

**AMENDED
AGENDA**

AGENDA - City Council Meeting - December 16, 2024

7:00P.M. Regular Council Meeting

Invocation
Pledge of Allegiance
Roll Call

OMNIBUS VOTE DESIGNATION - Approve:

Minutes of the Public Hearing- Building Codes held on December 2, 2024

Minutes of the Public Hearing- Wasson Annexation held on December 2, 2024

Minutes of the Regular meeting held December 2, 2024

Recognition - Detective Nicholas Todd, TPD and Detective Tony Telford, CCSO

Ordinance-Adding Subparagraph to Section 8-4-9 of Chapter 4 of Title 8 of the Taylorville City Code (re: 4-year water rate increase for Lake Restoration Fund).

Ordinance -Amending Section 8-5-6- A.2. of the Taylorville City Code (re: increasing wastewater volume charges).

Ordinance-Amending Sections 10-9-1 and 9-1-1 J.5.b of the Taylorville City Code (Re: Building permits for certain detached accessory buildings)

Ordinance - Adding a Subparagraph to Section 6-4-6 of Chapter 4 of Title 6 of the City Code (re: adding no left turn into Circle Drive).

Ordinance - Making the Annual Tax Levy for Corporate Purposes for the Fiscal Year Commencing on May 1, 2024 and Ending on April 30, 2025, For the City of Taylorville, Illinois.

Motion to recommend to the City Council to authorize and direct the Mayor to Pay Partial Payment Application #2 from Plocher Construction Company in the amount of \$40,050.00 for work performed on the Well Building Improvements project, this conditioned on the receipt of signed mechanics lien waivers in this amount, certified payroll records and as recommended by the Project Engineer that has been satisfactorily performed.

Motion to recommend to the City Council to authorize and direct the Mayor to Pay Partial Payment Application #4 from E.L. Pruitt in the amount of \$173,305.36 for work performed on the Springfield Rd/Rte 29 Water Main Improvements project, this conditioned on the receipt of signed mechanics lien waivers in this amount, certified payroll records and as recommended by the Project Engineer that has been satisfactorily performed.

Motion to recommend to the City Council to accept the low bid from Burdick Plumbing and Heating, Co., in the amount of \$598,500.00 for the Southwest Booster Pump Station Replacement and authorize and direct the Mayor to sign and issue the Notice of Award as recommended by the Project Engineer.

Motion to recommend to the City Council to accept/award the bid received for the period of January 1, 2025 through December 31, 2025:

- Chemical Bid for Powdered Activated Carbon Brenntag Mid-South in the amount of \$1.346/lb.

Motion to accept and direct the Mayor to sign the Illinois Department of Transportation Motor Fuel Tax Maintenance Agreement in the amount of \$668,202.00 as presented by Benton & Associates.

Motion to Approve Superintendents Salaries.

Motion to recommend to the City Council to authorize and direct the Mayor to Sign the Certificate of Payment Application to Phil Tullis Excavating, Inc. in the amount of \$156,914.30 for the Poplar Street Improvements project, this conditioned on the receipt of signed mechanics lien waivers in this amount, certified payroll records and as recommended by the Project Engineer that has been satisfactorily performed.

Motion to recommend to the City Council to authorize and direct the Mayor to sign the Contract Change Order in the amount of \$122,665.00 to Phil Tullis Excavating, Inc. in reference to the Poplar Street Improvements project, this conditioned on the receipt of signed mechanics lien waivers in this amount, certified payroll records and as recommended by the Project Engineer that has been satisfactorily performed.

City Attorney Updates

Mayor Updates


Motion to Approve and/or ratify payment of bills \$532,546.33.

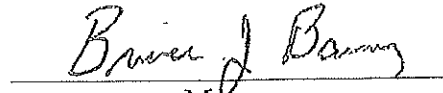
- o Per subparagraph (g) of 5 ILCS 120/2.06, this portion of the City Council Meeting is reserved for any person wishing to address the Council on any relevant subject matters concerning the City. The Illinois Open Meetings Act (5 ILCS 120/1 et seq.) mandates NO action shall be taken on subject matters not listed on the agenda, but the Council may direct staff to address the topic or refer the subject matter to a future Council and/or Committee Meeting. If anyone wishes to address the Council, please provide your name and address, limit your comments or presentation to three (3) minutes, and avoid repetitious comments. Thank you.

ADJOURNMENT

cc:	Mayor Barry	Breeze Courier
	All Aldermen	Herald & Review
	Attorney Romano	WTIM
	Valerie Miles	WICS
	Traci Bentley	WAND
	Andy Goodall	State Journal Register
	Matt Adermann	Chamber of Commerce
	Dwayne Wheeler	Main Street Inc.
	Geoffrey Ortman	NewWave Communications
	Mike Mann	WCFN
	Mike Tennant	NickZepin
	Reggie Benton	Damon Moore
		Wesley Withrow

A Public Hearing held in the Council Chambers by the City Council, December 2, 2024, the following proceedings were held and entered in this record in the following words and figures to wit:


City Clerk


Mayor

The Mayor called the meeting to order at 6:50 P.M.

Roll Call - Aldermen Brown, Dorchinecz, Driskell, Mitchelson, Olive and Wilson were present. Alderman Bryant was absent.

Mayor Barry, City Clerk Jolynne Richardson, Attorney Romano, Geoffrey Ortman, Andy Goodall, Lisa Sassatelli, Jim Morris, Lucas Rexroad, Steve Dennis, Tim McCardle, Lori & Brian Lynch, and Keith Boston were also in attendance.

Mayor Barry announced that the purpose of the Public Hearing was to consider an Ordinance making an amendment to the Zoning Ordinance of the City of Taylorville, Illinois by amending Section 10-9-1 of Chapter 9 to Title 10 of the City Code relating to building permits for certain detached buildings.

The Mayor asked if there were any written responses to any City Officials and there were none. He asked if anyone from the public would like to address the Council, no one present spoke.

Attorney Romano advised that although this did get approved with the Board of Appeals that the Plan Commission will need to vote and then this may go straight to City Council on December 16, 2024 for approval. The Mayor announced he will speak with the Plan Commission and we will place this on the Agenda for December 16, 2024.

The Public Hearing adjourned at 6:49 P.M.

A Public Hearing held in the Council Chambers by the City Council, December 2, 2024, the following proceedings were held and entered in this record in the following words and figures to wit:

Jolynne Richardson

City Clerk

Barry J. Barry

Mayor

The Mayor called the meeting to order at 6:50 P.M.

Roll Call - Aldermen Brown, Dorchinecz, Driskell, Mitchelson, Olive and Wilson were present.
Alderman Bryant was absent.

Alderman Bryant was in attendance at 6:51 P.M.

Mayor Barry, City Clerk Jolynne Richardson, Attorney Romano, Geoffrey Ortman, Andy Goodall, Lisa Sassatelli, Jim Morris, Lucas Rexroad, Steve Dennis, Tim McCardle, Lori & Brian Lynch, and Keith Boston were also in attendance.

Mayor Barry announced that the purpose of the Public Hearing was to consider the proposed Annexation Agreement with Jerry E. Wasson and Shirley M. Wasson, Lot #1 Beechwood, Taylorville, Illinois. (PIN 08-14-30-210-001-00)

The Mayor asked if there were any written responses to any City Officials and there were none. He asked if anyone from the public would like to address the Council, no one present spoke.

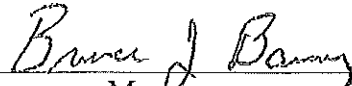
Attorney Romano advised this is a 20 year annexation and will need reviewed at that time.

The Public Hearing adjourned at 6:54 P.M.

At the regular meeting held in the Council Chambers by the City Council, December 2, 2024, the following proceedings were held and entered in this record in the following words and figures to wit:



City Clerk



Mayor

The Mayor called the meeting to order at 7:00 P.M.

The Invocation was given by Mayor Barry. Mayor Barry led the Council and assembled the group in the Pledge of Allegiance.

Roll Call - Aldermen Brown, Bryant, Dorchinecz, Driskell, Mitchelson, Olive, Skultety, and Wilson were present.

APPROVAL OF MINUTES

Motion by Alderman Dorchinecz and seconded by Alderman Brown to utilize the Omnibus Vote Designation for Various Meetings as listed below. Roll Call - Aldermen Brown, Bryant, Dorchinecz, Driskell, Mitchelson, Olive, Skultety and Wilson voted YEA. The Mayor announced the motion carried 8-0.

Motion by Alderman Bryant and seconded by Alderman Olive to approve the Regular Meeting held November 18, 2024, the Ordinance Committee Meeting held November 21, 2024, the Finance Committee Meeting held November 21, 2024 and the Simultaneous Filing Lottery held November 25, 2024. Roll Call - Aldermen Brown, Bryant, Dorchinecz, Driskell, Mitchelson, Olive, Skultety and Wilson voted YEA. The Mayor announced the motion carried 8-0.

Motion by Alderman Bryant and seconded by Alderman Olive to approve the agreement with Simec-Reg Ankrón. Roll Call - Aldermen Brown, Bryant, Dorchinecz, Driskell, Mitchelson, Olive, Skultety and Wilson voted YEA. The Mayor announced the motion carried 8-0.

ORDINANCE #4280- AUTHORIZING THE CITY OF TAYLORVILLE TO ENTER INTO A CERTAIN ANNEXATION AGREEMENT PURSUANT TO 65 ILCS 5/11.15.1ET SEQ. (RE: JERRY E. WASSON AND SHIRLEY WASSON PROPERTY).

Motion by Alderman Skultety and seconded by Alderman Dorchinecz to Authorize the City of Taylorville to enter into a certain Annexation Agreement (Jerry E. Wasson and Shirley Wasson) pursuant to 65 ILCS 5/11.15.1ET SEQ. Roll Call - Aldermen Brown, Bryant, Dorchinecz, Driskell, Mitchelson, Olive, Skultety, Wilson and Mayor Barry voted YEA. The Mayor announced the motion carried 9-0.

ORDINANCE #4281- AUTHORIZING THE FIRST AMENDMENT TO THE BUSINESS DISTRICT AGREEMENT BY AND BETWEEN THE CITY OF TAYLORVILLE AND DAVID BRUMMER (137 E. MAIN CROSS).

Motion by Alderman Skultety and seconded by Alderman Bryant to Approve and Authorize the Execution of the First Amendment to the Business District Agreement by and between the City of Taylorville and David Brummer (137 E. Main Cross. Roll Call - Aldermen Brown, Bryant, Dorchinecz, Driskell, Mitchelson, Olive, Skultety, Wilson and Mayor Barry voted YEA. The Mayor announced the motion carried 9-0.

ORDINANCE #4282- AUTHORIZING THE FIRST AMENDMENT TO THE BUSINESS DISTRICT AGREEMENT BY AND BETWEEN THE CITY OF TAYLORVILLE AND MARILYN SPILLMAN (104 S. MAIN ST).

Motion by Alderman Skultety and seconded by Alderman Bryant to Approve and Authorize the Execution of the First Amendment to the Business District Agreement by and between the City of Taylorville and Marilyn Spillman (104 S. Main Street). Roll Call - Aldermen Brown, Bryant, Dorchinecz, Driskell, Mitchelson, Olive, Skultety, Wilson and Mayor Barry voted YEA. The Mayor announced the motion carried 9-0.

ORDINANCE #4279- AMENDING SECTION 9-2-1 OF CHAPTER 2 OF TITLE 9 OF THE TAYLORVILLE CITY CODE (RE: CODES ADOPTED).

Motion by Alderman Skultety and seconded by Alderman Brown to Approve and Amend Section 9-2-1 of Chapter 2 of Title 9 of the Taylorville City Code (re: Codes Adopted). Roll Call - Aldermen Brown, Bryant, Dorchinecz, Driskell, Mitchelson, Olive, Skultety, Wilson and Mayor Barry voted YEA. The Mayor announced the motion carried 9-0.

ORDINANCE #4283 - APPROVING AND AUTHORIZING THE ANNUAL ABATEMENT ORDINANCE.

Motion by Alderman Driskell and seconded by Alderman Skultety to Approve and Authorize the Annual Abatement Ordinance. Roll Call - Aldermen Brown, Bryant, Dorchinecz, Driskell, Mitchelson, Olive, Skultety, Wilson and Mayor Barry voted YEA. The Mayor announced the motion carried 9-0.

RESOLUTION #1509 - APPROVING AND AUTHORIZING EXECUTION OF EASEMENT AGREEMENTS, ETC. (RE: SAFE ROUTES TO SCHOOL PUBLIC SIDEWALK PROJECT).

Motion by Alderman Wilson and seconded by Alderman Brown to Approve and Authorize the Execution of Easement Agreements, ETC. (re: Safe Routes to School public sidewalk project). Roll Call - Aldermen Brown, Bryant, Dorchinecz, Driskell, Mitchelson, Olive, Skultety, Wilson and Mayor Barry voted YEA. The Mayor announced the motion carried 9-0.

MOTION TO APPROVE THE MAYOR'S APPOINTMENT OF SOPHIE ROBINSON TO THE LIBRARY BOARD

Motion by Alderman Wilson and seconded by Alderman Brown to Approve the Appointment of Sophie Robinson to the Library Board. Roll Call - Aldermen Brown, Bryant, Dorchinecz, Driskell, Mitchelson, Olive, Skultety, and Wilson voted YEA. The Mayor announced the motion carried 8-0.

MOTION TO AUTHORIZE AND DIRECT THE MAYOR TO SIGN THE REVISED STANDARD AGREEMENT FOR CONSULTANT SERVICES AT ILLINOIS AIRPORTS FOR ARCHITECTURAL/ENGINEERING.

Motion by Alderman Brown and seconded by Alderman Skultety to Authorize and Direct the Mayor to sign the revised Standard Agreement for Consultant Services at Illinois Airports for Architectural/Engineering (A/E), Planning and Special Services with an amount not to exceed \$97,700.00 plus a Special Services Fee not to exceed \$6,200.00. Roll Call - Aldermen Brown, Bryant, Dorchinecz, Driskell, Mitchelson, Olive, Skultety, and Wilson voted YEA. The Mayor announced the motion carried 8-0.

MOTION TO APPROVE A CIGARETTE/TOBACCO LICENSE FOR VAPE CLUB, INC. (119 W. PARK ST)

Motion to Approve a Cigarette/Tobacco License for Vape Club, Inc. did not receive a motion from the City Council. The Mayor announced the Motion is Void.

City Attorney Romano gave updates.

Mayor Barry gave updates and commended the Street Department for salting the roads and the Police Department for the recent drug bust. He announced the Christmas Parade will begin at 5 p.m. on Saturday.

COMMITTEE REPORTS

ORDINANCE

Motion by Alderman Skultety and seconded by Alderman Bryant to direct the City Attorney to prepare an Ordinance for North School stating no left turn into the Circle Drive from the hours of 7:00 to 9:00 am and 2:00 to 4:00 pm while school is in session. Roll Call - Aldermen Brown, Bryant, Dorchinecz, Driskell, Mitchelson, Olive, Skultety, and Wilson voted YEA. The Mayor announced the motion carried 8-0.

Motion by Alderman Skultety and seconded by Alderman Bryant to accept the Sewer Rate Proposal from Benton & Associates as presented and to direct the City Clerk to amend the current Ordinance to reflect the changes of \$0.004 Sewer Rate increase per gallon to begin January 2025 with a .00025 per gallon increase per year for the next four years. Roll Call - Aldermen Brown, Bryant, Dorchinecz, Olive, Skultety, and Wilson voted YEA. Alderman Driskell voted NAY. Alderman Mitchelson voted to ABSTAIN. The Mayor announced the motion carried 6-1.

Motion by Alderman Skultety and seconded by Alderman Bryant to approve the Water Rate Increase Proposal as presented by Superintendent Brune, and for all revenue generated from the increase to be earmarked for the Lake Restoration Fund, and to direct the City Attorney to prepare an Ordinance mirroring the Sewer Rate Increase Ordinance of \$0.0005 per gallon with a rate cap of \$200.00 per month for high users beginning January 2025. Roll Call - Aldermen Brown, Bryant, Dorchinecz, Mitchelson, Olive, Skultety, and Wilson voted YEA. Alderman Driskell voted NAY. The Mayor announced the motion carried 7-1.

FINANCE

Motion by Alderman Mitchelson and seconded by Alderman Bryant to approve the Insurance Proposal for the City of Taylorville from Dimond Brothers Insurance. Roll Call - Aldermen Brown, Bryant, Dorchinecz, Driskell, Mitchelson, Olive, Skultety, and Wilson voted YEA. The Mayor announced the motion carried 8-0.

Motion by Alderman Mitchelson and seconded by Alderman Wilson to approve the repair of the Market Street Lift Station Pump from Vandevanter Engineering at a cost not to exceed \$5,500.00. This will be used as a backup pump. Roll Call - Aldermen Brown, Bryant, Dorchinecz, Driskell, Mitchelson, Olive, Skultety, and Wilson voted YEA. The Mayor announced the motion carried 8-0.

Motion by Alderman Mitchelson and seconded by Alderman Wilson to purchase a new pump for the Market Street Lift Station from Vandevanter Engineering at a cost not to exceed \$12,000.00. Roll Call - Aldermen Brown, Bryant, Dorchinecz, Driskell, Mitchelson, Olive, Skultety, and Wilson voted YEA. The Mayor announced the motion carried 8-0.

PAYMENT OF BILLS

Motion by Alderman Mitchelson and seconded by Alderman Bryant to authorize the payment of bills in the amount of \$604,469.86. Roll Call - Aldermen Brown, Bryant, Dorchinecz, Driskell, Mitchelson, Olive, Skultety and Wilson voted YEA. The Mayor announced the motion carried 8-0.

BUSINESS FROM THE PUBLIC

The Mayor asked if anyone wished to address the Council. Marwan Abdu Mohamed (119 W. Park St Ste A) addressed the Council questioning as to why the Tobacco/Vape License for 119 W. Park Street was voted as Void. He advised he has obtained a State of Illinois License and has been the Manager of the Crown Vape N Tobacco, Inc. for two years and has employees that did not follow the rules. He also stated he will be buying the business from his father and would like to move his family here. Alderman Mitchelson advised that until the current court case is settled against Crown Vape Inc. he did not feel a license should be issued.

Motion by Alderman Bryant and seconded by Alderman Brown to adjourn. The Mayor announced the motion carried 8-0.

The meeting adjourned at 7:23 P.M.

CITY OF TAYLORVILLE

ORDINANCE NO. _____

**AN ORDINANCE ADDING SUBPARAGRAPH C
TO SECTION 8-4-9 OF CHAPTER 4 OF
TITLE 8 OF TAYLORVILLE CITY CODE
(re: 4-year water rate increase for Lake Restoration Fund)**

**ADOPTED BY THE
CITY COUNCIL
OF THE
CITY OF TAYLORVILLE
THIS 16th DAY OF DECEMBER 2024**

**PUBLISHED IN PAMPHLET FORM BY AUTHORITY
OF THE CITY COUNCIL OF THE CITY OF
TAYLORVILLE, CHRISTIAN COUNTY, ILLINOIS
THIS 17th DAY OF DECEMBER 2024**

CITY OF TAYLORVILLE

ORDINANCE NO. _____

AN ORDINANCE ADDING SUBPARAGRAPH C
TO SECTION 8-4-9 OF CHAPTER 4 OF
TITLE 8 OF TAYLORVILLE CITY CODE
(re: 4-year water rate increase for Lake Restoration Fund)

NOW, THEREFORE, BE IT ORDAINED BY THE MAYOR AND CITY COUNCIL OF
THE CITY OF TAYLORVILLE, CHRISTIAN COUNTY, ILLINOIS, AS FOLLOWS:

Section 1. The following subparagraph C. is hereby added to Section 8-4-9 of
Chapter 4 of Title 8 of the Taylorville City Code, and shall read as follows:

CHAPTER 4 WATER USE AND SERVICE

SECTION:

....

8-4-9: Water Rates

....

C. Water Rate Increase for Lake Restoration Fund:

1. Commencing January 1, 2025 and continuing until January 1, 2029, the water rates for each billing period for each industrial user and for each nonindustrial user and for each municipal user as set forth in subparagraph A. of Section 8-4-9 shall be increased by \$0.0005 per gallon; provided, however, such \$0.0005 per gallon water rate increase shall be capped at \$200 per month for each industrial user or nonindustrial user or municipal user who uses more than 400,000 gallons of water per month.

2. All revenue generated by such \$0.0005 per gallon water rate increase shall be earmarked for the Lake Restoration Fund.

Section 2. The provisions of all other City of Taylorville ordinances, to the extent that they duplicate, conflict with, or otherwise affect the validity hereof, shall be

disregarded, and otherwise, all provisions of all other existing City of Taylorville ordinances shall remain in full force and effect.

Section 3. If any section, clause, provision or portion of this Ordinance shall be held to be invalid or unconstitutional by any Court of competent jurisdiction, such holding shall not affect or otherwise impair any other section, clause, provision or portion of this Ordinance which is not, in or of itself, invalid or unconstitutional.

Section 4. This Ordinance shall be in full force and effect from and after its passage, approval and publication in pamphlet form as provided by law.

ON MOTION DULY MADE AND SECONDED and pursuant to roll call vote, the Ordinance was passed, approved, and adopted this 16th day of December 2024.

Attest:

Bruce Barry, Mayor

By:

Jolynne Richardson, City Clerk

(Municipal Seal)

Ayes: _____

Nays: _____

Absent: _____

FILED IN THE OFFICE OF THE CITY CLERK, CITY OF
TAYLORVILLE, ILLINOIS, ON THE 16th DAY OF DECEMBER 2024

PUBLISHED IN PAMPHLET FORM ON DECEMBER 17, 2024

CERTIFICATE

STATE OF ILLINOIS)
) SS.
COUNTY OF CHRISTIAN)

I, **Jolynne Richardson**, certify that I am the duly appointed and acting City Clerk of the City of Taylorville, Christian County, Illinois.

I further certify that on December 16, 2024 the Taylorville City Council passed approved Ordinance No. _____, entitled, "**AN ORDINANCE ADDING SUBPARAGRAPH C TO SECTION 8-4-9 OF CHAPTER 4 OF TITLE 8 OF TAYLORVILLE CITY CODE (re: 4-year water rate increase for Lake Restoration Fund)**", which provided by its terms that it should be published in pamphlet form.

The pamphlet form of Ordinance No. _____, including the Ordinance and a cover sheet thereof was prepared, and a copy of such Ordinance was posted in the City Hall, commencing on December 17, 2024, and continuing for at least ten days thereafter. Copies of such Ordinance were also available for public inspection upon request in the Office of the City Clerk.

Dated at Taylorville, Illinois, this 26th day of December 2024.

Jolynne Richardson, City Clerk

CITY OF TAYLORVILLE

ORDINANCE NO.

AN ORDINANCE AMENDING SECTION 8-5-6 A.2.
OF THE TAYLORVILLE CITY CODE
(re: increasing wastewater volume charges)

ADOPTED BY THE
CITY COUNCIL
OF THE
CITY OF TAYLORVILLE
THIS 16th DAY OF DECEMBER, 2024

PUBLISHED IN PAMPHLET FORM BY AUTHORITY
OF THE CITY COUNCIL OF THE CITY OF
TAYLORVILLE, CHRISTIAN COUNTY, ILLINOIS
THIS 17th DAY OF DECEMBER 2024..

CITY OF TAYLORVILLE

ORDINANCE NO.

AN ORDINANCE AMENDING SECTION 8-5-6 A.2.
OF THE TAYLORVILLE CITY CODE
(re: increasing wastewater volume charges)

NOW, THEREFORE, BE IT ORDAINED BY THE MAYOR AND CITY COUNCIL OF THE
CITY OF TAYLORVILLE, CHRISTIAN COUNTY, ILLINOIS, AS FOLLOWS:

Section 1: Subparagraphs A.2. of Section 8-5-6 of the Taylorville City Code is hereby
amended and shall now read as follows:

8-5-6: WASTEWATER SERVICE RATES AND CHARGES:

A. Rates And Charges Established: There are hereby established rates or charges for the use
of the sewer system of the City based upon the amount of water used, as shown by the water
metered as follows:

.....

2. Volume Charge: In addition to a service charge, each sewer user shall pay a volume charge
based on the volume of water used as shown by the water meter at the following rates:

- a. Commencing January 1, 2025: \$0.00400 per gallon of water; and
- b. Commencing January 1, 2026: \$0.00425 per gallon of water; and
- c. Commencing January 1, 2027: \$0.00450 per gallon of water; and
- d. Commencing January 1, 2028: \$0.00475 per gallon of water.

3. In the event of sewer users who do not purchase water from the City, the volume charge will
be based on metered water use, metered sewer use, or an estimate of sewer use as determined by
the Superintendent of Public Works and/or Superintendent of Streets and Sewers.

.....

Section 2. That the provisions of other City of Taylorville Ordinances, to the extent they
duplicate, conflict with or otherwise effect the validity hereof, shall be disregarded.

Section 3: That if any section, clause, provision or portion of this Ordinance shall be held to be
invalid or unconstitutional by any Court of competent jurisdiction, such holding shall not affect or otherwise

impair any other section, clause, provision or portion of this Ordinance which is not, in or of itself, invalid or unconstitutional.

Section 4: This Ordinance shall be effective upon its passage, approval, adoption, and publication in pamphlet form as provided by law.

ON MOTION DULY MADE AND SECONDED and pursuant to roll call vote, this Ordinance was passed, approved and adopted this 16th day of December, 2024, by at least a majority affirmative vote of the City Council.

Bruce Barry, Mayor

Attest:

Jolynne Richardosn, City Clerk

(Municipal Seal)

Ayes: _____

Nays: _____

Absent: _____

FILED IN THE OFFICE OF THE CITY CLERK, CITY OF
TAYLORVILLE, ON THIS 17th DAY OF
DECEMBER, 2024

PUBLISHED IN PAMPHLET FORM ON DECEMBER 17, 2024

CERTIFICATE

STATE OF ILLINOIS)
)
COUNTY OF CHRISTIAN) **SS.**

I, Jolynne Richardson, certify that I am the duly appointed and acting City Clerk of the City of Taylorville, Christian County, Illinois.

I further certify that on December 16, 2024, the City Council of said City passed and approved Ordinance No. ____, entitled "**AN ORDINANCE AMENDING SECTION 8-5-6 A.2. OF THE TAYLORVILLE CITY CODE (re: increasing wastewater volume charges)**".

The pamphlet form of Ordinance No ____, including the Ordinance and a cover sheet thereof was prepared, and a copy of such Ordinance was posted in the City Hall, commencing on December 17, 2024 and continuing for at least ten days thereafter. Copies of such Ordinance were also available for public inspection upon request in the Office of the City Clerk.

Dated at Taylorville, Illinois this 30th day of December 2024

Jolynne Richardson, City Clerk

(Municipal Seal)

CITY OF TAYLORVILLE

ORDINANCE NO. _____

AN ORDINANCE AMENDING SECTIONS 10-9-1
AND 9-1-1 J.5.b OF THE TAYLORVILLE CITY CODE
(re: building permits for certain detached accessory buildings)

ADOPTED BY THE
CITY COUNCIL
OF THE
CITY OF TAYLORVILLE
THIS 2ND DAY OF DECEMBER 2024.

PUBLISHED IN PAMPHLET FORM BY AUTHORITY
OF THE CITY COUNCIL OF THE CITY OF
TAYLORVILLE, CHRISTIAN COUNTY, ILLINOIS
THIS 3RD DAY OF DECEMBER 2024.

CITY OF TAYLORVILLE

ORDINANCE NO. _____

AN ORDINANCE AMENDING SECTIONS 10-9-7 A.
AND 9-1-1 J.5.b OF THE TAYLORVILLE CITY CODE
(re: building permits for certain detached accessory buildings)

WHEREAS, the Mayor and City Council did cause to be held a public hearing before the Plan Commission regarding the amendment to Section 10-9-1 set forth herein; and

WHEREAS, Public Notice of such public hearing was published, not more than 30 days nor less than 15 days before such public hearing, in the Breeze-Courier, a newspaper published in the City; and

WHEREAS, the Plan Commission by at least a majority affirmative vote approved the amendment set forth herein; and

WHEREAS, no written protests to such amendments have been filed with the City Clerk or if any written protests to such amendment have been filed, they have been considered by the Plan Commission and/or by the City Council; and

WHEREAS, all necessary legal requirements have been met to adopt this ordinance in accordance with the statutes of the State of Illinois, and the Taylorville City Code; and

WHEREAS, it is in the best interests of the City of Taylorville that said amendment be adopted.

