	WED	THR	FRI	SAT	Total Straight Time Hours	Total OT Hours	Hourly Wage Rate	OT Wage Rate	Per Pay Period Gross	Net
James kandu 6740 N. Avers Ave. Lincolnwood Il. 60712 XXX-XX-0950 847-779-3616	PW		3		3	2	3		11		88.6		974.6	
	N													
Labor Classification: General Work	Hourly Fringe Benefit:	Pension:		Health/Welfare:		Vacation:		Training:						
	PW													
	N													
Labor Classification	Hourly Fringe Benefit:	Pension:		Health/Welfare:		Vacation:		Training:						
	PW													
	N													
Labor Classification	Hourly Fringe Benefit:	Pension:		Health/Welfare:		Vacation:		Training:						

Please place an "F" by the hourly rate for fringe benefits paid to a Fund jointly managed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act (See instruction 4 for completing this form). In addition contractors/subcontractors who do not make contributions for covered fringe benefits to a fringe benefit fund that is jointly managed and jointly governed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act must provide the additional information set forth on the form on page 2 (see Instruction 5). Contractors/subcontractors who do not make contributions for fringe benefits on a per hour basis for each hour worked must convert such contributions to an annualized per hour basis for purpose of reporting on this form in accordance with instruction 5. You must keep original records showing start and end time each day.

***PW - Prevailing Hours Worked *N - Non Prevailing Hours Worked**

State of Illinois
Illinois Department of Labor

Certified Transcript of Payroll

AFFIDAVIT

Weekly Statement of Compliance

Date: Jan 29, 2021

I, James Kandu (name signatory party),

President (Title), do

hereby state: that I pay or supervise the payment of the persons employed on the public works project BIC Classrooms Renovations (name of project);

that during the payroll period commencing on the 25th (day) day of January (month), 2020 (year),

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

Kandu Construction Inc. (name of contractor or subcontractor)

from the full 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 contained therein are not less than the actual rates herein stated and that the classification set forth for each laborers or mechanic conform to the work he/she performed.

James Kandu
Signature

Digital Signature _____

FRINGES

Health Fund _____
Health Address _____
Health Sponsor _____
Health Admin _____

Pension Fund _____
Pension Address _____
Pension Sponsor _____
Pension Admin _____

401(k) Fund _____
401(k) Address _____
401(k) Sponsor _____
401(k) Admin _____

Vacation Fund _____
Vacation Address _____
Vacation Sponsor _____
Vacation Admin _____

SUBCONTRACTORS

Attach explanation of Monies paid, copy of contract of billing, or other pertinent information.

Company Name: Kandu Construction Inc.
Contact Person: James Kandu
8055 Ridgeway Ave. (Address)
Skokie (City) IL. (State) 60076 (zipcode)
Telephone Number: 847-799-3616

Company Name: _____
Contact Person: _____
_____ (Address)
_____ (City) _____ (State) _____ (zipcode)
Telephone Number: _____

Company Name: _____
Contact Person: _____
_____ (Address)
_____ (City) _____ (State) _____ (zipcode)
Telephone Number: _____

Company Name: _____
Contact Person: _____
_____ (Address)
_____ (City) _____ (State) _____ (zipcode)
Telephone Number: _____

State of Illinois
Illinois Department of Labor

Certified Transcript of Payroll

IDOL Case File Number:

Payroll Start: Feb 1, 2021

Payroll End: Feb 5, 2021

(Contract Number)

(Project Number)

425 22nd St., Glen Ellyn, IL. 60137
(Project Location)

Contractor and/or Subcontractor		Public Body Information	
Kandu Construction Inc. (Company Name)	James Kandu (Contact Name)	BIC Classrooms Renovations (Public Body Name)	Tim Loftus (Contact Name)
8055 Ridgeway Ave. (Street Address)	Skokie (City)	425 Fawell Blvd. (Street Address)	Glen Ellyn (City)
IL. (State) 60076 (Zipcode)	847-779-3616 (Telephone Number)	IL. (State) 60137 (Zipcode)	630-942-2066 (Telephone Number)

Report Hours for Each Day, Including Overtime Hours, List Hourly Prevailing Wage Rate and Hourly Fringe Benefits Allotments.

Worker Name, Address / Last Four of SSN & Telephone Number		* Hours worked each day SUN	MON	TUE	WED	THR	FRI	SAT	Total Straight Time Hours	Total OT Hours	Hourly Wage Rate	OT Wage Rate	Per Pay Period Gross	Net
James kandu 6740 N. Avers Ave. Lincolnwood Il. 60712 XXX-XX-0950 847-779-3616	PW			3		4	3		10		88.6		886	
	N													
Labor Classification: General Work	Hourly Fringe Benefit: Pension:				Health/Welfare:				Vacation:		Training:			
Jacob Kandu 6740 N. Avers Ave. Lincolnwood, IL. 60712 XXX-XX-2800 8474-779-3616	PW		2	2		2			6		88.6		531.6	
	N													
Labor Classification: General Work	Hourly Fringe Benefit: Pension:				Health/Welfare:				Vacation:		Training:			
George Kandu 6740 N. Avers Ave. Lincolnwood, IL. 60712 XXX-XX-2800 8474-779-3616	PW		2	2		2			6		88.6		531.6	
	N													
Labor Classification: General Work	Hourly Fringe Benefit: Pension:				Health/Welfare:				Vacation:		Training:			

Please place an "F" by the hourly rate for fringe benefits paid to a Fund jointly managed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act (See instruction 4 for completing this form). In addition contractors/subcontractors who do not make contributions for covered fringe benefits to a fringe benefit fund that is jointly managed and jointly governed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act must provide the additional information set forth on the form on page 2 (see Instruction 5). Contractors/subcontractors who do not make contributions for fringe benefits on a per hour basis for each hour worked must convert such contributions to an annualized per hour basis for purpose of reporting on this form in accordance with instruction 5. You must keep original records showing start and end time each day.

***PW - Prevailing Hours Worked *N - Non Prevailing Hours Worked**

State of Illinois
Illinois Department of Labor

Certified Transcript of Payroll

AFFIDAVIT

Weekly Statement of Compliance

Date: Feb 5, 2021

I, James Kandu ,
(name signatory party)

President , do
(Title)

hereby state: that I pay or supervise the payment of the persons employed on the public works project BIC Classrooms Renovations ;
(name of project)

that during the payroll period commencing on the 1st (day) day of February (month), 2020 (year),

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

Kandu Construction Inc.
(name of contractor or subcontractor)

from the full 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 contained therein are not less than the actual rates herein stated and that the classification set forth for each laborers or mechanic conform to the work he/she performed.

James Kandu
Signature

Digital Signature _____

FRINGES

Health Fund _____
Health Address _____
Health Sponsor _____
Health Admin _____

Pension Fund _____
Pension Address _____
Pension Sponsor _____
Pension Admin _____

401(k) Fund _____
401(k) Address _____
401(k) Sponsor _____
401(k) Admin _____

Vacation Fund _____
Vacation Address _____
Vacation Sponsor _____
Vacation Admin _____

SUBCONTRACTORS

Attach explanation of Monies paid, copy of contract of billing, or other pertinent information.

Company Name: Kandu Construction Inc.
Contact Person: James Kandu
8055 Ridgeway Ave.
(Address)
Skokie (City) IL. (State) 60076 (zipcode)
Telephone Number: 847-799-3616

Company Name: _____
Contact Person: _____
(Address)
(City) (State) (zipcode)
Telephone Number: _____

Company Name: _____
Contact Person: _____
(Address)
(City) (State) (zipcode)
Telephone Number: _____

Company Name: _____
Contact Person: _____
(Address)
(City) (State) (zipcode)
Telephone Number: _____

State of Illinois
Illinois Department of Labor

Certified Transcript of Payroll

IDOL Case File Number:

Payroll Start: Feb 8, 2021

Payroll End: Feb 12, 2021

(Contract Number)

(Project Number)

425 22nd St., Glen Ellyn, IL. 60137
(Project Location)

Contractor and/or Subcontractor

Kandu Construction Inc. (Company Name)
James Kandu (Contact Name)
8055 Ridgeway Ave. (Street Address)
Skokie (City)
IL. (State) 60076 (Zipcode) 847-779-3616 (Telephone Number)

Public Body Information

BIC Classrooms Renovations (Public Body Name)
Tim Loftus (Contact Name)
425 Fawell Blvd. (Street Address)
Glen Ellyn (City)
IL. (State) 60137 (Zipcode) 630-942-2066 (Telephone Number)

Report Hours for Each Day, Including Overtime Hours, List Hourly Prevailing Wage Rate and Hourly Fringe Benefits Allotments.

