

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1507445
Vendor Name: RoMAAS, Inc
Invoice Number: 022220
Invoice Date: 02/22/20
PO Number: B0367892
Check Number: E0079884
Check Amount: \$ 118,176.30
Check Date: 04/17/2020
Department ID: 39051
Reviewer Name: Kathy Striplin
Voucher Number: V0604633
Redaction Type: None
Document Type: AP Invoice

Document Below

RoMAAS, Inc.

67 S. Main Street
Glen Ellyn, IL, 60137
630-432-7368 Voice
contact@romaas.com

LETTER OF TRANSMITTAL

TO Mr. Tim Loftus, Project Manager & Planner

College of DuPage
425 Fawell Boulevard
Glen Ellyn, IL, 60317-6599

| | |
|---|--|
| DATE February 24, 2020 | Project: COD BIC Academical Affairs Remodel Berg Instructional Center |
| ATTENTION Mr. Tim Loftus | |

ATTACHED ARE THE FOLLOWING ITEMS:

- | | | | | |
|---|---------------------------------------|--|----------------------------------|---|
| <input type="checkbox"/> Shop drawings | <input type="checkbox"/> Cut Sheets | <input type="checkbox"/> Plans | <input type="checkbox"/> Samples | <input type="checkbox"/> Specifications |
| <input type="checkbox"/> Copy of letter | <input type="checkbox"/> Change order | <input type="checkbox"/> Submittal Package # | | |

| COPIES | DATE | NO. | DESCRIPTION |
|--------|------------|-----|---|
| 1 | 02/24/2019 | 1 | February Pay App & Waiver – PO #367892 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

THESE ARE TRANSMITTED as checked below:

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> For Review | <input type="checkbox"/> Approved as submitted | <input type="checkbox"/> Resubmit____copies for approval |
| <input checked="" type="checkbox"/> For your use | <input type="checkbox"/> Approved as noted | <input type="checkbox"/> Submit ____copies for distribution |
| <input checked="" type="checkbox"/> As requested | <input type="checkbox"/> Returned for corrections | <input type="checkbox"/> Return ____corrected prints |
| <input type="checkbox"/> For review and comment | <input type="checkbox"/> OTHER. SEE REMARKS BELOW. | |

REMARKS

Transmitted by: **Alex Mihailescu, Project Manager**
RoMAAS, Inc.
630-432-7368, alexm@romaas.com

Cc: file

WAIVER OF LIEN TO DATE

STATE OF ILLINOIS

Gty#

) SS

COUNTY OF DUPAGE

Escrow#

WHERE AS the undersigned has been employed by College Of DuPageto furnish Construction Services for the COD - BIC - Academic Affairs Remodel - PO #367892for the premises known as 425 Fawell Blvd., Glen Ellyn, IL, 60137of which College of DuPage

is the owner.

THE undersigned, for and in consideration of One Hundred Eighteen Thousand One Hundred Seventy-Six Dollars and 50/100 (\$118,176.30) 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 improvement thereon, and on the material, fixtures, apparatus or machinery furnished, and on the moneys, funds or other considerations due or to become due from the owner, on account of all labor services, material, fixtures, apparatus or machinery, furnished to this date by the undersigned for the above-described premises, INCLUDING EXTRAS.*

DATE 2/22/2020 COMPANY NAME RoMAAS, Inc. - Office Address: 67 S. Main Street, Glen Ellyn, IL, 60137

SIGNATURE AND TITLE

Alexandru Mihailescu PRESIDENT

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

STATE OF ILLINOIS

CONTRACTOR'S AFFIDAVIT

) SS

COUNTY OF DUPAGE

TO WHOM IT MAY CONCERN:

THE UNDERSIGNED, (NAME) Alexandru Mihailescu

BEING DULY SWORN

DEPOSES AND SAYS THAT HE OR SHE IS (POSITION) the President

OF (COMPANY NAME)

RoMAAS, Inc. WHO IS THE CONTRACTOR FURNISHING Construction Services for the project known as COD-BIC-Academic Affairs Remodel,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 \$349,900.00 on which he or she has received payment of \$110,767.50 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 defect 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 INCLUDING EXTRAS* | AMOUNT PAID | THIS PAYMENT | BALANCE DUE |
|---------------------|------------------------|----------------------------------|-------------|--------------|-------------|
| RoMAAS | Constr. Services | \$33,913.00 | \$16,200.00 | \$6,300.00 | \$11,413.00 |
| J&S Construction | Demo, Carpentry, Paint | \$83,000.00 | \$29,700.00 | \$27,000.00 | \$26,300.00 |
| La Force | Doors, Frames & HDW | \$13,632.00 | \$0.00 | \$12,268.80 | \$1,363.20 |
| Alumital | Fire Protection | \$15,500.00 | \$0.00 | \$9,000.00 | \$6,500.00 |
| Best Buy Carpets | Flooring | \$35,000.00 | \$0.00 | \$0.00 | \$35,000.00 |
| Advanced FP | Fire Protection | \$11,140.00 | \$900.00 | \$0.00 | \$10,240.00 |
| Hartwig HVAC | HVAC | \$75,000.00 | \$37,867.50 | \$27,607.50 | \$9,525.00 |
| Belec Electric | Electrical | \$82,715.00 | \$26,100.00 | \$36,000.00 | \$20,615.00 |

TOTAL LABOR AND MATERIAL INCLUDING EXTRAS* TO COMPLETE \$349,900.00 \$110,767.50 \$118,176.30 \$120,956.20

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 2/22/2020

SIGNATURE

SUBSCRIBED AND SWORN TO BEFORE ME THIS

22nd

DAY OF

February

, 2020

NOTARY PUBLIC

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



APPLICATION AND CERTIFICATE FOR PAYMENT

AIA DOCUMENT G702 Page 1 of 2 Pages

PROJECT: COD - BIC - Academics Affairs Remodel

APPLICATION NO: 3

Distribution to:

PO #367892

X Owner
Architect

FROM CONTRACTOR:

RoMAAS, Inc.

67 S. Main Street

Glen Ellyn, IL, 60137

VIA ARCHITECT:

PROJECT NOS.

Application NOS

APPLICATION DATE: 2/22/2020

CONTRACT DATE: 12/10/2019

CONTRACTOR'S APPLICATION FOR PAYMENT

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

1. ORIGINAL CONTRACT SUM: \$ 349,900.00
2. Net change by Change Orders: \$
3. CONTRACT SUM TO DATE (Line 1 + 2): \$ 349,900.00
4. TOTAL COMPLETED & STORED TO DATE: \$ 254,382.00
(Column G on G703)
5. RETAINAGE:
a. 10% of Completed Work \$ 24,438.20
b. 10% of Stored Material \$ 1,000.00
(Column F on G703)
Total Retainage (Lines 5a + 5b or Total in Column I of G703) \$ 25,438.20
6. TOTAL EARNED LESS RETAINAGE (Line 4 Less Line 5 Total) \$ 228,943.80
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT

8. CURRENT PAYMENT DUE (Certificate) \$ 110,767.50
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6) \$ 118,176.30
10. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6) \$ 120,956.20

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

APPROVED
03/04/20 - BRUCE SCH

CONTRACTOR: RoMAAS, Inc.