NOW, THEREFORE, BE IT ORDAINED BY THE MAYOR AND CITY COUNCIL OF THE CITY OF TAYLORVILLE, CHRISTIAN COUNTY, ILLINOIS, AS FOLLOWS:

Section 1: In accordance with the applicable provisions of the Taylorville City Code, including, but not limited to, Section 10-9-6, Section 10-9-1 of the Taylorville City Code is hereby amended and shall now read as follows:

10-9-1: ZONING ENFORCING OFFICER:

This Title shall be administered and enforced by the Zoning Officer who shall be appointed by the Mayor and the City Council's concurrence.

- A. In addition to the powers stated in the Taylorville City Code, the Zoning Board of Appeals has jurisdiction and power to approve building permits for the location of detached accessory enclosed storage buildings or open carports in accordance with subparagraph 5 of paragraph J. of Section 9-1-1 of the Taylorville City Code.

Section 2: Subparagraph 5.b. of paragraph J. of Section 9-1-1 of the Taylorville City Code is hereby amended and shall now read as follows:

9-1-1: BUILDING PERMITS:

J. Accessory Buildings:

5. Notwithstanding the above subparagraphs J. 2. and J. 3. of this paragraph J to the contrary, the Zoning Board of Appeals may from time to time approve an applicant's request for a building permit to locate (on the applicant's single platted parcel, lot, or tract of real estate) a detached accessory one-story enclosed storage building or an open one-story carport (for parking of one or two motor vehicle(s) only) under the following circumstances:

b. Said storage building or said carport does not exceed a side wall height (with or without a solid wall) of eleven feet (11') and does not exceed a total floor space of seven hundred twenty (720) square feet with a maximum height of eighteen feet (18') on a permanent foundation; and

Section 3. That the provisions of other City of Taylorville Ordinances, to the extent they duplicate, conflict with or otherwise effect the validity hereof, shall be disregarded.

Section 4: That if any section, clause, provision or portion of this Ordinance shall be held to be invalid or unconstitutional by any Court of competent jurisdiction, such holding shall not affect or otherwise impair any other section, clause, provision or portion of this Ordinance which is not, in or of itself, invalid or unconstitutional.

Section 5: This Ordinance shall be effective upon its passage, approval, adoption, and publication in pamphlet form as provided by law.

ON MOTION DULY MADE AND SECONDED and pursuant to roll call vote, this Ordinance was passed, approved and adopted on December 2, 2024, by at least a majority affirmative vote of the City Council.

Bruce Barry, Mayor

Attest:

Jolynne Richardson, City Clerk

(Municipal Seal)

Ayes: _____

Nays: _____

Absent: _____

FILED IN THE OFFICE OF THE CITY CLERK, CITY OF
TAYLORVILLE, ON DECEMBER 2, 2024.

PUBLISHED IN PAMPHLET FORM ON DECEMBER 3, 2024.

CERTIFICATE

STATE OF ILLINOIS)
)
COUNTY OF CHRISTIAN) SS.

I, Jolynne Richardson, certify that I am the duly appointed and acting City Clerk of the City of Taylorville, Christian County, Illinois.

I further certify that on December 2, 2024, the City Council of said City passed and approved Ordinance No. _____, entitled "AN ORDINANCE AMENDING SECTIONS 10-9-1 AND 9-1-1 J.5.b OF THE TAYLORVILLE CITY CODE (re: building permits for certain detached accessory buildings)".

The pamphlet form of Ordinance No. _____, including the Ordinance and a cover sheet thereof was prepared, and a copy of such Ordinance was posted in the City Hall, commencing on December 3, 2024, and continuing for at least ten days thereafter. Copies of such Ordinance were also available for public inspection upon request in the Office of the City Clerk.

Dated at Taylorville, Illinois on December 16, 2024.

Jolynne Richardson, City Clerk

(Municipal Seal)

CITY OF TAYLORVILLE

ORDINANCE NO. _____

**AN ORDINANCE ADDING SUBPARAGRAPH C
TO SECTION 6-4-6 OF CHAPTER 4 OF
TITLE 6 OF TAYLORVILLE CITY CODE
(re: adding no left turn into Circle Drive)**

**ADOPTED BY THE
CITY COUNCIL
OF THE
CITY OF TAYLORVILLE
THIS 16th DAY OF DECEMBER 2024**

**PUBLISHED IN PAMPHLET FORM BY AUTHORITY
OF THE CITY COUNCIL OF THE CITY OF
TAYLORVILLE, CHRISTIAN COUNTY, ILLINOIS
THIS 17th DAY OF DECEMBER 2024**

CITY OF TAYLORVILLE

ORDINANCE NO. _____

AN ORDINANCE ADDING SUBPARAGRAPH C
TO SECTION 6-4-6 OF CHAPTER 4 OF
TITLE 6 OF TAYLORVILLE CITY CODE
(re: adding no left turn into Circle Drive)

NOW, THEREFORE, BE IT ORDAINED BY THE MAYOR AND CITY COUNCIL OF
THE CITY OF TAYLORVILLE, CHRISTIAN COUNTY, ILLINOIS, AS FOLLOWS:

Section 1. The following subparagraph C. is hereby added to Section 6-4-6 of
Chapter 4 of Title 6 of the Taylorville City Code, and shall read as follows:

CHAPTER 4 TRAFFIC SCHEDULES

SECTION:

....

6-4-6: No Turns

....

C. There shall be no left turns into Circle Drive from 7:00 a.m. to 9:00 a.m. and from
2:00 p.m. to 4:00 p.m. on days when school is in session.

Section 2. Appropriate signage designating the aforesaid no left turn prohibition
shall be placed or erected from time to time by the order of the Chief of Police or his
authorized representative.

Section 3. The provisions of all other City of Taylorville ordinances, to the extent
that they duplicate, conflict with, or otherwise affect the validity hereof, shall be
disregarded, and otherwise, all provisions of all other existing City of Taylorville
ordinances shall remain in full force and effect.

Section 4. If any section, clause, provision or portion of this Ordinance shall be held to be invalid or unconstitutional by any Court of competent jurisdiction, such holding shall not affect or otherwise impair any other section, clause, provision or portion of this Ordinance which is not, in or of itself, invalid or unconstitutional.

Section 5. This Ordinance shall be in full force and effect from and after its passage, approval and publication in pamphlet form as provided by law.

ON MOTION DULY MADE AND SECONDED and pursuant to roll call vote, the Ordinance was passed, approved, and adopted this 16th day of December 2024.

Attest: _____
Bruce Barry, Mayor

By: _____
Jolynne Richardson, City Clerk

(Municipal Seal)

Ayes: _____

Nays: _____

Absent: _____

FILED IN THE OFFICE OF THE CITY CLERK, CITY OF
TAYLORVILLE, ILLINOIS, ON THE 16th DAY OF
DECEMBER 2024

PUBLISHED IN PAMPHLET FORM ON DECEMBER 17, 2024

CERTIFICATE

STATE OF ILLINOIS)
) SS.
COUNTY OF CHRISTIAN)

I, **Jolynne Richardson**, certify that I am the duly appointed and acting City Clerk of the City of Taylorville, Christian County, Illinois.

I further certify that on December 16, 2024 the Taylorville City Council passed approved Ordinance No. _____, entitled, "**AN ORDINANCE ADDING SUBPARAGRAPH C TO SECTION 6-4-6 OF CHAPTER 4 OF TITLE 6 OF TAYLORVILLE CITY CODE (re: adding no left turn into Circle Drive)**", which provided by its terms that it should be published in pamphlet form.

The pamphlet form of Ordinance No. _____, including the Ordinance and a cover sheet thereof was prepared, and a copy of such Ordinance was posted in the City Hall, commencing on December 17, 2024, and continuing for at least ten days thereafter. Copies of such Ordinance were also available for public inspection upon request in the Office of the City Clerk.

Dated at Taylorville, Illinois, this 26th day of December 2024.

Jolynne Richardson, City Clerk

CITY OF TAYLORVILLE

ORDINANCE NO. _____

**ORDINANCE MAKING THE ANNUAL TAX LEVY FOR
CORPORATE PURPOSES FOR THE FISCAL YEAR
COMMENCING ON May 1, 2024 AND ENDING
APRIL 30, 2025, FOR THE
CITY OF TAYLORVILLE, ILLINOIS**

**ADOPTED BY THE CITY COUNCIL
OF THE CITY OF TAYLORVILLE
THIS 16ND DAY OF DECEMBER, 2024**

CITY OF TAYLORVILLE
ORDINANCE NO.

ORDINANCE MAKING THE ANNUAL TAX LEVY FOR CORPORATE PURPOSES
FOR THE FISCAL YEAR COMMENCING ON MAY 1, 2024, AND ENDING
ON APRIL 30, 2025, FOR THE CITY OF TAYLORVILLE, ILLINOIS

WHEREAS, The City Council of the City of Taylorville in the County of Christian and the State of Illinois, did on the 16th day of July A.D. 2024 passed the Annual Appropriation Ordinance of said City for the fiscal year beginning May 1, 2024 and ending April 30, 2025, the amount of which is ascertained to be the aggregate sum of \$34,244,194.00, which said Annual Appropriation was duly published in pamphlet form on the 16th day of July, A.D. 2024; and

WHEREAS, more than 20 days prior to the adoption of this Ordinance the City Council of the City of Taylorville, Christian County Illinois, did on the 16th day of December, 2024, pass a Motion wherein they determined the amounts of money, exclusive of any portion of this levy attributed to the cost of conducting an election required by the general election law, estimated to be necessary to be raised by taxation for the aforesaid fiscal year upon the taxable property in its district, all in compliance with Section 4 of Public Act 82-102 known as the "Truth In Taxation Act"; and it has been determined that no Public Hearing is required pursuant to said "Truth In Taxation Act" incident to the adoption of this Tax Levy Ordinance;

NOW, THEREFORE, BE IT ORDAINED by the City Council of the City of Taylorville, Illinois:

SECTION 1: A tax for the following sums of money, or as much thereof as may be authorized by law, as may be needed, or deemed necessary to defray all expenses and liabilities of the City of Taylorville, Christian County, Illinois, be and the same is hereby levied for the corporate purposes and objects of said City, as hereinafter specified for the fiscal year beginning May 1, 2024, and ending April 30, 2025.

SECTION 2: The levies herein of amounts for the payments of unpaid bills or contract liabilities shall not be construed as an approval of any of said bills or contract liabilities by the City Council of Taylorville, Illinois, but shall be deemed only a provision of a fund for payment thereof when said bills have been properly vouchered, audited, and approved, or when any such purpose is approved and authorized by the said City Council.

SECTION 3: The sums of money levied for the objects and purposes previously set forth in the Appropriation Ordinance on file with the City Clerk of the City of Taylorville, Illinois and also on file with the Christian County Clerk, Taylorville, Illinois, is as follows:

General Fund

Administration	2024-2025 Appropriation	To Be Raised By Sources Other Than Taxation	Amount To Be Raised By Taxation
SALARIES (FULL TIME)	\$ 400,000.00		
SALARIES (BOARD & COMMISSIONS)	\$ 2,000.00		
SALARIES (ELECTED)	\$ 300,000.00		
EMPLOYEES INSURANCE	\$ 400,000.00		
HAS/HEALTH SAVINGS ACCOUNT	\$ 3,000.00		
ANNEXATION	\$ 3,000.00		
LEGAL SERVICE	\$ 250,000.00		
LEGAL SERVICE/ORDINANCE VIOLATION	\$ 25,000.00		
COMPUTER MAINTENANCE	\$ 180,000.00		
SOFTWARE SUPPORT/TRAINING	\$ 30,000.00		
OTHER PROFESSIONAL SERVICES	\$ 100,000.00		
TELEPHONE	\$ 35,000.00		
PUBLISHING & PRINTING	\$ 10,000.00		
TRAINING	\$ 15,000.00		
OFFICE SUPPLIES	\$ 25,000.00		
EQUIPMENT	\$ 20,000.00		
COMMUNITY RELATIONS	\$ 40,000.00		
MISCELLANEOUS CHARGES/EXPENSE	\$ 15,000.00		
CITY OFFICIALS EXPENSE	\$ 30,000.00		
SALES TAX REIMBURSEMENT	\$ 40,000.00		
LICENSE REIMBURSEMENT	\$ 2,000.00		
REAL ESTATE TAX REIMBURSEMENT	\$ 2,500.00		
EMERGENCY SERV ALT REV BONDS	\$ 230,000.00		
BOND PAYING AGENT FEES	\$ 10,000.00		
FIRE/POL/MUN 1.1M REF BOND	\$ 45,000.00		
DEMOLITION/CLEANUP	\$ 75,000.00		
CANNABIS DISPENSARY TAX TO LAKE RESTORATION			
TOTAL ADMINISTRATION	\$ 2,287,500.00	1,425,212.00	862,288.00

Total Levy to be raised by Taxation for General Corporate
(GENERAL FUND) purposes according to 65 ILCS 5/8-3-1
(State Bar Edition) \$ 862,288.00

MUNICIPAL BUILDING			
SALARIES (FULL TIME)	\$ 60,000.00		
EMPLOYEES INSURANCE	\$ 20,000.00		
MAINTENANCE SERVICE	\$ 10,000.00		
UTILITIES	\$ 28,000.00		

MAINTENANCE SUPPLIES				
JANITORIAL SUPPLIES	\$	7,000.00		
BUILDING	\$	50,000.00		
EQUIPMENT	\$	10,000.00		
LOAN PAYMENT				
MISCELLANEOUS CHARGES/EXPENSE	\$	2,000.00		
TOTAL MUNICIPAL BUILDING	\$	187,000.00	187,000.00	0.00

POLICE PROTECTION

SALARIES (FULL TIME)	\$	2,250,000.00		
SALARIES (DISPATCHERS)	\$	400,000.00		
SALARIES (SCHOOL GUARDS)	\$	12,500.00		
SALARIES (SAFE PASSAGE)	\$	23,000.00		
EMPLOYEES INSURANCE	\$	600,000.00		
HEALTH REIMBURSEMENT ACCOUNT				
UNIFORM ALLOWANCE	\$	25,000.00		
MAINTENANCE (EQUIPMENT)	\$	40,000.00		
MAINT AGREEMENT/SOFTWARE	\$	45,000.00		
YOUTH EDUCATION FUND				
TELEPHONE/DISPATCHING	\$	35,000.00		
TRAINING	\$	45,000.00		
OFFICE SUPPLIES	\$	35,000.00		
OPERATING SUPPLIES				
GASOLINE/OIL/VEHICLE EXPENSE	\$	60,000.00		
LOAN PAYMENT				
EQUIPMENT	\$	250,000.00		
COMMUNITY RELATION PROGRAMS	\$	10,000.00		
CASH EVIDENCE REFUND	\$	15,000.00		
K-9 EXPENSES	\$	12,000.00		
STATE FORFEITED FUNDS	\$	7,500.00		
ERT TEAM EXPENSES	\$	15,000.00		
EXPLORERS	\$	1,500.00		
MISCELLANEOUS CHARGES/EXPENSE	\$	8,000.00		
NATIONAL NIGHT OUT	\$	6,000.00		
TRIAD	\$	1,200.00		
DRUG FUND				
COURT FEE EXPENSES	\$	22,000.00		
TOTAL POLICE PROTECTION	\$	3,918,700.00	3,749,215.00	169,485.00

FOR POLICE PROTECTION

Amount Levied for expenses contained in Appropriation Ordinance for Police Protection from the proceeds of a Special Tax as provided by Law according to 65 ILCS 5/11-1-3 and 5/11-5.1
(State Bar Edition) \$157,485.00

FOR SCHOOL CROSSING GUARDS

Amount Levied for expenses contained in Appropriation

Ordinance for School Crossing Guards from the Proceeds of

a Special Tax as Provided by Law according to the 65 ILCS 5/11-80-23

(State Bar Edition) \$12,000.00

FIRE PROTECTION

SALARIES (FULL TIME)	\$	1,400,000.00		
EMPLOYEES INSURANCE	\$	400,000.00		
HEALTH REIMBURSEMENT ACCCOUNT				
TAYLORVILLE FIRE PROTECTION DISTRICT				
UNIFORM ALLOWANCE	\$	22,000.00		
MAINTENANCE (BUILDING)	\$	30,000.00		
MAINTENANCE (EQUIPMENT)	\$	50,000.00		
TELEPHONE				
TRAINING	\$	45,000.00		
CLASS MEALS (COMMUNITY FIRE PREVE	\$	1,000.00		
CHATHAM FD FEE (COMMUNITY FIRE PR	\$	3,000.00		
OFFICE SUPPLIES (COMMUNITY FIRE PRE	\$	750.00		
UTILITIES	\$	25,000.00		
OPERATING SUPPLIES	\$	21,000.00		
GASOLINE/OIL/VEHICLE EXPENSE	\$	18,000.00		
LOAN PAYMENTS				
EQUIPMENT	\$	140,000.00		
COMMUNITY RELATIONS	\$	6,000.00		
AMBULANCE SERVICE EXPENSE	\$	8,000.00		
MISCELLANEOUS CHARGES/EXPENSE	\$	3,000.00		
MISCELLANEOUS (COMMUNITY FIRE PRI	\$	5,000.00		
DIVE	\$	2,500.00		
TECHNICAL RESCUE	\$	2,000.00		
HAZARDOUS MATERIALS	\$	2,000.00		
FOREIGN FIRE TAX				
DISASTER RECOVERY				
FIREFIGHTER GRANT	\$	200,000.00		
TOTAL FIRE PROTECTION	\$	2,384,250.00	2,226,765.00	157,485.00

FOR FIRE PROTECTION

Amount Levied for expenses contained in Appropriation

Ordinance for Fire Protection from the Proceeds of

a Special Tax as Provided by Law according to 65 ILCS 5/11-7-14 and 5/11-7-3

(State Bar Edition) \$157,485.00

HOTEL/MOTEL TAX

AGENCY CONTRIBUTION	\$	26,000.00		
CITY TOURISM EXPENSE				
MISCELLANEOUS CHARGES/EXPENSE	\$	750.00		
REIMBURSE PLAYGROUND EQUIPMENT	\$	10,000.00		
TOTAL HOTEL/MOTEL TAX	\$	36,750.00	36,750.00	0.00

SAFETY COMMITTEE

PROGRAM EXPENSE	\$	6,000.00		
SAFETY GRANT EXPENSES	\$	35,000.00		
MEDICAL/EXAMS/VACCINES	\$	15,000.00		
DRUG TESTING/ALL DEPTS	\$	7,000.00		
MISCELLANEOUS CHARGES/EXPENSE				
TOTAL SAFETY COMMITTEE	\$	63,000.00	63,000.00	0.00

STREET

SALARIES (FULL TIME)	\$	900,000.00		
EMPLOYEES INSURANCE	\$	300,000.00		
HEALTH REIMBURSEMENT ACCOUNT				
MAINTENANCE (BUILDING)	\$	30,000.00		
MAINTENANCE (EQUIPMENT)	\$	175,000.00		
2% UTILITIES TAX-STREET CONSTRUCTION	\$	1,100,000.00		
2% UTILITIES TAX-VARIOUS PROJECTS	\$	600,000.00		
MAINTENANCE (PAVING/CURBS)	\$	220,000.00		
MAINTENANCE (TRAFFIC SIGNALS)	\$	35,000.00		
MAINTENANCE (SIDEWALKS)	\$	220,000.00		
MAINTENANCE (SPECIAL PROJECTS)	\$	275,000.00		
WALNUT STREET	\$	3,000.00		
ENGINEERING SERVICE	\$	175,000.00		
TRAINING	\$	12,000.00		
UTILITIES	\$	15,000.00		
STREET LIGHTING	\$	120,000.00		
MAINTENANCE SUPPLIES	\$	150,000.00		
GASOLINE/OIL/VEHICLE EXPENSE	\$	70,000.00		
LOAN PAYMENTS	\$	70,000.00		
EQUIPMENT	\$	120,000.00		
WEST MAIN CROSS FEDERAL GRANT	\$	2,500,000.00		
TRACTOR TRAILER LOAN PAYMENT				
SAFE ROUTE TO SCHOOL GRANT				
MISCELLANEOUS CHARGES/EXPENSE	\$	6,000.00		
TOTAL STREET	\$	7,096,000.00	7,096,000.00	0.00

HEALTH & SAFETY

SALARIES (FULL TIME)	\$	80,000.00		
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EMPLOYEES INSURANCE	\$	35,000.00		
HEALTH REIMBURSEMENT ACCOUNT				
CLOTHING ALLOWANCE	\$	500.00		
MAINTENANCE (EQUIPMENT)	\$	2,000.00		
OTHER PROFESSIONAL SERVICE	\$	25,000.00		
TELEPHONE	\$	300.00		
EDUCATION/TRAINING	\$	1,000.00		
OPERATING SUPPLIES	\$	1,500.00		
GASOLINE/OIL/VEHICLE EXPENSE	\$	5,000.00		
EQUIPMENT	\$	7,500.00		
MISCELLANEOUS CHARGES/EXPENSE	\$	1,000.00		
ANIMAL CONTROL	\$	15,000.00		
MOWING	\$	500.00		
TOTAL HEALTH & SAFETY	\$	174,300.00	174,300.00	0.00
CONTINGENCIES				
CONTINGENCIES	\$	500,000.00		
TOTAL CONTINGENCIES	\$	500,000.00	500,000.00	0.00
POLICE & FIRE COMMISSION				
MEDICAL/PSYCHOLOGICAL TESTING	\$	8,000.00		
LEGAL SERVICE	\$	1,500.00		
STUDY MATERIALS/BOOKS	\$	1,000.00		
TESTING	\$	1,000.00		
ADVERTISING, PROMOTION, PUBLISHING	\$	3,000.00		
SEMINAR/MEETING EXPENSE	\$	1,500.00		
CONTINGENCY				
MISCELLANEOUS CHARGES/EXPENSE	\$	1,500.00		
TOTAL POLICE & FIRE COMMISSION	\$	17,500.00	17,500.00	0.00
GARBAGE FUND				
CONTRACT SERVICES	\$	30,000.00		
GARBAGE PICKUP-STREET DEPT	\$	75,000.00		
GARBAGE PICKUP-LAKE DEPT	\$	15,000.00		
GARBAGE PICKUP-AIRPORT	\$	1,000.00		
GARBAGE PICKUP-MUNICIPAL BUILDING	\$	1,500.00		
GARBAGE PICKUP-CEMETARY	\$	1,500.00		
GARBAGE TAGS	\$	7,500.00		
CITY CLEAN-UP DAY	\$	10,000.00		
LANDFILL CHARGES				
TRANSFER STREET DEPT-GARBAGE				
DISASTER RECOVERY				
TOTAL GARBAGE FUND	\$	141,500.00	101,500.00	40,000.00

FOR COLLECTION AND DISPOSAL OF GARBAGE AND REFUSE

Total amount Levied for expenses contained in Appropriation Ordinance for Collection and Disposal of Garbage and Refuse from the Proceeds of a Special Tax as Provided by Law according to 65 ILCS 5/11-19-4 (State Bar Edition) \$ 40,000.00

MUNICIPAL BAND FUND

SALARIES	\$	30,000.00		
MAINTENANCE (EQUIPMENT)	\$	500.00		
CARTAGE FEES	\$	1,800.00		
SUPPLIES	\$	1,500.00		
EQUIPMENT	\$	1,500.00		
MISC EXPENSES	\$	710.00		
TOTAL MUNICIPAL BAND FUND	\$	36,010.00	6,010.00	30,000.00

FOR MUNICIPAL BAND

Amount Levied for the expdenses contained in Appropriation Ordinance for Municipal Band from the Proceeds of a Special Tax as Provided by Law according to 65 ILCS 5/11-45-1 (State Bar Edition) \$ 30,000.00

MOTOR FUEL TAX FUND

MOTOR FUEL MAINTENANCE				
ENGINEERING	\$	200,000.00		
REBUILD ILLINOIS	\$	766,000.00		
MAINTENANCE SUPPLIES	\$	532,000.00		
STREET PROJECTS	\$	1,166,000.00		
TOTAL MOTOR FUEL TAX FUND	\$	2,664,000.00	2,664,000.00	0.00

E.S.D.A.