Worker Name, Address Last Four of SSN & Telephone Number		* Hours worked each day SUN	MON	TUE	WED	THR	FRI	SAT	Total Straight Time Hours	Total OT Hours	Hourly Wage Rate	OT Wage Rate	Per Pay Period Gross	Net
James kandu 6740 N. Avers Ave. Lincolnwood Il. 60712 XXX-XX-0950 847-779-3616	PW		3	3		4			10		88.6		886	
	N													
Labor Classification: General Work	Hourly Fringe Benefit: Pension:			Health/Welfare:			Vacation:			Training:				
Jacob Kandu 6740 N. Avers Ave. Lincolnwood, IL. 60712 XXX-XX-2800 8474-779-3616	PW		2	2					4		88.6		354.4	
	N													
Labor Classification: General Work	Hourly Fringe Benefit: Pension:			Health/Welfare:			Vacation:			Training:				
George Kandu 6740 N. Avers Ave. Lincolnwood, IL. 60712 XXX-XX-2800 8474-779-3616	PW		2	2					4		88.6		354.4	
	N													
Labor Classification: General Work	Hourly Fringe Benefit: Pension:			Health/Welfare:			Vacation:			Training:				

Please place an "F" by the hourly rate for fringe benefits paid to a Fund jointly managed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act (See instruction 4 for completing this form). In addition contractors/subcontractors who do not make contributions for covered fringe benefits to a fringe benefit fund that is jointly managed and jointly governed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act must provide the additional information set forth on the form on page 2 (see Instruction 5). Contractors/subcontractors who do not make contributions for fringe benefits on a per hour basis for each hour worked must convert such contributions to an annualized per hour basis for purpose of reporting on this form in accordance with instruction 5. You must keep original records showing start and end time each day.

***PW - Prevailing Hours Worked *N - Non Prevailing Hours Worked**

State of Illinois
Illinois Department of Labor

Certified Transcript of Payroll

AFFIDAVIT

Weekly Statement of Compliance

Date: Feb 12, 2021

I, James Kandu ,
(name signatory party)

President , do
(Title)

hereby state: that I pay or supervise the payment of the persons employed on the public works project BIC Classrooms Renovations ;
(name of project)

that during the payroll period commencing on the 8th (day) day of February (month), 2020 (year),

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

Kandu Construction Inc.
(name of contractor or subcontractor)

from the full 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 contained therein are not less than the actual rates herein stated and that the classification set forth for each laborers or mechanic conform to the work he/she performed.

James Kandu
Signature

Digital Signature _____

FRINGES

Health Fund _____
Health Address _____
Health Sponsor _____
Health Admin _____

Pension Fund _____
Pension Address _____
Pension Sponsor _____
Pension Admin _____

401(k) Fund _____
401(k) Address _____
401(k) Sponsor _____
401(k) Admin _____

Vacation Fund _____
Vacation Address _____
Vacation Sponsor _____
Vacation Admin _____

SUBCONTRACTORS

Attach explanation of Monies paid, copy of contract of billing, or other pertinent information.

Company Name: Kandu Construction Inc.
Contact Person: James Kandu
8055 Ridgeway Ave.
(Address)
Skokie (City) IL. (State) 60076 (zipcode)
Telephone Number: 847-799-3616

Company Name: _____
Contact Person: _____
(Address)
(City) (State) (zipcode)
Telephone Number: _____

Company Name: _____
Contact Person: _____
(Address)
(City) (State) (zipcode)
Telephone Number: _____

Company Name: _____
Contact Person: _____
(Address)
(City) (State) (zipcode)
Telephone Number: _____

WAIVER OF LIEN TO DATE

STATE OF ILLINOIS
COUNTY OF WILL
TO WHOM IT MAY CONCERN:

Gty #
MC OF I Job # 20-055-01

WHEREAS the undersigned has been employed by Kandu Construction Inc.
to furnish HVAC Work
for the premises BIC Classrooms Renovations College of DuPage - 425 22nd Street, Glen Ellyn, IL 60137
of which College of DuPage is the owner.

THE undersigned, for and in consideration of Ninteen thousand one hundred five and no/100 ($ 19,105.00)Dollars, and other good and valuable consideration, the receipt whereof is hereby acknowledged, does hereby waive and release any and all lien or claim of, or right to, lien, under the statutes of the State of Illinois, relating to mechanics' liens, with respect to and said above-described premises, and the improvements thereon, and on the material, fixtures, apparatus or machinery furnished, and on the moneys, funds or other considerations due or to become due from the owner, on account of labor services, material, fixtures, apparatus, or machinery, furnished to this date by the undersigned for the above-described premises. INCLUDING EXTRAS.*

Given under MY hand SIGN and seal ON

this 6th day of January ,2021

Signature and Seal

David P. Wozniak Vice President
Mechanical Concepts of Illinois Inc

NOTE: All waivers must be for the full amount paid. If waiver is for a corporation, corporate name should be used, corporate seal affixed and title of officer signing waiver should be set forth; if waiver is for a partnership, the partnership name should be used, partner should sign and designate himself as partner.
*EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHANGE ORDERS, BOTH ORAL AND WRITTEN, TO THE CONTRACT.

CONTRACTOR'S AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF WILL
TO WHOM IT MAY CONCERN:

THE undersigned, being duly sworn, deposes and says that he is David P. Wozniak
Vice President of the Mechanical Concepts of Illinois Inc
who is contractor for the HVAC Work
building located at BIC Classrooms Renovations College of DuPage - 425 22nd Street, Glen Ellyn, IL 60137
owned by College of DuPage
That the total amount of the contract including extras* is $ 92,000.00 on which he has received payment of $ - prior to this payment. That all waivers are true, correct and genuine and delivered unconditionally and that there is no claim either legal or equitable to defeat the validity of said waivers. That the following are the names of all parties who have furnished material or labor, or both, for said work and all parties having contracts or subcontracts for specific portions of said work or for material entering into the construction thereof and the amount due or to become due to each, and that the items mentioned include all labor and material required to complete said work according to plans and specifications:

NAME	WHAT FOR	CONTRACT PRICE	AMOUNT PAID	THIS PAYMENT	BALANCE DUE
Mechanical Concepts of Illinois Inc	Labor/Materials	92,000.00	-	19,105.00	72,895.00
All material taken from fully paid stock delivered with own trucks.					
All Labor and Union Benefits paid in full.		92,000.00	-	19,105.00	72,895.00

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

Signed this 6th day of January ,2021

Signature

Subscribed and sworn to before me this 6th day of January ,2021

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

Notary

"OFFICIAL SEAL"
CAROL LYNN KELLY
Notary Public, State of Illinois
My Commission Expires 7/29/2022

For the Period Ending: 12-06-20

Job: 20-055 COD - BIC Classrooms
425 22nd Street
Glen Ellyn, IL 60137

Project #20030 PR #4

Stephen W. Simpson
7013 Monmouth Dr
Joliet, IL 60431

-2173 Caucasian Male	11-30 Mon	12-01 Tue	12-02 Wed	12-03 Thu	12-04 Fri	12-05 Sat	12-06 Sun	Total Hours	Rate	Hrly Fringe	THIS JOB Gross This Job	FICA	FWH	SWH	Other Deducts	Net This Job
S - 0 Shtm Wrk Loc 265 Reg	8.00	8.00	8.00	8.00				32.00	52.85		1,691.20	129.38	300.78	83.71	68.16	1,109.18

Eric Wood
2428 Emerald Ln.
Yorkville, IL 60560

-4571 Caucasian Male	11-30 Mon	12-01 Tue	12-02 Wed	12-03 Thu	12-04 Fri	12-05 Sat	12-06 Sun	Total Hours	Rate	Hrly Fringe	THIS JOB Gross This Job	FICA	FWH	SWH	Other Deducts	Net This Job
M - 2 Shtm Wrk Loc 265 Reg	8.00	8.00	8.00	8.00				32.00	50.33		1,610.56	123.21	141.41	76.18	68.16	1,201.60

