

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1618215  
Vendor Name: Kandu Construction Inc  
Invoice Number: B0371295/final  
Invoice Date: 07/03/21  
PO Number: B0371295  
Check Number: E0085767  
Check Amount: \$ 83,211.16  
Check Date: 07/26/2021  
Department ID: 39036  
Reviewer Name: Kathy Striplin  
Voucher Number: V0689919  
Redaction Type: None  
Document Type: AP Invoice

Document Below

-----  
From: JENNA KANDU <jennakandu@yahoo.com>  
Sent: Sat Jul 03 12:24:26 CDT 2021  
To: invoicing@cod.edu  
CC: inmand1960@cod.edu,james@kanduconstructioninc.com,george@kanduconstructioninc.com  
Subject: [External] COD PO #371295- Bic 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 final pay app. 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: COD - Final Pay App.pdf]



# **KANDU CONSTRUCTION INC.**

8055 Ridgeway Ave. Skokie, IL. 60076  
PHONE (847) 456-4028 FAX (847) 983-0180

## **INVOICE**

**APPROVED**  
**07/09/21 - DONALD**

07-02-2021

**Job:** BIC Classroom Renovation

**Location:** 425 22nd Street Glen Ellyn, IL. 60137

Final PAYMENT amount.....\$83,211.16

**INVOICE REVIEWED**  
**OKAY TO PAY**  
**KATHY STRIPLIN 07/08/21**

Thank you for your business

# **AIA®** Document G702® – 1992

## Application and Certificate for Payment

**TO OWNER:** College of DuPage  
 425 Fawell Blvd.  
 Glen Ellyn, IL. 60137  
**FROM:** Jena Kandu  
 Contractor: Kandu Construction Inc.  
 8055 Ridgeway Ave.  
 Skokie, IL. 60076  
**PROJECT:** BIC Classrooms Renovation  
 425 22nd Street  
 Glen Ellyn, IL. 60137  
**VIA:** PERKINS AND WIL  
 410 North Michigan Ave.  
 Suite 1600  
 Chicago, IL. 60611  
**ARCHITECT:**

**APPLICATION NO:** Payment #4/Final  
**PERIOD TO:** May 31, 2021  
**CONTRACT FOR:** General Construction  
**CONTRACT DATE:** September 21, 2020  
**PROJECT NOS:** / /  
**CONTRACTOR:** ☒ **ARCHITECT:** ☒  
**FIELD:** ☐ **OTHER:** ☐

### CONTRACTOR'S APPLICATION FOR PAYMENT

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

**ORIGINAL CONTRACT SUM** ..... \$635,000.00  
**NET CHANGES BY CHANGE ORDERS** ..... \$19,711.16  
**CONTRACT SUM TO DATE (Line 1 + 2)** ..... \$654,711.16  
**TOTAL COMPLETE & STORED TO DATE (Column G on G703)** ..... \$654,711.16

**RETAINAGE** ..... \$0.00  
 (Column D + E on G703)  
 (Column F on G703)  
 Retainage (Lines 5a + 5b or Total in Column I of G703) ..... \$0.00

**TOTAL EARNED LESS RETAINAGE** ..... \$654,711.16  
 (Line 5 Total)

**LESS PREVIOUS CERTIFICATES FOR PAYMENT** ..... \$571,500.00  
 (Line 6 from prior Certificate)

**CURRENT PAYMENT DUE** ..... \$83,211.16  
**BALANCE TO FINISH, INCLUDING RETAINAGE** ..... \$0.00  
 (Line 3 + Line 6)

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	\$0.00	\$0.00
Total approved this month	\$19,711.16	\$0.00
<b>TOTALS</b>	<b>\$19,711.16</b>	<b>\$0.00</b>
<b>NET CHANGES by Change Order</b>		<b>\$19,711.16</b>

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 the current payment shown herein is now due.

**CONTRACTOR:** \_\_\_\_\_ Date: 06/01/2021  
 By: \_\_\_\_\_  
 State of Illinois

County of: Cook

Subscribed and sworn to before me this 1st day of June, 2021

Notary Public: \_\_\_\_\_  
 My Commission expires: 09/12/22  


### 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** ..... \$83,211.16  
 (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:** \_\_\_\_\_ Date: \_\_\_\_\_  
 By: \_\_\_\_\_

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.





**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 #4/ Final  
APPLICATION DATE: June 01, 2021  
PERIOD TO: May 31, 2021  
ARCHITECT'S PROJECT NO: \_\_\_\_\_