By: Alexar...
State of Illinois
Subscribed and sworn to before me this 22nd day of February, 2020.
Notary Public
My Commission Expires: 10/24/2020

JENNIFER HAGN
Official Seal
Notary Public - State of Illinois
My Commission Expires Oct 24, 2020

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the 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: \$ 118,176.30

(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 to the amount certified.)

ARCHITECT:

By: _____ Date: _____

This Certificate is not valid unless the amount certified is payable only to the Contractor named herein. Issuance of this Certificate in whole or in part without the signature of the Architect constitutes a breach of the Contract.

From: alexm@romaas.com
Sent: Mon Feb 24 09:19:15 CST 2020
To: loftust@cod.edu, invoicing@cod.edu
CC: rodica@romaas.com
Subject: COD - BIC - Academic Affairs PO #367892 - Pay App #3

Good Morning- Attached please find the Pay App #3 for COD – BIC – Academic Affairs Remodeling project. **PO #367892**.
Please let me know if you have any questions. Thank you,

Alex Mihailescu

Project Manager

RoMAAS, Inc.

General Contractors

67 S. Main Street

Glen Ellyn, IL, 60137

🌐 <http://romaas.com/>

✉ alexm@romaas.com

☎ 630-432-7368 (voice)

CONTINUATION SHEET

AIA Document G703

Page of Pages

AIA Document G702, APPLICATION AND CERTIFICATE FOR PAYMENT, containing

Contractor's signed certification is attached.

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

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

APPLICATION NO: 3

APPLICATION DATE: 2/22/2020

PERIOD TO: 2/29/2020

PROJECT: Academic Affairs Remodel

PROJECT:

| PROJECT: | | | | | | | | | | |
|----------|-----------------------------|-----------------|-----------------------------------|--|-------------|--|--|---------|---------------------------|-----------|
| A | B | C | D | | E | F | G | | H | I |
| ITEM NO. | DESCRIPTION OF WORK | SCHEDULED VALUE | WORK COMPLETED | | THIS PERIOD | 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 |
| | | | FROM PREVIOUS APPLICATION (D + E) | | | | | | | |
| 1 | General Conditions - RoMAAS | 5,000.00 | 2,000.00 | | 1,000.00 | 0.00 | 3,000.00 | 60% | 2,000.00 | 300.00 |
| 2 | Fee - RoMAAS | 18,913.00 | 6,000.00 | | 6,000.00 | 0.00 | 12,000.00 | 63% | 6,913.00 | 1,200.00 |
| 3 | P&P Bonds & Insurance | 10,000.00 | 10,000.00 | | 0.00 | 0.00 | 10,000.00 | 100% | 0.00 | 1,000.00 |
| 4 | Demolition | 13,000.00 | 13,000.00 | | 0.00 | 0.00 | 13,000.00 | 100% | 0.00 | 1,300.00 |
| 5 | Drywall, ACT & Painting | 70,000.00 | 20,000.00 | | 30,000.00 | 0.00 | 50,000.00 | 71% | 20,000.00 | 5,000.00 |
| 6 | Doors, Frames & HDW | 13,632.00 | 0.00 | | 13,632.00 | 0.00 | 13,632.00 | 100% | 0.00 | 1,363.20 |
| 7 | Storefront | 15,500.00 | 0.00 | | 0.00 | 10,000.00 | 10,000.00 | 65% | 5,500.00 | 1,000.00 |
| 8 | Flooring | 35,000.00 | 0.00 | | 0.00 | 0.00 | 0.00 | 0% | 35,000.00 | 0.00 |
| 9 | Fire Protection | 11,140.00 | 1,000.00 | | 0.00 | 0.00 | 1,000.00 | 9% | 10,140.00 | 100.00 |
| 10 | HVAC | 75,000.00 | 42,075.00 | | 30,675.00 | 0.00 | 72,750.00 | 97% | 2,250.00 | 7,275.00 |
| 11 | Electrical | 82,715.00 | 29,000.00 | | 40,000.00 | 0.00 | 69,000.00 | 83% | 13,715.00 | 6,900.00 |
| | GRAND TOTALS | 349,900.00 | 123,075.00 | | 121,307.00 | 10,000.00 | 254,382.00 | 72.70% | 95,518.00 | 25,438.20 |

WAIVER OF LIEN TO DATE

STATE OF ILLINOIS

Gty#

} SS

COUNTY OF DUPAGE

Escrow#

WHERE AS the undersigned has been employed by RoMAAS, Inc.
 to furnish Construction Services for the COD - BIC - Academic Affairs Remodel
 for the premises known as 425 Fawell Blvd., Glen Ellyn, IL, 60137
 of which College of DuPage is the owner.

THE undersigned, for and in consideration of Fifty Nine Thousand Four Hundred Sixty-Seven Dollars and 50/100 (\$59,467.50) 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 improvement thereon, and on the material, fixtures, apparatus or machinery furnished, and on the moneys, funds or other considerations due or to become due from the owner, on account of all labor services, material, fixtures, apparatus or machinery, furnished to this date by the undersigned for the above-described premises, INCLUDING EXTRAS.*

DATE 1-28-2020 COMPANY NAME J&S Construction

SIGNATURE AND TITLE [Signature] President

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

STATE OF ILLINOIS

CONTRACTOR'S AFFIDAVIT

} SS

COUNTY OF DUPAGE

TO WHOM IT MAY CONCERN:

THE UNDERSIGNED, (NAME) Juan Aguirre BEING DULY SWORN
 DEPOSES AND SAYS THAT HE OR SHE IS (POSITION) the President J&S Construction OF (COMPANY NAME)
J&S Construction WHO IS THE CONTRACTOR FURNISHING Construction Services for the project known as COD-BIC-Academic Affairs
Remodel, 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 \$83,000.00 on which he or she has received payment of \$20,700.00 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 defect 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 INCLUDING EXTRAS* | AMOUNT PAID | THIS PAYMENT | BALANCE DUE |
|--|------------------------|----------------------------------|-------------|--------------|-------------|
| J&S Construction | Demo, Carpentry, Paint | \$83,000.00 | \$20,700.00 | \$9,000.00 | \$53,300.00 |
| TOTAL LABOR AND MATERIAL INCLUDING EXTRAS* TO COMPLETE | | \$83,000.00 | \$20,700.00 | \$9,000.00 | \$53,300.00 |

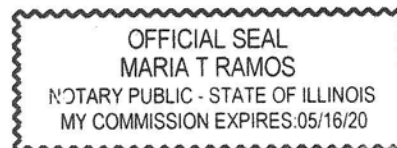
That there are no other contracts for said work outstanding, and that there is nothing due or to become due to any person for material, labor or other work of any kind done or to be done upon or in connection with said work other than above stated.