Totals for COD - BIC Classrooms

11-30-20 Monday	12-01-20 Tuesday	12-02-20 Wednesdy	12-03-20 Thursday	12-04-20 Friday	12-05-20 Saturday	12-06-20 Sunday	Total Hours	Gross This Job
16.00	16.00	16.00	16.00	.00	.00	.00	64.00	3,301.76

Deductions	
FWH	442.18
FICA	252.58
SWH	159.90
Other	252.58

Net Pay 2,310.78

.0000

Date 12/31/2020

I, Kim Needham (Name of Signatory Party) Accounting (Title)

do hereby state:

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

Mechanical Concepts of Illinois (Contractor or Subcontractor) on the

College of DuPage BIC Classrooms (Building or Work); that during the payroll period commencing on the

30th day of November, 2020, and ending the 6th day of December, 2020,

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

Mechanical Concepts of Illinois (Contractor or Subcontractor) from the full

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 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

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

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

(4) That:

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

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

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE	SIGNATURE
Kim Needham Accounting	Kim Needham

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

Job: 20-055 COD - BIC Classrooms
425 22nd Street
Glen Ellyn, IL 60137

Project #20030 PR #5

Jeffrey A. Kirk
2921 Chessington Drive
New Lenox, IL 60451
-6652 Caucasian Male
S - 4 Shtmt Wrk Loc 73 Reg

T H I S J O B

	12-07 Mon	12-08 Tue	12-09 Wed	12-10 Thu	12-11 Fri	12-12 Sat	12-13 Sun	Total Hours	Rate	Hrly Fringe	Gross This Job	FICA	FWH	SWH	Other Deducts	Net This Job
	2.00							2.00	51.62		103.24	7.90	14.24	5.11	6.86	69.13

Stephen W. Simpson
7013 Monmouth Dr
Joliet, IL 60431
-2173 Caucasian Male
S - 0 Shtm Wrk Loc 265 Reg

T H I S J O B

	12-07 Mon	12-08 Tue	12-09 Wed	12-10 Thu	12-11 Fri	12-12 Sat	12-13 Sun	Total Hours	Rate	Hrly Fringe	Gross This Job	FICA	FWH	SWH	Other Deducts	Net This Job
	8.00	8.00		7.00	8.00			31.00	52.85		1,638.35	125.33	308.50	81.10	61.50	1,061.92

Joseph Streb
1233 E. Wellwood Drive
Lockport, IL 60441
-1997 Caucasian Male
M - 1 Pipfttr Local 597 Reg

T H I S J O B

	12-07 Mon	12-08 Tue	12-09 Wed	12-10 Thu	12-11 Fri	12-12 Sat	12-13 Sun	Total Hours	Rate	Hrly Fringe	Gross This Job	FICA	FWH	SWH	Other Deducts	Net This Job
					8.00			8.00	56.75		454.00	34.73	61.36	21.03	30.12	306.76

Eric Wood
2428 Emerald Ln.
Yorkville, IL 60560
-4571 Caucasian Male
M - 2 Shtm Wrk Loc 265 Reg

T H I S J O B

	12-07 Mon	12-08 Tue	12-09 Wed	12-10 Thu	12-11 Fri	12-12 Sat	12-13 Sun	Total Hours	Rate	Hrly Fringe	Gross This Job	FICA	FWH	SWH	Other Deducts	Net This Job
	8.00	8.00		8.00	8.00			32.00	50.33		1,610.56	123.20	176.85	76.78	63.45	1,170.28

Totals for COD - BIC Classrooms

12-07-20 Monday	12-08-20 Tuesday	12-09-20 Wednesdy	12-10-20 Thursday	12-11-20 Friday	12-12-20 Saturday	12-13-20 Sunday	Total Hours	Gross This Job
18.00	16.00	.00	15.00	24.00	.00	.00	73.00	3,806.15

Deductions		Net Pay
FWH	560.95	2,608.09
FICA	291.17	
SWH	184.01	
Other	291.17	

Date 12/31/2020

I, Kim Needham (Name of Signatory Party) Accounting (Title)

do hereby state:

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

Mechanical Concepts of Illinois (Contractor or Subcontractor) on the

College of DuPage BIC Classrooms (Building or Work); that during the payroll period commencing on the

7th day of December, 2020, and ending the 13th day of December, 2020,

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

Mechanical Concepts of Illinois (Contractor or Subcontractor) from the full

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 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

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

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

(4) That:

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

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

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE	SIGNATURE
Kim Needham Accounting	Kim Needham

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

For the Period Ending:

Job: 20-055 COD - BIC Classrooms
425 22nd Street
Glen Ellyn, IL 60137

Project #20030 PR #6

Joseph Strob
1233 E. Wellwood Drive
Lockport, IL 60441

T H I S J O B

	12-14	12-15	12-16	12-17	12-18	12-19	12-20	Total		Hrly	Gross				Other	
'-1997 Caucasian Male	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hours	Rate	Fringe	This Job	FICA	FWH	SWH	Deducts	Net This Job
M - 1 Pipfttr Locl 597 Reg	8.00	8.00						16.00	56.75		908.00	69.46	118.86	42.02	60.46	617.19

Totals for COD - BIC Classrooms

12-14-20 Monday	12-15-20 Tuesday	12-16-20 Wednesdy	12-17-20 Thursday	12-18-20 Friday	12-19-20 Saturday	12-20-20 Sunday	Total Hours	Gross This Job
8.00	8.00	.00	.00	.00	.00	.00	16.00	908.00

Deductions		Net Pay
FWH	118.86	617.19
FICA	69.46	
SWH	42.02	
Other	69.46	

.0000

Date 12/31/2020

I, Kim Needham (Name of Signatory Party) Accounting (Title)

do hereby state:

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

Mechanical Concepts of Illinois (Contractor or Subcontractor) on the

College of DuPage BIC Classrooms (Building or Work); that during the payroll period commencing on the

14th day of December, 2020, and ending the 20th day of December, 2020,

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

Mechanical Concepts of Illinois (Contractor or Subcontractor) from the full

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 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

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

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

(4) That:

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

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

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE	SIGNATURE
Kim Needham Accounting	Kim Needham

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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

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

U.S. Wage and Hour Division
Rev. Dec. 2008

OMB No.: 1235-0008
Expires: 02/28/2018

NAME OF CONTRACTOR ☑ OR SUBCONTRACTOR ☐
Mechanical Concepts of Illinois

ADDRESS 333 S. O'hare Drive
Romeoville, Illinois 60446

PAYROLL NO. 007

FOR WEEK ENDING 12/27/2020

PROJECT AND LOCATION
College of DuPage - BIC Classrooms
425 22nd St., Glen Ellyn, IL 60137

PROJECT OR CONTRACT NO.
Project #20030

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT. OR ST.	(4) DAY AND DATE M 21	T 22	W 23	TH 24	F 25	S 26	S 27	(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS FICA	WITH-HOLDING TAX	STATE W/H	UNION DUES	OTHER	TOTAL DEDUCTIONS	(9) NET WAGES PAID FOR WEEK
				HOURS WORKED EACH DAY																
NO WORK PERFORMED			O																	
			S																	
			O																	
			S																	
			O																	
			S																	
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

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

Date 12/31/2020

I, Kim Needham (Name of Signatory Party) Accounting (Title)

do hereby state:

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

Mechanical Concepts of Illinois (Contractor or Subcontractor) on the

College of DuPage BIC Classrooms (Building or Work); that during the payroll period commencing on the

21st day of December, 2020, and ending the 27th day of December, 2020,

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

Mechanical Concepts of Illinois (Contractor or Subcontractor) from the full

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 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

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

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

(4) That:

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

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

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE	SIGNATURE
Kim Needham Accounting	Kim Needham

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

WAIVER OF LIEN TO DATE

STATE OF ILLINOIS

COUNTY OF Cook

Qty #

Escrow #

TO WHOM IT MAY CONCERN:
WHEREAS the undersigned has been employed by KANDU CONSTRUCTION INC
to furnish electrical work
for the premises known as College of DuPage - BIC Classroom Renovations
of which College of DuPage is the owner.