A ITEM NO.	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		E THIS PERIOD	F MATERIALS PRESENTLY STORED (NOT IN D OR E)	G TOTAL COMPLETED AND STORED TO DATE (D + E + F)		H BALANCE TO FINISH (C - G)	I RETAINAGE (IF VARIABLE RATE)
			FROM PREVIOUS APPLICATION (D + E)					% (G÷C)		
01	General Requirements - Kandu Construction Inc.	8,000.00	7,600.00		400.00	0.00	8,000.00	100.00%	0.00	0.00
02	Demolition - Kandu Construction Inc.	46,000.00	41,400.00		4,600.00	0.00	46,000.00	100.00%	0.00	0.00
03	Metal Fabrications - Sturdi Iron, Inc.	23,088.00	20,779.20		2,308.80	0.00	23,088.00	100.00%	0.00	0.00
04	Performed Metal Wall Panels - Wiesbrook Sheet Metal, Inc.	14,103.00	12,692.70		1,410.30	0.00	14,103.00	100.00%	0.00	0.00
05	Hollow Metal Doors & Frames - Kandu Construction Inc.	33,000.00	29,700.00		3,300.00	0.00	33,000.00	100.00%	0.00	0.00
06	Glazing - Kandu Construction Inc.	18,000.00	16,200.00		1,800.00	0.00	18,000.00	100.00%	0.00	0.00
07	Metal Framing - Kandu Construction Inc.	42,000.00	37,800.00		4,200.00	0.00	42,000.00	100.00%	0.00	0.00
08	Gypsum Board - Kandu Construction Inc.	38,000.00	34,200.00		3,800.00	0.00	38,000.00	100.00%	0.00	0.00
09	Acoustical Ceiling - Kandu Construction Inc.	27,000.00	24,300.00		2,700.00	0.00	27,000.00	100.00%	0.00	0.00
10	Resilient Flooring - Consolidated Chicago	29,952.00	26,956.80		2,995.20	0.00	29,952.00	100.00%	0.00	0.00
11	Painting - Kandu Construction Inc.	10,000.00	9,000.00		1,000.00	0.00	10,000.00	100.00%	0.00	0.00
12	Roller Window Shades - Kandu Construction Inc.	3,500.00	3,150.00		350.00	0.00	3,500.00	100.00%	0.00	0.00
13	Sprinkler System - A&A Sprinkler	18,000.00	16,200.00		1,800.00	0.00	18,000.00	100.00%	0.00	0.00

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						
	Company Inc.									
14	HVAC - Mechanical Concepts of Illinois, Inc.	92,000.00	82,800.00	9,200.00	0.00	92,000.00	100.00%	0.00	0.00	
15	Electric - Delta Electrical Industries LLC.	160,000.00	144,000.00	16,000.00	0.00	160,000.00	100.00%	0.00	0.00	
16	Insurance & Bond	10,000.00	9,000.00	1,000.00	0.00	10,000.00	100.00%	0.00	0.00	
17	O&P	62,357.00	55,721.30	6,635.70	0.00	62,357.00	100.00%	0.00	0.00	
18	Change Orders	19,711.16	0.00	19,711.16	0.00	19,711.16	100.00%	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	0.00%	0.00	0.00	
	GRAND TOTAL	\$654,711.16	\$571,500.00	\$83,211.16	\$0.00	\$654,711.16	100.00%	\$0.00	\$0.00	



STATE OF ILLINOIS

COUNTY OF Cook

## FINAL WAIVER OF LIEN

City #

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 College of DuPage

is the owner.

THE undersigned, for and in consideration of Eighty Three Thousand Two Hundred Eleven Dollars and 16/100 cents (\$83,211.16) 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, heretofore furnished, or which may be furnished at any time hereafter, by the undersigned for the above-described premises, INCLUDING EXTRAS.\*

DATE 06/04/2021 COMPANY NAME Kandu Construction Inc.

ADDRESS 8055 Ridgeway Ave., Skokie, IL. 60076

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) 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 \$654,711.16 on which he or she has received payment of \$571,500.00 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 AND ADDRESSES	WHAT FOR	CONTRACT PRICE INCLD EXTRAS*	AMOUNT PAID	THIS PAYMENT	BALANCE DUE
KanduConstruction Inc., 8055 Ridgeway Ave., Skokie, IL. 60076	General Work	\$654,711.16	\$571,500.00	\$83,211.16	0.00
TOTAL LABOR AND MATERIAL INCLUDING EXTRAS* TO COMPLETE.		\$654,711.16	\$571,500.00	\$83,211.16	0.00

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 06/04/2021

SIGNATURE:

SUBSCRIBED AND SWORN TO BEFORE ME THIS 4th

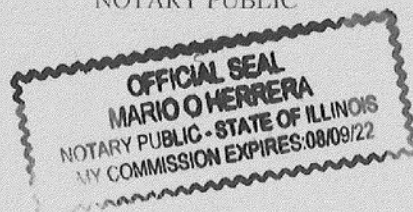
DAY OF June, 2021

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

*Mario O. Herrera*  
NOTARY PUBLIC

F.3870 R5/96

Provided by Chicago Title Insurance Company



**CONSENT OF SURETY  
TO FINAL PAYMENT**

*AIA Document G707*

Bond No. 800071149

OWNER	<input type="checkbox"/>
ARCHITECT	<input type="checkbox"/>
CONTRACTOR	<input type="checkbox"/>
SURETY	<input type="checkbox"/>
OTHER	<input type="checkbox"/>

**TO OWNER:**

*(Name and address)*

College District 502 (College of DuPage)  
425 Fawell Blvd.  
Glen Ellyn, IL 60708

**PROJECT:**

*(Name and address)*

2021-B0010 Berg Instructional center Marketing Infill Remodel. Interior renovation of offices and storage rooms. 425 22nd Street Glen Ellen IL. 60137.