MAINTENANCE (EQUIPMENT)	\$	15,000.00		
REIMB WARNING SIREN EXPENSE/UTILITI	\$	2,750.00		
SUPPLIES	\$	2,000.00		
SEMINAR/MEETING EXPENSE	\$	1,750.00		
EQUIPMENT	\$	15,000.00		
GRANT DISBURSEMENT	\$	10,000.00		
MISCELLANEOUS CHARGES/EXPENSE	\$	500.00		
TOTAL E.S.D.A.	\$	47,000.00	35,000.00	12,000.00

EMERGENCY SERVICES AND DISATER AGENCY

Amount Levied for expenses contained in Appropriation Ordinance for E.S.D.A from proceeds of a Special Tax as provided by Law according to 65 ILCS 5/8-3-16 (State Bar Edition) \$ 12,000.00

IMRF FUND

IMRF CONTRIBUTION	\$	300,000.00		
ROUNDING ACCOUNT				
TOTAL IMRF FUND	\$	300,000.00	93,590.00	206,410.00

FOR ILLINOIS MUNICIPAL RETIREMENT FUND

Amount Levied for expenses contained in Appropriation Ordinance for Illinois Municipal Retirement Fund from the proceeds of a Special Tax as Provided by Law according to 40 ILCS 5/7-171 (State Bar Edition)

\$ 206,410.00

SOCIAL SECURITY

SOCIAL SECURITY	\$	400,000.00		
TOTAL SOCIAL SECURITY	\$	400,000.00	210,000.00	190,000.00

FOR SOCIAL SECURITY PAYMENTS

Amount Levied for expenses contained in Appropriation Ordinance for Social Security and Medicare from the proceeds Of a Special Tax as Provided by Law according to 40 ILCS 5/21-110 and 40 ILCS 5/21-110.1 (State Bar Edition)

\$ 190,000.00

INSURANCE FUND

UNEMPLOYMENT INSURANCE	\$	20,000.00		
WORKERS COMPENSATION	\$	300,000.00		
GENERAL AND LIABILITY INSURANCE	\$	500,000.00		
TOTAL INSURANCE FUND	\$	820,000.00	350,000.00	470,000.00

FOR INSURANCE PREMIUMS

Amount Levied for expenses contained in Appropriation Ordinance for Insurance Premiums from the proceeds of a Special Tax as Provided by Law according to 745 ILCS 10/9-107 (State Bar Edition)

\$ 470,000.00

AUDIT FUND

ACCOUNTING EXPENSE	\$	150,000.00		
TOTAL AUDIT FUND	\$	150,000.00	52,500.00	97,500.00

FOR MUNICIPAL AUDIT

Amount Levied for expenses contained in Appropriation Ordinance for Auditing Expenses from the proceeds of a Special Tax as Provided by Law according to 65 ILCS 5/8-8-8 (State Bar Edition)

\$ 97,500.00

TAX INCREMENT FINANCING (TIF DIST)**TIF DISTRICT 1**

ENGINEERING SERVICE	\$	10,000.00		
LEGAL SERVICE	\$	10,000.00		
OTHER PROFESSIONAL SERVICES	\$	20,000.00		
TIF REIMBURSE/STULLER, INC (STEAK N	\$	25,000.00		
TIF REIMBURSE/GOLDEN REAL ESTATE (	\$	45,000.00		
TIF REIMBURSE/TCUSD	\$	25,000.00		
TIF REIMBURSE/CITY OF TAYLORVILLE	\$	5,000.00		
KIM MORTON PROPERTY	\$	600.00		
TAYL DEVELOPMENT ASSOC ADVERTISI	\$	20,000.00		
FUTURE TIF PROJECTS				
TOTAL TIF DISTRICT 1	\$	160,600.00	160,600.00	0.00

GAGNE BUILDING/1617 W SPRESSER

MAINTENANCE SERVICE	\$	1,500.00		
UTILITIES	\$	25,000.00		
MAINTENANCE SUPPLIES	\$	5,000.00		
JANITORIAL SUPPLIES				
BUILDING	\$	30,000.00		
MISCELLANEOUS EXPENSE	\$	5,000.00		
EQUIPMENT	\$	2,000.00		
TOTAL GAGNE BUILDING	\$	68,500.00	68,500.00	0.00

WATER FUND

SALARIES	\$	1,500,000.00		
CONTRACT SERVICES	\$	40,000.00		
EMPLOYEES INSURANCE	\$	350,000.00		
HEALTH REIMBURSEMENT ACCCOUNT				
MAINTENANCE (BUILDING)	\$	35,000.00		
MAINTENANCE(EQUIPMENT)	\$	240,000.00		
MAINTENANCE (METERS)	\$	35,000.00		
MAINTENANCE (WATER TOWERS)	\$	25,000.00		
DISTRIBUTION & PIPE SUPPLIES	\$	200,000.00		
ENGINEERING	\$	175,000.00		
LEGAL SERVICE	\$	10,000.00		
COMPUTER COSTS/MAINTENANCE	\$	35,000.00		
TELEPHONE	\$	10,000.00		
WATER SUPPLY TESTING	\$	25,000.00		
TRAINING	\$	15,000.00		
UTILITIES	\$	200,000.00		
OFFICE SUPPLIES	\$	60,000.00		

OPERATING SUPPLIES	\$	25,000.00		
GASOLINE/OIL/VEHICLE EXPENSE	\$	50,000.00		
CHEMICALS	\$	650,000.00		
EQUIPMENT	\$	200,000.00		
INTAKE TOWER	\$	25,000.00		
WELL REHABILITATION	\$	1,250,000.00		
PLANT IMPROVEMENT & PROJECTS	\$	125,000.00		
WATER TREATMENT LOAN	\$	1,100,000.00		
MISCELLANEOUS CHARGES/EXPENSE	\$	25,000.00		
LEAD AND COPPER GRANT	\$	50,000.00		
ECONOMIC DEVELOPMENT WATER REIMBURSEMENT				
CHEROKEE TOWER EPA LOAN	\$	35,000.00		
HIGH SCHOOL EPA LOAN	\$	174,500.00		
TOTAL WATER FUND	\$	6,664,500.00	6,664,500.00	0.00

SEWER FUND

SALARIES	\$	225,000.00		
EMPLOYEES INSURANCE	\$	50,000.00		
HEALTH REIMURSEMENT ACCOUNT				
CONTRACT SERVICES	\$	42,000.00		
MAINTENANCE (EQUIPMENT)	\$	75,000.00		
MAINTENANCE/SPECIAL PROJECTS	\$	550,000.00		
MAINTENANCE (LIFT STATIONS)	\$	400,000.00		
MAINTENANCE (PIPE SUPPLIES)	\$	75,000.00		
ENGINEERING SERVICE	\$	30,000.00		
TRAINING	\$	5,000.00		
PROJECTS PD NHMR EXCESS	\$	1,000,000.00		
GASOLINE/OIL/VEHICLE EXPENSE	\$	60,000.00		
EQUIPMENT	\$	400,000.00		
EPA LOAN PAYMENT	\$	42,165.00		
LOAN PAYMENTS US BANK TRUCKS	\$	60,000.00		
SW WASTE LANDFILL	\$	7,500.00		
2009/2011 ALTERNATE REVENUE BOND	\$	820,000.00		
2009/2011 BOND PAYING AGENT FEE				
REFUND SEWER TAP REPAIRS	\$	7,500.00		
INTEREST EXPENSE	\$	7,500.00		
OPERATING SUPPLIES	\$	15,000.00		
30" NE SW EPA LOAN REPAYMENT	\$	146,670.00		
PHASE 5/WARD II LOAN PAYMENT	\$	50,370.00		
SEWER SPECIAL PROJECTS				
MISCELLANEOUS CHARGES/EXPENSE	\$	5,000.00		
TOTAL SEWER FUND	\$	4,073,705.00	4,073,705.00	0.00

CEMETERY FUND

SALARIES	\$	225,000.00		
CONTRACT SERVICES	\$	175,000.00		
EMPLOYEES INSURANCE	\$	55,000.00		
HEALTH REIMBURSEMENT ACCOUNT				
MAINTENANCE (EQUIPMENT)	\$	17,500.00		
MAINTENANCE (CEMETERY)	\$	30,000.00		
COMPUTER COSTS/MAINTENANCE	\$	2,500.00		
TRAINING	\$	15,000.00		
UTILITIES	\$	6,500.00		
OPERATING SUPPLIES	\$	3,000.00		
GASOLINE/OIL/VEHICLE EXPENSE	\$	20,000.00		
EQUIPMENT	\$	25,000.00		
CAPITAL IMPROVEMENTS	\$	20,000.00		
FOUNDATION EXPENSES	\$	7,000.00		
REFUND GRAVES	\$	3,000.00		
MISCELLANEOUS CHARGES/EXPENSE	\$	5,000.00		
15%LOT SALES TO PERPETUAL CARE	\$	3,675.00		
TOTAL CEMETERY FUND	\$	613,175.00	613,175.00	0.00

PERPETUAL CARE FUND

MISCELLANEOUS CHARGES/EXPENSE	\$	4,000.00		
TRANSFER TO CEMETERY FUND	\$	20,000.00		
TOTAL PERPETUAL CARE FUND	\$	24,000.00	24,000.00	0.00

LAKE FUND

SALARIES	\$	375,000.00		
CONTRACT SERVICES	\$	60,000.00		
EMPLOYEES INSURANCE	\$	65,000.00		
HEALTH REIMBURSEMENT ACCOUNT				
MAINTENANCE (EQUIPMENT)	\$	80,000.00		
MAINTENANCE (ROAD, DOCK, BUILDING	\$	50,000.00		
MAINTENANCE (SILT DAMS)	\$	15,000.00		
CONCESSION EXPENSE	\$	10,000.00		
OTHER PROFESSIONAL SERVICES	\$	25,000.00		
TRAINING	\$	12,000.00		
UTILITIES	\$	25,000.00		
ENGINEERING & DEVELOPMENT	\$	5,000.00		
OPERATING SUPPLIES	\$	15,000.00		
GASOLINE/OIL/VEHICLE EXPENSE	\$	75,000.00		
SANITARY EXPENSE	\$	10,000.00		
LOAN PAYMENT	\$	50,000.00		
LAKE LOT/CAMPGROUND DEPOSIT REFU	\$	10,000.00		
LAKE LOT/CAMPGROUND STORAGE REF	\$	10,000.00		

LAKE MISCELLANEOUS REFUNDS	\$	2,000.00		
CABIN RENT REFUND	\$	10,000.00		
MERCHANDISE	\$	1,000.00		
LAND PURCHASE/RECLAMATION				
EQUIPMENT	\$	50,000.00		
GASOLINE SALES TAX	\$	8,000.00		
GRANT PROJECT	\$	140,000.00		
BIKE TRESTLE REPAIR	\$	70,000.00		
LAKE RESTORATION/PL566	\$	180,000.00		
MISCELLANEOUS CHARGES/EXPENSE	\$	10,000.00		
TOTAL LAKE FUND	\$	1,363,000.00	1,363,000.00	0.00

FIRE PENSION FUND

PENSION PAYMENT	\$	650,000.00		
PENSION REFUNDS	\$	90,000.00		
MISCELLANEOUS CHARGES/EXPENSE	\$	20,000.00		
TOTAL FIRE PENSION FUND	\$	760,000.00	366,288.00	393,712.00

FOR FIREMEN'S PENSION

Amount Levied for the expenses contained in Appropriation
Ordinance for Firemen's Pension from the proceeds of a
Special Tax as Provided by Law according to 40 ILCS 5/4-118
(State Bar Edition) \$ 393,712.00

POLICE PENSION FUND

PENSION PAYMENT	\$	900,000.00		
PENSION REFUNDS	\$	75,000.00		
MANAGEMENT FEES	\$	5,000.00		
MISCELLANEOUS CHARGES/EXPENSE	\$	25,000.00		
TOTAL POLICE PENSION FUND	\$	1,005,000.00	426,378.00	578,622.00

FOR POLICEMEN'S PENSION

Amount Levied for the expenses contained in Appropriation
Ordinance for Policemen's Pension fro the proceeds of a
Special Tax as Provided by Law according to 40 ILCS
5/3-125 (State Bar Edition) \$ 578,622.00

LIBRARY FUND

SALARIES	\$	230,000.00		
REIMB CITY PAYROLL EXPENSE	\$	2,000.00		
EMPLOYEE INSURANCE	\$	37,000.00		
HEALTH REIMBURSEMENT ACCOUNT	\$	300.00		
MAINTENANCE (BUILDING)	\$	65,000.00		
MAINTENANCE (EQUIPMENT)	\$	4,500.00		

COMPUTER COSTS/MAINTENANCE	\$	20,000.00		
PROFESSIONAL SERVICES	\$	2,000.00		
PROGRAMMING	\$	15,000.00		
MARKETING	\$	2,000.00		
CONTINUING EDUCATION/TRAVEL	\$	3,500.00		
LIBRARY MATERIAL	\$	55,000.00		
MEMBERSHIP/LICENSE	\$	13,500.00		
UTILITIES	\$	28,000.00		
SUPPLIES/COPY MACH/POSTAGE	\$	7,000.00		
JANITORIAL SERVICE	\$	1,000.00		
LOAN PAYMENT				
LIBRARY EQUIPMENT	\$	6,000.00		
BOOKS/GIFTS/MATERIALS/MEMORIALS				
AUDIO VISUAL MATERIALS				
TRANSFER TO WORKING CASH				
MISCELLANEOUS CHARGES/EXPENSE	\$	1,000.00		
TOTAL LIBRARY FUND	\$	492,800.00	152,555.00	340,245.00

FOR PUBLIC LIBRARY

Amount Levied for expenses contained in Appropriation
Ordinance for the Public Library from the proceeds of a
Special Tax as Provided by Law according to 75 ILCS
5/3-1, 5/3-4 and 5/3-7 (State Bar Edition) \$ 307,226.00

FOR PUBLIC LIBRARY-BUILDING MAINTENANCE

Amount Levied for expenses contained in Appropriation
Ordinance for the Public Library-Building Maintenance according
to 75 ILCS 3/3-1 and 5/3-4 (State Bar Edition) \$ 33,019.00

RECYCLING

RECYCLING

TOTAL RECYCLING

AIRPORT

SALARIES	\$	65,000.00		
REIMBURSE HBO SALARY	\$	35,000.00		
EMPLOYEES INSURANCE	\$	25,000.00		
HEALTH REIMBURSEMENT ACCOUNT				
MAINTENANCE SERVICES/EQUIPMENT	\$	20,000.00		
LEGAL FEES RUNWAY PROJECT				
UTILITES	\$	15,000.00		
OPERATING SUPPLIES	\$	5,000.00		
GASOLINE/OIL/VEHICLES EXPENSE	\$	5,000.00		
FUEL PURCHASE/TANKS	\$	210,000.00		

AIRPORT ARP GRANT EXPENSE			
STORM WATER POLLUTION PREVENTION	\$	20,000.00	
EQUIPMENT	\$	30,000.00	
CAPITAL IMPROVEMENTS	\$	60,000.00	
GASOLINE SALES TAX	\$	20,000.00	
REAL ESTATE TAXES	\$	10,000.00	
MISCELLANEOUS CHARGES/EXPENSE	\$	5,000.00	
TAZ-4842	\$	67,625.00	
TAZ-5040	\$	175,000.00	
TOTAL AIRPORT FUND	\$	767,625.00	767,625.00 0.00

RECYCLING FUND			
TOTAL RECYCLING FUND		\$0.00	

BUSINESS DEVELOPMENT DIST. (BDD)			
LEGAL			
OTHER PROFESSIONAL SERVICES	\$	50,000.00	
PUBLISHING & PRINTING	\$	5,000.00	
DOWNTOWN REHAB/RENO PROJECTS			
COMMUNITY REHAB/RENO PROJECTS	\$	1,500,000.00	
CITY PROJECTS	\$	3,500,000.00	
SMALL TOWN TAYLORVILLE ADVERTISING			
STULLER REIMBURSEMENT	\$	20,000.00	
TOTAL BUSINESS DEVELOPMENT DIST	\$	5,075,000.00	5,075,000.00 0.00

**APPROPRIATION SUMMARY
FOR THE FISCAL YEAR ENDING APRIL 30, 2025
BY FUND**

GENERAL FUND			
ADMINISTRATION	\$	2,287,500.00	
MUNICIPAL BUILDING	\$	187,000.00	
GAGNE BUILDING/1617 W SPRESSER	\$	68,500.00	
POLICE PROTECTION	\$	3,918,700.00	
FIRE PROTECTION	\$	2,384,250.00	
STREET	\$	7,096,000.00	
HEALTH & SAFETY	\$	174,300.00	
SAFETY COMMITTEE	\$	63,000.00	
CONTINGENCIES	\$	500,000.00	
FIRE & POLICE COMMISSION	\$	17,500.00	
HOTEL/MOTEL TAX	\$	36,750.00	
TOTAL GENERAL FUND	\$	16,733,500.00	

GARBAGE FUND	\$	141,500.00	
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MUNICIPAL BAND FUND	\$	36,010.00
MOTOR FUEL TAX FUND	\$	2,664,000.00
E.S.D.A.	\$	47,000.00
IMRF FUND	\$	300,000.00
SOCIAL SECURITY & MEDICARE	\$	400,000.00
INSURANCE FUND	\$	820,000.00
AUDIT FUND	\$	150,000.00
WATER FUND	\$	6,664,500.00
SEWER FUND	\$	4,073,705.00
LAKE FUND	\$	1,363,000.00
CEMETERY FUND	\$	613,175.00
PERPETUAL CARE FUND	\$	24,000.00
FIRE PENSION FUND	\$	760,000.00
POLICE PENSION FUND	\$	1,005,000.00
LIBRARY FUND	\$	492,800.00
AIRPORT FUND	\$	767,625.00
TIF DISTRICT NO. 1	\$	160,600.00
BUSINESS DEVELOPMENT DISTRICT	\$	5,075,000.00
TOTAL APPROPRIATION	\$	42,291,415.00

TOTAL APPROPRIATION OF THE CITY OF TAYLORVILLE	42,291,415.00
TOTAL ESTIMATED TO BE RAISED FROM SOURCES OTHER THAN TAXATION	38,743,668.00
AMOUNTS TO BE RAISED BY TAXATION FOR GENERAL CORPORATE PURPOSES (General Fund)	862,288.00
AMOUNTS TO BE RAISED BY TAXATION FOR SPECIAL PURPOSES	2,685,459.00

SECTION 4: That the total amount of three million five hundred forty seven thousand seven hundred forty-seven dollars (\$3,547,747.00) ascertained as aforesaid, be, and the same is hereby levied and assessed on all property subject to taxation within the City of Taylorville according to the value of said property as the same is assessed and equalized for State and County purposes for the current year.

SECTION 5: That there is hereby certified to the County Clerk of Christian County, Illinois, the several sums aforesaid, constituting said total amount of total amount of three million five hundred forty seven thousand seven hundred forty-seven dollars (\$3,547,747.00), which said total amount the City of Taylorville requires to be raised by taxation for the current fiscal year of said City, and the City Clerk of said City is hereby ordered and directed to file with the Christian County Clerk on or before the time required by law, a certified copy of this Ordinance.

SECTION 6: That this Ordinance shall take effect and be in full force and effect immediately on and after its passage and approval.

ON MOTION DULY MADE AND SECONDED and pursuant to roll call vote with ___ Aldermen voting YEA, with ___Aldermen voting NAY and with ___Alderman either abstaining or being absent, the Mayor announced that the motion had passed and directed that a certified copy of this Tax Levy Ordinance be filed with the Christian County Clerk by the last Tuesday of December, A.D. 2024.

YEAS:

NAYS:

ABSENT OR ABSTAINING:

PASSED, APPROVED AND ADOPTED this 16th of December, 2024.

BRUCE BARRY, MAYOR
City of Taylorville, Illinois

ATTEST:

JOLYNNE RICHARDSON, CITY CLERK

Filed in the Office of the City Clerk, City of Taylorville, on the 16th day of December, A.D. 2024.

I hereby certify that the foregoing is a true and correct copy of the original Ordinance.

JOLYNNE RICHARDSON, CITY CLERK.

**TRUTH IN TAXATION
CERTIFICATE OF COMPLIANCE**

I, the undersigned, hereby certify that I am the presiding officer of the City of Taylorville, Christian County, Illinois, and as such presiding officer, I certify that the Levy Ordinance, a copy of which is attached, was adopted pursuant to, and in all respects in compliance with, the provisions of Sections 18-60 through 18-85 of the "Truth in Taxation" Law.

The Taxing District's Aggregate Levy did not exceed a 5% increase over the prior year's extension. Therefore, a Notice and a Hearing were not necessary.

This Certificate applies to the 2024 Levy.

Date

BRUCE BARRY, MAYOR
(Presiding Officer)

CERTIFICATE

STATE OF ILLINOIS)
) SS
COUNTY OF CHRISTIAN)

I, Joylne Richardson, certify that I am the duly appointed and acting City Clerk of the City of Taylorville, Christian County, Illinois.

I further certify that on December 2, 2024 the City Council of said City passed and approved Ordinance No. _____ entitled “ **AN ORDINANCE MAKING THE ANNUAL TAX LEVY FOR CORPORATE PURPOSES FOR THE FISCAL YEAR COMMENCING MAY 1, 2024 AND ENDING APRIL 30, 2025 FOR THE CITY OF TAYLORVILLE, ILLINOIS**”, which provided by its terms that it shall become effective immediately upon its passage, approval, and adoption.

I further certify that such Ordinance remains in full force and effect.

Copies of such Ordinance were available for public inspection upon request in the Office of the City Clerk.

Dated at Taylorville, Illinois this 16th day of December, 2024.

JOLYNNE RICHARDSON, CITY CLERK

(Municipal Seal)



BENTON & ASSOCIATES, INC.

Consulting Engineers / Land Surveyors

823 W. Spresser St. #2 • Taylorville IL 62568
Voice 217-245-4146 • Fax 217-245-4149

Reginald H. Benton, PE, SE
William J. Sleeman, PE
Jamie L. Headen, PE
Kenneth E. Sturgeon, PLS
Matthew B. Hardy, PE, SE
Benjamin M. Spreen, PE
Douglas J. Erickson, PE
C. Cameron Jones, PE, PLS
Stefanie J. Ballinger, PE

December 11, 2024

Jolynne Richardson, Clerk
City of Taylorville
115 North Main St.
Taylorville, IL 62568

<EMAILED>

SUBJECT: City of Taylorville
22E3719 – Well Building Improvements
Pay Application #2

Dear Jolynne:

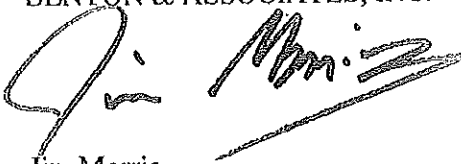
Transmitted herewith for the above-mentioned subject improvements are the following documents for your records:

- Partial Pay App #2 with corresponding Lien Waiver
- Certified Payrolls and required certifications from October 30, 2024 thru November 26, 2024.

Plocher Construction Company has submitted all the required documentation needed to release payment once this has been approved by the City Council. This item needs to be on the December 16, 2024 City Council Agenda.

Should you have any questions, please contact our office.

Very truly yours,
BENTON & ASSOCIATES, INC.



Jim Morris

Encls.

cc: Bruce Barry, Mayor
Kathy Driskell, Chairman Water Committee
Marlin Brune, Water Superintendent

P:\22E3719\Documents\Correspondence\Transmittal Pay App 2 12-11-24 Plocher.doc



Contractor's Application for Payment No. 2

Application Period:	Through 11/30/24	Application Date:	11/20/2024
To (Owner):	City of Taylorsville	Via (Engineer):	Benion and Associates
Project:	Well Improvements	Contractor's Project No.:	4072
Owner's Contract No.:		Engineer's Project No.:	24E3719

Application For Payment
Change Order Summary

Approved Change Order Number	Additions	Deductions	
			1. ORIGINAL CONTRACT PRICE \$ 646,724.00
			2. Net change by Change Order \$
			3. Current Contract Price (Line 1 + 2) \$ 646,724.00
			4. TOTAL COMPLETED AND STORED TO DATE (Column F total on Progress Estimate(s)) \$ 119,224.00
			5. RETAINAGE: a. 10% X \$119,224.00 Work Completed \$ 11,922.40
			b. 10% X Included above Stored Material \$
			c. Total Retainage (Line 5.a + Line 5.b) \$ 11,922.40
			6. AMOUNT ELIGIBLE TO DATE (Line 4 - Line 5.c) \$ 1,07,501.60
			7. LESS PREVIOUS PAYMENTS (Line 6 from prior Applications) \$ 67,251.60
			8. AMOUNT DUE THIS APPLICATION \$ 40,250.00
			9. BALANCE TO FINISH PLUS RETAINAGE (Column G total on Progress Estimate + Line 8.c above) \$ 839,422.40
TOTALS			
NET CHANGE BY CHANGE ORDERS			


Contractor's Certification

The undersigned Contractor certifies, to the best of its knowledge, the following:

(1) All previous progress payments received from Owner on account of Work done under the Contract have been applied on account to discharge Contractor's legitimate obligations incurred in connection with the Work covered by prior Applications for Payment;

(2) Title to all Work, materials and equipment incorporated in said Work, or otherwise listed in or covered by this Application for Payment, will pass to Owner at time of payment free and clear of all Liens, security interests, and encumbrances (except such as are covered by a bond acceptable to Owner indemnifying Owner against any such Liens, security interests, or encumbrances); and

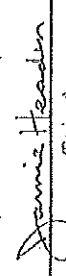
(3) All the Work covered by this Application for Payment is in accordance with the Contract Documents and is not defective.

Contractor's Signature: 

By: Rachelle Lengermann, President

Date: 11/26/2024

Payment of \$ _____ (Line 8 or other - attach explanation of the other amount)

is recommended by:  12-2-24 (Date) (Engineer)

Payment of \$ _____ (Line 5 or other - attach explanation of the other amount)

is approved by: _____ (Owner) (Date)

Approved by: _____ Funding or Financing Entity (if applicable) (Date)

Contractor's Application

For (Contract):		Well Improvements		Application Number: 2		Application Date: 11/30/2024							
Application Period:		Through 1/30/2024		Work Completed		Materials Presently Stored (not in Core D)		Total Completed and Stored to Date (C+D+E)		% (F/B)		Balance to Finish (B-F)	
Section	Lab/Material	Description		Scheduled Value (\$)		From Previous Application (C+D)		This Period					
Administrative			Mobilization	\$40,000.00		\$20,000.00				\$20,000.00	50.0%	\$20,000.00	
			Bonds & Insurance	\$12,000.00		\$12,000.00				\$12,000.00	100.0%		
			General Contributions	\$98,224.00		\$9,224.00				\$14,224.00	37.2%	\$24,000.00	
				\$10,000.00		\$10,000.00				\$10,000.00	100.0%		
Demolition	L		Demo Well 2	\$10,000.00								\$10,000.00	
	L		Demo Well 3	\$10,000.00								\$10,000.00	
	L		Demo Well 4	\$5,000.00		\$5,000.00				\$5,000.00	100.0%		
	L		Asbestos	\$4,000.00		\$4,000.00				\$4,000.00	100.0%		
Masonry	L		Well 2 CMU	\$12,000.00								\$12,000.00	
	L		Well 3 CMU	\$16,000.00								\$16,000.00	
	L		Well 3 CMU	\$13,000.00								\$13,000.00	
	L		Well 4 CMU	\$16,000.00								\$16,000.00	
Roofs	M		Well 4 CMU	\$13,000.00		\$7,500.00				\$7,500.00	100.0%		
	M		Roofing Supply	\$7,500.00						\$7,500.00	40.0%	\$11,500.00	
	L		Install Joints	\$2,500.00						\$10,000.00	33.3%	\$20,000.00	
	M		Wood Materials	\$30,000.00						\$7,500.00	75.0%	\$12,500.00	
Carpentry	L		Rough Carpentry Well 2	\$12,000.00								\$12,000.00	
	L		Rough Carpentry Well 3	\$12,000.00								\$12,000.00	
	L		Rough Carpentry Well 4	\$18,000.00								\$18,000.00	
	M		FRP Materials	\$4,000.00								\$4,000.00	
Thermal and Moisture Protection	L		FRP Install Well 2	\$5,000.00								\$5,000.00	
	L		FRP Install Well 3	\$5,000.00								\$5,000.00	
	L		FRP Install Well 4	\$22,000.00								\$22,000.00	
	M		Metal Roof Materials	\$5,000.00								\$5,000.00	
Insulation	L		Metal Roofing Well 2	\$6,000.00								\$6,000.00	
	L		Metal Roofing Well 3	\$6,000.00								\$6,000.00	
	L		Metal Roofing Well 4	\$6,000.00								\$6,000.00	
	M		Sheet Metal Materials	\$4,000.00								\$4,000.00	
Doors and Hardware	L		Sheet Metal Well 2	\$5,000.00								\$5,000.00	
	L		Sheet Metal Well 3	\$6,000.00								\$6,000.00	
	L		Sheet Metal Well 4	\$6,000.00								\$6,000.00	
	M		Insulation Materials	\$9,000.00								\$9,000.00	
Painting	L		Insulation Well 2	\$2,000.00								\$2,000.00	
	L		Insulation Well 3	\$2,000.00								\$2,000.00	
	L		Insulation Well 4	\$2,000.00								\$2,000.00	
	M		Doors, Frames, and Hardware	\$15,000.00								\$15,000.00	
Roofing	L		Install Doors Well 2	\$2,000.00								\$2,000.00	
	L		Install Doors Well 3	\$2,000.00								\$2,000.00	
	L		Install Doors and Frames Well 2	\$1,000.00								\$1,000.00	
	L		Paint Doors and Frames Well 3	\$1,000.00								\$1,000.00	
Mechanical	L		Paint Doors and Frames Well 4	\$1,000.00								\$1,000.00	
	M		HVAC Materials	\$80,000.00								\$80,000.00	
M		HVAC Install Well 2	\$8,000.00									\$8,000.00	

Progress Estimate - Lump Sum Work

Contractor's Application

For (Continued):		Well Improvements		Application Number 2		Application Date: 11/30/2024					
Application Period: Through 11/30/24		Work Completed		Materials Presently Stored (net in C or D)		Total Completed and Stored to Date (C + D + E)		% (F / B)		Balance to Finish (B + F)	
Section	Labor/Materials	Description	Scheduled Value (\$)	From Previous Application (C+D)	This Period	E	F	G			
Electrical	L	HVAC Install Well 1	\$8,000.00					\$8,000.00			
	M	HVAC Install Well 2	\$8,000.00					\$8,000.00			
	M	Electrical Materials	\$62,000.00					\$62,000.00			
	L	Electrical Install Well 2	\$47,000.00					\$47,000.00			
Site Improvements	M	Electrical Install Well 3	\$25,000.00					\$25,000.00			
	L	Electrical Install Well 4	\$25,000.00					\$25,000.00			
	L	Electrical Underground Well 2	\$7,500.00					\$7,500.00			
	L	Generator Pad	\$3,000.00					\$3,000.00			
IS&C	M	Generator Pad	\$3,000.00					\$3,000.00			
	L	Seeding	\$500.00					\$500.00			
	M	Soiling	\$500.00					\$500.00			
	L	Programming and Hardware	\$8,000.00					\$8,000.00			
Totals			\$646,724.00	\$74,724.00	\$44,500.00		\$119,224.00		18%	\$277,500.00	

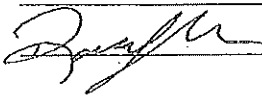
PARTIAL WAIVER

TO WHOM IT MAY CONCERN:

WHEREAS the undersigned has been employed by City of Taylorville to furnish Well Building Improvements for the premises known as Well Building Improvements of City of Taylorville which City of Taylorville is the owner,

THE undersigned, for and in consideration of Forty Thousand Fifty & 00/100 (\$ 40,050.00) Dollars, and other good and valuable considerations, the receipt is hereby acknowledged, do(es) hereby waive and release any and all lien or claim of, or right to, lien, under the statutes of the State of Illinois, relating to mechanics' liens, with respect to and on said above-described premises, and the improvements thereon, and on the material, fixtures, apparatus or machinery furnished, and on the moneys, funds or other considerations due or to become due from the owner, on account of labor services, material, fixtures, apparatus or machinery, furnished to this date by the undersigned for the above-described premises, INCLUDING EXTRAS.*

Signed this 26th day of November, 2024

Plocher Construction Company, Inc.
Company
2808 Thole Plocher Road, Highland, IL 62249
Address

President
Signature and Title

NOTE: All waivers must be for the full amount paid. If waiver is for a corporation, corporate name should be used, the title of officer signing waiver should be set forth; If waiver is for a partnership, the partnership name should be used, partner should sign and designate himself as partner. All Signatures MUST be original.