THE undersigned, for and in consideration of nine thousand ($ 9,000.00) Dollars, and other good and valuable considerations, the receipt whereof is hereby acknowledged, do(es) hereby waive and release any and all lien or claim of, or right to, lien, under the statutes of the State of Illinois, relating to mechanics' liens, with respect to and on said above-described premises, and the improvements thereon, and on the material, fixtures, apparatus or machinery furnished, and on the moneys, funds or other considerations due or to become due from the owner, on account of all labor, services, material, fixtures, apparatus or machinery, furnished to this date by the undersigned for the above-described premises, INCLUDING EXTRAS.*

DATE 1/5/21 COMPANY NAME Delta Electrical Industries
ADDRESS 5280 N Lawler Ave, Chicago, IL 60630
SIGNATURE AND TITLE President

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

CONTRACTOR'S AFFIDAVIT

STATE OF ILLINOIS

COUNTY OF Cook

TO WHOM IT MAY CONCERN:
THE UNDERSIGNED, (NAME) Adrian Man BEING DULY SWORN, DEPOSES AND SAYS THAT HE OR SHE IS (POSITION) President OF (COMPANY NAME) Delta Electrical Industries WHO IS THE CONTRACTOR FURNISHING Electrical WORK ON THE BUILDING LOCATED AT 425 Fawell Blvd, Glen Ellyn, IL 60137
OWNED BY College of DuPage
That the total amount of the contract including extras* is $ 160,000.00 on which he or she has received payment of $ 0 prior to this payment. That all waivers are true, correct and genuine and delivered unconditionally and that there is no claim either legal or equitable to defeat the validity of said waivers. That the following are the names and addresses of all parties who have furnished material or labor, or both, for said work and all parties having contracts or sub contracts for specific portions of said work or for material entering into the construction thereof and the amount due or to become due to each, and that the items mentioned include all labor and material required to complete said work according to plans and specifications:

NAMES AND ADDRESSES	WHAT FOR	CONTRACT PRICE INCLDG EXTRAS*	AMOUNT PAID	THIS PAYMENT	BALANCE DUE
Delta Electrical Industries	Electrical Work	160,000.00	0	9,000.00	151,000.00
TOTAL LABOR AND MATERIAL INCLUDING EXTRAS* TO COMPLETE.					

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

DATE 1/5/21 **SIGNATURE:**

SUBSCRIBED AND SWORN TO BEFORE ME THIS 5 DAY OF January , 2021

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

NOTARY PUBLIC

L1722 R5/96

Provided by Chicago Title Insurance Company

OFFICIAL SEAL
BIANCA ROGERS
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:12/12/22

State of Illinois
Illinois Department of Labor

Certified Transcript of Payroll

IDOL Case File Number:

Payroll Start: Dec 6, 2020

Payroll End: Dec 12, 2020

(Contract Number)

20030
(Project Number)

425 22nd Street, GLEN ELLYN, IL 60137
(Project Location)

Contractor and/or Subcontractor

Delta Electrical Industries (Company Name)
ADRIAN MAN (Contact Name)
5280 N LAWLER AVE (Street Address)
CHICAGO (City)
IL (State) 60630 (Zipcode) 312-593-0832 (Telephone Number)

Public Body Information

COLLEGE OF DUPAGE (Public Body Name)
(Contact Name)
425 22nd Street (Street Address)
GLEN ELLYN (City)
IL (State) 60137 (Zipcode) 630-942-2800 (Telephone Number)

Report Hours for Each Day, Including Overtime Hours, List Hourly Prevailing Wage Rate and Hourly Fringe Benefits Allotments.

Worker Name, Address Last Four of SSN & Telephone Number		* Hours worked each day SUN	MON	TUE	WED	THR	FRI	SAT	Total Straight Time Hours	Total OT Hours	Hourly Wage Rate	OT Wage Rate	Per Pay Period Gross	Net
Adrian Man 5280 N Lawler Ave, CHicago, IL SSN:xxx-xx-2936 TEL: 312-593-0832	PW						8		8		85		680	680
	N													
Labor Classification: ELECTRICIAN	Hourly Fringe Benefit: Pension: E	Health/Welfare: E	Vacation: E	Training: E										
Dumitru Moraru 4547 W Barry Ave, Chicago, IL SSN:xxx-xx-5773 Tel: 773-983-5596	PW						8		8		85		680	680
	N													
Labor Classification: ELECTRICIAN	Hourly Fringe Benefit: Pension: E	Health/Welfare: E	Vacation: E	Training: E										
	PW													
	N													
Labor Classification:	Hourly Fringe Benefit: Pension:	Health/Welfare:	Vacation:	Training:										

Please place an "F" by the hourly rate for fringe benefits paid to a Fund jointly managed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act (See instruction 4 for completing this form). In addition contractors/subcontractors who do not make contributions for covered fringe benefits to a fringe benefit fund that is jointly managed and jointly governed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act must provide the additional information set forth on the form on page 2 (see Instruction 5). Contractors/subcontractors who do not make contributions for fringe benefits on a per hour basis for each hour worked must convert such contributions to an annualized per hour basis for purpose of reporting on this form in accordance with instruction 5. You must keep original records showing start and end time each day.

***PW - Prevailing Hours Worked *N - Non Prevailing Hours Worked**

IL452CM02

State of Illinois
Illinois Department of Labor

Certified Transcript of Payroll

AFFIDAVIT

Weekly Statement of Compliance

Date: Dec 15, 2020

I, Adrian Man (name signatory party),

President (Title), do

hereby state: that I pay or supervise the payment of the persons employed on the public works project BIC Classroms Renovations (name of project);

that during the payroll period commencing on the 6 (day) day of DEC (month), 2020 (year),

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

Delta Electrical Industries (name of contractor or subcontractor)

from the full 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 contained therein are not less than the actual rates herein stated and that the classification set forth for each laborers or mechanic conform to the work he/she performed.

Signature

Digital Signature _____

FRINGES

Health Fund _____
Health Address _____
Health Sponsor _____
Health Admin _____

Pension Fund _____
Pension Address _____
Pension Sponsor _____
Pension Admin _____

401(k) Fund _____
401(k) Address _____
401(k) Sponsor _____
401(k) Admin _____

Vacation Fund _____
Vacation Address _____
Vacation Sponsor _____
Vacation Admin _____

SUBCONTRACTORS

Attach explanation of Monies paid, copy of contract of billing, or other pertinent information.

Company Name: Delta Electrical Industries
Contact Person: Adrian Man
5280 N Lawler Ave (Address)
Chicago (City) IL (State) 60630 (zipcode)
Telephone Number: 312-593-0832

Company Name: _____
Contact Person: _____
_____ (Address)
_____ (City) _____ (State) _____ (zipcode)
Telephone Number: _____

Company Name: _____
Contact Person: _____
_____ (Address)
_____ (City) _____ (State) _____ (zipcode)
Telephone Number: _____

Company Name: _____
Contact Person: _____
_____ (Address)
_____ (City) _____ (State) _____ (zipcode)
Telephone Number: _____

State of Illinois
Illinois Department of Labor

Certified Transcript of Payroll

IDOL Case File Number:

Payroll Start: Dec 13, 2020

Payroll End: Dec 19, 2020

(Contract Number)

20030
(Project Number)

425 22nd Street, GLEN ELLYN, IL 60137
(Project Location)

Contractor and/or Subcontractor

Delta Electrical Industries (Company Name)
ADRIAN MAN (Contact Name)
5280 N LAWLER AVE (Street Address)
CHICAGO (City)
IL (State) 60630 (Zipcode) 312-593-0832 (Telephone Number)

Public Body Information

COLLEGE OF DUPAGE (Public Body Name)
(Contact Name)
425 22nd Street (Street Address)
GLEN ELLYN (City)
IL (State) 60137 (Zipcode) 630-942-2800 (Telephone Number)

Report Hours for Each Day, Including Overtime Hours, List Hourly Prevailing Wage Rate and Hourly Fringe Benefits Allotments.