**ARCHITECT'S PROJECT NO.:**

**CONTRACT FOR:** Berg Instructional center Marketing Infill Remodel

**CONTRACT DATED:** September 21, 2020

In accordance with the provisions of the Contract between the Owner and the Contractor as indicated above, the  
*(Insert name and address of Surety)*

Atlantic Specialty Insurance Company  
605 Highway 169 North, Suite 800  
Plymouth, MN 55441

, SURETY,

on bond of

*(Insert name and address of Contractor)*

Kandu Construction, Inc.  
8055 N. Ridgeway Ave.  
Skokie, IL 60076

, CONTRACTOR,

hereby approves of the final payment to the Contractor, and agrees that final payment to the Contractor shall not relieve the Surety of any of its obligations to

*(Insert name and address of Owner)*

College District 502 (College of DuPage)  
425 Fawell Blvd.  
Glen Ellyn, IL 60708

, OWNER,

as set forth in said Surety's bond.

IN WITNESS WHEREOF, the Surety has hereunto set its hand on this date: June 7, 2021

*(Insert in writing the month followed by the numeric date and year.)*

Attest:  
(Seal):

*Hina Azam*  
Hina Azam



Atlantic Specialty Insurance Company

*(Surety)*

By: *William Reidinger*

*(Signature of authorized representative)*

William Reidinger

Attorney-in-Fact

*(Printed name and title)*

Surety Phone No.





## Power of Attorney

Surety Bond No: 800071149

Principal: Kandu Construction, Inc.

Obligee: College District 502 (College of DuPage)

KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Plymouth, Minnesota, does hereby constitute and appoint: William Reidinger, each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: **sixty million dollars (\$60,000,000)** and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the President, any Senior Vice President or Vice-President (each an "Authorized Officer") may execute for and in behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and affix the seal of the Company thereto; and that the Authorized Officer may appoint and authorize an Attorney-in-Fact to execute on behalf of the Company any and all such instruments and to affix the Company seal thereto; and that the Authorized Officer may at any time remove any such Attorney-in-Fact and revoke all power and authority given to any such Attorney-in-Fact.

Resolved: That the Attorney-in-Fact may be given full power and authority to execute for and in the name and on behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and any such instrument executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed and sealed by an Authorized Officer and, further, the Attorney-in-Fact is hereby authorized to verify any affidavit required to be attached to bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof.

This power of attorney is signed and sealed by facsimile under the authority of the following Resolution adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the signature of an Authorized Officer, the signature of the Secretary or the Assistant Secretary, and the Company seal may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing an Attorney-in-Fact for purposes only of executing and sealing any bond, undertaking, recognizance or other written obligation in the nature thereof, and any such signature and seal where so used, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this fifth day of March, 2020.

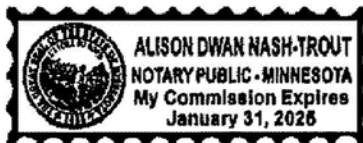


STATE OF MINNESOTA  
HENNEPIN COUNTY

By

Paul J. Brehm, Senior Vice President

On this fifth day of March, 2020, before me personally came Paul J. Brehm, Senior Vice President of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, that he is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.



Notary Public

I, the undersigned, Assistant Secretary of ATLANTIC SPECIALTY INSURANCE COMPANY, a New York Corporation, do hereby certify that the foregoing power of attorney is in full force and has not been revoked, and the resolutions set forth above are now in force.

Signed and sealed. Dated 7th day of June, 2021



Christopher V. Jerry, Secretary

# AIA Document G706A™ – 1994

## Contractor's Affidavit of Release of Liens

<b>PROJECT:</b> <i>(Name and address)</i> BIC Classrooms Renovation 425 22nd Street Glen Ellyn, IL. 60137 <b>TO OWNER:</b> <i>(Name and address)</i>  College of DuPage 425 Fawell Blvd. Glen Ellyn, IL. 60137	<b>ARCHITECT'S PROJECT NUMBER:</b>  <b>CONTRACT FOR:</b> General Construction <b>CONTRACT DATED:</b> September 21, 2020	<b>OWNER:</b> <input checked="" type="checkbox"/> <b>ARCHITECT:</b> <input checked="" type="checkbox"/> <b>CONTRACTOR:</b> <input checked="" type="checkbox"/> <b>SURETY:</b> <input checked="" type="checkbox"/> <b>OTHER:</b> <input type="checkbox"/>
--	--	--

**STATE OF:** Illinois  
**COUNTY OF:** Cook

The undersigned hereby certifies that to the best of the undersigned's knowledge, information and belief, except as listed below, the Releases or Waivers of Lien attached hereto include the Contractor, all Subcontractors, all suppliers of materials and equipment, and all performers of Work, labor or services who have or may have liens or encumbrances or the right to assert liens or encumbrances against any property of the Owner arising in any manner out of the performance of the Contract referenced above.

**EXCEPTIONS:**

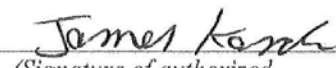
None

**SUPPORTING DOCUMENTS ATTACHED HERETO:**

1. Contractor's Release or Waiver of Liens, conditional upon receipt of final payment.
2. Separate Releases or Waivers of Liens from Subcontractors and material and equipment suppliers, to the extent required by the Owner, accompanied by a list thereof.