CONTRACTOR'S AFFIDAVIT

State of Illinois } SS
 County of Madison }

TO WHOM IT MAY CONCERN:

THE undersigned, being duly sworn, deposes and says that he/she is President of Plocher Construction Company, Inc. who is the contractor for the Well Building Improvements work on the building located at Taylorville, IL owned by City of Taylorville

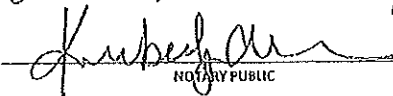
That the total amount of the contract including extras is \$ 646,724.00 on which he/she has received payment of \$ 67,251.60 prior to this payment. That all waivers are true, correct, and genuine and delivered unconditionally and that there is no claim either legal or equitable to defeat the validity of said waivers. That the following are the names of all parties who have furnished material or labor, or both, for said work and all parties having contracts or sub contracts for specific portions of said work or for material entering into the construction thereof and the amount due or to become due to each, and that the items mentioned include all labor and material required to complete said work according to plans and specifications:

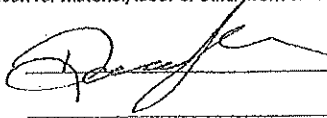
NAMES	KIND OF WORK	AMOUNT OF CONTRACT	PAID PREVIOUSLY	AMOUNT OF THIS PAYMENT	BALANCE TO COMPLETE
TOTAL LABOR AND MATERIAL TO COMPLETE:					

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.

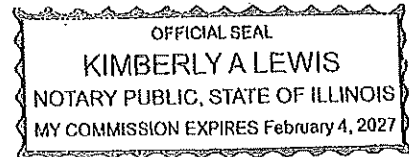
Signed this 26th day of November, 2024

Subscribed and sworn to before me this 26th day of November, 2024


 NOTARY PUBLIC


 Signature (and Title) of Affiant

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



PAID TO DATE
PARTIAL LIEN WAIVER

STATE OF Illinois)
) SS.
COUNTY OF St. Clair)

WHEREAS, the undersigned, Professional Metal Works, #9 Industrial Drive, Freeburg, IL 62243 a (sole proprietorship-partnership-corporation) (strike inapplicable terms) has been employed by Plocher Construction, 2808 Thole Plocher Road, Highland, IL 62249, to furnish labor and materials for a project known as:

Taylorville Well Building Improvements
Lincoln Trail
Taylorville, IL 62568

NOW THEREFORE, the undersigned, for and in consideration of the sum of \$11,645.00 Dollars, and other good and valuable considerations, the receipt whereof is hereby acknowledged by the undersigned, does hereby waiver 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 the above-described premises, and the improvements thereon, and on the material, fixtures, apparatus or machinery furnished, and on the moneys or other considerations due or to become due from the owner, on account of labor, services, material, fixtures, apparatus or machinery, furnished by the undersigned to the date hereof only, to or on account of the said contractor or the said owner, for the above-described premises, without prejudice to assert any right of lien as to any labor, services, materials, fixtures, apparatus or machinery hereafter furnished by the undersigned.

Dated this 26 day of November, 2024

(Affix corporate seal here)

Professional Metal Works, LLC.
(print name of sole proprietorship,
partnership or corporation)

Matthew J. Kaiser
(signature of sole proprietor or of
partner or corporate officer)

ATTEST:

[Signature]
(signature of secretary of corporation)

Matthew J. Kaiser / Business Mgr.
(print name and indicate if partner or give title of
authorized representative of corporation)



Please sign, scan and email (or sign and mail) to:
Plocher Construction
2808 Thole Plocher Road
Highland, IL 62249
ljscholl@plocherco.com



AFFIDAVIT

Weekly Statement of Compliance

Date: 11/13/2024

I, Kimberly Lewis,
(name signatory party)
Project Assistant, do

hereby state: that I pay or supervise the payment of the persons employed on the public works project Taylorville Well Building Improvements that during the payroll period commencing on the

5th day of November, 2024,
(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

Plocher Construction Company, Inc.
(name of contractor or subcontractor)
from the full weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates contained therein are not less than the actual rates herein stated and that the classification set forth for each laborers or mechanic conform to the work he/she performed.

Signature
Digital Signature Kim Lewis

FRINGES

Health Fund	See attached
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: See attached
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: _____
Company Name: _____
Contact Person: _____

(Address)

(City) _____ (State) _____ (zipcode)

Telephone Number: _____



Case #: 24-CTP-368461

Illinois Department of Labor

160 N. LaSalle St Suite 1300
Chicago, IL 60601

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

CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date	Project Location
10/30/2024 to 11/5/2024	Various locations
Contractor Number Or FEIN	Taylorville IL 62568
37-0795665	
Project Number or Name	State Capital Funds
24-17-032	No
Agency	
Commerce and Economic Opportunity, Department of	

Contractor and/or Subcontractor

Company Name	Contractor Location
Otto Baum Company Inc.	866 N MAIN ST
Contact Name	MORTON IL 61550
Stephanie Cobb K Cobb	
Primary Email	Secondary Email
stephaniecobb@otlobaum.com	obcertifiedpayroll@otlobaum.com
Primary Phone	Secondary Phone
3092841789	

Public Body Information

Public Body Name	Public Body Address
City of Taylorville	115 N MAIN ST
Contact Name	TAYLORVILLE IL 62568
Julie Lilly	
Primary Phone	Secondary Phone
2178242101	

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Jonathan WFanning	6521	BRICK 5	203 SPRING BAY DR	JACKSON VILLE IL 62650	white	N H L	m	No	No	Yes	No	2174738436
Jonathan WFanning	6521	BRICK 5	203 SPRING BAY DR	JACKSON VILLE IL 62650	white	N H L	m	No	No	Yes	No	2174738436
Jonathan WFanning	6521	BRICK 5	203 SPRING BAY DR	JACKSON VILLE IL 62650	white	N H L	m	No	No	Yes	No	2174738436
Jonathan WFanning	6521	BRICK 5	203 SPRING BAY DR	JACKSON VILLE IL 62650	white	N H L	m	No	No	Yes	No	2174738436
Jonathan WFanning	6521	BRICK 5	203 SPRING BAY DR	JACKSON VILLE IL 62650	white	N H L	m	No	No	Yes	No	2174738436
Jonathan WFanning	6521	BRICK 5	203 SPRING BAY DR	JACKSON VILLE IL 62650	white	N H L	m	No	No	Yes	No	2174738436

G-Gender

V-Veteran

J-Journeyman

F-Foreman

A-Apprentice

N H L- Not Hispanic or Latino

H L- Hispanic or Latino

Work Classification

Name	Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
Jonathan WFanning	P	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	89.00	65.83	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1412.26	1044.70	
		Pension 17.30		Health		10.15		Vacation		0.00		Training 1.02				
Jonathan WFanning	P	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	89.00	65.83	
	NP	0.00	0.00	8.00	0.00	8.00	0.00	0.00	16.00	0.00	0.00	39.87	0.00	1412.26	1044.70	
		Pension 17.30		Health		10.15		Vacation		0.00		Training 1.02				
Jonathan WFanning	P	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	89.00	65.83	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1412.26	1044.70	
		Pension 17.30		Health		10.15		Vacation		0.00		Training 1.02				

Jonathan WFannin g	P	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	89.00	65.83	
	NP	0.00	6.50	0.00	8.00	0.00	0.00	0.00	14.50	0.00	0.00	39.87	0.00	0.00	1412.26	1044.70	
	Pension	17.30		Health	10.15			Vacation	0.00			Training	1.02				

Jonathan WFannin g	P	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	89.00	65.83	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1412.26	1044.70	
	Pension	17.30		Health	10.15			Vacation	0.00			Training	1.02				

Jonathan WFannin g	P	2.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00	0.00	0.00	39.87	0.00	0.00	89.00	65.83	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1412.26	1044.70	
	Pension	17.30		Health	10.15			Vacation	0.00			Training	1.02				

I, do hereby state; that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

Stephanie Cobb
 Nov 12, 2024

Statement of Compliance

Date: NOVEMBER 5, 2024

1. Colin Beveridge, CFO de hereby state:

(1) That I own or supervise the payment of the persons employed by Anderson Electric Inc. on the Taylorville Weir Bldg. Inc. that during the payroll period commencing on the 30 day of OCTOBER, 2024, and ending the 5 day of NOVEMBER, 2024, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Anderson Electric Inc. 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 (2) CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948 GG Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 3145), and described below:

- Federal W/M Savings
- State W/M 401K Contributions
- FICA Child support
- Union Dues

(2) That any payroll is 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 classification 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 as 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
 (X) In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract, have been or will be made to appropriate programs, for the benefit of such employees, except as noted in Section 4(e) 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(e) below.

(c) EXCEPTIONS	EXPLANATION
EXCEPTION (C-a)	
REMARKS	
NAME AND TITLE	SIGNATURE
Colin Beveridge, CFO	<i>Colin Beveridge</i>

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THIS CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 3729 OF TITLE 51 OF THE UNITED STATES CODE.

Anderson Electric Inc.
 3501 6th St. Frontage Rd W.
 Springfield, IL 62703
 217-529-5471

Pay Period Date: 11/05/24
 Week Ending: 11/05/24
 Payroll No: 6

Certified Payroll Report

Contract #: 4072-005
 Job No: 324129
 Job Name: Taylorville Well Bldg Inr

Employee	# Exempt/hrs Social Security Work Class	Hours							Total	Rate	Other Job Pay Job Gross Total Gross	FICA		Local Union		Tot Ded	
		WED	THU	FRI	SAT	SUN	MON	TUE				Fed Wtd	State	Chk Ded	Other Ded	Net Chk	
		30	31	01	02	03	04	05									

Date: **NOVEMBER 12, 2024**
 I, **Colin Beveridge, CFO** do hereby state:

(1) That I pay or supervise the payment of the persons employed by Anderson Electric Inc. on the Taylorville Well Bldg Inc. that during the payroll period commencing on the 6 day of NOVEMBER, 2024 and ending the 12 day of NOVEMBER, 2024, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Anderson Electric Inc. 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; 40 U.S.C. 3145), and described below.

- Federal With Savings
- State With 401K Contributions
- FICA Child support
- Union Dues

(2) That my 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 remained 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 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 in such recognized agency which 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.

EXEMPTIONS	EXPLANATION
EXEMPTION (Check)	
REMARKS	
NAME AND TITLE	SIGNATURE: <i>Colin Beveridge</i>
Colin Beveridge, CFO 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 3729 OF TITLE 31 OF THE UNITED STATES CODE.	

Anderson Electric Inc.
 3501 6th St. Frontage Rd W.
 Springfield, IL 62703
 217 529-5471

Pay Period Date: 11/12/24
 Week Ending: 11/12/24
 Payroll No: 7

Certified Payroll Report

Contract #: 4072-005
 Job No: 324129
 Job Name: Taylerville Well Bldg Intr

Employee	# Exempt/hrs	Social Security	Work Class	Hours							Total	Rate	Other Job Pay Job Gross Total Gross	FICA Fed W/F State	Local Union Oth Ded	Tot Ded Benefit Net Chk
				WED 06	THU 07	FRI 08	SAT 09	SUN 10	MON 11	TUE 12						



Case #: 24-CTP-372636

Illinois Department of Labor

160 N. LaSalle St Suite1300

Chicago, IL 60601

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

CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date

11/6/2024 to 11/12/2024

Contractor Number Or FEIN

37-1289208

Project Number or Name

4072-

Agency

Not a State Agency

Project Location

Lincoln Trail

Taylorville IL 62568

State Capital Funds

No

Contractor and/or Subcontractor

Company Name

Plocher Construction

Contact Name

Lisa J Scholl

Primary Email

ljscholl@plocherco.com

Primary Phone

6186549408

Contractor Location

2808 THOLE PLOCHER RD

HIGHLAND IL 62249

Secondary Email

kalewis@plocherco.com

Secondary Phone

Public Body Information

Public Body Name

City of Taylorville

Contact Name

Public Body Address

115 N MAIN ST

TAYLORVILLE IL 62568

Primary Phone

Secondary Phone

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
DEVAN MKING	1283	LABORER 477 SPRINGFIELD	3824 EAGLE CLAW DR SPRINGFIELD	SPRINGFIELD IL 62707	white	N H L	m	No	Yes	No	No	2172488864
		G-Gender	V-Veteran	J-Journeyman	F-Foreman	A-Apprentice						

N H L- Not Hispanic or Latino
H L- Hispanic or Latino

Work Classification

Name	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Straight Hrs	Tot Hrs	OT Hrs	Dub Tim	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
DEVAN MKING	P	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	49.38	0.00	49.38	26.32	
	NP	0.00	9.50	8.00	8.00	8.00	0.00	0.00	32.00	1.50	0.00	32.92	49.38	0.00	1127.51	600.96	
		Pension	8.25	Health	8.25	Vacation	0.00	Training	0.81								

I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

Lisa Scholl
Nov 14, 2024

Plocher Construction Certified Payroll Transcript

Period: 11/06/2024 - 11/12/2024 Week #: 6

Job: 4072- Taylorville Well Building Improvements

Contract: 4072- Taylorville Well Building Improvements

Employee	Hours							Total	Rate	Description	Rate	Amounts	Weekly Totals		
	Wed	Thu	Fri	Sat	Sun	Mon	Tue						Gross	Deductions	Net Pay
KING, DEVAN M - 5150 3824 EAGLE CLAW DRIVE SPRINGFIELD, IL 62707 LABORER-477 SPR / JOURNEYM, Overtime xxx-xx-1283 M/EX: S/O Race/Sex: 1-White/M LABORER 477 SPRINGFIELD / JOURNEYMAN EEO Class: Check #: 1115.24															
	0.00	1.00	0.00	0.00	0.00	0.00	1.00	49.38	Health & Welfare	8.25000	8.25		41.19		
							0.00	0.00	Pension-Rate/Hr	15.70000	15.70		49.99		
							0.00	0.00	Training-Other21	0.81000	0.81		103.50		
							0.00	0.00	Training-Rate/Hr	0.43000	0.43		69.23		
							49.38	49.38	Training-Qual Sa	0.15000	0.15		286.70		
							0.21	0.21	Training Other-R	0.21000	0.21		549.61	627.28	
							4.50	4.50	Annuity-rate/hr	4.50000	4.50				
									Other						
									Hours (Reg/OT): 32.00 / 2.50						
											6.16				
											36.21				
*****Liabilities*****															
									Health & Welfare	8.25	8.25		41.19		
									Pension-Rate/Hr	15.70	15.70		49.99		
									Training-Other21	0.81	0.81		103.50		
									Training-Rate/Hr	0.43	0.43		69.23		
									Training-Qual Sa	0.15	0.15		286.70		
									Training Other-R	0.21	0.21		549.61	627.28	
									Annuity-rate/hr	4.50	4.50				
									Other						
									Hours (Reg/OT): 32.00 / 2.50						
											6.16				
											36.21				
*****Weekly Totals***** (Week Ending 11/12/24)															
									Union Dues - Rate	41.19	41.19				
									Union Dues - Rate	49.99	49.99				
									Union Dues - Rate	103.50	103.50				
									Child Support S-IL	69.23	69.23				
									Other	286.70	286.70				
										1,176.89	1,176.89		549.61	627.28	
									Hours (Reg/OT): 32.00 / 2.50						

(5) 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

SIGNATURE

NAME AND TITLE
Lisa Scholl
Chief Financial Officer

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 15 AND SECTION 231 OF TITLE 51 OF THE UNITED STATES CODE.

Date 11/13/2024

I, Lisa Scholl (Name of Signatory Party) Chief Financial Officer (Title)

do hereby state:

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

Plocher Construction
(Contractor or Subcontractor)

Job: 4072- Taylorville Well Building Improvements; that during the payroll period commencing on the _____ (Building or Work)

on 6 day of November, 2024, and ending the 12 day of November, 2024 Week #: 6
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 _____

Plocher Construction
(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.



AFFIDAVIT

Weekly Statement of Compliance

Date: 11/20/2024

I, Kimberly Lewis,
(name signatory party)

Project Assistant, do
(Title)

hereby state: that I pay or supervise the payment of the persons employed on the public works project Taylorville Well Building Improvements (name of project) that during the payroll period commencing on the

7th day of November, 2024,
(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

Plocher Construction Company, Inc.
(name of contractor or subcontractor)

from the full weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates contained therein are not less than the actual rates herein stated and that the classification set forth for each laborer or mechanic conform to the work he/she performed.

Signature
Digital Signature Kim Lewis

FRINGES

Health Fund	See attached
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: See attached
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: _____
Company Name: _____
Contact Person: _____

(Address)

(City) _____ (State) _____ (zipcode)

Telephone Number: _____



Case #: 24-CTP-378754

Illinois Department of Labor

160 N. LaSalle St Suite 1300
Chicago, IL 60601

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

CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date

11/6/2024 to 11/12/2024

Contractor Number Or FEIN

37-0795665

Project Number or Name

24-17-032

Agency

Commerce and Economic Opportunity, Department of

Project Location

Various locations

Taylorville IL 62568

State Capital Funds

No

Contractor and/or Subcontractor

Company Name

Otto Baum Company Inc.

Contact Name

Stephanie Cobb K Cobb

Primary Email

stephaniecobb@ottobaum.com

Primary Phone

3092841789

Contractor Location

866 N MAIN ST

MORTON IL 61550

Secondary Email

obcertifiedpayroll@ottobaum.com

Secondary Phone

Public Body Information

Public Body Name

City of Taylorville

Contact Name

Julle Lilly

Primary Phone

2178242101

Public Body Address

115 N MAIN ST

TAYLORVILLE IL 62568

Secondary Phone

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Jonathan WFanning	6521	BRICK 5	203 SPRING BAY DR	JACKSON VILLE IL 62650	white	N H L	m	No	No	Yes	No	2174738436
Jonathan WFanning	6521	BRICK 5	203 SPRING BAY DR	JACKSON VILLE IL 62650	white	N H L	m	No	No	Yes	No	2174738436
Jonathan WFanning	6521	BRICK 5	203 SPRING BAY DR	JACKSON VILLE IL 62650	white	N H L	m	No	No	Yes	No	2174738436
Jonathan WFanning	6521	BRICK 5	203 SPRING BAY DR	JACKSON VILLE IL 62650	white	N H L	m	No	No	Yes	No	2174738436
Steve Bosie	6753	LAB 477	2000 SUDBURY RD	SPRINGFIELD IL 62702	white	N H L	m	No	Yes	No	No	2173417049
Steve Bosie	6753	LAB 477	2000 SUDBURY RD	SPRINGFIELD IL 62702	white	N H L	m	No	Yes	No	No	2173417049
Barry DCampbell	0440	BRICK 4	PO BOX 293	BLUE MOUND IL 62513	white	N H L	m	No	Yes	No	No	2177917128
David AAdams	2489	LAB 159	402 5TH ST	PAWNEE IL 62558	white	N H L	m	Yes	Yes	No	No	2172590754
David AAdams	2489	LAB 159	402 5TH ST	PAWNEE IL 62558	white	N H L	m	Yes	Yes	No	No	2172590754

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

N H L- Not Hispanic or Latino
H L- Hispanic or Latino

Work Classification

Name	Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
Jonathan WFanning	P	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1416.54	1022.01	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	356.00	256.84	
Pension		17.30		Health		10.15		Vacation		0.00		Training		1.02		
Jonathan WFanning	P	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1416.54	1022.01	
	NP	0.00	8.00	0.00	0.00	0.00	0.00	0.00	8.00	0.00	0.00	39.87	0.00	356.00	256.84	
Pension		17.30		Health		10.15		Vacation		0.00		Training		1.02		

Jonathan WFannin 9	P	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	1416.54	1022.01	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	356.00	256.84	
		Pension	17.30		Health	10.15		Vacation	0.00		Training	1.02					

Jonathan WFannin 9	P	8.00	0.00	8.00	8.00	7.00	0.00	0.00	31.00	0.00	0.00	39.87	0.00	0.00	1416.54	1022.01	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	356.00	256.84	
		Pension	17.30		Health	10.15		Vacation	0.00		Training	1.02					

Steve Bosie	P	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	1156.80	687.28	
	NP	0.00	8.00	0.00	0.00	0.00	0.00	0.00	8.00	0.00	0.00	36.15	0.00	0.00	289.20	171.82	
		Pension	20.20		Health	8.25		Vacation	0.00		Training	1.02					

Steve Bosie	P	8.00	0.00	8.00	8.00	8.00	0.00	0.00	32.00	0.00	0.00	36.15	0.00	0.00	1156.80	687.28	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	289.20	171.82	
		Pension	20.20		Health	8.25		Vacation	0.00		Training	1.02					

Barry DCampbell	P	7.00	0.00	0.00	8.00	8.00	0.00	0.00	23.00	0.00	0.00	37.61	0.00	0.00	865.03	614.03	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		Pension	17.30		Health	10.15		Vacation	0.00		Training	1.02					

David AAdams	P	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	287.20	181.21	
	NP	8.00	8.00	0.00	8.00	8.00	0.00	0.00	32.00	0.00	0.00	35.90	0.00	0.00	1148.80	724.84	
		Pension	20.20		Health	8.25		Vacation	0.00		Training	1.02					

David AAdams	P	0.00	0.00	8.00	0.00	0.00	0.00	0.00	8.00	0.00	0.00	35.90	0.00	0.00	287.20	181.21	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1148.80	724.84	
		Pension	20.20		Health	8.25		Vacation	0.00		Training	1.02					

I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

Stephanie Cobb
Nov 20, 2024

Statement of Compliance

Date: NOVEMBER 19, 2024

Contract Number: 4072-005

I, Colin Beveridge, CFO do hereby state:

(1) That I pay or supervise the payment of the persons employed by Anderson Electric Inc. on the Taylorsville Well Blvd Lmr, that during the payroll period commencing on the 15 day of NOVEMBER, 2024 and ending the 19 day of NOVEMBER, 2024, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Anderson Electric Inc. 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:

- Federal W/H
- State W/H
- FICA
- Union Dues
- Savings
- 401K Contributions
- Child support

(2) That any payroll 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 herein for each laborer or mechanic conform with the work 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:

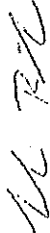
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

(X) 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 (Check)	EXPLANATION
REMARKS:	
NAME AND TITLE	SIGNATURE
Colin Beveridge - CFO	
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 3729 OF TITLE 31 OF THE UNITED STATES CODE.	

Contract # 4072-005
 Job No. 324129
 Job Name: Taylorville Well Bldg Inr

Certified Payroll Report

Pay Period Date: 11/19/24
 Week Ending: 11/19/24
 Payroll No: 8

Anderson Electric Inc.
 3501 6th St. Frontage Rd W.
 Springfield, IL 62703
 217 529-5471

Employee	# Exemptions Social Security Work Class	Hours							Total	Rate	Other Job Pay Job Gross Total Gross	FICA Fed/WHF State	Local Union Oth Ded	Tot Ded Benefit Net Chk
		WED	THU	FRI	SAT	SUN	MON	TUE						
		13	14	15	16	17	18	19						

Plocher Construction Certified Payroll Transcript

Period: 11/13/2024 - 11/19/2024 Week #: 7
 Job: 4072- Taylorville Well Building Improvements
 Contract: 4072- Taylorville Well Building Improvements

Employee	Hours							Project Total Rate	Project Amounts	Liabilities			Weekly Totals (Week Ending 11/19/24)		
	Wed	Thu	Fri	Sat	Sun	Mon	Tue			Description	Rate	Amounts	Gross	Deductions	Net Pay
NEWMAN, JOEL - 1183 13057 CHEROKEE RD HIGHLAND, IL 62249	0.00	0.00	0.00	0.00	0.00	8.00	47.370	378.86	Health & Welfare 10.70000	85.60	Union Dues - Factor 71.60	71.60			
ST LOUIS CARPS / FOREMAN	0.00	0.00	0.00	0.00	0.00	8.00	47.370	378.86	Pension-Factor 9.50000	76.00	Union Vacation-Fac 40.00	40.00			
Regular Time	0.00	0.00	0.00	0.00	0.00	8.00	47.370	378.86	Training-Other 0.15000	1.20	Mkt Recovery-Fac 8.00	8.00			
EEO Class:									Training-Rate/hc 0.55000	4.40	Other 516.05	516.05			
Check #:									SICAP-Rate per 0.25000	2.00	Hours (Reg/OT): 40.00 / 0.00	40.00			
									Amnuty-Factored 1.50000	12.00		635.65	1,259.15		
									Other	56.29					
										237.49					
TIMMERMANN, BRENT T - 5589 4630 ASHLYN DR POCAHONTAS, IL 62276	0.00	0.00	0.00	0.00	0.00	8.00	35.140	281.12	Health & Welfare 8.33000	66.64	Union Dues - Rate 42.17	42.17			
LABORERS 459 BE / FOREMAN	0.00	0.00	0.00	0.00	0.00	8.00	35.140	281.12	Pension-Rate/hc 9.46000	75.68	Union Dues - Rate 38.80	38.80			
Regular Time	0.00	0.00	0.00	0.00	0.00	8.00	35.140	281.12	Training-Rate/hc 0.80000	6.40	Other 299.24	299.24			
EEO Class:									Training Other-R 0.89000	7.12	Hours (Reg/OT): 40.00 / 0.00	40.00			
Check #:									SICAP-Rate per 0.15000	1.20		380.21	1,025.39		
									Amnuty-rate/hr 12.00000	96.00					
									Other	41.73					
										294.77					

Plocher Construction Certified Payroll Transcript

Period: 11/13/2024 - 11/19/2024 Week #: 7
 Job: 4072- Taylorville Well Building Improvements
 Contract: 4072- Taylorville Well Building Improvements

Job Totals	Hours							Project Amounts	Liabilities			Weekly Totals (Week Ending 11/19/24)		
	Mon	Tue	Wed	Thu	Fri	Sat	Sun		Tue Total	Description	Rate	Amounts	Total Gross	Deductions	Net Pay
			0.00	0.00	0.00	0.00	0.00	0.00	Health & Welfare		66.64	3,300.40	42.17	
			0.00	0.00	0.00	0.00	0.00	16.00	Health & Welfare		85.60		38.80	
			0.00	0.00	0.00	0.00	0.00	0.00	Pension-Rate/Hr		75.68		71.60	
			0.00	0.00	0.00	0.00	0.00	0.00	Pension-Factor		76.00		40.00	
			0.00	0.00	0.00	0.00	0.00	0.00	Training-Other2		1.20		8.00	
			0.00	0.00	0.00	0.00	0.00	0.00	Training-Rate/Hr		10.80		815.29	
			0.00	0.00	0.00	0.00	0.00	0.00	Training Other-R		7.12		1,015.86	
			0.00	0.00	0.00	0.00	0.00	0.00	SICAP-Rate per		3.20			2,284.54
			0.00	0.00	0.00	0.00	0.00	0.00	Other					
			0.00	0.00	0.00	0.00	0.00	0.00	Hours (Reg/OT):	30.00 / 0.00				
			0.00	0.00	0.00	0.00	0.00	0.00	Annuity-Factored		12.00			
			0.00	0.00	0.00	0.00	0.00	0.00	Annuity-rate/hr		96.00			
			0.00	0.00	0.00	0.00	0.00	0.00	Other		98.02			
			0.00	0.00	0.00	0.00	0.00	0.00			<u>532.26</u>			

Date 11/20/2024

I, Lisa Scholl

(Name of Signatory Party)

Chief Financial Officer
(Title)

do hereby state:

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

Plocher Construction

(Contractor or Subcontractor)

on the

Job: 4072- Taylorsville Well Building Improvements that during the payroll period commencing on the
(Building or Work)

13 day of November 2024, and ending the 19 day of November 2024 Week #: 7
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

Plocher Construction

(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
Lisa Scholl
Chief Financial Officer

SIGNATURE
Lisa Scholl

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1091 OF TITLE 18 AND SECTION 231
OF TITLE 31 OF THE UNITED STATES CODE.