Worker Name, Address / Last Four of SSN & Telephone Number		* Hours worked each day SUN	MON	TUE	WED	THR	FRI	SAT	Total Straight Time Hours	Total OT Hours	Hourly Wage Rate	OT Wage Rate	Per Pay Period Gross	Net
Adrian Man 5280 N Lawler Ave, CHicago, IL SSN:xxx-xx-2936 TEL: 312-593-0832	PW				8	8	8		24		85		2,040	2,040
	N													
Labor Classification: ELECTRICIAN	Hourly Fringe Benefit: Pension: E	Health/Welfare: E	Vacation: E	Training: E										
Dumitru Moraru 4547 W Barry Ave, Chicago, IL SSN:xxx-xx-5773 Tel: 773-983-5596	PW				8	8	8		24		85		2,040	2,040
	N													
Labor Classification: ELECTRICIAN	Hourly Fringe Benefit: Pension: E	Health/Welfare: E	Vacation: E	Training: E										
	PW													
	N													
Labor Classification:	Hourly Fringe Benefit: Pension:	Health/Welfare:	Vacation:	Training:										

Please place an "F" by the hourly rate for fringe benefits paid to a Fund jointly managed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act (See instruction 4 for completing this form). In addition contractors/subcontractors who do not make contributions for covered fringe benefits to a fringe benefit fund that is jointly managed and jointly governed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act must provide the additional information set forth on the form on page 2 (see Instruction 5). Contractors/subcontractors who do not make contributions for fringe benefits on a per hour basis for each hour worked must convert such contributions to an annualized per hour basis for purpose of reporting on this form in accordance with instruction 5. You must keep original records showing start and end time each day.

***PW - Prevailing Hours Worked *N - Non Prevailing Hours Worked**

IL452CM02

State of Illinois
Illinois Department of Labor

Certified Transcript of Payroll

AFFIDAVIT

Weekly Statement of Compliance

Date: Dec 29, 2020

I, Adrian Man
(name signatory party)

President, do
(Title)

hereby state: that I pay or supervise the payment of the persons employed on the public works project BIC Classroms Renovations;
(name of project)

that during the payroll period commencing on the 13 (day) day of DEC (month), 2020 (year),

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

Delta Electrical Industries
(name of contractor or subcontractor)

from the full 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 contained therein are not less than the actual rates herein stated and that the classification set forth for each laborers or mechanic conform to the work he/she performed.

Signature

Digital Signature

FRINGES

Health Fund
Health Address
Health Sponsor
Health Admin

Pension Fund
Pension Address
Pension Sponsor
Pension Admin

401(k) Fund
401(k) Address
401(k) Sponsor
401(k) Admin

Vacation Fund
Vacation Address
Vacation Sponsor
Vacation Admin

SUBCONTRACTORS

Attach explanation of Monies paid, copy of contract of billing, or other pertinent information.

Company Name: Delta Electrical Industries
Contact Person: Adrian Man
5280 N Lawler Ave
(Address)
Chicago (City) IL (State) 60630 (zipcode)
Telephone Number: 312-593-0832

Company Name:
Contact Person:
(Address)
(City) (State) (zipcode)
Telephone Number:

Company Name:
Contact Person:
(Address)
(City) (State) (zipcode)
Telephone Number:

Company Name:
Contact Person:
(Address)
(City) (State) (zipcode)
Telephone Number:

State of Illinois
Illinois Department of Labor

Certified Transcript of Payroll

IDOL Case File Number:

Payroll Start: Dec 20, 2020

Payroll End: Dec 26, 2020

(Contract Number)

20030
(Project Number)

425 22nd Street, GLEN ELLYN, IL 60137
(Project Location)

Contractor and/or Subcontractor

Delta Electrical Industries (Company Name)
ADRIAN MAN (Contact Name)
5280 N LAWLER AVE (Street Address)
CHICAGO (City)
IL (State) 60630 (Zipcode) 312-593-0832 (Telephone Number)

Public Body Information

COLLEGE OF DUPAGE (Public Body Name)
(Contact Name)
425 22nd Street (Street Address)
GLEN ELLYN (City)
IL (State) 60137 (Zipcode) 630-942-2800 (Telephone Number)

Report Hours for Each Day, Including Overtime Hours, List Hourly Prevailing Wage Rate and Hourly Fringe Benefits Allotments.

Worker Name, Address / Last Four of SSN & Telephone Number		* Hours worked each day SUN	MON	TUE	WED	THR	FRI	SAT	Total Straight Time Hours	Total OT Hours	Hourly Wage Rate	OT Wage Rate	Per Pay Period Gross	Net
Adrian Man 5280 N Lawler Ave, CHicago, IL SSN:xxx-xx-2936 TEL: 312-593-0832	PW		7						7		85		595	595
	N													
Labor Classification: ELECTRICIAN	Hourly Fringe Benefit: Pension: E	Health/Welfare: E	Vacation: E	Training: E										
Dumitru Moraru 4547 W Barry Ave, Chicago, IL SSN:xxx-xx-5773 Tel: 773-983-5596	PW		7						7		85		595	595
	N													
Labor Classification: ELECTRICIAN	Hourly Fringe Benefit: Pension: E	Health/Welfare: E	Vacation: E	Training: E										
	PW													
	N													
Labor Classification:	Hourly Fringe Benefit: Pension:	Health/Welfare:	Vacation:	Training:										

Please place an "F" by the hourly rate for fringe benefits paid to a Fund jointly managed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act (See instruction 4 for completing this form). In addition contractors/subcontractors who do not make contributions for covered fringe benefits to a fringe benefit fund that is jointly managed and jointly governed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act must provide the additional information set forth on the form on page 2 (see Instruction 5). Contractors/subcontractors who do not make contributions for fringe benefits on a per hour basis for each hour worked must convert such contributions to an annualized per hour basis for purpose of reporting on this form in accordance with instruction 5. You must keep original records showing start and end time each day.

***PW - Prevailing Hours Worked *N - Non Prevailing Hours Worked**

IL452CM02

State of Illinois
Illinois Department of Labor

Certified Transcript of Payroll

AFFIDAVIT

Weekly Statement of Compliance

Date: Dec 29, 2020

I, Adrian Man
(name signatory party)

President, do
(Title)

hereby state: that I pay or supervise the payment of the persons employed on the public works project BIC Classroms Renovations;
(name of project)

that during the payroll period commencing on the 20 (day) day of DEC (month), 2020 (year),

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

Delta Electrical Industries
(name of contractor or subcontractor)

from the full 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 contained therein are not less than the actual rates herein stated and that the classification set forth for each laborers or mechanic conform to the work he/she performed.

Signature

Digital Signature

FRINGES

Health Fund
Health Address
Health Sponsor
Health Admin

Pension Fund
Pension Address
Pension Sponsor
Pension Admin

401(k) Fund
401(k) Address
401(k) Sponsor
401(k) Admin

Vacation Fund
Vacation Address
Vacation Sponsor
Vacation Admin

SUBCONTRACTORS

Attach explanation of Monies paid, copy of contract of billing, or other pertinent information.

Company Name: Delta Electrical Industries
Contact Person: Adrian Man
5280 N Lawler Ave
(Address)
Chicago (City) IL (State) 60630 (zipcode)
Telephone Number: 312-593-0832

Company Name:
Contact Person:
(Address)
(City) (State) (zipcode)
Telephone Number:

Company Name:
Contact Person:
(Address)
(City) (State) (zipcode)
Telephone Number:

Company Name:
Contact Person:
(Address)
(City) (State) (zipcode)
Telephone Number:

IL452CM01

State of Illinois
Illinois Department of Labor

Certified Transcript of Payroll

IDOL Case File Number:

Payroll Start: Dec 27, 2020

Payroll End: Jan 2, 2021

(Contract Number)

20030
(Project Number)

425 22nd Street, GLEN ELLYN, IL 60137
(Project Location)

Contractor and/or Subcontractor

Delta Electrical Industries (Company Name)
ADRIAN MAN (Contact Name)
5280 N LAWLER AVE (Street Address)
CHICAGO (City)
IL (State) 60630 (Zipcode) 312-593-0832 (Telephone Number)

Public Body Information

COLLEGE OF DUPAGE (Public Body Name)
(Contact Name)
425 22nd Street (Street Address)
GLEN ELLYN (City)
IL (State) 60137 (Zipcode) 630-942-2800 (Telephone Number)

Report Hours for Each Day, Including Overtime Hours, List Hourly Prevailing Wage Rate and Hourly Fringe Benefits Allotments.