DATE 1-28-2020 SIGNATURE [Signature]

SUBSCRIBED AND SWORN TO BEFORE ME THIS 28 DAY OF January, 2020

[Signature]
 NOTARY PUBLIC

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



WAIVER OF LIEN TO DATE

STATE OF ILLINOIS } SS
COUNTY OF MCHENRY
TO WHOM IT MAY CONCERN:

WHEREAS the undersigned has been employed by ROMAAS
to furnish HVAC
for the premises known as COD BIC ACADEMIC AFFAIRS REMODEL
of which COLLEGE OF DUPAGE is the owner.

The undersigned for and in consideration of TWENTY-EIGHT THOUSAND EIGHT HUNDRED SIXTY-SEVEN AND 50/100
\$28,867.50 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: February 18, 2020 COMPANY NAME: HARTWIG PLUMBING AND HEATING, INC.
ADDRESS: 20800 EAST BRINK ST., HARVARD, IL 60033

SIGNATURE TITLE AND SEAL: [Signature] CHIEF OPERATING OFFICER

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

CONTRACTOR'S AFFIDAVIT

STATE OF ILLINOIS } SS
COUNTY OF MCHENRY

TO WHOM IT MAY CONCERN:

THE UNDERSIGNED, VINCENT P. WILLAS BEING DULY SWORN, DEPOSES
AND SAYS THAT HE OR SHE IS CHIEF OPERATING OFFICER OF
(COMPANY NAME) HARTWIG PLUMBING AND HEATING, INC. WHO IS THE
CONTRACTOR FURNISHING HVAC WORK ON THE BUILDING
LOCATED AT 425 FAWELL ROAD, GLEN ELLYN, IL 60137
OWNED BY COLLEGE OF DUPAGE

That the total amount of the contract including extras* is \$ 75,000.00 on which he or she has received payment of
\$ 9,000.00 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 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 | WHAT FOR | CONTRACT PRICE INCLDG EXTRAS* | AMOUNT PAID | THIS PAYMENT | BALANCE DUE |
|------------------------------------|-------------------|----------------------------------|----------------|-----------------|----------------|
| HARTWIG PLUMBING & HEATING, INC | LABOR & MATERIALS | \$ 30,330.00 | \$ 4,000.00 | \$ 11,982.50 | \$ 14,347.50 |
| AIR PRODUCTS | MATERIALS | \$ 2,600.00 | \$ 2,500.00 | \$ 100.00 | \$ - |
| HONEYWELL | SUBCONTRACTOR | \$ 35,035.00 | \$ 1,000.00 | \$ 13,500.00 | \$ 20,535.00 |
| MIDWEST MECHANICAL | INSULATION | \$ 3,285.00 | \$ - | \$ 3,285.00 | \$ - |
| CONTROLLED TEST & BALANCE | TEST & BALANCE | \$ 3,750.00 | \$ 1,500.00 | \$ - | \$ 2,250.00 |
| | | | | | |
| | | | | | |
| TOTAL LABOR AND MATERIAL INCLUDING | | | | | |
| EXTRAS TO COMPLETE | | \$ 75,000.00 | \$ 9,000.00 | \$ 28,867.50 | \$ 37,132.50 |

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: February 18, 2020 SIGNATURE: [Signature]
SUBSCRIBED AND SWORN TO BEFORE ME THIS 18TH DAY OF FEBRUARY, 2020



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

NOTARY PUBLIC

PARTIAL WAIVER OF LIEN

STATE OF ILLINOIS } SS
COUNTY OF COOK }

File #

Draw #

1

TO WHOM IT MAY CONCERN:

WHEREAS the undersigned has been employed by RoMAAS, Inc.
Name of Owner, Contractor or Subcontractor
to furnish Electrical
Kind of Work or Materials
for the premises described as: College of Dupage BIC Academic Affairs Remodel
Common Address or Brief Legal Description
of which Community College Dist. #502- College of Dupage is the owner.
Name of Owner

THE undersigned, for and in consideration of seventeen thousand, one hundred dollars and 00/100 cents
\$ 17,100.00 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 or right of lien under the Statutes of the State wherein the land is located, relating to Mechanic's liens, on the above
described premises and improvements thereon, and on the monies or other considerations due to become due from the owner, on account of labor or
services, material, fixtures or apparatus heretofore furnished to this date by the undersigned for the above described premises.

Signed this 28th day of January 2020
Belec Electrical, Inc.
350 Crossen Ave.
Elk Grove Village, IL 60007

Signature and Seal:

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
office signing waiver should be set forth; if waiver is for a partnership, the partnership name should be use, partner should sign and designate himself as
partner.

CONTRACTOR'S AFFIDAVIT

STATE OF ILLINOIS } SS
COUNTY OF COOK }

TO WHOM IT MAY CONCERN:

THE undersigned, being duly sworn, deposes and says that (s)he is Roy G. Belluomini
President of the Belec Electrical, Inc.
who is the contractor for the Electrical work on the
building located at 425 Fawell Blvd. Glen Ellyn, IL 60137
owned by Community College Dist. #502- College of Dupage

That the total amount of the contract including extras is \$ 82,715.00 on which he has received payment of
\$ 9,000.00 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 included all labor and material required to complete said work
according to plans and specifications:

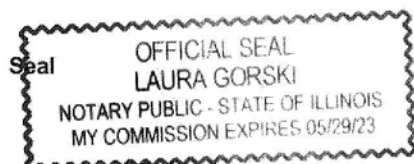
| NAMES | KIND OF WORK | AMOUNT OF CONTRACT | PAID PREVIOUSLY | AMOUNT OF THIS PAYMENT | BALANCE TO COMPLETE |
|---------------------------------------|-------------------|--------------------|-----------------|------------------------|---------------------|
| Belec Electrical Inc. | Labor & Materials | \$ 82,715.00 | \$ 9,000.00 | \$ 17,100.00 | \$ 56,615.00 |
| | | \$ - | \$ - | \$ - | \$ - |
| | | \$ - | \$ - | \$ - | \$ - |
| | | \$ - | \$ - | \$ - | \$ - |
| | | \$ - | \$ - | \$ - | \$ - |
| | | \$ - | \$ - | \$ - | \$ - |
| TOTAL LABOR AND MATERIAL TO COMPLETE: | | \$ 82,715.00 | \$ 9,000.00 | \$ 17,100.00 | \$ 56,615.00 |

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 28th day of January 2020

Signature:

Subscribed and sworn to before me this 28th day of January 2020



Notary Public

| U.S. Department of LABOR | | | | | | | | | | PAYROLL | | | | | | | | | | WHD | | | | | | | | | | Page 1 | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----------|--|--|--|--|--|--|--|--|--|---------|
| Belec Electrical, Inc. | | | | | | | | | | 350 Crossen Avenue, Elk Grove Village, IL 60007 | | | | | | | | | | PROJECT AND LOCATION | | | | | | | | | | PROJECT # | | | | | | | | | | |
| 1439 | | | | | | | | | | 1/18/2020 | | | | | | | | | | College of DuPage | | | | | | | | | | Spec # | | | | | | | | | | |
| 109 E. North Ave. | | | | | | | | | | 1/18/2020 | | | | | | | | | | Academic Affairs Remodel | | | | | | | | | | | | | | | | | | | | |
| Addison, IL 60101 | | | | | | | | | | 1/18/2020 | | | | | | | | | | 425 Fawell Blvd. | | | | | | | | | | | | | | | | | | | | |
| Hired 6/17/19 | | | | | | | | | | 1/18/2020 | | | | | | | | | | Glen Ellyn, IL 60137 | | | | | | | | | | | | | | | | | | | | |
| NAME, ADDRESS AND Last 4 SOCIAL SECURITY # | | | | | | | | | | (4) DAY AND DATE | | | | | | | | | | BIC | | | | | | | | | | NET | | | | | | | | | | |
| OF EMPLOYEE | | | | | | | | | | Work | | | | | | | | | | OTHER | | | | | | | | | | WAGES | | | | | | | | | | |
| Gender | | | | | | | | | | CLASSIFICATION | | | | | | | | | | DEDUCTS | | | | | | | | | | PAID | | | | | | | | | | |
| Eth | | | | | | | | | | Hours Worked Each Day | | | | | | | | | | FOR WEEK | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | S M T W TH F S | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | 12 13 14 15 16 17 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pokorny, James | | | | | | | | | | Electrician | | | | | | | | | | 0 8 8 0 0 8 0 | | | | | | | | | | 610.49 | | | | | | | | | | 1029.51 |
| 109 E. North Ave. | | | | | | | | | | Electrician | | | | | | | | | | 0 0 0 0 0 0 0 | | | | | | | | | | 0.00 | | | | | | | | | | 0.00 |
| Addison, IL 60101 | | | | | | | | | | Electrician | | | | | | | | | | 0 0 0 0 0 0 0 | | | | | | | | | | 0.00 | | | | | | | | | | 0.00 |
| Hired 6/17/19 | | | | | | | | | | Electrician | | | | | | | | | | 0 0 0 0 0 0 0 | | | | | | | | | | 0.00 | | | | | | | | | | 0.00 |
| Richard A. Schneider | | | | | | | | | | Electrician/Foreman | | | | | | | | | | 0 0 0 0 0 0 0 | | | | | | | | | | 0.00 | | | | | | | | | | 0.00 |
| 111 W. Washington | | | | | | | | | | Electrician | | | | | | | | | | 0 0 0 0 0 0 0 | | | | | | | | | | 0.00 | | | | | | | | | | 0.00 |
| Lombard, IL 60148 | | | | | | | | | | Electrician | | | | | | | | | | 0 0 0 0 0 0 0 | | | | | | | | | | 0.00 | | | | | | | | | | 0.00 |
| Hired 12/02/04 | | | | | | | | | | Electrician | | | | | | | | | | 0 0 0 0 0 0 0 | | | | | | | | | | 0.00 | | | | | | | | | | 0.00 |
| Total Hours Combined | | | | | | | | | | 24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Hours Chicago Resident | | | | | | | | | | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Hours Non-Resident | | | | | | | | | | 24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I, RJ Belluomini | | | | | | | | | | 18-Jan-2020 | | | | | | | | | | (b) WHERE FRINGE BENEFITS ARE PAID IN CASH | | | | | | | | | | | | | | | | | | | | |
| (Name of signatory party) | | | | | | | | | | President | | | | | | | | | | 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. | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | (Title) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

[illegible]

[illegible]

[illegible]

| U.S. Department of LABOR | | | | | | PAYROLL | | | | | | | WHD | | | | | | | | |
|--|-----------|---------------------|------------------|-----------------------|---|--|---|----|---|---|-------------|----------|--|------------------------------|------------------|-----------|-------|---------|---------------|-------------------------------|------|
| (For Contractors Optional Use; See Instruction Form WH-347 Inst.) | | | | | | | | | | | | | | | | | | | | | |
| <div>FEIN # 36-3513919</div> | | | | | | <div>ADDRESS 350 Crossen Avenue, Elk Grove Village, IL 60007</div> | | | | | | | <div>PROJECT AND LOCATION</div> | | | | | | | | |
| Belec Electrical, Inc. | | | | | | | | | | | | | | | | | | | | | |
| PAYROLL NO. 8 | | | | | | Week-Ending 2/1/2020 | | | | | | | College of DuPage <div>Academic Affairs Remodel 425 Fawell Blvd. Glen Ellyn, IL 60137</div> BIC | | | | | | | | |
| NAME, ADDRESS AND Last 4 SOCIAL SECURITY # OF EMPLOYEE | WH EXEMPT | Work CLASSIFICATION | (4) DAY AND DATE | S | M | T | W | TH | F | S | Total HOURS | PAY RATE | GROSS AMOUNT EARNED | FICA TAX | WITH-HOLDING TAX | STATE TAX | DUES | SAVINGS | OTHER DEDUCTS | TOTAL NET WAGES PAID FOR WEEK | |
| Gender | Eth | | | Hours Worked Each Day | | | | | | | | | | GROSS FROM OTHER JOBS WORKED | | | | | | | |
| 1439 Pokorny, James 109 E. North Ave. Addison, IL 60101 Hired 6/17/19 | Male | Caucasian | | O | | | | | | | 40 | \$ 41.00 | \$ 1,640.00 | 142.96 | 317.11 | 92.50 | 58.06 | 228.78 | 610.64 | 1029.36 | |
| | | | | S | 0 | 8 | 8 | 8 | 8 | 0 | | | - | | | | | | | | |
| | | | | O | | | | | | | | | \$ - | | | | | | | | |
| | Male | African American | | S | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 49.35 | \$ - | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 4614 Richard A. Schneider 111 W. Washington Lombard, IL 60148 Hired 12/02/04 | Male | Caucasian | | O | | | | | | | | | \$ - | | | | | | | | |
| | | | | S | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 52.35 | \$ - | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | | | O | | | | | | | | | \$ - | | | | | | | | |
| | Male | Caucasian | | S | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 49.35 | \$ - | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | | | O | | | | | | | | | \$ - | | | | | | | | |
| | Male | Caucasian | | S | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 34.55 | \$ - | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | | | O | | | | | | | | | \$ - | | | | | | | | |
| Total Hours Combined | | | | | | | | | | | | | | | | | | | | | |
| Total Hours Chicago Resident | | | | | | | | | | | | | | | | | | | | | |
| Total Hours Non-Resident | | | | | | | | | | | | | | | | | | | | | |
| I, RJ Belluomini President 1-Feb-2020 | | | | | | | | | | | | | | | | | | | | | |
| (Name of signatory party) | | | | | | | | | | | | | | | | | | | | | |
| (Title) | | | | | | | | | | | | | | | | | | | | | |
| (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. | | | | | | | | | | | | | | | | | | | | | |