Case #: 24-CTP-389874

Illinois Department of Labor

160 N. LaSalle St Suite1300
Chicago, IL 60601

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

CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date
11/13/2024 to 11/19/2024
Contractor Number Or FEIN
37-1289208
Project Number or Name
4072-
Agency
Not a State Agency

Project Location
Lincoln Trail
Taylorville IL 62568
State Capital Funds
No

Contractor and/or Subcontractor

Company Name
Plocher Construction
Contact Name
Lisa J Scholl
Primary Email
ljscholl@plocherco.com
Primary Phone
6186549408

Contractor Location
2808 THOLE PLOCHER RD
HIGHLAND IL 62249
Secondary Email
kalewls@plocherco.com
Secondary Phone

Public Body Information

Public Body Name
City of Taylorville
Contact Name

Primary Phone

Public Body Address
115 N MAIN ST
TAYLORVILLE IL 62568
Secondary Phone

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
JOEL NEWMAN	5670	ST LOUIS CARPS ZONE 1 & 2	13057 CHEROKEE RD	HIGHLAND IL 62249	white	N H L	m	No	No	Yes	No	6187814084
BRENT TTIMMERMANN	5326	LABORERS 459 BELLEVILLE	4630 ASHLYN DR	POCAHON TAS IL 62275	white	N H L	m	No	No	Yes	No	6189781678

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

N H L- Not Hispanic or Latino
H L- Hispanic or Latino

Work Classification

Name	Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot Hrs	OT Hrs	Dub Tim	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
JOEL NEWMAN	P	0.00	8.00	0.00	0.00	0.00	0.00	8.00	0.00	0.00		47.37	0.00	0.00	378.96	1259.15	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00	
	Pension	9.50		Health		10.70		Vacation	0.00		Training		0.55				
BRENT TTIMMERMANN	P	0.00	8.00	0.00	0.00	0.00	0.00	8.00	0.00	0.00		35.14	0.00	0.00	281.12	1025.39	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00	
	Pension	8.33		Health		8.33		Vacation	0.00		Training		0.89				

I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

Lisa Scholl
Nov 29, 2024



AFFIDAVIT

Weekly Statement of Compliance

Date: 11/25/2024

I, Kimberly Lewis,
(name signatory party)

Project Assistant, do
(Title)

hereby state: that I pay or supervise the payment of the persons employed on the public works project Taylorville Well Building Improvements (name of project) that during the payroll period commencing on the

13th day of November, 2024,
(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

Plocher Construction Company, Inc.
(name of contractor or subcontractor)
from the full weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates contained therein are not less than the actual rates herein stated and that the classification set forth for each laborer or mechanic conform to the work he/she performed.

Signature
Digital Signature Kim Lewis

FRINGES

Health Fund See attached
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: See attached
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: _____
Company Name: _____
Contact Person: _____
(Address) _____
(City) _____ (State) _____ (zipcode) _____

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

Statement of Compliance

Date: NOVEMBER 26, 2024

I, Colin Beveridge, CFO do hereby state:

(1) That I pay or supervise the payment of the persons employed by Anderson Electric Inc. on the Taylorville Well Bldg Int., that during the payroll period commencing on the 20 day of NOVEMBER, 2024 and ending the 26 day of NOVEMBER, 2024, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Anderson Electric Inc. 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. 957; 76 Stat. 357; 40 U.S.C. 3145), and described below:

- Federal W/H Savings
- State W/H 401K Contributions
- FICA Child support
- Union Dues

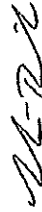
(2) That any payroll otherwise under this contract required to be submitted for the above period are correct and complete, that the wage rates for laborers or mechanics contained herein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that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

(e) EXCEPTIONS

EXCEPTION (Cont)	EXPLANATION
REMARKS	
SIGNATURE	
NAME AND TITLE Colin Beveridge, CFO	
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION, SEE SECTION 1061 OF TITLE 18 AND SECTION 925 OF TITLE 31 OF THE UNITED STATES CODE.	

Plocher Construction Certified Payroll Transcript

Period: 11/20/2024 - 11/26/2024 Week #: 8
 Job: 4072- Taylorville Well Building Improvements
 Contract: 4072- Taylorville Well Building Improvements

Employee	Hours							Project Rate	Total Rate	Liabilities			Weekly Totals (Week Ending 11/26/24)		
	Wed	Thu	Fri	Sat	Sun	Mon	Tue			Description	Rate	Amounts	Gross	Deductions	Net Pay
BIRCHER, GAGE - 4685 3111 LAKESIDE DR HIGHLAND, IL 62249 ST LOUIS CARPS / JOURNEYMA Regular Time	0.00	0.00	0.00	0.00	0.00	8.00	0.00	44.870	358.96	Health & Welfare 10.70000 Pension-Factor 9.50000 Training-Other2 0.15000 Training-Rate/h 0.55000 SICAP-Rate per 0.25000 Annuity-Factored 1.50000 Other	85.60 76.00 1.20 4.40 2.00 12.00 53.34 234.54	74.29 41.50 8.30 523.76 647.85	1,214.26		
M/EX: S/O Race/Sex: 1-White/M ST LOUIS CARPS ZONE 1 & 2 / JOURNEYMAN Check #: 1129.24 EEO Class: Other Taxable Project Total															
FAULKNER, JIM L - 3953 343 CENTENNIAL ST WHITE HALL, IL 62092 OPERATOR 965 SP / CERT CRAN Regular Time	0.00	0.00	0.00	0.00	0.00	8.00	50.990	403.12	0.00	Health & Welfare 12.50000 Pension-Rate/h 10.75000 Training-Other2 3.00000 Training-Rate/h 0.10000 Training Other-R 0.20000 Annuity-rate/hr 5.95000 Other	100.00 85.00 24.00 0.90 1.60 47.60 59.87 319.87	104.56 4.10 517.88 626.54	1,464.65		
M/EX: M/O Race/Sex: 1-White/M OPERATOR 965 SPRINGFIELD HH / CERT CRANE OPR PREM 1 Check #: 1129.24 EEO Class: Other Taxable Other Non Taxable Project Total															
NEWMAN, JOEL - 1183 13057 CHEROKEE RD HIGHLAND, IL 62249 ST LOUIS CARPS / FOREMAN Regular Time	8.00	8.00	8.00	0.00	0.00	0.00	47.370	1,136.88	0.00	Health & Welfare 10.70000 Pension-Factor 9.50000 Training-Other2 0.15000 Training-Rate/h 0.55000 SICAP-Rate per 0.25000 Annuity-Factored 1.50000 Other	256.80 228.00 3.60 13.20 6.00 36.00 158.89 712.49	71.60 40.00 8.00 516.58 636.18	1,258.62		
M/EX: S/O Race/Sex: 1-White/M ST LOUIS CARPS ZONE 1 & 2 / FOREMAN Check #: 1129.24 EEO Class: Other Taxable Other Non Taxable Project Total															

Plocher Construction Certified Payroll Transcript

Period: 11/20/2024 - 11/26/2024 Week #: 3
 Job: 4072- Taylorville Well Building Improvements
 Contract: 4072- Taylorville Well Building Improvements

Employee	Hours							Project Total Rate Amounts	Liabilities			Weekly Totals (Week Ending 11/26/24)		
	Wed	Thu	Fri	Sat	Sun	Mon	Tue		Description	Rate	Amounts	Gross	Deductions	Net Pay
TIMMERMANN, BRENT T - 5589 M/EX: M/O Race/Sex: 1-White/M 4630 ASHLYN DR POCAHONTAS, IL 62275 LABORERS 459 BE / FOREMAN EEO Class: Regular Time 8.00 8.00 8.00 8.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 Check #: 1129.24 Other Taxable 0.00 Other Non Taxable 0.00 Project Total 1,265.04								Health & Welfare	8.33000	299.88	Union Dues - Rate	42.17		
									Pension-Rate/h	9.48000	340.56	Union Dues - Rate	36.80	
									Training-Rate/h	0.50000	28.80	Other	299.24	
									Training Other-R.	0.68000	32.04			
									SICAP-Rate per	0.15000	5.40			1,025.39
									Amnity-rate/hr	12.00000	432.00	Hours (Reg/OT):	40.00 / 0.00	
								Other		187.92				
										1,325.60				
WELLE, ANTHONY J - 4073 M/EX: S/I Race/Sex: 3-Black/M 653 HILL ROAD CASEYVILLE, IL 62232 CEMENT MASONS 9 / APPRENTICE EEO Class: Regular Time 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 Check #: 1129.24 Other Taxable 0.00 Other Non Taxable 0.00 Project Total 124.80								Health & Welfare	11.50000	45.00	Union Dues - Rate	118.75		
									Pension-Factor	18.50000	74.00	Other	396.84	
									Training-Factor	0.50000	2.40			
									SICAP-Rate per	0.15000	0.60			1,033.41
									Other		18.54	Hours (Reg/OT):	40.00 / 7.50	
											141.54			

Plocher Construction Certified Payroll Transcript

Period: 11/20/2024 - 11/26/2024 Week #: 8
 Job: 4072- Taylorville Well Building Improvements
 Contract: 4072- Taylorville Well Building Improvements

Job Totals	Hours							Project Amounts	Liabilities		Weekly Totals (Week Ending 11/26/24)
	Mon	Tue	Wed	Thu	Fri	Sat	Sun		Total	Gross		Deductions	Net Pay
Regular Time	16.00	16.00	16.00	16.00	16.00	0.00	0.00	3,288.80	Health & Welfare	389.88	146.73
Other Taxable							8.00	80.00	Health & Welfare	388.40	161.55
Other Non Taxable								0.00	Pension-Rate/hc	426.56	145.69
Project Total								3,288.80	Pension-Factors	378.00	91.50
									Training-Other2:	28.60	16.30
									Training-Rate/hc	47.20	2,254.30
									Training-Factors	2.40	2,806.37
									Training Other-R	33.64	
									SICAP-Rate per	14.00	
									Annuit-Factored	48.00	
									Annuit-rate/hr	479.60	
									Other	488.56	
										2,735.04	
									Hours (Reg/OT):	200.00 / 9.50	

Date 11/27/2024

I, Lisa Scholl

Chief Financial Officer
(Title)

(Name of Signatory Party)

do hereby state:

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

Plocher Construction

(Contractor or Subcontractor)

on the

Job: 4072- Taylorville Well Building Improvements ; that during the payroll period commencing on the

(Building or Work)

20 day of November , 2024 , and ending the 26 day of November 2024 Week #: 8

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

Plocher Construction

(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 (46 Stat. 945, 63 Stat. 108, 72 Stat. 957; 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

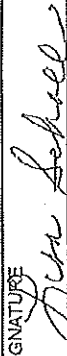
EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

SIGNATURE

NAME AND TITLE

Lisa Scholl
Chief Financial Officer



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 251 OF TITLE 31 OF THE UNITED STATES CODE.



Case #: 24-CTP-389875

Illinois Department of Labor

160 N. LaSalle St Suite1300

Chicago, IL 60601

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

CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date

11/20/2024 to 11/26/2024

Contractor Number Or FEIN

37-1289208

Project Number or Name

4072-

Agency

Not a State Agency

Project Location

Lincoln Trail

Taylorville IL 62568

State Capital Funds

No

Contractor and/or Subcontractor

Company Name

Plocher Construction

Contact Name

Lisa J Scholl

Primary Email

ljscholl@plocherco.com

Primary Phone

6186549408

Contractor Location

2808 THOLE PLOCHER RD

HIGHLAND IL 62249

Secondary Email

kalewis@plocherco.com

Secondary Phone

Public Body Information

Public Body Name

City of Taylorville

Contact Name

Primary Phone

Public Body Address

115 N MAIN ST

TAYLORVILLE IL 62568

Secondary Phone

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
GAGE BIRCHER	7276	ST LOUIS CARPS ZONE 1 & 2	3111 LAKESIDE DR	HIGHLAND IL 62249	white	N H L	m	No	Yes	No	No	6186064177
JIM LFAULKNER	0759	OPERATOR 965 SPRINGFIELD HH	343 CENTENNIAL AVE	WHITE HALL IL 62092	white	N H L	m	No	No	No	No	2172488360
JOEL NEWMAN	5670	ST LOUIS CARPS ZONE 1 & 2	13057 CHEROKEE RD	HIGHLAND IL 62249	white	N H L	m	No	No	Yes	No	6187814084
BRENT TTIMMERMANN	5326	LABORERS 459 BELLEVILLE	4630 ASHLYN DR	POCAHONTAS IL 62275	white	N H L	m	No	No	Yes	No	6189781678
ANTHONY JWELLE	9946	CEMENT MASONS 90 TROY	653 HILL RD	CASEYVILLE IL 62232	black or african american	N H L	m	No	No	No	Yes	6183633515

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

N H L- Not Hispanic or Latino
 H L- Hispanic or Latino

Work Classification

Name	Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot Hrs	OT Hrs	Dub Tim	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
GAGE BIRCHER	P	8.00	0.00	0.00	0.00	0.00	0.00	8.00	0.00	0.00		44.87	0.00	0.00	358.96	234.07	
	NP	0.00	8.00	8.00	9.00	8.00	0.00	32.00	1.00	0.00		44.87	67.31	0.00	1503.15	980.19	
	Pension	9.50		Health		10.70		Vacation		0.00		Training		0.55			
JIM LFAULKNER	P	8.00	0.00	0.00	0.00	0.00	0.00	8.00	0.00	0.00		50.39	0.00	0.00	403.12	282.34	
	NP	0.00	8.00	8.00	9.00	8.00	0.00	32.00	1.00	0.00		50.39	75.59	0.00	1688.07	1182.31	
	Pension	12.50		Health		12.50		Vacation		0.00		Training		3.00			
JOEL NEWMAN	P	0.00	0.00	8.00	8.00	8.00	0.00	24.00	0.00	0.00		47.37	0.00	0.00	1136.88	1258.62	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00	
	Pension	9.50		Health		10.70		Vacation		0.00		Training		0.55			

BRENT TTIMMER MANN	P	8.00	4.00	8.00	8.00	8.00	0.00	0.00	36.00	0.00	0.00	35.14	0.00	0.00	1265.04	922.85	
	NP	0.00	4.00	0.00	0.00	0.00	0.00	0.00	4.00	0.00	0.00	35.14	0.00	0.00	140.56	102.54	
	Pension	8.33		Health		8.33		Vacation		0.00	Training		0.89				

ANTHON Y JWELLE	P	0.00	4.00	0.00	0.00	0.00	0.00	0.00	4.00	0.00	0.00	31.20	0.00	0.00	124.80	103.80	
	NP	8.00	4.00	0.00	8.00	14.50	0.00	0.00	28.00	6.50	0.00	31.20	46.80	0.00	1177.80	979.61	
	Pension	18.50		Health		11.50		Vacation		0.00	Training		0.60				

I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

Lisa Scholl
Nov 29, 2024



BENTON & ASSOCIATES, INC.
Consulting Engineers / Land Surveyors

823 W. Spresser St. #2 • Taylorville IL 62568
Voice 217-245-4146 • Fax 217-245-4149

Reginald H. Benton, PE, SE
William J. Sleeman, PE
Jamie L. Headen, PE
Kenneth E. Sturgeon, PLS
Matthew B. Hardy, PE, SE
Benjamin M. Spreen, PE
Douglas J. Erickson, PE
C. Cameron Jones, PE, PLS
Stefanie J. Ballinger, PE

December 11, 2024

Jolynne Richardson, Clerk
City of Taylorville
115 North Main St.
Taylorville, IL 62568

<EMAILED>

SUBJECT: City of Taylorville
22E3695 – Springfield Rd/Rte 29 Water Main Improvements
Pay Application #4

Dear Jolynne:

Transmitted herewith for the above-mentioned subject improvements are the following documents for your records:

- Partial Pay App #4 with corresponding Lien Waiver
- Certified Payrolls and required certifications from October 29, 2024 thru December 3, 2024.

E.L. Pruitt Company has submitted all the required documentation needed to release payment once this has been approved by the City Council. This item needs to be on the December 16, 2024 City Council Agenda.

Should you have any questions, please contact our office.

Very truly yours,
BENTON & ASSOCIATES, INC.

Jim Morris

Encls.

cc: Bruce Barry, Mayor
Kathy Driskell, Chairman Water Committee
Marlin Brune, Water Superintendent

P:\22e3695\Documents\Correspondence\Transmittal Pay App 4 12-11-24.doc

APPLICATION & CERTIFICATE FOR PAYMENT	PROJECT: Springfield Rd/Rte 29 Water Main Replacement	CONTRACT DATE: July 24, 2024
		PARTIAL PAYMENT ESTIMATE NO. 4
		PAGE 1 OF 3
OWNER: City of Taylorville	CONTRACTOR: E.L. Pruitt Company	PERIOD OF ESTIMATE: November 2, 2024 thru November 27, 2024

CONTRACT CHANGE ORDER SUMMARY				ESTIMATE	
No.	Approval Date	Amount			
		Additions	Deductions		
				1. Original Contract Sum	\$ 1,297,659.00
				2. Net Change by Change Orders	\$ -
				3. Contract Sum to Date [1+2]	\$ 1,297,659.00
				4. Work Completed *	\$ 733,744.67
				5. Stored Materials *	\$ -
				6. Subtotal [4+5]	\$ 733,744.67
				7. Retainage *	
				a. 10% of Work Completed	\$ 73,374.47
				b. 10% of Stored Material	
				Total Retainage	\$ 73,374.47
				8. Total Earned Less Retainage	\$ 660,370.21
				9. Less Prev. Certifis. for Payment	\$ 487,064.85
				10. Current Payment Due	\$ 173,305.36
				11. Balance to Finish + Retainage [1-6-8]	\$ 637,288.80
TOTALS		\$ -	\$ -		
NET CHANGE			\$ -		

* Detailed breakdown attached

CONTRACT TIME			
Original (days) <u>160</u>	% Complete <u>56.5%</u>		
Revised _____	On Schedule <input type="checkbox"/> Yes	Starting Date <u>July 24, 2024</u>	
Remaining <u>34</u>	<input checked="" type="checkbox"/> No	Projected Completion <u>12/31/2024</u>	

<p>CONTRACTOR'S CERTIFICATION:</p> <p>The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.</p> <p>Contractor: By <u>Courtney Cosby</u> Date <u>12/6/2024</u></p> <p>Subscribed and sworn to before me this <u>6</u> day of <u>December</u>, 2024</p> <p>Notary Public: By <u>Angela Roach</u> My commission expires: <u>09-06-2027</u></p>	<p>APPROVED BY OWNER:</p> <p>Owner _____</p> <p>By _____</p> <p>Date _____</p> <p>Signed by: _____</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p style="text-align: center; font-size: small;">OFFICIAL SEAL ANGELA ROACH NOTARY PUBLIC, STATE OF KENTUCKY MY COMMISSION EXPIRES 09-06-2027</p> </div> <p style="text-align: center;">SEAL</p>
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PARTIAL PAY ESTIMATE

Project: Springfield Rd/Rte 29 Water Main Replacement
 Partial Pay Estimate # 4 Page 2 of 3
 Dates of Estimate: 11/2/2024 to 11/27/2024
 Amount of Contract: \$ 1,297,659.00 rev.
 Date of Completion: 12/31/2024 orig. rev.

Contractor: E.L. Pruitt
 Owner: City of Taylorville

ITEM No.	Description	Contract Items		Price	#	CHANGE ORDER		This Period		Total To Date	
		Quantity	Unit			#	#	Quantity	Amount		Quantity	Amount
1	8" DIA. PVC C900, DR-18, PC235 WATER MAIN	685	LF	\$ 103,681.60				0	\$ -	685	\$ 103,681.60
2	6" DIA. PVC C900, DR-18, PC235 WATER MAIN	55	LF	\$ 6,718.25				0	\$ -	0	\$ -
3	8" DIA. PVC C900, DR-18, PC235 REST. JOINT WATER MAIN - HDD	1,630	LF	\$ 293,269.60				100	\$ 17,892.00	1325	\$ 236,394.00
4	16" DIA IPS HPDE DR-17 CASING PIPE	88	LF	\$ 9,858.64				0	\$ -	40	\$ 4,481.20
5	16" DIA IPS HPDE DR-17 CASING PIPE - HDD	237	LF	\$ 85,391.42				42	\$ 11,577.72	237	\$ 65,331.42
6	8" DIA. PVC C900, DR-18, PC235 WATER MAIN IN CASING	86	LF	\$ 8,967.20				0	\$ -	40	\$ 4,076.00
7	REST. JOINT WATER MAIN IN CASING	237	LF	\$ 36,002.67				42	\$ 6,380.22	237	\$ 36,002.67
8	8" GATE VALVE, M.J. & BOX	8	EA	\$ 3,210.96				1	\$ 3,210.96	4	\$ 12,843.84
9	6" GATE VALVE, M.J. & BOX	3	EA	\$ 2,498.02				0	\$ -	3	\$ 7,494.06
10	8" MUELLER PERMASEAL INSERTION VALVE, M.J. & BOX	1	EA	\$ 20,476.95				0	\$ -	0	\$ -
11	8" MUELLER PERMASEAL INSERTION VALVE, M.J. & BOX	1	EA	\$ 18,156.20				0	\$ -	0	\$ -
12	8" 3-WAY FLUSH HYDRANT, M.J.	3	EA	\$ 3,858.73				0	\$ -	2	\$ 7,717.46
13	6" BLOCK/PLUG, M.J.	4	EA	\$ 1,180.60				0	\$ -	0	\$ -
14	6" BLOCK/PLUG, M.J.	1	EA	\$ 1,116.78				0	\$ -	0	\$ -
15	8" LINE STOP, M.J.	2	EA	\$ 6,397.22				0	\$ -	0	\$ -
16	8" TAPPING SLEEVE W/ TAPPING VALVE, M.J. & BOX	2	EA	\$ 7,943.01				0	\$ -	1	\$ 7,943.01
17	CONNECTION TO EXISTING WATER MAIN	3	EA	\$ 2,933.59				0	\$ -	1	\$ 2,933.59
18	DUCTILE IRON FITTINGS	2,147	LBS	\$ 11.93				455	\$ 5,547.45	2147	\$ 25,613.71
19	TRENCH BACKFILL (CA-6)	255	CY	\$ 78.08				18,88	\$ 1,317.98	217.79	\$ 17,065.04
20	TRENCH BACKFILL (CLSM)	7	CY	\$ 1,218.09				0	\$ -	3	\$ 3,654.15
21	TRENCH COMPACTION	828	LF	\$ 5.51				157	\$ 865.07	725	\$ 3,994.75
22	FERTILIZING & SEEDING	1	LS	\$ 15,066.15				0	\$ -	0	\$ -
23	WATER MAIN DISINFECTION TEST	2	EA	\$ 4,191.08				0.5	\$ 12,228.84	0.5	\$ 12,228.84
24	TRAFFIC CONTROL	1	LS	\$ 24,459.68				288	\$ 2,004.48	288	\$ 2,004.48
25	PAINT PAVEMENT MARKING - 4"	288	LF	\$ 6.96				40	\$ 1,299.60	40	\$ 1,299.60
26	PAINT PAVEMENT MARKING - SYMBOL	40	SF	\$ 32.49				1425	\$ 19,836.00	1425	\$ 19,836.00
27	4" MILL PARKING LOT	1,425	SF	\$ 13.92					\$ -		\$ -
Total										780,201.68	\$ 780,201.68

PARTIAL PAY ESTIMATE

Project: Springfield Rd/Rte 29 Water Main Replacement
 Partial Pay Estimate # 4 Page 3 of 3
 Dates of Estimate: From: 11/02/2024 to 11/27/2024
 Amount of Contract: orig. \$ 1,297,659.00 rev.
 Date of Completion: 12/31/2024 rev.

No.	ITEM Description	Contract Items		Price	CHANGE ORDER			This Period		Total To Date	
		Quantity	Unit		#	#	#	Quantity	Amount	Quantity	Amount
28	TYPE "C" ROAD PATCH	2	EA	\$ 6,779.29				0	\$ 0	0	\$ 0
	8" PCC APPROACH										
29	REMOVE/REPLACE	53.8	SY	\$ 529.04				0	\$ 0	0	\$ 0
	6" PCC PAVEMENT										
30	REMOVE/REPLACE	353.9	SY	\$ 366.50				0	\$ 0	0	\$ 0
31	4" SIDEWALK REMOVE/REPLACE	2,543	SF	\$ 38.39				0	\$ 0	0	\$ 0
	CURS AND GUTTER										
32	REMOVE/REPLACE	6	LF	\$ 612.99				0	\$ 0	0	\$ 0
	2" BINDER COURSE HOT-MIX										
33	ASPHALT REPLACE	196	TON	\$ 255.28				196	\$ 50,034.88	196	\$ 50,034.88
	2" SURFACE COURSE HOT-MIX										
34	ASPHALT REPLACE	196	TON	\$ 257.60				196	\$ 50,489.60	196	\$ 50,489.60
35	4" SEWER TILE REPAIR	50	LF	\$ 40.85				0	\$ 0	0	\$ 0
36	5" SEWER TILE REPAIR	50	LF	\$ 55.09				0	\$ 0	0	\$ 0
37	8" SEWER TILE REPAIR	50	LF	\$ 52.10				0	\$ 0	0	\$ 0
38	10" SEWER TILE REPAIR	50	LF	\$ 69.92				0	\$ 0	0	\$ 0
39	12" SEWER TILE REPAIR	50	LF	\$ 78.99				0	\$ 0	0	\$ 0
	WATER SERVICES										
40	1" WATER METER SET	14	EA	\$ 1,560.43				0	\$ 0	0	\$ 0
	2" PE SERVICE TUBING CASING -										
41	HDD	55	LF	\$ 177.74				55	\$ 9,775.70	55	\$ 9,775.70
	1" TYPE "K" COPPER SERVICE										
42	TUBING IN CASING	55	LF	\$ 47.04				0	\$ 0	0	\$ 0
	1" TYPE "K" COPPER SERVICE										
43	TUBING - TRENCHED	140	LF	\$ 117.41				0	\$ 0	0	\$ 0
43a	1.5" TYPE "K" COPPER SERVICE	70	LF	\$ 240.40				0	\$ 0	0	\$ 0
	8"x1" PRESSURE SERVICE										
44	CONNECTION	13	EA	\$ 1,273.06				0	\$ 0	0	\$ 0
	8"x1.5" PRESSURE SERVICE										
44a	CONNECTION	1	EA	\$ 1,551.14				0	\$ 0	0	\$ 0
	CONNECTION TO EXISTING WATER										
45	SERVICE	14	EA	\$ 277.81				0	\$ 0	0	\$ 0
46	MOBILIZATION	1	LS	\$ 39,950.37				0	\$ 0	1	\$ 39,950.37
47	EXPLORATORY EXCAVATION	2	EA	\$ 6,957.70				0	\$ 0	1	\$ 6,957.70
	Total Page 3			\$ 517,457.32	\$ -	\$ -	\$ -	\$ 110,300.18	\$ 157,208.25	\$ 157,208.25	
	Total Page 2			\$ 780,201.66	\$ -	\$ -	\$ -	\$ 82,261.33	\$ 576,536.42	\$ 576,536.42	
	Total Page 2 & 3			\$ 1,297,659.00	\$ -	\$ -	\$ -	\$ 192,561.51	\$ 733,744.67	\$ 733,744.67	

PARTIAL WAIVER

TO WHOM IT MAY CONCERN:

WHEREAS the undersigned has been employed by City of Taylorville to furnish Civil Work for the premises known as Springfield RD/RTE 29 Water Main Replacement of which City of Taylorville is the owner,

THE undersigned, for and in consideration of One Hundred Seventy-Three Thousand Three Hundred Five & 35/100 (\$ 173,305.35) Dollars, and other good and valuable considerations, the receipt is hereby acknowledged, do(es) hereby waive and release any and all lien or claim of, or right to, lien, under the statutes of the State of Illinois, relating to mechanics' liens, with respect to and on said above-described premises, and the improvements thereon, and on the material, fixtures, apparatus or machinery furnished, and on the moneys, funds or other considerations due or to become due from the owner, on account of labor services, material, fixtures, apparatus or machinery, furnished to this date by the undersigned for the above-described premises, INCLUDING EXTRAS.*

Signed this 6 day of December, 2024

E.L. Pruitt Company

3090 Colt Road, Springfield, IL 62702

DocuSigned by: Courtney Cosby COO 427105473EA8409...