**CONTRACTOR:** *(Name and address)*  
Kandu Construction Inc.  
8055 Ridgeway Ave.  
Skokie, IL. 60076

**BY:**

  
*(Signature of authorized representative)*  
James Kandu, President  
*(Printed name and title)*

Subscribed and sworn to before me on this date: 06/01/2021

Notary Public:   
My Commission Expires: 09/22





# Document G706™ – 1994

## Contractor's Affidavit of Payment of Debts and Claims

PROJECT: <i>(Name and address)</i> BIC Classrooms Renovation 425 22nd Street Glen Ellyn, IL. 60137	ARCHITECT'S PROJECT NUMBER:  CONTRACT FOR: General Construction  CONTRACT DATED: September 21, 2020	OWNER: <input checked="" type="checkbox"/> ARCHITECT: <input checked="" type="checkbox"/> CONTRACTOR: <input checked="" type="checkbox"/> SURETY: <input type="checkbox"/> OTHER: <input type="checkbox"/>
TO OWNER: <i>(Name and address)</i> College of DuPage 425 Fawell Blvd. Glen Ellyn, IL. 60137		

STATE OF: Illinois  
COUNTY OF: Cook

The undersigned hereby certifies that, except as listed below, payment has been made in full and all obligations have otherwise been satisfied for all materials and equipment furnished, for all work, labor, and services performed, and for all known indebtedness and claims against the Contractor for damages arising in any manner in connection with the performance of the Contract referenced above for which the Owner or Owner's property might in any way be held responsible or encumbered.

### EXCEPTIONS:

None

### SUPPORTING DOCUMENTS ATTACHED HERETO:

- Consent of Surety to Final Payment. Whenever Surety is involved, Consent of Surety is required. AIA Document G707, Consent of Surety, may be used for this purpose

Indicate Attachment ☒ Yes ☐ No

### CONTRACTOR: *(Name and address)*

Kandu Construction Inc.  
8055 Ridgeway Ave.  
Skokie, IL. 60076

BY: James Kandu  
(Signature of authorized representative)

James Kandu, President  
(Printed name and title)

The following supporting documents should be attached hereto if required by the Owner:

- Contractor's Release or Waiver of Liens, conditional upon receipt of final payment.
- Separate Releases or Waivers of Liens from Subcontractors and material and equipment suppliers, to the extent required by the Owner, accompanied by a list thereof.
- Contractor's Affidavit of Release of Liens (AIA Document G706A).

Subscribed and sworn to before me on this date: 06/01/2021

Notary Public: Mario O. Herrera  
My Commission Expires: 09/22



## FINAL WAIVER OF LIEN

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

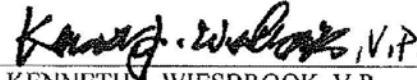
WHEREAS the undersigned has been employed by Kandu Construction Inc to furnish sheet metal for the premises known as BIC Classrooms Renovations, College of DuPage, 425 22<sup>nd</sup> Street, Glen Ellyn, Illinois of which College of DuPage is the owner.

THE undersigned, for and in consideration of Fourteen thousand two hundred sixty four ( \$14,264.00 ) Dollars, and other good and valuable considerations, the receipt whereof is hereby acknowledged, does hereby waive and release any and all lien of 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, therefore furnished, or which may be furnished at any time hereafter, by the undersigned for the above-described premises.

Given under my hand and sealed this 1ST day of June, 2021.

WIESBROOK SHEET METAL, INC.  
25502 RUFF STREET, PLAINFIELD, ILLINOIS 60585

SIGNATURE AND TITLE

  
KENNETH J. WIESBROOK, V.P.

CONTRACTOR'S AFFIDAVIT

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

THE UNDERSIGNED, KENNETH J. WIESBROOK, BEING DULY SWORN, DEPOSES AND SAYS THAT HE IS VICE PRESIDENT OF WIESBROOK SHEET METAL, INC. WHO IS THE CONTRACTOR FURNISHING SHEET METAL WORK ON THE BUILDING LOCATED AT BIC CLASSROOMS RENOVATIONS, COLLEGE OF DUPAGE, 425 22<sup>ND</sup> STREET, GLEN ELLYN, ILLINOIS OWNED BY COLLEGE OF DUPAGE.

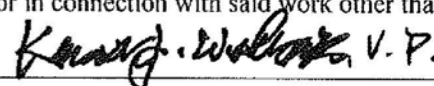
That the total amount of the contract is \$ 14,264.00 on which he has received payment of \$ -0- prior to this payment. That all waivers are true, correct and genuine and delivered unconditionally and that there is no claim either legal or equitable to defeat the validity of said waivers. That the following 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 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:

NAMES	WHAT FOR	CONTRACT PRICE,	AMOUNT PAID	THIS PAYMENT	BALANCE DUE
WIESBROOK SHEET METAL INC	SHEET METAL	14,264.00	-0-	14,264.00	-0-
TOTAL LABOR AND MATERIAL		14,264.00	-0-	14,264.00	-0-

THIS CONDITIONAL WAIVER IS CONTINGENT UPON RECEIPT OF A CHECK IN THE AMOUNT OF \$ 14,264.00 AND UPON CLEARANCE OF THE AFOREMENTIONED.