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

| U.S. Department of LABOR | | | | | | | | | | PAYROLL | | | | | | | | | | WHD | | | | | | | | | | Page 1 | | | | | | | | | |
|--|--------------|--------|------------------|----------------------------|------------------|---|---|---|----|--|---|----------------|-------------|---------------------------|--------|-------------------------|--------------|---------------|------------------|---|------------------|----------------------------------|--|--|--|--|--|--|--|--------|--|--|--|--|--|--|--|--|--|
| FEIN # 36-3513919 Belec Electrical, Inc. | | | | | | | | | | ADDRESS 350 Crossen Avenue, Elk Grove Village, IL 60007 | | | | | | | | | | PROJECT # Spec # | | | | | | | | | | | | | | | | | | | |
| PAYROLL NO. 5 | | | | | | | | | | Week-Ending 1/11/2020 | | | | | | | | | | College of DuPage Academic Affairs Remodel 425 Fawell Blvd. Glen Ellyn, IL 60137 | | | | | | | | | | BIC | | | | | | | | | |
| NAME, ADDRESS AND Last 4 SOCIAL SECURITY # | WH EXEMPT | Gender | Eth | Work CLASSIFICATION | (4) DAY AND DATE | | | | | | | TOTAL HOURS | PAY RATE | GROSS AMOUNT EARNED | FICA | WITH- HOLDING TAX | STATE TAX | UNION DUES | UNION SAVINGS | OTHER | TOTAL DEDUCTS | NET WAGES PAID FOR WEEK | | | | | | | | | | | | | | | | | |
| | | | | | S | M | T | W | TH | F | S | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1439 Pokorny, James 109 E. North Ave. Addison, IL 60101 Hired 6/17/79 | | Male | Caucasian | Electrician | 0 | 8 | 8 | 8 | 8 | 0 | 0 | 41.00 | \$ 1,640.00 | 142.96 | 317.12 | 92.51 | 58.06 | 228.78 | | 610.66 | 1029.34 | | | | | | | | | | | | | | | | | | |
| 4614 Richard A. Schneider 111 W. Washington Lombard, IL 60148 Hired 12/02/04 | | Male | African American | Electrician | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 49.35 | \$ - | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 | 0.00 | | | | | | | | | | | | | | | | | | |
| | | Male | Caucasian | Electrician/ Foreman | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 52.35 | \$ - | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 | 0.00 | | | | | | | | | | | | | | | | | | |
| | | Male | Caucasian | Electrician | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 49.35 | \$ - | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 | 0.00 | | | | | | | | | | | | | | | | | | |
| | | Male | Caucasian | Electrician/ Apprentice | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 34.55 | \$ - | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 | 0.00 | | | | | | | | | | | | | | | | | | |
| Total Hours Combined | | | | | 40 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Hours Chicago Resident | | | | | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Hours Non-Resident | | | | | 40 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I, RJ Belluomini (Name of signatory party) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11-Jan-2020 President (Title) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

[illegible]



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

20800 E. BRINK STREET
HARVARD, IL 60033

OMB No.: 1235-0008
Expires: 01/31/2015

PAYROLL NO.

PAYROLL NO.

FOR WEEK ENDING

NG

PROJECT

PROJECT AND LOCATION

| PROJECT AND LOCATION | 425 FAWELL BLVD , GLEN ELLYN, IL 60137 |
|----------------------|---|
| H19-218 | |

PROJECT OR CONTRACT NO.
COD BIC ADMIN RNO

[illegible]

While completion of Form NBS-347 is optional,¹ it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts contained in 28 C.F.R. §§ 3.3, 5.6(a). The Copeland Act (40 U.S.C. § 3145) requires that contractors and subcontractors on such contracts 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 employee has received legally required wages and fringe benefits. DOL regulations at 29 C.F.R. § 3.301(f)(10) 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 employee has received legally required wages and fringe benefits.

We estimate that it will take an average of 56 minutes to complete this collection of information, 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 of information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, *EISA*, U.S. Department of Labor, Room N5502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

*** Produced by PEM Software Systems, Ltd. 800-803-1315
relying on these estimates or any other aspects of this collection of information, including suggestions

Department of Labor, Room N3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.
For Hours Worked; R=Regular O=Overtime D=Double Time T=Triple Time

Date 1/26/2020

I, NICOLE DUVALL (Name of Signatory Party) AUTHORIZED AGENT (Title)

do hereby state:

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

HARTWIG PLUMBING & HEATING, INC On the COD BIC ADMIN RNO (Contractor or Subcontractor) (Building or Work)

that during the payroll period commencing on the 20 day of JANUARY 2020, and ending the 26 day of JANUARY 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

HARTWIG PLUMBING & HEATING, INC from the full

(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat 967; 76 Stat. 357, 40 U.S.C. § 3145), and described below:

N/A

(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 the 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, payment 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 NICOLE DUVALL AUTHORIZED AGENT | SIGNATURE  |
| 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. | |



| | | | | | |
|--|--|---|--|---|--|
| NAME OF CONTRACTOR OR SUBCONTRACTOR Name of Contractor [X] or Subcontractor [] HARTWIG PLUMBING & HEATING, INC. | | ADDRESS 20800 E. BRINK STREET HARVARD, IL 60033 | | OMB No.: 1235-0008 Expires: 01/31/2015 | |
| PAYROLL NO. 8 | | FOR WEEK ENDING 2/02/2020 | | PROJECT AND LOCATION 425 FAWELL BLVD , GLEN ELLYN, IL 60137 | |
| | | | | PROJECT OR CONTRACT NO. COD BIC ADMIN RNO | |

| (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 | (4) Day and Date | | | | | | | (5) TOTAL HOURS | (6) RATE OF PAY | (7) GROSS AMOUNT EARNED | (8) DEDUCTIONS | | | | (9) NET WAGES PAID FOR WEEK | | |
|---|--|-------------------------|-----------------------|------|------|------|------|------|------|-----------------------|-----------------------|----------------------------------|----------------|-------------------------|--------|-------|---|--------|---------------------|
| | | | MON | TUE | WED | THU | FRI | SAT | SUN | | | | FICA | WITH- HOLDING TAX | STATE | SDI | | OTHER | TOTAL DEDUCTIONS |
| | | | 1/27 | 1/28 | 1/29 | 1/30 | 1/31 | 2/1 | 2/2 | | | | | | | | | | |
| | | | HOURS WORKED EACH DAY | | | | | | | | | | | | | | | | |
| WILLIAM WADE 1216 HILLSBORO DRIVE BATAVIA, IL 60510 xxx-xx-6643 | Exemptions: 5 Marital Status: M JOURNEYMAN 1 | | S | 0.00 | 0.00 | 4.00 | 8.00 | 0.00 | 0.00 | 0.00 | 12.00 | 52.60 | 631.20 | 160.96 | 214.23 | 99.72 | 39.60 | 514.51 | 1,599.49 |
| | | | | | | | | | | | | | 2104.00 | | | | Fringe Std: 0.00 OT: 0.00 | | Ck#: DD |
| Race: Caucasian Gender: Male | | | | | | | | | | | | | | | | | | | |

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) requires that contractors submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a statement of the contractor's prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine if employees have received legally required wages and fringe benefits.