NOTE: All waivers must be for the full amount paid. If waiver is for a corporation, corporate name should be used, the title of officer signing waiver should be set forth; If waiver is for a partnership, the partnership name should be used, partner should sign and designate himself as partner. All Signatures MUST be original.

CONTRACTOR'S AFFIDAVIT

State of Illinois } SS
County of Sangamon }

TO WHOM IT MAY CONCERN:

THE undersigned, being duly sworn, deposes and says that he/she is COO of E.L. Pruitt Company who is the contractor for the Civil work on the building located at Springfield Road/Route 29, Taylorville, IL owned by City of Taylorville

That the total amount of the contract including extras is \$ 1,297,659.00 on which he/she has received payment of \$ 487,064.85 prior to this payment. That all waivers are true, correct, and genuine and delivered unconditionally and that there is no claim either legal or equitable to defeat the validity of said waivers. That the following are the names of all parties who have furnished material or labor, or both, for said work and all parties having contracts or sub contracts for specific portions of said work or for material entering into the construction thereof and the amount due or to become due to each, and that the items mentioned include all labor and material required to complete said work according to plans and specifications:

Table with 6 columns: NAMES, KIND OF WORK, AMOUNT OF CONTRACT, PAID PREVIOUSLY, AMOUNT OF THIS PAYMENT, BALANCE TO COMPLETE. Rows include E.L. Pruitt Co, JK Snyder, Core & Main, Dunn Company, and a TOTAL LABOR AND MATERIAL TO COMPLETE row.

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 6 day of December, 2024

Subscribed and sworn to before me this 6 day of December, 2024

Signed by:

DocuSigned by: Courtney Cosby COO 427105473EA8409...

DocuSigned by: Angela Roach E7B0FB594R0UC...



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



Case #: 24-CTP-397771

Illinois Department of Labor

160 N. LaSalle St Suite1300

Chicago, IL 60601

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

CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date	Project Location
10/30/2024 to 11/5/2024	Springfield Road/Route 29
Contractor Number Or FEIN	Taylorville IL 62568
74-2885005	
Project Number or Name	State Capital Funds
Taylorville Route 29 WM Replacement	No
Agency	
Not a State Agency	

Contractor and/or Subcontractor

Company Name	Contractor Location
E.L. PRUITT COMPANY	3090 COLT RD
Contact Name	SPRINGFIELD IL 62707
Tara B Wehling	
Primary Email	Secondary Email
tparker@elpruitt.com	
Primary Phone	Secondary Phone
2177890966	

Public Body Information

Public Body Name	Public Body Address
City of Taylorville	115 N MAIN ST
Contact Name	TAYLORVILLE IL 62568
Primary Phone	Secondary Phone

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
AARON MSAGLE	7799	SPFLD PLUMBERS/ PIPEFITTER S	28 DEAN PARK DR	SPRINGFI ELD IL 62707	white	N H L	m	No	No	Yes	No	2178367844
RHETT JBARTLETTI	9260	LABORERS - HEAVY HIGHWAY	603 S LINCOLN ST	DIVERNO N IL 62530	white	N H L	m	No	Yes	No	No	2173417862
JOHN PNEAL JR	7783	LABORERS - HEAVY HIGHWAY	7437 NEW CITY RD	ROCHEST ER IL 62563	white	N H L	m	No	No	Yes	No	2174153765
CONNOR RPATRICK	4602	SPFLD PLUMBERS/ PIPEFITTER S	824 SEQUOIA CT	TAYLORVI LLE IL 62568	white	N H L	m	No	No	No	Yes	2178234295
CORY PTAFT	8521	OPERATOR S HEAVY HIGHWAY	3690 ROBY RD	MECHANI CSBURG IL 62545	white	N H L	m	No	Yes	No	No	2173061405
JOSEPH TAUDI	4161	OPERATOR S HEAVY HIGHWAY	117 JOAN DR	DIVERNO N IL 62530	white	N H L	m	No	Yes	No	No	2179710803
COREY BOLT	5978	LABORERS - HEAVY HIGHWAY	485 PAKEY RD	SPRINGFI ELD IL 62712	white	N H L	m	No	Yes	No	No	2174148354

G-Gender

V-Veteran

J-Journeyman

F-Foreman

A-Apprentice

N H L- Not Hispanic or Latino

H L- Hispanic or Latino

Work Classification

Name	Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Wor k
AARON MSAGLE	P	4.00	8.00	8.00	8.00	0.00	0.00	36.00	0.00	0.00	47.73	0.00	0.00	0.00	0.00	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Pension	0.00		Health		0.00		Vacation	0.00		Training		0.00			
RHETT JBARTLET TI	P	0.00	0.00	5.00	3.00	4.00	0.00	12.00	0.00	0.00	34.04	0.00	0.00	0.00	0.00	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Pension	0.00		Health		0.00		Vacation	0.00		Training		0.00			

JOHN PNEAL JR	P	0.00	0.00	10.00	0.00	4.00	0.00	0.00	11.00	3.00	0.00	37.29	55.94	0.00	0.00	0.00	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Pension		0.00		Health		0.00		Vacation		0.00		Training		0.00			

CONNOR PATRICK	P	0.00	0.00	0.00	0.00	8.00	0.00	0.00	8.00	0.00	0.00	34.98	0.00	0.00	0.00	0.00	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Pension		0.00		Health		0.00		Vacation		0.00		Training		0.00			

CORY PTAFT	P	0.00	0.00	10.00	0.00	3.50	0.00	0.00	11.00	2.50	0.00	47.74	71.61	0.00	0.00	0.00	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Pension		0.00		Health		0.00		Vacation		0.00		Training		0.00			

JOSEPH TAUDI	P	8.00	0.00	9.50	4.00	8.50	0.00	0.00	28.00	2.00	0.00	47.74	71.61	0.00	0.00	0.00	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Pension		0.00		Health		0.00		Vacation		0.00		Training		0.00			

COREY BOLT	P	5.00	0.00	9.50	4.00	8.00	0.00	0.00	25.00	1.50	0.00	34.04	51.06	0.00	0.00	0.00	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Pension		0.00		Health		0.00		Vacation		0.00		Training		0.00			

I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

Tara Wehling
Dec 06, 2024



AFFIDAVIT

Weekly Statement of Compliance

Date: 12/6/2024

I, Tara Wehling,
(name signatory party)

AP Manager/Contract Admin, do
(Title)

hereby state: that I pay or supervise the payment of the persons employed on the public works project City of Tville Rt 29;

that during the payroll period commencing on the

30 day of October, 2024,
(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

E.L. Pruitt Company

(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 laborer or mechanic conform to the work he/she performed.

Tara Wehling

Signature

Digital Signature

FRINGES

See attached below

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: JK Snyder

Contact Person: Kevin Snyder

PO Box 9207

Springfield (City) IL (State) 62791 (zipcode)

Telephone Number: 217-525-6566

Company Name: Dunn Company

Contact Person: Tiffany Crow

724 N MERCER ST

Decatur (City) IL (State) 62522 (zipcode)

Telephone Number: 217-429-4444

Company Name: _____

Contact Person: _____

_____ (Address)

_____ (City) _____ (State) _____ (zipcode)

Telephone Number: _____

Company Name: _____

Contact Person: _____

_____ (Address)

_____ (City) _____ (State) _____ (zipcode)

Telephone Number: _____

Fringes

Health Fund: SMW Local 218

Health Address: 2855 Via Verde, Springfield, IL 62703

Health Sponsor: Ed Robinson

Health Admin: Ed Robinson

Pension Fund: SMW National Funds

Pension Address: PO Box 79321, Baltimore, MD 21279

Pension Sponsor: Ed Robinson

Pension Admin: Ed Robinson

401k Fund: SMW Local 36 401k Fund

401k Address: 2319 Chauteau Ave, Suite 300, St Louis, MO 63103

401k Sponsor: Ed Robinson

401k Admin: Ed Robinson

Health Fund: Plumbers & Fitters Local 137 Fringe

Health Address: PO Box 3526, Springfield, IL 62708

Health Sponsor: Aaron Gurnsey

Health Admin: Aaron Gurnsey

Pension Fund: Plumbers & Pipefitters National Pension Fund

Pension Address: 103 Oronocco St, Alexandria, VA 22312

Pension Sponsor: Aaron Gurnsey

Pension Admin: Aaron Gurnsey

Health Fund Central Laborers Pension, Welfare & Annuity Funds
Health Address PO Box 1267, Jacksonville, IL 62651
Health Sponsor Michelle Payne
Health Admin Michelle Payne

Pension Fund Central Laborers Pension, Welfare & Annuity Funds
Pension Address PO Box 1267, Jacksonville, IL 62651
Pension Sponsor Michelle Payne
Pension Admin Michelle Payne

401(k) Fund Central Laborers Pension, Welfare & Annuity Funds
401(k) Address PO Box 1267, Jacksonville, IL 62651
401(k) Sponsor Michelle Payne
401(k) Admin Michelle Payne

Vacation Fund Central Laborers Pension, Welfare & Annuity Funds
Vacation Address PO Box 1267, Jacksonville, IL 62651
Vacation Sponsor Michelle Payne
Vacation Admin Michelle Payne

Health Fund IUOE Local #965
Health Address PO Box 78000, Detroit, MI 48278-0159
Health Sponsor Patrick McCaherty
Health Admin Patrick McCaherty

Pension Fund IUOE Local #965
Pension Address PO Box 78000, Detroit, MI 48278-0159
Pension Sponsor Patrick McCaherty
Pension Admin Patrick McCaherty

401(k) Fund IUOE Local #965
401(k) Address PO Box 78000, Detroit, MI 48278-0159
401(k) Sponsor Patrick McCaherty
401(k) Admin Patrick McCaherty

Vacation Fund IUOE Local #965
Vacation Address PO Box 78000, Detroit, MI 48278-0159
Vacation Sponsor Patrick McCaherty
Vacation Admin Patrick McCaherty

Certified Payroll Transcript

E.L. Pruitt Co.
 3090 Colt Road
 PO BOX 3306
 Springfield, IL 62708
 P:217-789-0966

Period: 10/30/2024 - 11/05/2024
 Job: 51989.05 Taylorville Route 29 W/M Replacement - Civil
 Contract: 51989. Taylorville Route 29 W/M Replacement

Employee	Hours							Project	***** Liabilities *****				***** Weekly Totals ***** (Week Ending 11/5/24)		
	10-30 Wed	10-31 Thu	11-1 Fri	11-2 Sat	11-3 Sun	11-4 Mon	11-5 Tue		Total	Rate	Description	Amounts	Gross	Deductions	Net Pay
AUDI, JOSEPH T - 1003 117 JOAN DRIVE DIVERNON, IL 62530 OPERATORS HEAVY / CLASS OPERATORS HEAVY / CLASS	8.00	4.00	8.00	0.00	0.00	8.00	0.00	28.00	47.740	1,336.72					
	1.50	0.00	0.50	0.00	0.00	0.00	0.00	2.00	71.610	143.23					
	M/EX: H/2 Race/Sex: C/M														
	OPERATORS HEAVY HIGHWAY / CLASS 1 - JM														
	EEO Class: Journeyman														
	Check #: 110524 1371396														
	STRAIGHT TIME											91.76	FEDERAL TAX W	120.89	
	TIME AND ONE											21.46	SOCIAL SECURI	116.16	
	Other Taxable											-0.01	MEDICARE	27.17	
	Project Total											54.57	ADDITIONAL ME	82.16	
Other Non Taxable											26.07	ILLINOIS STATE	93.69		
Project Total											375.00	SUPPLEMENTAL	93.69		
											178.50	IUCR 965 PEF	3.55		
											322.50	1,873.81	443.46	1,430.35	
											3.00	Hours (Reg/OT): 28.00 / 7.50			
BARTLETT, RHETT J - 877 603 S. LINCOLN STREET DIVERNON, IL 62530 LABORERS - HEAVY / JOURNEY STRAIGHT TIME	5.00	3.00	4.00	0.00	0.00	0.00	0.00	12.00	34.040	408.48					
	M/EX: H/0 Race/Sex: C/M														
	LABORERS - HEAVY HIGHWAY / JOURNEYMAN														
	EEO Class: Journeyman														
	Check #: 110524														
	STRAIGHT TIME											25.32	FEDERAL TAX W	126.33	
	Other Taxable											5.93	SOCIAL SECURI	84.42	
	Other Non Taxable											19.24	MEDICARE	19.75	
	Project Total											5.88	ADDITIONAL ME	67.40	
	Project Total											99.00	ILLINOIS STATE	47.66	
											9.72	CHILD SUPPORT	47.66		
											6.36	UNION DUES	120.00		
											54.00	VACATION DEDL	56.80		
											2.40	S&C/ILDC	522.36		
											188.40	1,361.60	839.24		
											416.05	Hours (Reg/OT): 40.00 / 0.00			

Certified Payroll Transcript

Period: 10/30/2024 - 11/05/2024
 Job: 51989.05 Taylorville Route 29 WM Replacement - Civil
 Contract: 51989. Taylorville Route 29 WM Replacement

E.L. Pruitt Co.
 3090 Coit Road
 PO BOX 3306
 Springfield, IL 62708
 P:217-789-0966

Employee	Hours							Project	Liabilities		Weekly Totals				
	10-30 Wed	11-1 Thu	11-2 Fri	11-3 Sat	11-4 Sun	11-5 Mon	11-5 Tue		Description	Rate	Amounts	Gross	Deductions	Net Pay	
BOLT, COREY - 1071	xxx-xx-5978 M/EX: S/O Race/Sex: C/M														
465 PAKEY RD	LABORERS - HEAVY HIGHWAY / JOURNEYMAN														
SPRINGFIELD, IL 62712	EEO Class: Journeyman Check #: 110524														
LABORERS - HEAVY / JOURNEY STRAIGHT TIME	8.00	4.00	8.00	0.00	0.00	0.00	0.00	851.00	EMPLOYER FICA	0.06200	57.50	FEDERAL TAX W.	165.93		
LABORERS - HEAVY / JOURNEY TIME AND ONE	1.50	0.00	0.00	0.00	0.00	0.00	0.00	76.59	EMPLOYER MI	0.01450	19.45	SOCIAL SECURITY	80.73		
								0.00	IL SUTA	0.08650	-0.01	MEDICARE	18.88		
								0.00	WORKMANS C	0.04710	42.49	ADDITIONAL ME			
								0.00	GENERAL LIAE	0.01390	12.53	ILLINOIS STATE	64.45		
								927.59	HEALTH & WEI	8.25000	218.63	UNION DUES	45.57		
									INTERNATION	0.81000	21.47	VACATION DEDL	112.50		
									LECET	0.53000	14.05	S&CILD	53.25		
									ANNUITY	4.50000	119.25				
									IAF	0.20000	5.30				
									LOCAL PENSIC	5.70000	416.05				
											920.71				
														Hours (Reg/OT): 36.00 / 1.50	
NEAL JR, JOHN P - 918	xxx-xx-7763 M/EX: S/1 Race/Sex: C/M														
7437 NEW CITY ROAD	LABORERS - HEAVY HIGHWAY / GENERAL FOREMAN														
ROCHESTER, IL 62563	EEO Class: Check #: 110524														
LABORERS - HEAVY / GENERAL STRAIGHT TIME	8.00	0.00	3.00	0.00	0.00	0.00	0.00	410.19	EMPLOYER FICA	0.06200	35.84	FEDERAL TAX W.	90.35		
LABORERS - HEAVY / GENERAL TIME AND ONE	2.00	0.00	1.00	0.00	0.00	0.00	0.00	167.81	EMPLOYER MI	0.01450	6.39	SOCIAL SECURITY	61.27		
								0.00	IL SUTA	0.08650	-0.01	MEDICARE	14.33		
								0.00	WORKMANS C	0.04710	24.59	ADDITIONAL ME			
								0.00	GENERAL LIAE	0.01390	7.26	ILLINOIS STATE	46.27		
								578.00	HEALTH & WEI	8.25000	115.49	FUEL REIMBUR	20.00		
									INTERNATION	0.81000	11.33	UNION DUES	34.59		
									LECET	0.53000	7.41	VACATION DEDL	75.00		
									ANNUITY	4.50000	63.00	S&CILD	35.50		
									IAF	0.20000	2.80				
									LOCAL PENSIC	5.70000	219.80				
											495.90				
														Hours (Reg/OT): 22.00 / 3.00	

Certified Payroll Transcript

E.L. Pruitt Co.
 3090 Colt Road
 PO BOX 3306
 Springfield, IL 62708
 P:217-789-0966

Period: 10/30/2024 - 11/05/2024
 Job: 51989.05 Taylorville Route 29 WM Replacement - Civil
 Contract: 51989. Taylorville Route 29 WM Replacement

Employee	Hours							Total	Rate	Amounts	***** Liabilities *****		Gross	Deductions	Net Pay		
	10-30 Wed	10-31 Thu	11-1 Fri	11-2 Sat	11-3 Sun	11-4 Mon	11-5 Tue				Description	Rate				Amounts	Project
PATRICK, CONNOR R - 919 824 Sequoia Ct TAYLORVILLE, IL 62568 SPFLD PLUMBERS//5TH YR A STRAIGHT TIME	0.00	0.00	8.00	0.00	0.00	0.00	8.00	34.980		279.64		EMPLOYER FII	0.06200	17.35	77.86		
										0.00		EMPLOYER MI	0.01450	4.06	69.40		
										0.00		IL SUTA	0.08650	-0.01	16.23		
										0.00		WORKMANS C	0.02850	7.98			
										279.64		GENERAL LIAE	0.01570	4.39	50.13		
												NATIONAL PEN	1.46000	11.68	4.80		
												HEALTH & WEI	9.45000	75.60	39.16		
												LOCAL PENSIC	0.15000	81.20			
												NATIONALTRA	1.23000	9.84	1.28		
												NATIONAL IND	0.30000	2.40	19.20		
											INTERNATION/	0.10000	0.80	6.40			
											SUBSTANCE A	0.08000	0.64				
											137 DEFINED (	2.25000	18.00	284.48		
															334.88		
																Hours (Reg/OT): 32.00 / 0.00	
SAGLE, AARON M - 765 28 DEAN PARK DR SPRINGFIELD, IL 62707 SPFLD PLUMBERS//FOREMA STRAIGHT TIME	8.00	8.00	8.00	0.00	0.00	4.00	36.00	47.730		1,718.28		EMPLOYER FII	0.06200	106.54	149.73		
										0.00		EMPLOYER MI	0.01450	24.92	106.54		
										0.00		IL SUTA	0.08650	0.01	24.92		
										0.00		WORKMANS C	0.02850	48.97			
										1,718.28		GENERAL LIAE	0.01570	26.98	82.41		
												NATIONAL PEN	1.46000	52.56	20.00		
												HEALTH & WEI	9.45000	340.20	5.40		
												LOCAL PENSIC	0.15000	365.40	90.14		
												NATIONALTRA	1.23000	44.28	72.00		
												NATIONAL IND	0.30000	10.80	1.44		
											INTERNATION/	0.10000	3.60	21.60			
											SUBSTANCE A	0.08000	2.88	7.20			
											137 DEFINED (	2.25000	61.00			
																551.38	
																1,166.90	
																	Hours (Reg/OT): 36.00 / 0.00

Certified Payroll Transcript

Period: 10/30/2024 - 11/05/2024
 Job: 51989.05 Taylorville Route 29 WM Replacement - Civil
 Contract: 51989. Taylorville Route 29 WM Replacement

E.L. Pruitt Co.
 3090 Colt Road
 PO BOX 3306
 Springfield, IL 62708
 P.217-789-0966

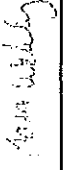
Employee	Hours							Project Amounts	***** Liabilities *****			***** Weekly Totals ***** (Week Ending 11/5/24)								
	10-30		11-1		11-2		11-3		11-4		11-5		Total	Rate	Amounts	Gross	Deductions	Net Pay		
	Wed	Thu	Thu	Fri	Sat	Sun	Mon		Tue	Mon	Tue	Other Taxable							Other Non Taxable	Project Total
TAFT, CORY P - 939																				
3690 ROBY ROAD	xxx-xx-8521 M/EX: M/O			Race/Sex: C/M																
MECHANICSBURG, IL 62545	OPERATORS HEAVY HIGHWAY / CLASS 1 - JM			EEO Class: Journeyman				Check #: 110524												
OPERATORS HEAVY / CLASS STRAIGHT TIME	8.00	0.00	3.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11.00	47.740	525.14		FEDERAL TAX W	66.61		
OPERATORS HEAVY / CLASS TIME AND ONE	2.00	0.00	0.50	0.00	0.00	0.00	0.00	0.00	2.50	71.610	179.03						SOCIAL SECURI	58.46		
											0.00						MEDICARE	13.67		
											0.00						ADDITIONAL ME		46.67	
											0.00						ILLINOIS STATE		47.14	
											0.00						SUPPLEMENTAL		1.85	
											0.00						IUOE 965 PEF		234.40	708.47
																	942.87			
																	Hours (Reg/OT):	16.00 / 2.50		
																	AGCI	2.70		
																	TRAINING	40.50		
																			531.97	

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

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

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
REMARKS:	

NAME AND TITLE	SIGNATURE
TARA WEHLING CONTRACT ADMINISTRATOR	
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 201 OF TITLE 31 OF THE UNITED STATES CODE.	

Date 12/6/2024

I, TARA WEHLING (Name of Signatory Party) CONTRACT ADMINISTRATOR (Title)

do hereby state:

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

E.L. PRUITT COMPANY on the _____
(Contractor or Subcontractor)

Job: 51989.05 Taylorville Route 29 WM Replacement that during the payroll period commencing on the _____
(Building or Work)

30 day of October, 2024, and ending the 5 day of November 2024, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said _____

E.L. PRUITT COMPANY
(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.



Case #: 24-CTP-397773

Illinois Department of Labor

160 N. LaSalle St Suite1300
Chicago, IL 60601

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

CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date

11/6/2024 to 11/12/2024

Contractor Number Or FEIN

74-2885005

Project Number or Name

Taylorville Route 29 W/M Replacement

Agency

Not a State Agency

Project Location

Springfield Road/Route 29

Taylorville IL 62568

State Capital Funds

No

Contractor and/or Subcontractor

Company Name

E.L. PRUITT COMPANY

Contact Name

Tara B Wehling

Primary Email

tparker@elpruitt.com

Primary Phone

2177890966

Contractor Location

3090 COLT RD

SPRINGFIELD IL 62707

Secondary Email

Secondary Phone

Public Body Information

Public Body Name

City of Taylorville

Contact Name

Public Body Address

115 N MAIN ST

TAYLORVILLE IL 62568

Primary Phone

Secondary Phone

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
AARON MSAGLE	7799	SPFLD PLUMBERS/PIPEFITTERS	28 DEAN PARK DR	SPRINGFIELD IL 62707	white	N H L	m	No	No	Yes	No	2178367844
AUSTIN LATTERBERRY	4983	SPFLD PLUMBERS/PIPEFITTERS	18763 GUM TOWN RD	VIRGINIA IL 62691	white	N H L	m	No	No	Yes	No	2179391567
RHETT JBARTLETTI	9260	LABORERS - HEAVY HIGHWAY	603 S LINCOLN ST	DIVERNO N IL 62530	white	N H L	m	No	Yes	No	No	2173417862
STUART RNEFF	6158	LABORERS - HEAVY HIGHWAY	PO BOX 231	WILLIAMS VILLE IL 62693	white	N H L	m	No	No	Yes	No	2174154317
JERAD CWOOSLEY	0520	OPERATORS HEAVY HIGHWAY	688 S TOWER RD	DAWSON IL 62520	white	N H L	m	No	Yes	No	No	2178364131
JOHN PNEAL JR	7783	LABORERS - HEAVY HIGHWAY	7437 NEW CITY RD	ROCHESTER IL 62563	white	N H L	m	No	No	Yes	No	2174153765
CONNOR RPATRICK	4602	SPFLD PLUMBERS/PIPEFITTERS	824 SEQUOIA CT	TAYLORVILLE IL 62568	white	N H L	m	No	No	No	Yes	2178234295
CORY PTAFT	8521	OPERATORS HEAVY HIGHWAY	3690 ROBY RD	MECHANICSBURG IL 62545	white	N H L	m	No	Yes	No	No	2173061405
JOSEPH TAUDI	4161	OPERATORS HEAVY HIGHWAY	117 JOAN DR	DIVERNO N IL 62530	white	N H L	m	No	Yes	No	No	2179710803
COREY BOLT	5978	LABORERS - HEAVY HIGHWAY	485 PAKEY RD	SPRINGFIELD IL 62712	white	N H L	m	No	Yes	No	No	2174148354
CADE JBILBRUCK	6567	SPFLD PLUMBERS/PIPEFITTERS	227 OLIVE ST	HETTICK IL 62649	white	N H L	m	No	No	No	Yes	2179312589

G-Gender

V-Veteran

J-Journeyman

F-Foreman

A-Apprentice

N H L- Not Hispanic or Latino

H L- Hispanic or Latino

Work Classification

Pension 0.00 Health 0.00 Vacation 0.00 Training 0.00

JOSEPH TAUDI	P	8.00	8.00	4.50	8.50	9.50	8.50	0.00	36.00	11.00	0.00	47.74	71.61	0.00	0.00	0.00	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		Pension	0.00	Health	0.00	Vacation	0.00	Training	0.00								

COREY BOLT	P	8.00	8.00	8.50	8.00	9.00	8.00	0.00	49.50	0.00	0.00	34.04	0.00	0.00	0.00	0.00	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		Pension	0.00	Health	0.00	Vacation	0.00	Training	0.00								

CADE JBILBRUC K	P	0.00	4.00	0.00	0.00	0.00	0.00	0.00	4.00	0.00	0.00	26.24	0.00	0.00	0.00	0.00	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		Pension	0.00	Health	0.00	Vacation	0.00	Training	0.00								

I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

Tara Wehling
Dec 06, 2024



AFFIDAVIT

Weekly Statement of Compliance

Date: 12/6/2024

I, Tara Wehling,

(name signatory party)

AP Manager/Contract Admin, do

(title)

hereby state: that I pay or supervise the payment of the persons employed on the public works project City of Tville Rt 29;

that during the payroll period commencing on the

6 day of November, 2024,

(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

E.L. Pruitt Company

(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

See attached below

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: JK Snyder

Contact Person: Kevin Snyder

PO Box 9207

(Address)

Springfield IL 62791

(City) (State) (zipcode)

Telephone Number: 217-525-6566

Company Name: Dunn Company

Contact Person: Tiffany Crow

724 N MERCER ST

(Address)

Decatur IL 62522

(City) (State) (zipcode)

Telephone Number: 217-429-4444

Company Name: _____

Contact Person: _____

(Address)

(City) (State) (zipcode)

Telephone Number: _____

Company Name: _____

Contact Person: _____

(Address)

(City) (State) (zipcode)