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: June 1, 2021

Signature  V. P.

Subscribed and sworn to before me this 1st day of June, 2021.



  
NOTARY PUBLIC



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



Rev. Dec. 2008

ADDRESS 25502 RUFF STREET

WIESBROOK SHEET METAL INC.

PLAINFIELD, IL 60585

Expires: 02/28/2018

PAYROLL NO.

FOR WEEK ENDING

BIOETHICS AND INNOVATIONS  
COLLEGE OF DUPAGE

PROJECT OR CONTRACT NO.

[illegible]

U.S. compliance of Form WH-347 is optional 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 contractors and subcontractors performing work on Federally financed or assisted construction contracts to "turnish 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)(iv) 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 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 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 S3302, 200 Constitution Avenue, N.W., Washington, D.C. 20210

**FINAL WAIVER OF LIEN**STATE OF ILLINOIS } SS  
COUNTY OF **DUPAGE**Gly # \_\_\_\_\_  
Escrow # \_\_\_\_\_

TO WHOM IT MAY CONCERN:

WHEREAS the undersigned has been employed by **KANDU CONSTRUCTION, INC.**  
to furnish **FLOORING MATERIALS & LABOR**  
for the premises known as **COLLEGE OF DUPAGE BIC CLASSROOMS RENOVATIONS**  
of which **COLLEGE OF DUPAGE** is the owner.

THE undersigned, for and in consideration of **Twenty Eight Thousand Four Hundred Dollars and No Cents**  
(\$ **28,400.00**) 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, heretofore furnished, or which may be furnished at any time hereafter, by the undersigned for the above-  
described premises, INCLUDING EXTRAS.\*

DATE **2-Jun-21** COMPANY NAME **CONSOLIDATED FLOORING OF CHICAGO, LLC.**  
ADDRESS **25 WEST OFFICIAL ROAD ADDISON, ILLINOIS 60101**

SIGNATURE AND TITLE *Alexandria Regas-Burgess* **BILLING SPECIALIST**

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

**CONTRACTOR'S AFFIDAVIT**STATE OF ILLINOIS } SS  
COUNTY OF **DUPAGE**

TO WHOM IT MAY CONCERN:

THE UNDERSIGNED, (NAME) **ALEXANDRIA REGAS- BURGESS** BEING DULY SWORN, DEPOSES  
AND SAYS THAT HE OR SHE IS (POSITION) **BILLING SPECIALIST** OF  
(COMPANY NAME) **CONSOLIDATED FLOORING OF CHICAGO, LLC.** WHO IS THE  
CONTRACTOR FURNISHING **FLOORING MATERIALS & LABOR** WORK ON THE BUILDING  
LOCATED AT **425 FAWELL BOULEVARD, GLEN ELLYN, IL**  
OWNED BY **COLLEGE OF DUPAGE**

That the total amount of the contract including extras\* is \$ **28,400.00** on which he or she 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 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
<b>All materials taken from fully paid stock and delivered to jobsite by our own trucks. All labor &amp; benefits paid in full.</b>					
<b>No rental equipment was used.</b>					<b>\$0.00</b>
<b>PRINCIPAL SUPPLIERS:</b>					<b>\$0.00</b>
					<b>\$0.00</b>
					<b>\$0.00</b>
<b>CONSOLIDATED FLOORING OF CHICAGO, LLC.</b>	<b>Material &amp; Labor</b>	<b>\$28,400.00</b>	<b>\$0.00</b>	<b>\$28,400.00</b>	<b>\$0.00</b>
					<b>\$0.00</b>
					<b>\$0.00</b>
<b>TOTAL LABOR AND MATERIAL INCLUDING EXTRAS* TO COMPLETE.</b>		<b>\$28,400.00</b>	<b>\$0.00</b>	<b>\$28,400.00</b>	<b>\$0.00</b>

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 **June 2, 2021** SIGNATURE: *Alexandria Regas-Burgess*  
SUBSCRIBED AND SWORN TO BEFORE ME THIS **2** DAY OF **June** **2021**