We estimate that it will take an average of 56 minutes to complete this collection of information, 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 aspects of this collection of information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U.S. Department of Labor, Room N3502, 220 Constitution Avenue, N.W., Washington, D.C. 20210.

Produced by PEM Software Systems, Ltd. 800-803-1315

For Hours Worked, R=Regular O=Overtime D=Double Time T=Triple Time

Date 2/02/2020

I, NICOLE DUVALL, AUTHORIZED AGENT
(Name of Signatory Party) (Title)

do hereby state:

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

HARTWIG PLUMBING & HEATING, INC on the COD BIC ADMIN RNO :
(Contractor or Subcontractor) (Building or Work)

that during the payroll period commencing on the 27 day of JANUARY 2020, and ending the
2 day of FEBRUARY 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

HARTWIG PLUMBING & HEATING, INC from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly
from the full wages earned by any person, other than permissible deductions as defined in Regulations,
Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48
Stat. 948, 63 Stat. 108, 72 Stat 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

N/A

(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 appren-
ticeship program registered with the state apprenticeship agency recognized by the Bureau of Appren-
ticeship 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, payment 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 NICOLE DUVALL AUTHORIZED AGENT | SIGNATURE  |
| 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. | |



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

| | | | | | |
|--|------------------------------|---|--|--|--|
| NAME OF CONTRACTOR OR SUBCONTRACTOR Name of Contractor (X) or Subcontractor () HARTWIG PLUMBING & HEATING, INC. | | ADDRESS 20800 E. BRINK STREET HARVARD, IL 60033 | | OMB No.: 1235-0008 Expires: 01/31/2015 | |
| PAYROLL NO. 9 | FOR WEEK ENDING 2/09/2020 | PROJECT AND LOCATION H19-218 | | PROJECT OR CONTRACT NO. COD BIC ADMIN RNO | |

| (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 | (4) Day and Date | | | | | | | (5) TOTAL HOURS OF PAY EARNED | (6) RATE OF PAY | (7) GROSS AMOUNT EARNED | (8) DEDUCTIONS | | | | (9) NET WAGES PAID FOR WEEK | | |
|---|--------------------------------------|-------------------------|-----------------------|-----|-----|-----|-----|-----|-----|---|-----------------------|----------------------------------|-------------------|-------------------------|-------|-----|---|-------|---------------------|
| | | | MON | TUE | WED | THU | FRI | SAT | SUN | | | | FICA | WITH- HOLDING TAX | STATE | SDI | | OTHER | TOTAL DEDUCTIONS |
| | | | 2/3 | 2/4 | 2/5 | 2/6 | 2/7 | 2/8 | 2/9 | | | | | | | | | | |
| | | | HOURS WORKED EACH DAY | | | | | | | | | | | | | | | | |
| NO WORK PERFORMED | | | | | | | | | | | | | | | | | | | |

While completion of Form WH-347 is optional, it is mandatory for covered contractors 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) requires contractors and subcontractors performing work on Federally financed or assisted construction contracts 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. Contractors and subcontractors are required to submit a copy of 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 if employees have received legally required wages and fringe benefits.

Public Burden Statement
We estimate that it will take an average of 56 minutes to complete this collection of information, 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 aspects of this collection of information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U.S. Department of Labor, Room N4502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

*** Produced by PEM Software Systems, Ltd. 800-803-1315

For Hours Worked; R=Regular O=OverTime D=DoubleTime T=TripleTime

Date 2/09/2020

I, NICOLE DUVAL
(Name of Signatory Party) AUTHORIZED AGENT
(Title)

do hereby state:

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

HARTWIG PLUMBING & HEATING, INC on the COD BIC ADMIN RNO
(Contractor or Subcontractor) (Building or Work)

that during the payroll period commencing on the 3 day of FEBRUARY 2020, and ending the

9 day of FEBRUARY 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

HARTWIG PLUMBING & HEATING, INC from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

N/A

(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 the 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, payment 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:

NO WORK PERFORMED

| NAME AND TITLE | SIGNATURE |
|--|---|
| NICOLE DUVAL AUTHORIZED AGENT |  |
| 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. | |

PAYROLL

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



| | | | | | |
|---|------------------------------|---|--|--|--|
| NAME OF CONTRACTOR OR SUBCONTRACTOR Name of Contractor [X] or Subcontractor [] HARTWIG PLUMBING & HEATING, INC | | ADDRESS 20800 E. BRINK STREET HARVARD, IL 60033 | | OMB No.: 1235-0008 Expires: 01/31/2015 | |
| PAYROLL NO. 10 | FOR WEEK ENDING 2/16/2020 | PROJECT AND LOCATION H19-218 | | PROJECT OR CONTRACT NO. COD BIC ADMIN RNO | |

| (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 | (4) Day and Date | | | | | | | (5) TOTAL HOURS OF PAY | (6) RATE OF PAY | (7) GROSS AMOUNT EARNED | (8) DEDUCTIONS | | | (9) NET WAGES PAID FOR WEEK | | |
|---|---|----------------------------|------------------|------|------|------|------|------|------|---------------------------------|-----------------------|----------------------------------|-------------------------|-------|-----|---|-------|---------------------|
| | | | MON | TUE | WED | THU | FRI | SAT | SUN | | | | WITH- HOLDING TAX | STATE | SDI | | OTHER | TOTAL DEDUCTIONS |
| | | | 2/10 | 2/11 | 2/12 | 2/13 | 2/14 | 2/15 | 2/16 | | | | | | | | | |

NO WORK PERFORMED

Date 2/16/2020

I, NICOLE DUVALL, AUTHORIZED AGENT
(Name of Signatory Party) (Title)

do hereby state:

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

HARTWIG PLUMBING & HEATING, INC. On the COD BIC ADMIN RNO;
(Contractor or Subcontractor) (Building or Work)

that during the payroll period commencing on the 10 day of FEBRUARY 2020, and ending the 16 day of FEBRUARY 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

HARTWIG PLUMBING & HEATING, INC from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

N/A

(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 the 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, payment 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:

NO WORK PERFORMED

| NAME AND TITLE | SIGNATURE |
|--|---|
| NICOLE DUVALL AUTHORIZED AGENT |  |
| 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. | |

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.



Rev. Dec. 2008

NAME OF CONTRACTOR ☐

OR SUBCONTRACTOR ☒

ADDRESS 1511 MAPLEWOOD AVE, HANOVER PARK, IL 60133

OMB No.:1235-0008
Expires: 04/30/2021

J & S CONSTRUCTION LLC

PAYROLL NO.

5

FOR WEEK ENDING

01/12/2020

PROJECT AND LOCATION

COLLEGE OF DUPAGE

425 FAWELL BLVD, GLEN ELLYN, IL 60137

PROJECT OR CONTRACT NO.