Telephone Number: _____

Fringes

Health Fund: SMW Local 218

Health Address: 2855 Via Verde, Springfield, IL 62703

Health Sponsor: Ed Robinson

Health Admin: Ed Robinson

Pension Fund: SMW National Funds

Pension Address: PO Box 79321, Baltimore, MD 21279

Pension Sponsor: Ed Robinson

Pension Admin: Ed Robinson

401k Fund: SMW Local 36 401k Fund

401k Address: 2319 Chauteau Ave, Suite 300, St Louis, MO 63103

401k Sponsor: Ed Robinson

401k Admin: Ed Robinson

Health Fund: Plumbers & Fitters Local 137 Fringe

Health Address: PO Box 3526, Springfield, IL 62708

Health Sponsor: Aaron Gurnsey

Health Admin: Aaron Gurnsey

Pension Fund: Plumbers & Pipefitters National Pension Fund

Pension Address: 103 Oronocco St, Alexandria, VA 22312

Pension Sponsor: Aaron Gurnsey

Pension Admin: Aaron Gurnsey

Health Fund Central Laborers Pension, Welfare & Annuity Funds
Health Address PO Box 1267, Jacksonville, IL 62651
Health Sponsor Michelle Payne
Health Admin Michelle Payne

Pension Fund Central Laborers Pension, Welfare & Annuity Funds
Pension Address PO Box 1267, Jacksonville, IL 62651
Pension Sponsor Michelle Payne
Pension Admin Michelle Payne

401(k) Fund Central Laborers Pension, Welfare & Annuity Funds
401(k) Address PO Box 1267, Jacksonville, IL 62651
401(k) Sponsor Michelle Payne
401(k) Admin Michelle Payne

Vacation Fund Central Laborers Pension, Welfare & Annuity Funds
Vacation Address PO Box 1267, Jacksonville, IL 62651
Vacation Sponsor Michelle Payne
Vacation Admin Michelle Payne

Health Fund IUOE Local #965
Health Address PO Box 78000, Detroit, MI 48278-0159
Health Sponsor Patrick McCaherty
Health Admin Patrick McCaherty

Pension Fund IUOE Local #965
Pension Address PO Box 78000, Detroit, MI 48278-0159
Pension Sponsor Patrick McCaherty
Pension Admin Patrick McCaherty

401(k) Fund IUOE Local #965
401(k) Address PO Box 78000, Detroit, MI 48278-0159
401(k) Sponsor Patrick McCaherty
401(k) Admin Patrick McCaherty

Vacation Fund IUOE Local #965
Vacation Address PO Box 78000, Detroit, MI 48278-0159
Vacation Sponsor Patrick McCaherty
Vacation Admin Patrick McCaherty

Certified Payroll Transcript

E.L. Pruitt Co.
 3090 Colt Road
 PO BOX 3306
 Springfield, IL 62708
 P:217-789-0966

Period: 11/06/2024 - 11/12/2024
 Job: 51989.05 Taylorville Route 29 WM Replacement - Civil
 Contract: 51989. Taylorville Route 29 WM Replacement

Employee	Hours							Total	Rate	Description	Rate	Amounts	Gross	Deductions	Net Pay
	11-6 Wed	11-7 Thu	11-8 Fri	11-9 Sat	11-10 Sun	11-11 Mon	11-12 Tue								
<p>***** Liabilities *****</p> <p>***** Weekly Totals ***** (Week Ending 11/12/24)</p>															
<p>ATTEBERRY, AUSTIN L - 798 18763 GUM TOWN ROAD VIRGINIA, IL 62691 SPFLD PLUMBERS/ FOREMA STRAIGHT TIME</p>	0.00	0.00	0.00	0.00	0.00	0.00	2.00	2,0047,730	0.00	EMPLOYER FI	0.06200	95.46	FEDERAL TAX W	289.01	
								Other Taxable	0.00	EMPLOYER MI	0.01450	0.00	SOCIAL SECURI	115.42	
								Other Non Taxable	0.00	WORKMANS C	0.02850	0.00	MEDICARE	26.99	
								Project Total	95.46	GENERAL LIAE	0.01570	1.50	ADDITIONAL ME	89.50	
										NATIONAL PER	1.46000	2.92	ILLINOIS STATE	30.00	
										HEALTH & WEI	9.45000	18.90	FUEL REIMBURS	5.70	
										LOCAL PENSIK	0.15000	20.30	COPE FUND	5.70	
										NATIONALTRA	1.23000	2.46	UNION DUES	65.15	
										NATIONALIND	0.30000	0.60	SAVINGS	76.00	
										INTERNATIONI	0.10000	0.20	BUILDING & TRA	1.52	
										SUBSTANCE A	0.08000	0.16	MARKET INVEST	22.80	
										137 DEFINED (	2.25000	4.50	BUILDING FUND	7.60	
												64.56	LOCAL 137 ORG	729.69	1,131.79
														1,861.48	
														Hours (Reg/OT): 36.00 / 2.00	
<p>***** Weekly Totals *****</p>															
<p>AUDI, JOSEPH T - 1003 117 JOAN DRIVE DIVERNON, IL 62530 OPERATORS HEAVY / CLASS STRAIGHT TIME OPERATORS HEAVY / CLASS TIME AND ONE</p>	4.00	8.00	8.00	8.00	8.00	8.00	8.00	36.0047,740	1,718.64	EMPLOYER FI	0.06200	155.39	FEDERAL TAX W	334.09	
								Other Taxable	0.00	EMPLOYER MI	0.01450	36.35	SOCIAL SECURI	155.39	
								Other Non Taxable	0.00	IL SUTA	0.08650	0.02	MEDICARE	36.35	
								Project Total	2,506.37	WORKMANS C	0.09810	85.49	ADDITIONAL ME	118.78	
										GENERAL LIAE	0.07820	40.84	ILLINOIS STATE	125.32	
										HEALTH & WEI	2.50000	567.50	SUPPLEMENTAL	4.70	
										ANNUITY	5.95000	279.65	IUOE 965 PEF	774.63	1,731.74
										LOCAL PENSIK	0.75000	505.25			
										DIAAF	0.10000	4.70			
														Hours (Reg/OT): 36.00 / 11.00	
										AGCI	0.20000	9.40			
										TRAINING	3.00000	141.00			
												1,345.59			

Certified Payroll Transcript

Period: 11/06/2024 - 11/12/2024
 Job: 51989.05 Taylorville Route 29 WM Replacement - Civil
 Contract: 51989. Taylorville Route 29 WM Replacement

E.L. Pruitt Co.
 3090 Coit Road
 PO BOX 3306
 Springfield, IL 62708
 P:217-789-0966

Employee	Hours							Project	***** Liabilities *****			***** Weekly Totals ***** (Week Ending 11/12/24)		
	11-6 Wed	11-7 Thu	11-8 Fri	11-9 Sat	11-10 Sun	11-11 Mon	11-12 Tue		Description	Rate	Amounts	Gross	Deductions	Net Pay
BARLETTI, RHETT J - 877 603 S. LINCOLN STREET DIVERNON, IL 62530	xxx-xx-9260 M/EX: H/O Race/Sex: C/M LABORERS - HEAVY HIGHWAY / JOURNEYMAN EEO Class: Journeyman Check #: 111224													
	0.00	0.00	3.00	0.00	0.00	6.00	2.00	11.00	34.040	374.44	EMPLOYER FII 0.06200	48.54	FEDERAL TAX W	216.67
	0.00	0.00	1.00	7.00	0.00	0.00	0.00	8.00	51.060	408.48	EMPLOYER MI 0.01450	11.35	SOCIAL SECURI	112.91
								0.00	Other Taxable	0.00	WORKMANS C 0.04710	30.46	MEDICARE	26.40
								0.00	Other Non Taxable	0.00	GENERAL LIAE 0.01390	8.99	ADDITIONAL ME	90.15
								782.52	Project Total	782.52	HEALTH & WEI 8.25000	156.75	ILLINOIS STATE	90.15
											INTERNATION/ 0.81000	15.39	CHILD SUPPORT	63.74
											LECET 0.53000	10.07	UNION DUES	147.00
											ANNUITY 4.50000	85.50	VACATION DEDL	69.58
											IAF 0.20000	3.80	S&CILDLC	725.45
											LOCAL PENSIC 5.70000	298.30		1,094.69
												669.15		
														Hours (Reg/OT): 40.00 / 9.00
BILBRUCK, CADE J - 1095 227 N OLIVE ST HETTICK, IL 62649	xxx-xx-6567 M/EX: S/O Race/Sex: C/M SPFLD PLUMBERS/PIPEFITTERS / 2ND YR APPRENTICE EEO Class: Apprentice Check #: 111224													
	0.00	0.00	0.00	0.00	0.00	0.00	4.00	4.00	26.240	104.96	EMPLOYER FII 0.06200	6.49	FEDERAL TAX W	95.05
								0.00	Other Taxable	0.00	EMPLOYER MI 0.01450	1.54	SOCIAL SECURI	58.57
								0.00	Other Non Taxable	0.00	WORKMANS C 0.02850	3.00	MEDICARE	13.70
								104.96	Project Total	104.96	GENERAL LIAE 0.01570	1.63	ADDITIONAL ME	46.76
											NATIONAL PEN 1.46000	5.84	ILLINOIS STATE	5.40
											HEALTH & WEI 9.45000	37.90	COPE FUND	33.05
											LOCAL PENSIC 0.15000	40.60	UNION DUES	
											NATIONALTRA 1.23000	4.92	SAVINGS	
											NATIONAL IND 0.30000	1.20	BUILDING & TRA	1.44
											INTERNATION/ 0.10000	0.40	MARKET INVEST	21.60
											SUBSTANCE A 0.08000	0.32	BUILDING FUND	7.20
											137 DEFINED C 2.25000	9.00	LOCAL 137 CRG	
												112.74		
														Hours (Reg/OT): 36.00 / 0.00

Certified Payroll Transcript

E.L. Pruitt Co.
 3090 Coit Road
 PO BOX 3306
 Springfield, IL 62708
 P:217-789-0966

Period: 11/06/2024 - 11/12/2024
 Job: 51989.05 Taylorville Route 29 W/M Replacement - Civil
 Contract: 51989. Taylorville Route 29 W/M Replacement

Employee	Hours							Project	Liabilities		Gross	Deductions	Net Pay
	11-6 Wed	11-7 Thu	11-8 Fri	11-9 Sat	11-10 Sun	11-11 Mon	11-12 Tue		Rate	Amounts			
BOLT, COREY - 1071	8.50	8.00	8.00	8.00	0.00	8.00	8.00	1,684.98	EMPLOYER FII 0.06200	104.46	FEDERAL TAX W	250.18	
485 PAKEY RD	LABORERS - HEAVY HIGHWAY / JOURNEYMAN							0.00	EMPLOYER MI 0.01450	24.43	SOCIAL SECURI	104.46	
SPRINGFIELD, IL 62712	EEO Class: Journeyman							0.00	IL SUTA 0.08650	0.01	MEDICARE	24.43	
LABORERS - HEAVY / JOURNEY STRAIGHT TIME	Check #: 111224							0.00	WORKMANS C 0.04710	79.36	ADDITIONAL ME	83.41	
	Other Taxable							0.00	GENERAL LAE 0.01390	23.42	ILLINOIS STATE	58.97	
	Project Total							1,684.98	HEALTH & WEI 8.25000	408.38	UNION DUES	148.50	
									INTERNATION/ 0.81000	40.10	VACATION DEDL	70.29	
									LECET 0.53000	26.24	S&CILDG	740.24	944.74
									ANNUITY 4.50000	222.75			
									IAF 0.20000	9.90			
									LOCAL PENSJK 5.70000	777.15			
										1,716.20			
NEAL JR, JOHN P - 918	2.00	0.00	0.00	0.00	0.00	0.00	0.00	18.00	EMPLOYER FII 0.06200	48.54	FEDERAL TAX W	160.73	
7437 NEW CITY ROAD	LABORERS - HEAVY HIGHWAY / GENERAL FOREMAN							111.88	EMPLOYER MI 0.01450	11.96	SOCIAL SECURI	84.36	
ROCHESTER, IL 62563	EEO Class:							0.00	IL SUTA 0.08650	0.01	MEDICARE	19.74	
LABORERS - HEAVY / GENERAL STRAIGHT TIME	Check #: 111224							0.00	WORKMANS C 0.04710	35.13	ADDITIONAL ME	64.73	
LABORERS - HEAVY / GENERAL TIME AND ONE	Other Taxable							0.00	GENERAL LAE 0.01390	10.38	ILLINOIS STATE	20.00	
	Project Total							783.10	HEALTH & WEI 8.25000	165.00	FUEL REIMBURC	47.64	
									INTERNATION/ 0.81000	16.20	UNION DUES	105.00	
									LECET 0.53000	10.60	VACATION DEDL	49.70	
									ANNUITY 4.50000	90.00	S&CILDG	551.92	809.18
									IAF 0.20000	4.00			
									LOCAL PENSJK 5.70000	314.00			
										705.22			

Hours (Reg/OT): 49.50 / 0.00

Hours (Reg/OT): 32.00 / 3.00

Certified Payroll Transcript

Period: 11/06/2024 - 11/12/2024
 Job: 51989.05 Taylorville Route 29 W/M Replacement - Civil
 Contract: 51989. Taylorville Route 29 W/M Replacement

E.L. Pruitt Co.
 3090 Coit Road
 PO BOX 3306
 Springfield, IL 62708
 P:217-789-0966

Employee	Hours							Project	***** Liabilities *****			***** Weekly Totals ***** (Week Ending 11/12/24)			
	11-6 Wed	11-7 Thu	11-8 Fri	11-9 Sat	11-10 Sun	11-11 Mon	11-12 Tue		Total	Rate	Description	Rate	Amounts	Gross	Deductions	Net Pay
NEFF, STUART R - 893															
PO BOX 231															
WILLIAMSVILLE, IL 62693															
xxx-xx-6156 M/EX: M/O Race/Sex: C/M LABORERS - HEAVY HIGHWAY / FOREMAN EEO Class: Check #: 111224								165.16	0.06200	EMPLOYER FII	17.92	FEDERAL TAX W	179.95		
LABORERS - HEAVY / FOREMAN STRAIGHT TIME LABORERS - HEAVY / FOREMAN TIME AND ONE								123.86	0.01450	EMPLOYER MI	4.16	SOCIAL SECURI	113.92		
Other Taxable Other Non Taxable Project Total								0.00	0.04710	WORKMANS C	11.69	MEDICARE	26.64		
								0.00	0.01390	GENERAL LIAE	3.44	ADDITIONAL ME	88.31		
								239.04	8.25000	HEALTH & WEI	49.49	ILLINOIS STATE	20.00		
									0.81000	INTERNATION	4.85	FUEL REIMBURS	84.31		
									0.50000	LECET	3.17	UNION DUES	129.00		
									4.50000	ANNUITY	27.00	VACATION DEDU	61.06		
									0.20000	IAF	1.20	S&CILDC	577.19		
									5.70000	LOCAL PENSIC	94.20		1,160.24		
											217.12				
													Hours (Reg/OT): 40.00 / 5.00		
PATRICK, CONNOR R - 919															
824 Sequoia Ct															
TAYLORVILLE, IL 62568															
xxx-xx-4602 M/EX: M/1 Race/Sex: C/M SPFLD PLUMBERS/PIPEFITTERS / 5TH YR APPRENTICE EEO Class: Apprentice Check #: 111224								339.52	0.06200	EMPLOYER FII	81.93	FEDERAL TAX W	100.95		
SPFLD PLUMBERS/ 5TH YR A STRAIGHT TIME SPFLD PLUMBERS/ 5TH YR A TIME AND ONE								472.23	0.01450	EMPLOYER MI	19.02	SOCIAL SECURI	81.33		
Other Taxable Other Non Taxable Project Total								0.00	0.06850	IL SUTA	0.01	MEDICARE	19.02		
								0.00	0.02850	WORKMANS C	32.90	ADDITIONAL ME	59.65		
								1,311.75	0.01570	GENERAL LIAE	18.12	ILLINOIS STATE	4.95		
									1.45000	NATIONAL PEN	54.75	COPE FUND	45.91		
									9.45000	HEALTH & WEI	311.85	UNION DUES	1.32		
									0.15000	LOCAL PENSIC	360.63	SAVINGS	19.80		
									1.23000	NATIONALTRA	40.59	BUILDING & TRA	6.60		
									0.30000	NATIONAL IND	9.90	MARKET INVEST			
									0.10000	INTERNATION	3.30	BUILDING FUND			
									0.06000	SUBSTANCE A	2.84	LOCAL 187 ORG			
									2.25000	187 DEFINED C	84.38		339.53		
											1,035.42		972.22		
													Hours (Reg/OT): 24.00 / 9.00		

Certified Payroll Transcript

E.L. Pruitt Co.
 3090 Coit Road
 PO BOX 3306
 Springfield, IL 62708
 P:217-789-0966

Period: 11/06/2024 - 11/12/2024
 Job: 51989.05 Taylorville Route 29 WM Replacement - Civil
 Contract: 51989. Taylorville Route 29 WM Replacement

Employee	Hours							Total	Rate	Project Amounts	Liabilities				Gross	Deductions	Net Pay
	11-6 Wed	11-7 Thu	11-8 Fri	11-9 Sat	11-10 Sun	11-11 Mon	11-12 Tue				Description	Rate	Amounts				
SAGLE, AARON M - 765 28 DEAN PARK DR SPRINGFIELD, IL 62707	M/EX: M/F Race/Sex: C/M SPFLD PLUMBERS/PIPEFITTERS / FOREMAN Check #: 111224 EEO Class:							1,909.20	40.00	47.730	1,909.20	EMPLOYER FI	0.06200	136.12	FEDERAL TAX W	207.01	
SPFLD PLUMBERS// FOREMA STRAIGHT TIME	8.00	8.00	8.00	8.00	8.00	8.00	8.00	40.00	47.730	1,909.20	EMPLOYER MI	0.01450	31.83	SOCIAL SECURI	156.12		
SPFLD PLUMBERS// FOREMA TIME AND ONE	0.00	0.00	0.00	4.00	0.00	0.00	0.00	4.00	71.595	286.38	IL SUTA	0.08650	-0.01	MEDICARE	31.83		
	Other Taxable							0.00			0.00	WORKMANS C	0.02850	59.85	ADDITIONAL ME	106.04	
	Other Non Taxable							0.00			0.00	GENERAL LIAE	0.01570	32.97	ILLINOIS STATE	20.00	
	Project Total							2,195.58			2,195.58	NATIONAL PEN	1.46000	67.16	FUEL REIMBUR	6.60	
											415.90	HEALTH & WEI	9.45000	466.90	COPE FUND	76.85	
											54.12	LOCAL PENSIK	0.15000	466.90	UNION DUES	88.00	
											13.20	NATIONALTRA	1.23000	54.12	SAVINGS	1.76	
											4.40	NATIONAL IND	0.30000	13.20	BUILDING & TRA	26.40	
											3.52	INTERNATION	0.10000	4.40	MARKET INVEST	8.80	
											103.50	SUBSTANCE A	0.08000	3.52	BUILDING FUND		
											1,389.36	137 DEFINED C	2.25000	103.50	LOCAL 137 ORG	709.41	1,486.17
														2,195.58	Hours (Reg/OT): 40.00 / 4.00		
TAFT, CORY P - 939 3690 ROBY ROAD MECHANICSBURG, IL 62545	M/EX: M/O Race/Sex: C/M OPERATORS HEAVY HIGHWAY / CLASS 1 - JM Check #: 111224 EEO Class: Journeyman							286.44	6.00	47.740	286.44	EMPLOYER FI	0.06200	17.76	FEDERAL TAX W	189.72	
OPERATORS HEAVY / CLASS STRAIGHT TIME	2.00	4.00	0.00	0.00	0.00	0.00	0.00	6.00	47.740	286.44	EMPLOYER MI	0.01450	4.15	SOCIAL SECURI	111.73		
	Other Taxable							0.00			0.00	IL SUTA	0.08650	-0.01	MEDICARE	26.13	
	Other Non Taxable							0.00			0.00	WORKMANS C	0.04710	13.49	ADDITIONAL ME	89.21	
	Project Total							286.44			286.44	GENERAL LIAE	0.01390	3.98	ILLINOIS STATE	90.11	
											75.00	HEALTH & WEI	2.50000	75.00	SUPPLEMENTAL	3.65	
											35.70	ANNUITY	5.95000	35.70	IUOE 965 PEF	490.55	1,311.64
											64.50	LOCAL PENSIK	0.75000	64.50			
											0.60	DIAAF	0.10000	0.60			
											1.20	AGCI	0.20000	1.20	Hours (Reg/OT): 34.00 / 2.50		
											18.00	TRAINING	3.00000	18.00			
											234.37			234.37			

Certified Payroll Transcript

Period: 11/06/2024 - 11/12/2024
 Job: 51989.05 Taylorville Route 29 WM Replacement - Civil
 Contract: 51989. Taylorville Route 29 WMI Replacement

E.L. Pruitt Co.
 3090 Colt Road
 PO BOX 3306
 Springfield, IL 62708
 P:217-789-0966

Employee	Hours							Project	Liabilities			Weekly Totals		
	11-6 Wed	11-7 Thu	11-8 Fri	11-9 Sat	11-10 Sun	11-11 Mon	11-12 Tue		Description	Rate	Amounts	Gross	Deductions	Net Pay
WOOSLEY, JERAD C - 905		xxx-xx-0520		M/EX: S/O	Race/Sex: C/M	Check #: 111224								
698 S TOWER ROAD		OPERATORS HEAVY / CLASS		OPERATORS HEAVY HIGHWAY / CLASS 1 - JM		EEO Class: Journeyman		763.84	EMPLOYER FI	0.06200	51.80	147.30		
DAWSON, IL 62520		STRAIGHT TIME		0.00	0.00	8.00	0.00	0.00	EMPLOYER MI	0.01450	12.12	75.47		
OPERATORS HEAVY / CLASS		TIME AND ONE		0.00	0.00	0.50	1.00	71.62	IL SUTA	0.08650	-0.01	17.66		
OPERATORS HEAVY / CLASS		TIME AND ONE		0.00	0.00	0.00	0.00	0.00	WORKMANS C	0.03810	30.92	60.26		
DAWSON, IL 62520		EEO Class: Journeyman		Check #: 111224		Project Total		835.46	GENERAL LIAE	0.01820	14.76	140.77		
OPERATORS HEAVY / CLASS		STRAIGHT TIME		0.00	0.00	8.00	0.00	0.00	HEALTH & WEI	2.50000	212.50			
OPERATORS HEAVY / CLASS		TIME AND ONE		0.00	0.00	0.50	1.00	71.62	ANNUITY	5.95000	101.16			
DAWSON, IL 62520		EEO Class: Journeyman		Check #: 111224		Project Total		835.46	LOCAL PENSIC	0.75000	182.76			
OPERATORS HEAVY / CLASS		STRAIGHT TIME		0.00	0.00	8.00	0.00	0.00	DIAAF	0.10000	1.70	60.97		
OPERATORS HEAVY / CLASS		TIME AND ONE		0.00	0.00	0.50	1.00	71.62	AGCI	0.20000	3.40	2.50		
DAWSON, IL 62520		EEO Class: Journeyman		Check #: 111224		Project Total		835.46	TRAINING	3.00000	51.00	504.83	712.55	
								835.46			662.11			

Hours (Reg/OT): 24.00 / 1.00

Certified Payroll Transcript

E.L. Pruitt Co.
 3090 Colt Road
 PO BOX 3306
 Springfield, IL 62708
 P:217-789-0966

Period: 11/06/2024 - 11/12/2024
 Job: 51989.05 Taylorville Route 29 WM Replacement - Civil
 Contract: 51989. Taylorville Route 29 WM Replacement

Job Totals	Hours							Project Amounts	Liabilities		Weekly Totals (Week Ending 11/12/24)		
	11-6 Wed	11-7 Thu	11-8 Fri	11-9 Sat	11-10 Sun	11-11 Mon	11-12 Tue		Total	Rate	Amounts	Gross	Deductions	Net Pay
	32.50	38.00	36.00	8.00	0.00	46.00	48.00	8,613.86	EMPLOYER FI	674.27	FEDERAL TAX W.	2,144.86	
	0.50	0.50	3.50	27.50	0.00	2.50	37.00	2,252.20	EMPLOYER MI	157.69	SOCIAL SECUR	1,149.70	
							Other Taxable	0.00	IL SUTA	0.02	MEDICARE	268.89	
							Other Non Taxable	0.00	WORKMANS C	385.01	ADDITIONAL ME	996.80	
							Project Total	10,876.06	GENERAL LIAE	160.03	ILLINOIS STATE	140.77	
									NATIONAL PEN	130.67	CHILD SUPPORT		
									HEALTH & WEI	2,438.97	GARNISHMENTS		
									LOCAL PENSIC	908.43	FUEL REIMBURS	90.00	
									NATIONALTRA	102.09	COPE FUND	22.65	
									NATIONAL IND	24.90	UNION DUES	455.63	
									INTERNATION	84.84	SAVINGS	164.00	
									SUBSTANCE A	6.64	VACATION DEDL	529.50	
									LECET	50.08	BUILDING & TRA	6.04	
									ANNUITY	841.76	MARKET INVEST	90.60	
									IAF	18.90	S&CILDLC	250.63	
									LOCAL PENSIC	2,236.16	BUILDING FUND	30.20	
									157 DEFINED C	201.38	LOCAL 137 ORG	276.30	
									DIAAF	7.00	SUPPLEMENTAL	10.85	
									AGCI	14.00	IUOE 965 PEF		
									TRAINING	210.00			
										<u>3,652.84</u>	18,544.04	6,527.22	12,016.82
											Hours (Reg/OT): 391.50 / 44.50		

(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.

Date 12/6/2024
 I, TARA WEHLING CONTRACT ADMINISTRATOR
(Name of Signatory Party) (Title)

do hereby state:
 (1) That I pay or supervise the payment of the persons employed by
E.L. PRUITT COMPANY on the
(Contractor or Subcontractor)

Job: 51989.05 Taylorsville Route 29 WIM Replacement that during the payroll period commencing on the
(Building & Work)

6 day of November, 2024, and ending the 12 day of November 2024
 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said
E.L. PRUITT COMPANY
(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. §§145), 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, 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.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE: TARA WEHLING
 CONTRACT ADMINISTRATOR
 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.