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



# Certified Payroll Transcript

Period: 3/21/2021 - 3/27/2021 *week 1*

Job: College Of DuPage BIC Classroom Renovations

Contract: 620969 College Of DuPage BIC Classroom Renovations

Hours											***** Weekly Totals ***** (Week Ending 3/27/21)		
Employee	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total	Rate	Project Amounts	Total Gross	Deductions	Net Pay
<b>DeBauche, Bruce J. - 53565</b>													
xxx-xx-7351 M/EX: S/O Hourly	0.00	0.00	0.00	0.00	8.00	8.00	0.00	16.00	24.880	398.08	Federal Withholding	120.47	
1256 Brandywine Road											Social Security	61.70	
Crown Point, IN 46307											Medicare	14.43	
Race/Sex: C/M											Add'l Medicare		
Chicago Reg Council of Carptr											IL- SIT	49.26	
Apprentice Second Year											Union Dues	39.81	
EEO:													
Check #: 838											995.20	285.67	709.53
<b>Peterson, Robert R. - 53517</b>													
xxx-xx-8484 M/EX: M/O Hourly	0.00	0.00	0.00	0.00	8.00	8.00	0.00	16.00	49.760	796.16	Federal Withholding	222.75	
26245 W Sylvan Meadow Drive											Social Security	123.40	
Channahon, IL 60410											Medicare	28.86	
Race/Sex: C/M											Add'l Medicare		
Chicago Reg Council of Carptr											IL- SIT	98.52	
Journeyman											Union Dues	79.62	
EEO:											1,990.40	553.15	1,437.25
Check #: 878													
<b>Job Totals (Hours)</b>											***** Weekly Totals ***** (Week Ending 3/27/21)		
Hourly	0.00	0.00	0.00	0.00	16.00	16.00	0.00	32.00		1,194.24	Total Gross	Deductions	Net Pay
											Federal Withholding	343.22	
											Social Security	185.10	
											Medicare	43.29	
											Add'l Medicare		
											IL- SIT	147.78	
											Union Dues	119.43	
											2,985.60	838.82	2,146.78



Date 6/8/2021

I, Caitlin Balsitis Labor Coordinator  
(Name of Signatory Party) (Title)

do hereby state:

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

Consolidated Flooring of Chicago

(Contractor or Subcontractor)

on the

Job: 620969 College Of DuPage BIC Classroom Renovations ;

(Building or Work)

that during the payroll period commencing on the 21  
day of March, 2021, and ending the 27 day of  
March, 2021,

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

Consolidated Flooring of Chicago

(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 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(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  
Caitlin Balsitis  
Labor Coordinator

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.

# Certified Payroll Transcript

Period: 3/28/2021 - 4/3/2021 *week 2 - Final*

Job: College Of DuPage BIC Classroom Renovations

Contract: 620969 College Of DuPage BIC Classroom Renovations

-----Hours-----												***** Weekly Totals ***** (Week Ending 4/3/21)			
Employee	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total	Rate	Project Amounts	Total Gross	Deductions	Net Pay		
<b>DeBauche, Bruce J. - 53565</b>															
xxx-xx-7351 M/EX: S/O Hourly	0.00	8.00	8.00	0.00	0.00	0.00	0.00	16.00	24.880	398.08	Federal Withholding	120.47			
1256 Brandywine Road										0.00	Social Security	61.70			
Crown Point, IN 46307										0.00	Medicare	14.43			
Race/Sex: C/M											Add'l Medicare				
Chicago Reg Council of Carptr											IL- SIT	49.26			
Apprentice Second Year											Union Dues	39.81			
EEO:											995.20	285.87	709.53		
Check #: 909															
<b>Kuefner, Patrick J - 53482</b>															
xxx-xx-4425 M/EX: S/O Hourly	0.00	0.00	0.00	0.00	0.00	8.00	0.00	8.00	39.810	318.48	Federal Withholding	172.36			
4144 N Sheridan Rd, Apt 208										0.00	Social Security	81.45			
Chicago, IL 60613										0.00	Medicare	19.06			
Race/Sex: C/M											Add'l Medicare				
Chicago Reg Council of Carptr											IL- SIT	62.77			
Apprentice Fourth Year											Union Dues	52.55			
EEO:											1,313.73	388.18	925.55		
Check #: 932															
<b>Peterson, Robert R. - 53517</b>															
xxx-xx-8494 M/EX: M/O Hourly	0.00	7.00	8.00	8.00	8.00	8.00	0.00	39.00	49.760	1,940.64	Federal Withholding	222.75			
26245 W Sylvan Meadow Drive										0.00	Social Security	123.40			
Channahon, IL 60410										0.00	Medicare	28.86			
Race/Sex: C/M											Add'l Medicare				
Chicago Reg Council of Carptr											IL- SIT	98.52			
Journeyman											Union Dues	79.62			
EEO:											1,990.40	553.15	1,437.25		
Check #: 949															
<b>Ruffino, Nicholas (jr) J. - 53464</b>															
xxx-xx-2753 M/EX: S/O Hourly	0.00	0.00	0.00	0.00	0.00	8.00	0.00	8.00	32.340	258.72	Federal Withholding	157.66			
1308 Covington Court										0.00	Social Security	72.18			
St. Charles, IL 60174										0.00	Medicare	16.88			
Race/Sex: C/M											Add'l Medicare				
Chicago Reg Council of Carptr											IL- SIT	57.63			
Apprentice Fourth Year											Union Dues	46.57			
EEO:											1,164.24	350.92	813.32		
Check #: 955															

# Certified Payroll Transcript

Period: 3/28/2021 - 4/3/2021

Job: College Of DuPage BIC Classroom Renovations

Contract: 620969 College Of DuPage BIC Classroom Renovations

										***** Weekly Totals ***** (Week Ending 4/3/21)		
Job Totals (Hours)	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total	Project Amounts	Total Gross	Deductions	Net Pay
Hourly	0.00	15.00	16.00	8.00	8.00	24.00	0.00	71.00	2,915.92	Federal Withholding	673.24	
							Other Taxable		0.00	Social Security	338.73	
							Other Non Taxable		0.00	Medicare	79.22	
							Project Total		2,915.92	Add'l Medicare		
										IL- SIT	268.18	
										Union Dues	218.55	
										5,463.67	1,577.92	3,885.65

Date 6/8/2021

I, Caitlin Balsitis Labor Coordinator  
(Name of Signatory Party) (Title)

do hereby state:

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

Consolidated Flooring of Chicago

(Contractor or Subcontractor)

on the

Job: 620969 College Of DuPage BIC Classroom Renovations ;

(Building or Work)

that during the payroll period commencing on the 28  
day of March, 2021, and ending the 3 day of  
April, 2021,

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

Consolidated Flooring of Chicago

(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 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(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  
Caitlin Balsitis  
Labor Coordinator

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.