COLLEGE OF DUPAGE

| (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 | | | | | | | (5) TOTAL HOURS | (6) RATE OF PAY | (7) GROSS AMOUNT EARNED | (8) DEDUCTIONS | | | | | | (9) NET WAGES PAID FOR WEEK |
|--|--|-----------------------------------|------------|-----------------------|------|------|------|------|------|------|---------------------------|---------------------------|--------------------------------------|-------------------|-------------------------|------------------------|--|-------|---------------------|---|
| | | | | M | T | W | TH | F | Sa | S | | | | FICA | WITH- HOLDING TAX | IL-Withhold- ing Ta | | OTHER | TOTAL DEDUCTIONS | |
| | | | | 6 | 7 | 8 | 9 | 10 | 11 | 12 | | | | | | | | | | |
| | | | | HOURS WORKED EACH DAY | | | | | | | | | | | | | | | | |
| JUAN AGUIRRE-1232 | | CARPENTER | o | | | | | | | | | | \$1,492.38 | | | | | | | |
| | | | s | 8.00 | 8.00 | 0.00 | 2.00 | 0.00 | 0.00 | 0.00 | 18.00 | 82.91 | | \$114.17 | \$124.00 | \$69.45 | | | \$307.62 | \$1,184.76 |
| VICTOR M ZAMORANO-5487 | | CARPENTER | o | | | | | | | | | | \$829.10 | | | | | | | |
| | | | s | 6.00 | 4.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 10.00 | 82.91 | | \$63.42 | \$27.00 | \$32.19 | | | \$122.61 | \$706.49 |
| ISMAEL SAYAGO-7645 | | LABORER | o | | | | | | | | | | \$439.32 | | | | | | | |
| | | | s | 0.00 | 0.00 | 0.00 | 6.00 | 0.00 | 0.00 | 0.00 | 6.00 | 73.22 | | \$33.61 | \$21.00 | \$21.75 | | | \$76.36 | \$362.96 |
| | | | o | | | | | | | | | | | | | | | | | |
| | | | s | | | | | | | | | | | | | | | | | |
| | | | o | | | | | | | | | | | | | | | | | |
| | | | s | | | | | | | | | | | | | | | | | |
| | | | o | | | | | | | | | | | | | | | | | |
| | | | s | | | | | | | | | | | | | | | | | |
| | | | o | | | | | | | | | | | | | | | | | |
| | | | s | | | | | | | | | | | | | | | | | |

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and 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 01/12/2020

I, JUAN AGUIRRE MORALES PRESIDENT
(Name of Signatory Party) (Title)

do hereby state:

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

J & S CONSTRUCTION LLC

(Contractor or Subcontractor) on the

COLLEGE OF DUPAGE

(Building or Work); that during the payroll period commencing on the

6 day of JANUARY, 2020, and ending the 12 day of JANUARY, 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

J & S CONSTRUCTION LLC

(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
JUAN AGUIRRE MORALES/PRESIDENT

SIGNATURE

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)



Rev. Dec. 2008

OMB No.:1235-0008
Expires: 04/30/2021

NAME OF CONTRACTOR ☐ OR SUBCONTRACTOR ☒ ADDRESS 1511 MAPLEWOOD AVE, HANOVER PARK, IL 60133

J & S CONSTRUCTION LLC

PAYROLL NO. 6 FOR WEEK ENDING 02/02/2020

PROJECT AND LOCATION
COLLEGE OF DUPAGE
425 FAWELL BLVD, GLEN ELLYN, IL 60137

PROJECT OR CONTRACT NO.
COLLEGE OF DUPAGE

| (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 | | | | | | | (5) TOTAL HOURS | (6) RATE OF PAY | (7) GROSS AMOUNT EARNED | (8) DEDUCTIONS | | | | | (9) NET WAGES PAID FOR WEEK |
|--|--|-----------------------------------|-----------|------------------|------|------|------|------|------|------|---------------------------|---------------------------|--------------------------------------|-------------------|-------------------------|-----------------------|-------|---------------------|---|
| | | | | M | T | W | TH | F | Sa | S | | | | FICA | WITH- HOLDING TAX | IL-Withholdi ng Ta | OTHER | TOTAL DEDUCTIONS | |
| | | | | 27 | 28 | 29 | 30 | 31 | 1 | 2 | | | | | | | | | |
| JUAN AGUIRRE-1232 | | CARPENTER | O | | | | | | | | | \$2,653.12 | | | | | | | |
| | | | S | 0.00 | 8.00 | 8.00 | 8.00 | 8.00 | 0.00 | 0.00 | 32.00 | 82.91 | | \$202.96 | \$335.00 | \$126.90 | | \$664.86 | \$1,988.26 |
| VICTOR M ZAMORANO-5487 | | LABORER | O | | | | | | | | | \$1,354.57 | | | | | | | |
| | | | S | 0.00 | 0.00 | 5.50 | 8.00 | 5.00 | 0.00 | 0.00 | 18.50 | 73.22 | | \$103.62 | \$88.00 | \$58.20 | | \$249.82 | \$1,104.75 |
| ISMAEL SAYAGO-7645 | | CARPENTER | O | | | | | | | | | \$1,492.38 | | | | | | | |
| | | | S | 0.00 | 8.00 | 5.00 | 0.00 | 5.00 | 0.00 | 0.00 | 18.00 | 82.91 | | \$114.17 | \$144.00 | \$73.87 | | \$332.04 | \$1,160.34 |
| | | | O | | | | | | | | | | | | | | | | |
| | | | S | | | | | | | | | | | | | | | | |
| | | | O | | | | | | | | | | | | | | | | |
| | | | S | | | | | | | | | | | | | | | | |
| | | | O | | | | | | | | | | | | | | | | |
| | | | S | | | | | | | | | | | | | | | | |
| | | | O | | | | | | | | | | | | | | | | |
| | | | S | | | | | | | | | | | | | | | | |

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and 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 01/12/2020

I, JUAN AGUIRRE MORALES PRESIDENT
(Name of Signatory Party) (Title)

do hereby state:

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

J & S CONSTRUCTION LLC

(Contractor or Subcontractor) on the

COLLEGE OF DUPAGE

(Building or Work); that during the payroll period commencing on the

27 day of JANUARY, 2020, and ending the 02 day of FEBRUARY, 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

J & S CONSTRUCTION LLC

(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
JUAN AGUIRRE MORALES/PRESIDENT

SIGNATURE

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.

Payroll Number

PAY PERIOD: 1-27-20, 2-2-20

[illegible]

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

NAME OF CONTRACTOR ☐

OR SUBCONTRACTOR ☒

ADDRESS 1511 MAPLEWOOD AVE, HANOVER PARK, IL 60133

J & S CONSTRUCTION LLC

OMB No.:1235-0008
Expires: 04/30/2021

PAYROLL NO.

7

FOR WEEK ENDING

02/09/2020

PROJECT AND LOCATION

COLLEGE OF DUPAGE

425 FAWELL BLVD, GLEN ELLYN, IL 60137

PROJECT OR CONTRACT NO.