Worker Name, Address Last Four of SSN & Telephone Number		* Hours worked each day SUN	MON	TUE	WED	THR	FRI	SAT	Total Straight Time Hours	Total OT Hours	Hourly Wage Rate	OT Wage Rate	Per Pay Period Gross	Net
Adrian Man 5280 N Lawler Ave, CHicago, IL SSN:xxx-xx-2936 TEL: 312-593-0832	PW		7	7		6			20		85		1,700	1,700
	N													
Labor Classification: ELECTRICIAN	Hourly Fringe Benefit: Pension: E	Health/Welfare: E	Vacation: E	Training: E										
Dumitru Moraru 4547 W Barry Ave, Chicago, IL SSN:xxx-xx-5773 Tel: 773-983-5596	PW		7	7		6			20		85		1,700	1,700
	N													
Labor Classification: ELECTRICIAN	Hourly Fringe Benefit: Pension: E	Health/Welfare: E	Vacation: E	Training: E										
	PW													
	N													
Labor Classification:	Hourly Fringe Benefit: Pension:	Health/Welfare:	Vacation:	Training:										

Please place an "F" by the hourly rate for fringe benefits paid to a Fund jointly managed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act (See instruction 4 for completing this form). In addition contractors/subcontractors who do not make contributions for covered fringe benefits to a fringe benefit fund that is jointly managed and jointly governed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act must provide the additional information set forth on the form on page 2 (see Instruction 5). Contractors/subcontractors who do not make contributions for fringe benefits on a per hour basis for each hour worked must convert such contributions to an annualized per hour basis for purpose of reporting on this form in accordance with instruction 5. You must keep original records showing start and end time each day.

***PW - Prevailing Hours Worked *N - Non Prevailing Hours Worked**

IL452CM02

State of Illinois
Illinois Department of Labor

Certified Transcript of Payroll

AFFIDAVIT

Weekly Statement of Compliance

Date: Jan 4, 2021

I, Adrian Man (name signatory party),

President (Title), do hereby state: that I pay or supervise the payment of the persons employed on the public works project BIC Classroms Renovations (name of project): that during the payroll period commencing on the 27 (day) day of DEC (month), 2020 (year), 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 Delta Electrical Industries (name of contractor or subcontractor) from the full 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 contained therein are not less than the actual rates herein stated and that the classification set forth for each laborers or mechanic conform to the work he/she performed.

Signature

Digital Signature

FRINGES

Health Fund
Health Address
Health Sponsor
Health Admin

Pension Fund
Pension Address
Pension Sponsor
Pension Admin

401(k) Fund
401(k) Address
401(k) Sponsor
401(k) Admin

Vacation Fund
Vacation Address
Vacation Sponsor
Vacation Admin

SUBCONTRACTORS

Attach explanation of Monies paid, copy of contract of billing, or other pertinent information.

Company Name: Delta Electrical Industries
Contact Person: Adrian Man
5280 N Lawler Ave (Address)
Chicago (City) IL (State) 60630 (zipcode)
Telephone Number: 312-593-0832

Company Name:
Contact Person:
(Address)
(City) (State) (zipcode)
Telephone Number:

Company Name:
Contact Person:
(Address)
(City) (State) (zipcode)
Telephone Number:

Company Name:
Contact Person:
(Address)
(City) (State) (zipcode)
Telephone Number:

State of Illinois
Illinois Department of Labor

Certified Transcript of Payroll

IDOL Case File Number: _____ Payroll Start: Jan 3, 2020 Payroll End: Jan 9, 2021

(Contract Number)

20030
(Project Number)

425 22nd Street, GLEN ELLYN, IL 60137
(Project Location)

Contractor and/or Subcontractor

Delta Electrical Industries (Company Name) ADRIAN MAN (Contact Name)

5280 N LAWLER AVE (Street Address) CHICAGO (City)

IL (State) 60630 (Zipcode) 312-593-0832 (Telephone Number)

Public Body Information

COLLEGE OF DUPAGE (Public Body Name) _____ (Contact Name)

425 22nd Street (Street Address) GLEN ELLYN (City)

IL (State) 60137 (Zipcode) 630-942-2800 (Telephone Number)

Report Hours for Each Day, Including Overtime Hours, List Hourly Prevailing Wage Rate and Hourly Fringe Benefits Allotments.

Worker Name, Address Last Four of SSN & Telephone Number		* Hours worked each day SUN	MON	TUE	WED	THR	FRI	SAT	Total Straight Time Hours	Total OT Hours	Hourly Wage Rate	OT Wage Rate	Per Pay Period Gross	Net
Adrian Man 5280 N Lawler Ave, CHicago, IL SSN:xxx-xx-2936 TEL: 312-593-0832	PW		8	8	8	8	8		40		85		3,400	3,400
	N													
Labor Classification: ELECTRICIAN	Hourly Fringe Benefit: Pension: E			Health/Welfare: E				Vacation: E			Training: E			
Dumitru Moraru 4547 W Barry Ave, Chicago, IL SSN:xxx-xx-5773 Tel: 773-983-5596	PW		7	6	6	7	7		33		85		2,805	2,805
	N													
Labor Classification: ELECTRICIAN	Hourly Fringe Benefit: Pension: E			Health/Welfare: E				Vacation: E			Training: E			
	PW													
	N													
Labor Classification:	Hourly Fringe Benefit: Pension:			Health/Welfare:				Vacation:			Training:			

Please place an "F" by the hourly rate for fringe benefits paid to a Fund jointly managed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act (See instruction 4 for completing this form). In addition contractors/subcontractors who do not make contributions for covered fringe benefits to a fringe benefit fund that is jointly managed and jointly governed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act must provide the additional information set forth on the form on page 2 (see Instruction 5). Contractors/subcontractors who do not make contributions for fringe benefits on a per hour basis for each hour worked must convert such contributions to an annualized per hour basis for purpose of reporting on this form in accordance with instruction 5. You must keep original records showing start and end time each day.

***PW - Prevailing Hours Worked *N - Non Prevailing Hours Worked**

IL452CM02

State of Illinois
Illinois Department of Labor

Certified Transcript of Payroll

AFFIDAVIT

Weekly Statement of Compliance

Date: Jan 12, 2021

I, Adrian Man (name signatory party),

President (Title), do hereby state: that I pay or supervise the payment of the persons employed on the public works project BIC Classroms Renovations (name of project); that during the payroll period commencing on the 3 (day) day of JAN (month), 2021 (year), 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

Delta Electrical Industries (name of contractor or subcontractor)

from the full 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 contained therein are not less than the actual rates herein stated and that the classification set forth for each laborers or mechanic conform to the work he/she performed.

Signature

Digital Signature

FRINGES

Health Fund
Health Address
Health Sponsor
Health Admin

Pension Fund
Pension Address
Pension Sponsor
Pension Admin

401(k) Fund
401(k) Address
401(k) Sponsor
401(k) Admin

Vacation Fund
Vacation Address
Vacation Sponsor
Vacation Admin

SUBCONTRACTORS

Attach explanation of Monies paid, copy of contract of billing, or other pertinent information.

Company Name: Delta Electrical Industries
Contact Person: Adrian Man
5280 N Lawler Ave (Address)
Chicago (City) IL (State) 60630 (zipcode)
Telephone Number: 312-593-0832

Company Name:
Contact Person:
(Address)
(City) (State) (zipcode)
Telephone Number:

Company Name:
Contact Person:
(Address)
(City) (State) (zipcode)
Telephone Number:

Company Name:
Contact Person:
(Address)
(City) (State) (zipcode)
Telephone Number:

State of Illinois
Illinois Department of Labor

Certified Transcript of Payroll

IDOL Case File Number:

Payroll Start: Jan 17, 2020

Payroll End: Jan 23, 2021

(Contract Number)

20030
(Project Number)

425 22nd Street, GLEN ELLYN, IL 60137
(Project Location)

Contractor and/or Subcontractor

Delta Electrical Industries (Company Name)
ADRIAN MAN (Contact Name)
5280 N LAWLER AVE (Street Address)
CHICAGO (City)
IL (State) 60630 (Zipcode) 312-593-0832 (Telephone Number)

Public Body Information

COLLEGE OF DUPAGE (Public Body Name)
(Contact Name)
425 22nd Street (Street Address)
GLEN ELLYN (City)
IL (State) 60137 (Zipcode) 630-942-2800 (Telephone Number)

Report Hours for Each Day, Including Overtime Hours, List Hourly Prevailing Wage Rate and Hourly Fringe Benefits Allotments.