STATE OF ILLINOIS

**FINAL WAIVER OF LIEN**

City #

COUNTY OF DuPage

Escrow #

TO WHOM IT MAY CONCERN:

WHEREAS the undersigned has been employed by KANDU CONSTRUCTION INC  
to furnish electrical workfor the premises known as College of DuPage  
of which College of DuPageTHE undersigned, for and in consideration of seventeen thousand eight hundred is the owner.(\$ 17,800.00) 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, heretofore furnished, or which may be furnished at any time hereafter, by the  
undersigned for the above-described premises, INCLUDING EXTRAS.\*DATE 6/4/21 COMPANY NAME Delta Electrical IndustriesADDRESS 5280 N Lawler Ave Chicago, IL 60630SIGNATURE AND TITLE [Signature] 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 DuPage

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 Boulevard, Glenn Ellyn, IL  
OWNED BY College of DuPageThat the total amount of the contract including extras\* is \$ 161,800.00 on which he or she has received payment of  
\$ 144,000.00 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 AND ADDRESSES	WHAT FOR	CONTRACT PRICE INCLUDING EXTRAS*	AMOUNT PAID	THIS PAYMENT	BALANCE DUE
Delta Electrical Industries	Electrical Work	161,800.00	144,000.00	17,800.00	0
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 6/4/21SIGNATURE: [Signature]SUBSCRIBED AND SWORN TO BEFORE ME THIS 4 DAY OF June 2021\*EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHANGE  
ORDERS, BOTH ORAL AND WRITTEN, TO THE CONTRACT.[Signature]  
NOTARY PUBLIC

F.3870 R5/96

Provided by Chicago Title Insurance Company

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

# Certified Transcript of Payroll

IDOL Case File Number: \_\_\_\_\_

Payroll Start: Apr 4, 2021

Payroll End: Apr 10, 2021

## Contractor and/or Subcontractor

## Public Body Information

Delta Electrical Industries (Company Name)		ADRIAN MAN (Contact Name)	
5280 N LAWRENCE AVE (Street Address)		CHICAGO (City)	
20090 (Project Number)	60630 (Zipcode)	312-693-0932 (Telephone Number)	IL (State)
425 22nd Street, GLEN ELYN, IL 60137 (Project Location)		COLLEGE OF DUPage (Public Body Name)	
425 22nd Street (Street Address)		GLEN ELYN (City)	
IL (State)	60137 (Zipcode)	630-942-2800 (Telephone Number)	(Contact Name)

## 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							Total Straight Time Hours	Total OT Hours	Hourly Wage Rate	OT Wage Rate	Per Pay Period		
	SUN	MON	TUE	WED	THR	FRI	SAT					Gross	Net	
Dumitru Moraru 4547 W Barry Ave, Chicago, IL SSN: xxx-xx-5773 TEL: 773-983-5596 Labor Classification <b>ELECTRICIAN</b>	PW				8	7		15		87			1,305	1,305
	N													
Labor Classification Hourly Fringe Benefit: Pension: <input type="text"/> Health/Welfare: <input type="text"/> Vacation: <input type="text"/> Training: <input type="text"/>	PW													
	N													
Labor Classification Hourly Fringe Benefit: Pension: <input type="text"/> Health/Welfare: <input type="text"/> Vacation: <input type="text"/> Training: <input type="text"/>	PW													
	N													
Labor Classification Hourly Fringe Benefit: Pension: <input type="text"/> Health/Welfare: <input type="text"/> Vacation: <input type="text"/> Training: <input type="text"/>	PW													
	N													

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

## Certified Transcript of Payroll



### AFFIDAVIT

Weekly Statement of Compliance

Date: May 3, 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 Classrooms Renovations ;

(name of project)  
that during the payroll period commencing on the

4 day of APR , 2021  
(day) (month) (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

Chicago IL 60630  
(City) (State) (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: \_\_\_\_\_