COLLEGE OF DUPAGE

| (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 | | | | | | | (5) TOTAL HOURS | (6) RATE OF PAY | (7) GROSS AMOUNT EARNED | (8) DEDUCTIONS | | | | | | (9) NET WAGES PAID FOR WEEK |
|--|--|-------------------------------|-----------|-----------------------|------|------|------|------|------|------|-----------------------|-----------------------|----------------------------------|-------------------|-------------------------|-----------------------|-------|---------------------|------------|---|
| | | | | M | T | W | TH | F | Sa | S | | | | FICA | WITH- HOLDING TAX | IL-Withholdi ng Ta | OTHER | TOTAL DEDUCTIONS | | |
| | | | | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | | | | | | | | | |
| | | | | HOURS WORKED EACH DAY | | | | | | | | | | | | | | | | |
| JUAN AGUIRRE-1232 | | CARPENTER | O | | | | | | | | | \$1,989.84 | \$152.22 | \$189.00 | \$94.07 | | | \$435.29 | \$1,554.55 | |
| | | | S | 8.00 | 0.00 | 8.00 | 8.00 | 0.00 | 0.00 | 0.00 | 24.00 | | | | | | | | | 82.91 |
| VICTOR M ZAMORANO-5487 | | CARPENTER | O | | | | | | | | | \$1,492.38 | \$114.17 | \$104.00 | \$65.02 | | | \$283.19 | \$1,209.19 | |
| | | | S | 0.00 | 8.00 | 8.00 | 0.00 | 2.00 | 0.00 | 0.00 | 18.00 | | | | | | | | | 82.91 |
| ISMAEL SAYAGO-7645 | | CARPENTER | O | | | | | | | | | \$829.10 | \$63.44 | \$64.00 | \$41.04 | | | \$168.48 | \$660.62 | |
| | | | S | 8.00 | 0.00 | 0.00 | 0.00 | 2.00 | 0.00 | 0.00 | 10.00 | | | | | | | | | 82.91 |
| | | | O | | | | | | | | | | | | | | | | | |
| | | | S | | | | | | | | | | | | | | | | | |
| | | | O | | | | | | | | | | | | | | | | | |
| | | | S | | | | | | | | | | | | | | | | | |
| | | | O | | | | | | | | | | | | | | | | | |
| | | | S | | | | | | | | | | | | | | | | | |
| | | | O | | | | | | | | | | | | | | | | | |
| | | | S | | | | | | | | | | | | | | | | | |
| | | | O | | | | | | | | | | | | | | | | | |
| | | | S | | | | | | | | | | | | | | | | | |
| | | | O | | | | | | | | | | | | | | | | | |
| | | | S | | | | | | | | | | | | | | | | | |

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and 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 02/09/2020

I, JUAN AGUIRRE MORALES PRESIDENT
(Name of Signatory Party) (Title)

do hereby state:

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

J & S CONSTRUCTION LLC

(Contractor or Subcontractor) on the

COLLEGE OF DUPAGE

; that during the payroll period commencing on the

(Building or Work)

3 day of FEBRUARY, 2020, and ending the 9 day of FEBRUARY, 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

J & S CONSTRUCTION LLC

from the full

(Contractor or Subcontractor)

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 JUAN AGUIRRE MORALES/PRESIDENT | SIGNATURE |
| 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)



U.S. Wage and Hour Division

Rev. Dec. 2008

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

NAME OF CONTRACTOR ☐

OR SUBCONTRACTOR ☒

ADDRESS 1511 MAPLEWOOD AVE, HANOVER PARK, IL 60133

J & S CONSTRUCTION LLC

OMB No.:1235-0008
Expires: 04/30/2021

PAYROLL NO.

8

FOR WEEK ENDING

02/16/2020

PROJECT AND LOCATION

COLLEGE OF DUPAGE

425 FAWELL BLVD, GLEN ELLYN, IL 60137

PROJECT OR CONTRACT NO.

COLLEGE OF DUPAGE

| (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 | | | | | | | (5) TOTAL HOURS | (6) RATE OF PAY | (7) GROSS AMOUNT EARNED | (8) DEDUCTIONS | | | | | (9) NET WAGES PAID FOR WEEK | |
|--|--|-----------------------------------|------------|-----------------------|------|------|------|------|------|------|---------------------------|---------------------------|--------------------------------------|-------------------|-------------------------|-----------------------|-------|---------------------|---|--|
| | | | | M | T | W | TH | F | Sa | S | | | | FICA | WITH- HOLDING TAX | IL-Withholdi ng Ta | OTHER | TOTAL DEDUCTIONS | | |
| | | | | 10 | 11 | 12 | 13 | 14 | 15 | 16 | | | | | | | | | | |
| | | | | HOURS WORKED EACH DAY | | | | | | | | | | | | | | | | |
| JUAN AGUIRRE-1232 | | CARPENTER | O | | | | | | | | | | \$2,653.12 | | | | | | | |
| | | | S | 8.00 | 8.00 | 8.00 | 8.00 | 0.00 | 0.00 | 0.00 | 32.00 | 82.91 | | \$202.97 | \$335.00 | \$126.90 | | \$664.87 | \$1,988.25 | |
| VICTOR M ZAMORANO-5487 | | PAINTER | O | | | | | | | | | | \$1,326.77 | | | | | | | |
| | | | S | 0.00 | 6.00 | 8.00 | 5.00 | 0.00 | 0.00 | 0.00 | 19.00 | 69.83 | | \$101.50 | \$84.00 | \$56.82 | | \$242.32 | \$1,084.45 | |
| ISMAEL SAYAGO-7645 | | PAINTER | O | | | | | | | | | | \$1,256.94 | | | | | | | |
| | | | S | 6.00 | 6.00 | 6.00 | 0.00 | 0.00 | 0.00 | 0.00 | 18.00 | 69.83 | | \$96.15 | \$116.00 | \$62.22 | | \$274.37 | \$982.57 | |
| ROLANDO MALDONADO-4462 | | LABORER | O | | | | | | | | | | \$1,171.52 | | | | | | | |
| | | | S | 0.00 | 0.00 | 0.00 | 8.00 | 8.00 | 0.00 | 0.00 | 16.00 | 73.22 | | \$89.62 | \$96.00 | \$55.78 | | \$241.40 | \$930.12 | |
| | | | O | | | | | | | | | | | | | | | | | |
| | | | S | | | | | | | | | | | | | | | | | |
| | | | O | | | | | | | | | | | | | | | | | |
| | | | S | | | | | | | | | | | | | | | | | |
| | | | O | | | | | | | | | | | | | | | | | |
| | | | S | | | | | | | | | | | | | | | | | |
| | | | O | | | | | | | | | | | | | | | | | |
| | | | S | | | | | | | | | | | | | | | | | |

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

(over)

Date 02/16/2020

I, JUAN AGUIRRE MORALES PRESIDENT
(Name of Signatory Party) (Title)

do hereby state:

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

J & S CONSTRUCTION LLC

(Contractor or Subcontractor) on the

COLLEGE OF DUPAGE

(Building or Work)

8 day of FEBRUARY, 2020, and ending the 16 day of FEBRUARY, 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

J & S CONSTRUCTION LLC

(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
JUAN AGUIRRE MORALES/PRESIDENT

SIGNATURE

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.

Payroll Number

College of Dupage

PAY PERIOD: 2-16-20, 2-16-20

[illegible]