Worker Name, Address Last Four of SSN & Telephone Number		* Hours worked each day SUN	MON	TUE	WED	THR	FRI	SAT	Total Straight Time Hours	Total OT Hours	Hourly Wage Rate	OT Wage Rate	Per Pay Period Gross	Net
Dumitru Moraru 4547 W Barry Ave, Chicago, IL SSN:xxx-xx-5773 TEL: 773-983-5596	PW		7	7	7	6	6		33		85		2,805	2,805
	N													
Labor Classification: ELECTRICIAN	Hourly Fringe Benefit: Pension: E	Health/Welfare: E	Vacation: E	Training: E										
	PW													
	N													
Labor Classification	Hourly Fringe Benefit: Pension:	Health/Welfare:	Vacation:	Training:										
	PW													
	N													
Labor Classification	Hourly Fringe Benefit: Pension:	Health/Welfare:	Vacation:	Training:										

Please place an "F" by the hourly rate for fringe benefits paid to a Fund jointly managed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act (See instruction 4 for completing this form). In addition contractors/subcontractors who do not make contributions for covered fringe benefits to a fringe benefit fund that is jointly managed and jointly governed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act must provide the additional information set forth on the form on page 2 (see Instruction 5). Contractors/subcontractors who do not make contributions for fringe benefits on a per hour basis for each hour worked must convert such contributions to an annualized per hour basis for purpose of reporting on this form in accordance with instruction 5. You must keep original records showing start and end time each day.

***PW - Prevailing Hours Worked *N - Non Prevailing Hours Worked**

IL452CM02

State of Illinois
Illinois Department of Labor

Certified Transcript of Payroll

AFFIDAVIT

Weekly Statement of Compliance

Date: Jan 26, 2021

I, Adrian Man (name signatory party),

President (Title), do hereby state: that I pay or supervise the payment of the persons employed on the public works project BIC Classroms Renovations (name of project); that during the payroll period commencing on the 17 (day) day of JAN (month), 2021 (year), 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

Delta Electrical Industries (name of contractor or subcontractor)

from the full 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 contained therein are not less than the actual rates herein stated and that the classification set forth for each laborers or mechanic conform to the work he/she performed.

Signature

Digital Signature

FRINGES

Health Fund
Health Address
Health Sponsor
Health Admin

Pension Fund
Pension Address
Pension Sponsor
Pension Admin

401(k) Fund
401(k) Address
401(k) Sponsor
401(k) Admin

Vacation Fund
Vacation Address
Vacation Sponsor
Vacation Admin

SUBCONTRACTORS

Attach explanation of Monies paid, copy of contract of billing, or other pertinent information.

Company Name: Delta Electrical Industries
Contact Person: Adrian Man
5280 N Lawler Ave (Address)
Chicago (City) IL (State) 60630 (zipcode)
Telephone Number: 312-593-0832

Company Name:
Contact Person:
(Address)
(City) (State) (zipcode)
Telephone Number:

Company Name:
Contact Person:
(Address)
(City) (State) (zipcode)
Telephone Number:

Company Name:
Contact Person:
(Address)
(City) (State) (zipcode)
Telephone Number:

State of Illinois
Illinois Department of Labor

Certified Transcript of Payroll

IDOL Case File Number:

Payroll Start: Jan 24, 2021

Payroll End: Jan 30, 2021

(Contract Number)

20030
(Project Number)

425 22nd Street, GLEN ELLYN, IL 60137
(Project Location)

Contractor and/or Subcontractor

Delta Electrical Industries (Company Name)
ADRIAN MAN (Contact Name)
5280 N LAWLER AVE (Street Address)
CHICAGO (City)
IL (State) 60630 (Zipcode) 312-593-0832 (Telephone Number)

Public Body Information

COLLEGE OF DUPAGE (Public Body Name)
(Contact Name)
425 22nd Street (Street Address)
GLEN ELLYN (City)
IL (State) 60137 (Zipcode) 630-942-2800 (Telephone Number)

Report Hours for Each Day, Including Overtime Hours, List Hourly Prevailing Wage Rate and Hourly Fringe Benefits Allotments.

Worker Name, Address Last Four of SSN & Telephone Number		* Hours worked each day SUN	MON	TUE	WED	THR	FRI	SAT	Total Straight Time Hours	Total OT Hours	Hourly Wage Rate	OT Wage Rate	Per Pay Period Gross	Net
Dumitru Moraru 4547 W Barry Ave, Chicago, IL SSN:xxx-xx-5773 TEL: 773-983-5596	PW		8	8					16		85		1,360	1,360
	N													
Labor Classification: ELECTRICIAN	Hourly Fringe Benefit: Pension: E	Health/Welfare: E	Vacation: E	Training: E										
	PW													
	N													
Labor Classification	Hourly Fringe Benefit: Pension:	Health/Welfare:	Vacation:	Training:										
	PW													
	N													
Labor Classification	Hourly Fringe Benefit: Pension:	Health/Welfare:	Vacation:	Training:										

Please place an "F" by the hourly rate for fringe benefits paid to a Fund jointly managed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act (See instruction 4 for completing this form). In addition contractors/subcontractors who do not make contributions for covered fringe benefits to a fringe benefit fund that is jointly managed and jointly governed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act must provide the additional information set forth on the form on page 2 (see Instruction 5). Contractors/subcontractors who do not make contributions for fringe benefits on a per hour basis for each hour worked must convert such contributions to an annualized per hour basis for purpose of reporting on this form in accordance with instruction 5. You must keep original records showing start and end time each day.

***PW - Prevailing Hours Worked *N - Non Prevailing Hours Worked**

IL452CM02

State of Illinois
Illinois Department of Labor

Certified Transcript of Payroll

AFFIDAVIT

Weekly Statement of Compliance

Date: Feb 22, 2021

I, Adrian Man
(name signatory party)

President, do
(Title)

hereby state: that I pay or supervise the payment of the persons employed on the public works project BIC Classroms Renovations;
(name of project)

that during the payroll period commencing on the 24 (day) day of JAN (month), 2021 (year),

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

Delta Electrical Industries
(name of contractor or subcontractor)

from the full 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 contained therein are not less than the actual rates herein stated and that the classification set forth for each laborers or mechanic conform to the work he/she performed.

Signature

Digital Signature

FRINGES

Health Fund
Health Address
Health Sponsor
Health Admin

Pension Fund
Pension Address
Pension Sponsor
Pension Admin

401(k) Fund
401(k) Address
401(k) Sponsor
401(k) Admin

Vacation Fund
Vacation Address
Vacation Sponsor
Vacation Admin

SUBCONTRACTORS

Attach explanation of Monies paid, copy of contract of billing, or other pertinent information.

Company Name: Delta Electrical Industries
Contact Person: Adrian Man
5280 N Lawler Ave
(Address)
Chicago (City) IL (State) 60630 (zipcode)
Telephone Number: 312-593-0832

Company Name:
Contact Person:
(Address)
(City) (State) (zipcode)
Telephone Number:

Company Name:
Contact Person:
(Address)
(City) (State) (zipcode)
Telephone Number:

Company Name:
Contact Person:
(Address)
(City) (State) (zipcode)
Telephone Number:

State of Illinois
Illinois Department of Labor

Certified Transcript of Payroll

IDOL Case File Number:

Payroll Start: Feb 7, 2021

Payroll End: Feb 13, 2021

(Contract Number)

20030
(Project Number)

425 22nd Street, GLEN ELLYN, IL 60137
(Project Location)

Contractor and/or Subcontractor

Delta Electrical Industries (Company Name)
ADRIAN MAN (Contact Name)
5280 N LAWLER AVE (Street Address)
CHICAGO (City)
IL (State) 60630 (Zipcode) 312-593-0832 (Telephone Number)

Public Body Information

COLLEGE OF DUPAGE (Public Body Name)
(Contact Name)
425 22nd Street (Street Address)
GLEN ELLYN (City)
IL (State) 60137 (Zipcode) 630-942-2800 (Telephone Number)

Report Hours for Each Day, Including Overtime Hours, List Hourly Prevailing Wage Rate and Hourly Fringe Benefits Allotments.