# Certified Transcript of Payroll

IDOL Case File Number: \_\_\_\_\_

Payroll Start: Apr 11, 2021

Payroll End: Apr 17, 2021

Contractor and/or Subcontractor

Public Body Information

Delta Electrical Industries (Company Name)		ADRIAN MAN (Contact Name)	
5280 N LAMAR AVE (Street Address)		CHICAGO (City)	
IL (State)	60630 (Zipcode)	312-693-0832 (Telephone Number)	
COLLEGE OF DU PAGE (Public Body Name)		(Contact Name)	
425 22nd Street (Street Address)		GLEN ELYN (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							Total Straight Time Hours	Total OT Hours	Hourly Wage Rate	OT Wage Rate	Per Pay Period Gross	Per Pay Period Net
	SUN	MON	TUE	WED	THR	FRI	SAT						
Dumitru Moraru 4547 W Barry Ave, Chicago, IL SSN: xxx-xx-5773 TEL: 773-983-5596	PW	7						7		87		609	609
	N												
Labor Classification ELECTRICIAN	Hourly Fringe Benefit: Pension: <input type="text"/> Health/Welfare: <input type="text"/> Vacation: <input type="text"/> Training: <input type="text"/>												
	PW												
	N												
Labor Classification 	Hourly Fringe Benefit: Pension: <input type="text"/> Health/Welfare: <input type="text"/> Vacation: <input type="text"/> Training: <input type="text"/>												
	PW												
	N												
Labor Classification 	Hourly Fringe Benefit: Pension: <input type="text"/> Health/Welfare: <input type="text"/> Vacation: <input type="text"/> Training: <input type="text"/>												

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



## Certified Transcript of Payroll

### AFFIDAVIT

Weekly Statement of Compliance

Date: May 3, 2021

I, Adrian Man  
(name signatory party)

President (Title), do

herby 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

11 day of APR, 2021  
(day) (month) (year)

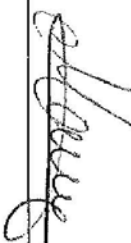
all persons employed on said project have been  
paid the full weekly wages earned; that no rebates  
have been or will be made either directly or  
indirectly to or on behalf of said

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

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:





# Certified Transcript of Payroll

IDOL Case File Number:

Payroll Start: Apr 18, 2021

Payroll End: Apr 24, 2021

Contractor and/or Subcontractor

Public Body Information

Delta Electrical Industries (Company Name)		ADRIAN MAN (Contact Name)	
5282 N LAWRENCE AVE (Street Address)		CHICAGO (City)	
IL 60630 (State) (Zipcode)		425 22nd Street (Street Address)	
312-553-0832 (Telephone Number)		GLEN ELYN (City)	
IL (State)		60137 (Zipcode)	
930-942-2800 (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	SUN	MON	TUE	WED	THR	FRI	SAT	Total Straight Time Hours	Total OT Hours	Hourly Wage Rate	OT Wage Rate	Per Pay Period Gross	Per Pay Period Net
Dunitru Moraru 4547 W Barry Ave, Chicago, IL SSN xxx-xx-5773 TEL: 773-983-5596			7					7		87		609	609
Labor Classification: <b>ELECTRICIAN</b> Hourly Fringe Benefit: Pension: <input type="text"/> Health/Welfare: <input type="text"/> Vacation: <input type="text"/> Training: <input type="text"/>													
Labor Classification: Hourly Fringe Benefit: Pension: <input type="text"/> Health/Welfare: <input type="text"/> Vacation: <input type="text"/> Training: <input type="text"/>													
Labor Classification: Hourly Fringe Benefit: Pension: <input type="text"/> Health/Welfare: <input type="text"/> Vacation: <input type="text"/> Training: <input type="text"/>													

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 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

# Certified Transcript of Payroll



## AFFIDAVIT

Weekly Statement of Compliance

Date: May 3, 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 Classrooms Renovations;

(name of project)

that during the payroll period commencing on the

18 day of APR, 2021

(day)

(month)

(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

Chicago

(City)

(State)

(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

## FINAL WAIVER OF LIEN

} SS

Escrow:

COUNTY OF KANE  
TO WHOM IT MAY CONCERN:WHEREAS the undersigned has been employed by KANDU CONSTRUCTION INC.to furnish Fire Protection / Sprinkler Workfor the premises known as BIC CLASSROOM RENOVATION COLLEGE OF DUPAGEof which COLLEGE OF DUPAGEthe undersigned for and in consideration of FOURTEEN THOUSAND SEVEN HUNDRED SIXTY DOLLARS is the owner.  
\$14,760.00 NO/100Dollars, 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 heretofore furnished, or which may be furnished at any time hereafter, by the  
undersigned for the above-described premises, INCLUDING EXTRAS. \*

Given under

my

hand

and seal

this

29TH

day of

MARCH 2021

Signature and seal:

A & A SPRINKLER CO., INC. 782 CHURCH ROAD ELGIN, IL 60123

Robert L. Werner Corp. Sec./MGR

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

STATE OF Illinois

} SS

## CONTRACTOR'S AFFIDAVIT

COUNTY OF KANE

TO WHOM IT MAY CONCERN:

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 Workbuilding located at 425 22nd STREET GLEN ELLYN, IL work on theowned by COLLEGE OF DUPAGEThat the total amount of the contract including extras\* is \$18,000.00 on which he has received payment of  
\$3,240.00 prior to this payment. That all waivers are true, correct and genuine and delivered unconditionally andthat 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	3,240.00	14,760.00	0.00
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	3,240.00	14,760.00	0.00

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

26th

day of

MAY

2021

Signature:

A & A SPRINKLER CO., INC.

26th

day of

MAY

Robert L. Werner Corp. Sec./MGR

Subscribed and sworn to before me this

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

Signature:

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