Worker Name, Address Last Four of SSN & Telephone Number		* Hours worked each day SUN	MON	TUE	WED	THR	FRI	SAT	Total Straight Time Hours	Total OT Hours	Hourly Wage Rate	OT Wage Rate	Per Pay Period Gross	Net
Dumitru Moraru 4547 W Barry Ave, Chicago, IL SSN:xxx-xx-5773 TEL: 773-983-5596	PW						8		8		85		680	680
	N													
Labor Classification: ELECTRICIAN	Hourly Fringe Benefit: Pension: E	Health/Welfare: E	Vacation: E	Training: E										
	PW													
	N													
Labor Classification	Hourly Fringe Benefit: Pension:	Health/Welfare:	Vacation:	Training:										
	PW													
	N													
Labor Classification	Hourly Fringe Benefit: Pension:	Health/Welfare:	Vacation:	Training:										

Please place an "F" by the hourly rate for fringe benefits paid to a Fund jointly managed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act (See instruction 4 for completing this form). In addition contractors/subcontractors who do not make contributions for covered fringe benefits to a fringe benefit fund that is jointly managed and jointly governed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act must provide the additional information set forth on the form on page 2 (see Instruction 5). Contractors/subcontractors who do not make contributions for fringe benefits on a per hour basis for each hour worked must convert such contributions to an annualized per hour basis for purpose of reporting on this form in accordance with instruction 5. You must keep original records showing start and end time each day.

***PW - Prevailing Hours Worked *N - Non Prevailing Hours Worked**

IL452CM02

State of Illinois
Illinois Department of Labor

Certified Transcript of Payroll

AFFIDAVIT

Weekly Statement of Compliance

Date: Feb 22, 2021

I, Adrian Man (name signatory party),

President (Title), do

hereby state: that I pay or supervise the payment of the persons employed on the public works project BIC Classroms Renovations (name of project);

that during the payroll period commencing on the 7 (day) day of FEB (month), 2021 (year),

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

Delta Electrical Industries (name of contractor or subcontractor)

from the full 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 contained therein are not less than the actual rates herein stated and that the classification set forth for each laborers or mechanic conform to the work he/she performed.

Signature

Digital Signature

FRINGES

Health Fund
Health Address
Health Sponsor
Health Admin

Pension Fund
Pension Address
Pension Sponsor
Pension Admin

401(k) Fund
401(k) Address
401(k) Sponsor
401(k) Admin

Vacation Fund
Vacation Address
Vacation Sponsor
Vacation Admin

SUBCONTRACTORS

Attach explanation of Monies paid, copy of contract of billing, or other pertinent information.

Company Name: Delta Electrical Industries
Contact Person: Adrian Man
5280 N Lawler Ave (Address)
Chicago (City) IL (State) 60630 (zipcode)
Telephone Number: 312-593-0832

Company Name:
Contact Person:
(Address)
(City) (State) (zipcode)
Telephone Number:

Company Name:
Contact Person:
(Address)
(City) (State) (zipcode)
Telephone Number:

Company Name:
Contact Person:
(Address)
(City) (State) (zipcode)
Telephone Number:

State of Illinois
Illinois Department of Labor

Certified Transcript of Payroll

IDOL Case File Number:

Payroll Start: Feb 14, 2021

Payroll End: Feb 20, 2021

(Contract Number)

20030
(Project Number)

425 22nd Street, GLEN ELLYN, IL 60137
(Project Location)

Contractor and/or Subcontractor

Delta Electrical Industries (Company Name)
ADRIAN MAN (Contact Name)
5280 N LAWLER AVE (Street Address)
CHICAGO (City)
IL (State) 60630 (Zipcode) 312-593-0832 (Telephone Number)

Public Body Information

COLLEGE OF DUPAGE (Public Body Name)
(Contact Name)
425 22nd Street (Street Address)
GLEN ELLYN (City)
IL (State) 60137 (Zipcode) 630-942-2800 (Telephone Number)

Report Hours for Each Day, Including Overtime Hours, List Hourly Prevailing Wage Rate and Hourly Fringe Benefits Allotments.

Worker Name, Address Last Four of SSN & Telephone Number		* Hours worked each day SUN	MON	TUE	WED	THR	FRI	SAT	Total Straight Time Hours	Total OT Hours	Hourly Wage Rate	OT Wage Rate	Per Pay Period Gross	Net
Dumitru Moraru 4547 W Barry Ave, Chicago, IL SSN:xxx-xx-5773 TEL: 773-983-5596	PW		8		8	8	8		32		85		2,720	2,720
	N													
Labor Classification: ELECTRICIAN	Hourly Fringe Benefit: Pension: E	Health/Welfare: E	Vacation: E	Training: E										
	PW													
	N													
Labor Classification	Hourly Fringe Benefit: Pension:	Health/Welfare:	Vacation:	Training:										
	PW													
	N													
Labor Classification	Hourly Fringe Benefit: Pension:	Health/Welfare:	Vacation:	Training:										

Please place an "F" by the hourly rate for fringe benefits paid to a Fund jointly managed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act (See instruction 4 for completing this form). In addition contractors/subcontractors who do not make contributions for covered fringe benefits to a fringe benefit fund that is jointly managed and jointly governed by one or more labor organizations or employers in accordance with the federal Labor Management Relations Act must provide the additional information set forth on the form on page 2 (see Instruction 5). Contractors/subcontractors who do not make contributions for fringe benefits on a per hour basis for each hour worked must convert such contributions to an annualized per hour basis for purpose of reporting on this form in accordance with instruction 5. You must keep original records showing start and end time each day.

***PW - Prevailing Hours Worked *N - Non Prevailing Hours Worked**

IL452CM02

STATE OF Illinois

} SS

COUNTY OF Kane

TO WHOM IT MAY CONCERN:

WAIVER OF LIEN TO DATE

ESCROW # *

WHEREAS the undersigned has been employed by KANDU CONSTRUCTION INC.

to furnish Fire Protection / Sprinkler Work

for the premises known as BIC CLASSROOMS RENOVATIONS COLLEGE OF DUPATE

of which COLLEGE OF DUPAGE is the owner.

The undersigned for and in consideration of One Thousand Eight Hundred Dollars and no/100 $1,800.00 Dollars, and other good and valuable consideration, the receipt whereof is hereby acknowledged, do(es) hereby waive and release any and all lien or claim of, or right to, lien, under the statutes of the state of Illinois relating to mechanics' liens with respect to and on said above-described premises, and the improvements thereon, and on the material, fixtures, apparatus or machinery furnished, and on the moneys, funds or other considerations due or to become due from the owner on account of labor services, material, fixtures, apparatus or machinery, furnished to this date by the undersigned for the above-described premises, INCLUDING EXTRAS. *

Given under my hand and seal

this 30th day of October 2020

A& A SPRINKLER CO., INC.

Signature and seal: Robert L. Werner Corp. Sec./ Manageer

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

STATE OF Illinois

} SS

COUNTY OF Kane

TO WHOM IT MAY CONCERN:

CONTRACTOR'S AFFIDAVIT

THE undersigned, being duly sworn, deposes and says that he is Robert L. Werner

Corporate Secretary/Manager of the A & A SPRINKLER CO., INC.

who is the contractor for the Fire Protection / Sprinkler Work work on the

building located at 425 22nd Street Glen Ellyn, Il

owned by COLLEGE OF DUPAGE

That the total amount of the contract including extras is $18,000.00 on which he has received payment of $0.00 prior to this payment. That all waivers are true, correct and genuine and delivered unconditionally and that there is no claim either legal or equitable to defeat the validity of said waivers. That the following are the names of all parties who have furnished material or labor or both for said work and all parties having contracts or sub contracts for specific portions of said work or for material entering into the construction thereof and the amount due or to become due to each, and that the items mentioned include all labor and material required to complete said work according to plans and specifications:

NAMES	WHAT FOR	CONTRACT PRICE	AMOUNT PAID	THIS PAYMENT	BALANCE DUE
A & A SPRINKLER CO., INC.		18,000.00	0.00	1,800.00	16,200.00
ALL MATERIAL FROM STOCK &	DELIVERED IN OUR				
TRUCKS & FULLY PAID FOR. ALL	LABOR FULLY PAID FOR.				
TOTAL LABOR AND MATERIAL TO COMPLETE		18,000.00	0.00	1,800.00	16,200.00

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

Signed this 5th day of January 2021

A & A SPRINKLER CO., INC.

Signature: Robert L. Werner Secretary

Subscribed and sworn to before me this 5th day of January 2021

Signature:

OFFICIAL SEAL
BARBARA A. WERNER
Notary Public - State of Illinois
My Commission Expires 3/30/2022

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