Case #: 24-CTP-380830

Illinois Department of Labor

160 N. LaSalle St Suite1300

Chicago, IL 60601

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

CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date

11/11/2024 to 11/17/2024

Contractor Number Or FEIN

370901663

Project Number or Name

Taylorville Water Main Replacement

Agency

Not a State Agency

Project Location

Cheney Street

Taylorville IL 62568

State Capital Funds

No

Contractor and/or Subcontractor

Company Name

Dunn Company

Contact Name

Auslin Mandrell

Primary Email

auslin.mandrell@dunnco.com

Primary Phone

2174294444

Contractor Location

724 N MERCER ST

DECATUR IL 62522

Secondary Email

nancy.lyroft@dunnco.com

Secondary Phone

Public Body Information

Public Body Name

E.L. Pruitt

Contact Name

Public Body Address

121 S WEBSTER ST

DECATUR IL 62523

Primary Phone

Secondary Phone

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Bruce Bennett	7531	Teamster	303 E 7TH ST	PANA IL 62557	White	N H L	M	No	Yes	No	No	2175651696
Eric Fore	7732	Operator	505 W 1ST ST	STONINGT ON IL 62567	White	N H L	M	No	Yes	No	No	2178258842
Randy Hearold	5213	Operator	363 W BEECHER AVE	JACKSON VILLE IL 62650	White	N H L	M	No	Yes	No	No	2173710358
Riley Hearold	6110	Laborer	363 W BEECHER AVE	JACKSON VILLE IL 62650	White	N H L	M	No	Yes	No	No	2173717173
Andrew Heeren	4175	Operator	23581 MOLINE RD	STERLING IL 61081	White	N H L	M	No	No	Yes	No	7792004911
Kristopher Johnson	9092	Operator	509 W NORTH ST	STONINGT ON IL 62567	White	N H L	M	No	No	No	Yes	2178239784
Nathan Jozsa	7685	Laborer	602 W STATE ST	LOVINGTO N IL 61937	White	N H L	M	No	Yes	No	No	2177751055
Nathaniel Schoonoveer	8857	Laborer	2839 E EMPIRE DR	ALTAMON T IL 62411	White	N H L	M	No	Yes	No	No	2173438168
Jeff Shaw	8027	Laborer	3320 W MAIN ST	DECATUR IL 62522	White	N H L	M	No	Yes	No	No	2173294597

G-Gender

V-Veteran

J-Journeyman

F-Foreman

A-Apprentice

N H L- Not Hispanic or Latino

H L- Hispanic or Latino

Work Classification

Name	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Straight Hrs	Tot Hrs	OT Hrs	Dub Tim	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
Bruce Bennett	P	0.00	10.00	0.00	0.00	0.00	0.00	8.00	2.00			44.21	66.32		1326.30	945.41	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			0.00	0.00		0.00	0.00	
	Pension	8.04		Health		15.27		Vacation	0.00		Training		0.25				
Eric Fore	P	0.00	10.00	0.00	0.00	0.00	0.00	8.00	2.00			47.74	71.61		2184.11	1282.05	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			0.00	0.00		0.00	0.00	
	Pension	10.75		Health		12.50		Vacation	0.00		Training		3.00				
Randy Hearold	P	8.50	10.00	0.00	0.00	0.00	0.00	16.00	2.50			47.74	71.61		2255.72	1659.98	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			0.00	0.00		0.00	0.00	
	Pension	10.75		Health		12.50		Vacation	0.00		Training		3.00				

Riley Hearold	P	8.50	10.00	0.00	0.00	0.00	0.00	0.00	16.00	2.50		38.63	57.95		1825.27	1161.88	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
		Pension	15.70	Health		8.25	Vacation		3.00	Training		0.81					

Andrew Heeren	P	11.00	13.00	0.00	0.00	0.00	0.00	0.00	16.00	8.00		56.15	84.23		3856.31	2633.58	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
		Pension	10.75	Health		12.50	Vacation		0.00	Training		3.00					

Kristopher Johnson	P	9.50	10.50	0.00	0.00	0.00	0.00	0.00	16.00	4.00		40.58	60.87		2039.15	1507.32	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
		Pension	10.75	Health		12.50	Vacation		0.00	Training		3.00					

Nathan Jozsa	P	10.50	12.00	0.00	0.00	0.00	0.00	0.00	16.00	6.50		34.04	51.06		1750.91	1057.87	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
		Pension	15.70	Health		8.25	Vacation		3.00	Training		0.81					

Nathaniel Schooneveer	P	8.50	10.00	0.00	0.00	0.00	0.00	0.00	16.00	2.50		34.04	51.06		1597.12	1028.08	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
		Pension	15.70	Health		8.25	Vacation		3.00	Training		0.81					

Jeff Shaw	P	0.00	12.00	0.00	0.00	0.00	0.00	0.00	8.00	4.00		34.04	51.06		1964.69	1182.09	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
		Pension	15.70	Health		8.25	Vacation		3.00	Training		0.81					

I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

Austin Mandrell
 Nov 21, 2024



Case #: 24-CTP-397777

Illinois Department of Labor

160 N. LaSalle St Suite 1300
Chicago, IL 60601

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

CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date

11/13/2024 to 11/19/2024

Contractor Number Or FEIN

74-2885005

Project Number or Name

Taylorville Route 29 WM Replacement

Agency

Not a State Agency

Project Location

Springfield Road/Route 29
Taylorville IL 62568

State Capital Funds

No

Contractor and/or Subcontractor

Company Name

E.L. PRUITT COMPANY

Contact Name

Tara B Wehling

Primary Email

tparker@elprutt.com

Primary Phone

2177890966

Contractor Location

3090 COLT RD
SPRINGFIELD IL 62707

Secondary Email

Secondary Phone

Public Body Information

Public Body Name

City of Taylorville

Contact Name

Primary Phone

Public Body Address

115 N MAIN ST
TAYLORVILLE IL 62568

Secondary Phone

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
AARON MSAGLE	7799	SPFLD PLUMBERS/PIPEFITTERS	28 DEAN PARK DR	SPRINGFIELD IL 62707	white	NHL	m	No	No	Yes	No	2178367844
RHETT JBARTLETTI	9260	LABORERS - HEAVY HIGHWAY	603 S LINCOLN ST	DIVERNO N IL 62530	white	NHL	m	No	Yes	No	No	2173417862
STUART RNEFF	6158	LABORERS - HEAVY HIGHWAY	PO BOX 231	WILLIAMSVILLE IL 62693	white	NHL	m	No	No	Yes	No	2174154317
JERAD CWOOSLEY	0520	OPERATORS HEAVY HIGHWAY	698 S TOWER RD	DAWSON IL 62520	white	NHL	m	No	Yes	No	No	2178364131
JOHN PNEAL JR	7783	LABORERS - HEAVY HIGHWAY	7437 NEW CITY RD	ROCHESTER IL 62563	white	NHL	m	No	No	Yes	No	2174153765
CONNOR RPATRICK	4602	SPFLD PLUMBERS/PIPEFITTERS	824 SEQUOIA CT	TAYLORVILLE IL 62568	white	NHL	m	No	No	No	Yes	2178234295
JOSEPH TAUDI	4161	OPERATORS HEAVY HIGHWAY	117 JOAN DR	DIVERNO N IL 62530	white	NHL	m	No	Yes	No	No	2179710803
COREY BOLT	5978	LABORERS - HEAVY HIGHWAY	485 PAKEY RD	SPRINGFIELD IL 62712	white	NHL	m	No	Yes	No	No	2174148354

G-Gender

V-Veteran

J-Journeyman

F-Foreman

A-Apprentice

NHL- Not Hispanic or Latino

HL- Hispanic or Latino

Work Classification

Name	Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot Hrs	OT Hrs	Dub Tim	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
AARON MSAGLE	P	0.00	8.00	8.00	8.00	4.00	0.00	32.00	4.00	0.00		47.73	71.60	0.00	0.00	0.00	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00	
	Pension	0.00		Health		0.00		Vacation	0.00			Training	0.00				
RHETT JBARTLETTI	P	0.00	3.00	2.00	4.00	2.00	0.00	11.00	0.00	0.00		34.04	0.00	0.00	0.00	0.00	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00	

Pension 0.00 Health 0.00 Vacation 0.00 Training 0.00

STUART RNEFF	P	2.00	2.00	3.00	0.00	0.00	0.00	0.00	7.00	0.00	0.00	41.29	0.00	0.00	0.00	0.00
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Pension	0.00		Health		0.00		Vacation		0.00		Training		0.00	

JERAD CWOOSLEY	P	0.00	8.50	8.50	8.50	8.50	0.00	0.00	32.00	2.00	0.00	47.74	71.61	0.00	0.00	0.00
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Pension	0.00		Health		0.00		Vacation		0.00		Training		0.00	

JOHN PNEAL JR	P	0.00	9.00	9.00	9.00	9.00	0.00	0.00	32.00	4.00	0.00	37.29	55.94	0.00	0.00	0.00
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Pension	0.00		Health		0.00		Vacation		0.00		Training		0.00	

CONNOR PATRICK	P	2.00	8.00	0.00	0.00	0.00	0.00	0.00	10.00	0.00	0.00	34.98	0.00	0.00	0.00	0.00
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Pension	0.00		Health		0.00		Vacation		0.00		Training		0.00	

JOSEPH TAUDI	P	0.00	8.50	8.50	8.50	8.50	7.00	0.00	32.00	9.00	0.00	47.74	71.61	0.00	0.00	0.00
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Pension	0.00		Health		0.00		Vacation		0.00		Training		0.00	

COREY BOLT	P	0.00	8.00	8.00	8.00	4.00	7.00	0.00	26.00	9.00	0.00	34.04	51.06	0.00	0.00	0.00
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Pension	0.00		Health		0.00		Vacation		0.00		Training		0.00	

I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

Tara Wehling
Dec 06, 2024



State of Illinois
Illinois Department of Labor

AFFIDAVIT

Weekly Statement of Compliance

Date: 12/6/2024

I, Tara Wehling
(name signatory party)

AP Manager/Contract Admin, do
(Title)

herby state: that I pay or supervise the payment
of the persons employed on the public works
project City of Tville Rt 29 ;

that during the payroll period commencing on the

13 day of November, 2024,
(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

E.L. Pruitt Company

(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

IL452CM01

FRINGES

See attached below

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: JK Snyder
Contact Person: Kevin Snyder
PO Box 9207
Springfield (City) IL (State) 62791 (zipcode)
(Address)

Telephone Number: 217-525-6566
Company Name: Dunn Company

Contact Person: Tiffany Crow
724 N MERCER ST
Decatur (City) IL (State) 62522 (zipcode)
(Address)

Telephone Number: 217-429-4444
Company Name: _____

Contact Person: _____
(Address) _____ (City) _____ (State) _____ (zipcode)

Telephone Number: _____
Company Name: _____
Contact Person: _____

(Address) _____ (City) _____ (State) _____ (zipcode)
Telephone Number: _____

Fringes

Health Fund: SMW Local 218

Health Address: 2855 Via Verde, Springfield, IL 62703

Health Sponsor: Ed Robinson

Health Admin: Ed Robinson

Pension Fund: SMW National Funds

Pension Address: PO Box 79321, Baltimore, MD 21279

Pension Sponsor: Ed Robinson

Pension Admin: Ed Robinson

401k Fund: SMW Local 36 401k Fund

401k Address: 2319 Chauteau Ave, Suite 300, St Louis, MO 63103

401k Sponsor: Ed Robinson

401k Admin: Ed Robinson

Health Fund: Plumbers & Fitters Local 137 Fringe

Health Address: PO Box 3526, Springfield, IL 62708

Health Sponsor: Aaron Gurnsey

Health Admin: Aaron Gurnsey

Pension Fund: Plumbers & Pipefitters National Pension Fund

Pension Address: 103 Oronocco St, Alexandria, VA 22312

Pension Sponsor: Aaron Gurnsey

Pension Admin: Aaron Gurnsey

Health Fund Central Laborers Pension, Welfare & Annuity Funds
Health Address PO Box 1267, Jacksonville, IL 62651
Health Sponsor Michelle Payne
Health Admin Michelle Payne

Pension Fund Central Laborers Pension, Welfare & Annuity Funds
Pension Address PO Box 1267, Jacksonville, IL 62651
Pension Sponsor Michelle Payne
Pension Admin Michelle Payne

401(k) Fund Central Laborers Pension, Welfare & Annuity Funds
401(k) Address PO Box 1267, Jacksonville, IL 62651
401(k) Sponsor Michelle Payne
401(k) Admin Michelle Payne

Vacation Fund Central Laborers Pension, Welfare & Annuity Funds
Vacation Address PO Box 1267, Jacksonville, IL 62651
Vacation Sponsor Michelle Payne
Vacation Admin Michelle Payne

Health Fund	IUOE Local #965
Health Address	PO Box 78000, Detroit, MI 48278-0159
Health Sponsor	Patrick McCaherty
Health Admin	Patrick McCaherty

Pension Fund	IUOE Local #965
Pension Address	PO Box 78000, Detroit, MI 48278-0159
Pension Sponsor	Patrick McCaherty
Pension Admin	Patrick McCaherty

401(k) Fund	IUOE Local #965
401(k) Address	PO Box 78000, Detroit, MI 48278-0159
401(k) Sponsor	Patrick McCaherty
401(k) Admin	Patrick McCaherty

Vacation Fund	IUOE Local #965
Vacation Address	PO Box 78000, Detroit, MI 48278-0159
Vacation Sponsor	Patrick McCaherty
Vacation Admin	Patrick McCaherty

Certified Payroll Transcript

E.L. Pruitt Co.
 3090 Colt Road
 PO BOX 3306
 Springfield, IL 62708
 P-217-789-0966

Period: 11/13/2024 - 11/19/2024
 Job: 51989.05 Taylorville Route 29 WM Replacement - Civil
 Contract: 51989. Taylorville Route 29 WM Replacement

Employee	Hours							Total Rate	Project Amounts	***** Liabilities *****			Gross	Deductions	Net Pay
	11-13 Wed	11-14 Thu	11-15 Fri	11-16 Sat	11-17 Sun	11-18 Mon	11-19 Tue			Description	Rate	Amounts			
AUDI, JOSEPH T - 1003 117 JOAN DRIVE DIVERNON, IL 62530 OPERATORS HEAVY/CLASS OPERATORS HEAVY/CLASS OPERATORS HEAVY/CLASS	8.00	8.00	8.00	8.00	0.00	0.00	8.00	1,527.68	EMPLOYER FII 0.06200 EMPLOYER MI 0.01450 IL SUTA 0.08650 WORKMANS C 0.03810 GENERAL LIAE 0.01820 HEALTH & WEI 2.50000 ANNUITY 5.95000 LOCAL PENSIV 0.75000 DIAAF 0.10000	0.06200 0.01450 0.08650 0.03810 0.01820 2.50000 5.95000 0.75000 0.10000	134.66 31.49 -0.01 74.58 35.62 512.50 243.95 440.75 4.10	257.52 134.66 31.49	1,533.55		
M/EX: H/2 Race/Sex: C/M OPERATORS HEAVY HIGHWAY / CLASS 1 - JM Check #: 1119242 EEO Class: Journeyman STRAIGHT TIME 8.00 8.00 8.00 8.00 0.00 0.00 8.00 TIME AND ONE 0.50 0.50 0.50 Other Taxable 0.00 Other Non Taxable 0.00 Project Total 2,172.19										FEDERAL TAX W 257.52 SOCIAL SECURI 134.66 MEDICARE 31.49 ADDITIONAL ME 102.24 ILLINOIS STATE 108.61 SUPPLEMENTAL 4.10 IUCD 965 PEF 4.10 2,172.19 638.64 1,533.55		Hours (Reg/OT): 32.00 / 9.00			
BARTLETTI, RHEIT J - 877 603 S. LINCOLN STREET DIVERNON, IL 62530 LABORERS - HEAVY / JOURNEY STRAIGHT TIME	2.00	4.00	2.00	0.00	0.00	0.00	3.00	374.44	EMPLOYER FII 0.06200 EMPLOYER MI 0.01450 WORKMANS C 0.04710 GENERAL LIAE 0.01390 HEALTH & WEI 3.25000 INTERNATION/ 0.81000 LECEP 5.83 ANNUITY 4.50000 IAF 0.20000 LOCAL PENSIV 5.70000	0.06200 0.01450 0.04710 0.01390 3.25000 0.81000 5.83 4.50000 0.20000 5.70000	23.21 5.43 17.64 5.21 90.75 8.91 5.83 49.50 2.20 172.70	116.16 80.19 18.76 64.03 45.27 114.00 53.96 494.37	799.15		
M/EX: H/0 Race/Sex: C/M LABORERS - HEAVY HIGHWAY / JOURNEYMAN Check #: 1119242 EEO Class: Journeyman STRAIGHT TIME 2.00 4.00 2.00 0.00 0.00 0.00 3.00 Other Taxable 0.00 Other Non Taxable 0.00 Project Total 374.44										FEDERAL TAX W 116.16 SOCIAL SECURI 80.19 MEDICARE 18.76 ADDITIONAL ME 64.03 ILLINOIS STATE 45.27 CHILD SUPPORT 114.00 UNION DUES 53.96 VACATION DEPL 494.37 S&CILDC 1,293.52 1,293.52 494.37 799.15		Hours (Reg/OT): 38.00 / 0.00			

Certified Payroll Transcript

Period: 11/13/2024 - 11/19/2024
 Job: 51989.05 Taylorville Route 29 WM Replacement - Civil
 Contract: 51989. Taylorville Route 29 WM Replacement

E.L. Pruitt Co.
 3090 Colt Road
 PO BOX 3306
 Springfield, IL 62708
 P:217-789-0966

Employee	Hours							Project	Liabilities					Weekly Totals (Week Ending 11/19/24)			
	11-13	11-14	11-15	11-16	11-17	11-18	11-19		Description	Rate	Amounts	Gross	Deductions	Net Pay	Hours (Reg/OT)	32.00 / 9.00	
	Wed	Thu	Fri	Sat	Sun	Mon	Tue										Total	Rate	Amounts
BOLT, COREY - 1071 485 PAKEY RD SPRINGFIELD, IL 62712 EEO Class: Journeyman Check #: 1119242	xxx-xx-5978	M/EX: S/D	Race/Sex: C/M					885.04	EMPLOYER FII 0.06200	83.37				220.22			
	LABORERS - HEAVY / JOURNEY STRAIGHT TIME 8.00	8.00	0.00	0.00	2.00	0.00	8.00	26.00 94.040	EMPLOYER MI 0.01450	19.50				96.03			
	LABORERS - HEAVY / JOURNEY TIME AND ONE 0.00	0.00	0.00	7.00	0.00	0.00	0.00	9.00 81.060	WORKMANS C 0.04710	56.11				22.46			
			Other Taxable					0.00									
			Other Non Taxable					0.00			16.56						
			Project Total					1,344.58			288.75				76.67		
											28.35				54.21		
											18.55				123.00		
											157.50				56.22		
											7.00				650.31		
										549.50				898.01			
														1,225.19			
NEAL JR, JOHN P - 918 7437 NEW CITY ROAD ROCHESTER, IL 62563 EEO Class: LABORERS - HEAVY / GENERAL STRAIGHT TIME 8.00	xxx-xx-7783	M/EX: S/M	Race/Sex: C/M					1,193.26	EMPLOYER FII 0.06200	87.86				173.04			
	LABORERS - HEAVY / GENERAL STRAIGHT TIME 8.00	8.00	0.00	0.00	0.00	0.00	8.00	32.00 37.290	EMPLOYER MI 0.01450	20.54				87.86			
	LABORERS - HEAVY / GENERAL TIME AND ONE 1.00	1.00	1.00	0.00	0.00	0.00	1.00	4.00 55.965	IL SUTA 0.08650	-0.01				20.54			
			Other Taxable					0.00									
			Other Non Taxable					0.00			53.23						
			Project Total					1,417.04			18.66				67.50		
											297.00				20.00		
											29.15				48.60		
											19.06				108.00		
											162.00				51.12		
										7.20				577.65			
										565.20				839.38			
														1,269.92			

Certified Payroll Transcript

E.L. Pruitt Co.
 3090 Colt Road
 PO BOX 3306
 Springfield, IL 62708
 P.217-789-0966

Period: 11/13/2024 - 11/19/2024
 Job: 51989.05 Taylorville Route 29 WM Replacement - Civil
 Contract: 51989. Taylorville Route 29 WM Replacement

Employee	Hours							Project Amounts	***** Liabilities *****		***** Weekly Totals ***** (Week Ending 11/19/24)		
	11-13 Wed	11-14 Thu	11-15 Fri	11-16 Sat	11-17 Sun	11-18 Mon	11-19 Tue		Description	Rate	Amounts	Gross	Deductions	Net Pay
NEFF, STUART R - 893 PO BOX 231 WILLIAMSVILLE, IL 62693 LABORERS - HEAVY / FOREMAN STRAIGHT TIME	3.00	0.00	0.00	0.00	0.00	2.00	7.00	289.03	EMPLOYER FI	0.06200	17.92	FEDERAL TAX W	151.65
							Other Taxable	0.00	EMPLOYER MI	0.01450	4.20	SOCIAL SECURI	102.40
							Project Total	289.03	WORKMANS C	0.04710	13.61	MEDICARE	23.95
									GENERAL LIAE	0.01390	4.02	ADDITIONAL ME	
									HEALTH & WEI	8.25000	57.75	ILLINOIS STATE	79.11
									INTERNATION	0.81000	5.67	FUEL REIMBURS	20.00
									LECET	3.71	9.71	UNION DUES	57.81
									ANNUITY	4.50000	31.50	VACATION DEPL	120.00
									IAF	0.20000	1.40	S&CILD	56.80
									LOCAL PENSK	5.70000	109.90		611.72
											249.68		1,039.88
													Hours (Reg/OT): 40.00 / 0.00
PATRICK, CONNOR R - 919 824 Sequoia Ct TAYLORVILLE, IL 62568 SPFLD PLUMBERS / 5TH YR A STRAIGHT TIME	0.00	0.00	0.00	0.00	0.00	8.00	10.00	349.80	EMPLOYER FI	0.06200	21.66	FEDERAL TAX W	21.68
							Other Taxable	0.00	EMPLOYER MI	0.01450	5.07	SOCIAL SECURI	5.07
							Project Total	349.80	IL SUTA	0.06650	-0.01	MEDICARE	
									WORKMANS C	0.02850	9.97	ADDITIONAL ME	
									GENERAL LIAE	0.01570	5.49	ILLINOIS STATE	12.03
									NATIONAL PEN	1.46000	14.60	COPE FUND	1.50
									HEALTH & WEI	9.45000	94.50	UNION DUES	12.24
									LOCAL PENSK	0.15000	101.50	SAVINGS	
									NATIONALTRA	1.23000	12.30	BUILDING & TRA	0.40
									NATIONAL IND	0.30000	3.00	MARKET INVES1	6.00
									INTERNATION	0.10000	1.00	BUILDING FUND	2.00
									SUBSTANCE A	0.06600	0.80	LOCAL 137 ORG	
									137 DEFINED C	2.25000	22.50		60.92
											292.40		288.88
													Hours (Reg/OT): 10.00 / 0.00

Certified Payroll Transcript

Period: 11/13/2024 - 11/19/2024
 Job: 51989.05 Taylorville Route 29 WM Replacement - Civil
 Contract: 51989. Taylorville Route 29 WM Replacement

E.L. Pruitt Co.
 3090 Colt Road
 PO BOX 3306
 Springfield, IL 62708
 P:217-789-0966

Employee	Hours							Project	Liabilities			Weekly Totals			
	11-13 Wed	11-14 Thu	11-15 Fri	11-16 Sat	11-17 Sun	11-18 Mon	11-19 Tue		Description	Rate	Amounts	Gross	Deductions	Net Pay	
SAGLE, AARON M - 765	xxx-xx-7799 M/EX: M/1 Race/Sex: C/M														
28 DEAN PARK DR	SPFLD PLUMBERS/PIPEFITTERS / FOREMAN														
SPRINGFIELD, IL 62707	EEO Class:														
	Check #: 1119242														
SPFLD PLUMBERS// FOREMA	8.00	8.00	8.00	4.00	0.00	0.00	8.00	1,527.36	EMPLOYER FII	0.06200	112.46	FEDERAL TAX W	161.19		
SPFLD PLUMBERS// FOREMA	8.00	8.00	8.00	4.00	0.00	0.00	8.00	286.38	EMPLOYER MI	0.01450	26.30	SOCIAL SECURI	112.46		
TIME AND ONE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	IL SUTA	0.08850	0.01	MEDICARE	26.30		
	Other Taxable							0.00		WORKMANS C	0.02850	48.97	ADDITIONAL ME	87.14	
	Other Non Taxable							0.00		GENERAL LIAE	0.01570	26.98	ILLINOIS STATE	20.00	
	Project Total							1,813.74		NATIONAL PEN	1.46000	55.48	FUEL REIMBURS	5.40	
										HEALTH & WEI	9.45000	340.20	COPE FUND	5.40	
										LOCAL PENSIC	0.15000	385.70	UNION DUES	63.48	
										NATIONALTRA	1.23000	44.28	SAVINGS	72.00	
										NATIONAL IND	0.30000	10.80	BUILDING & TRA	1.44	
										INTERNATIONI	0.10000	3.60	MARKET INVEST	21.60	
										SUBSTANCE A	0.08000	2.88	BUILDING FUND	7.20	
										137 DEFINED C	2.25000	85.50	LOCAL 137 ORG		
												1,143.16	1,813.74	578.21	1,235.53
													Hours (Reg/OT):	32.00 / 4.00	
WOOSLEY, JERAD C - 905	xxx-xx-0520 M/EX: S/0 Race/Sex: C/M														
698 S TOWER ROAD	OPERATORS HEAVY HIGHWAY / CLASS 1 - JM														
DAWSON, IL 62520	EEO Class: Journeyman														
	Check #: 1119242														
OPERATORS HEAVY / CLASS	8.00	8.00	8.00	0.00	0.00	0.00	8.00	1,527.66	EMPLOYER FII	0.06200	103.60	FEDERAL TAX W	247.08		
TIME AND ONE	0.50	0.50	0.50	0.00	0.00	0.00	0.50	143.24	EMPLOYER MI	0.01450	24.22	SOCIAL SECURI	103.60		
	Other Taxable							0.00		IL SUTA	0.08850	0.01	MEDICARE	24.22	
	Other Non Taxable							0.00		WORKMANS C	0.03810	61.84	ADDITIONAL ME	82.71	
	Project Total							1,670.92		GENERAL LIAE	0.01820	29.54	ILLINOIS STATE	140.77	
										HEALTH & WEI	2.50000	425.00	CHILD SUPPORT		
										ANNUITY	5.95000	202.30	GARNISHMENTE		
										LOCAL PENSIC	0.75000	365.50	FUEL REIMBURS		
										DIAAF	0.10000	3.40	SUPPLEMENTAL	63.55	
										AGCI	0.20000	6.80	IUOE 965 PEF	3.40	
										TRAINING	3.00000	102.00			
												1,324.21	1,670.92	585.33	985.59
													Hours (Reg/OT):	32.00 / 2.00	

Certified Payroll Transcript

E.L. Pruitt Co.
3090 Colt Road
PO BOX 3308
Springfield, IL 62708
P-217-789-0966

Period: 11/13/2024 - 11/19/2024
Job: 51989.05 Taylorville Route 29 WM Replacement - Civil
Contract: 51989. Taylorville Route 29 WM Replacement

Job Totals	Hours							Project Amounts	Liabilities			Weekly Totals (Week Ending 11/19/24)		
	11-13 Wed	11-14 Thu	11-15 Fri	11-16 Sat	11-17 Sun	11-18 Mon	11-19 Tue		Total	Description	Rate	Amounts	Gross	Deductions	Net Pay
	45.00	44.00	36.00	0.00	0.00	4.00	53.00	182.00	EMPLOYER FII		584.78	FEDERAL TAX WA	1,328.86	
	2.00	2.00	4.00	18.00	0.00	0.00	2.00	28.00	EMPLOYER MI		135.75	SOCIAL SECURI	738.90	
									IL SUTA		-0.01	MEDICARE	172.79	
									WORKMANS C		345.95	ADDITIONAL ME		
									GENERAL LIAE		142.08	ILLINOIS STATE	571.43	
									NATIONAL PEN		70.08	CHILD SUPPORT	140.77	
									HEALTH & WEI		2,106.45	GARNISHMENTS		
									LOCAL PENSIC		487.20	FUEL REIMBURS	60.00	
									NATIONALTRA		56.58	COPE FUND	6.90	
									NATIONAL IND		13.80	UNION DUES	282.61	
									INTERNATION		76.69	SAVINGS	72.00	
									SUBSTANCE A		3.68	VACATION DEDU	465.00	
									LECET		47.17	BUILDING & TRA	1.84	
									ANNUITY		846.75	MARKET INVEST	27.60	
									IAF		17.80	S&CILDG	220.10	
									LOCAL PENSIC		2,203.55	BUILDING FUND	9.20	
									137 DEFINED C		108.00	LOCAL 137 ORG	192.16	
									DIAAF		7.50	SUPPLEMENTAL	7.50	
									AGCI		15.00	IUOE 965 PEF	7.50	
									TRAINING		225.00		4,297.66	7,619.97
											7,494.80			

Hours (Reg/OT): 248.00 / 28.00

Date 12/16/2024

I, TARA WEHLING (Name of Signatory Party) CONTRACT ADMINISTRATOR (Title)

do hereby state:

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

E.L. PRUITT COMPANY (Contractor or Subcontractor) on the

Job: 51989.05 Taylorville Route 29 WIM Replacement that during the payroll period commencing on the

13 day of November 2024, and ending the 19 day of November 2024 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

E.L. PRUITT COMPANY (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 (46 Stat. 948, 63 Stat. 106, 72 Stat. 967; 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

Table with 2 columns: EXCEPTION (CRAFT) and EXPLANATION. Includes a REMARKS section.

NAME AND TITLE: TARA WEHLING, CONTRACT ADMINISTRATOR. 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.



Case #: 24-CTP-396880

Illinois Department of Labor

160 N. LaSalle St Suite1300

Chicago, IL 60601

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

CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date

11/18/2024 to 11/24/2024

Contractor Number Or FEIN

370901663

Project Number or Name

Taylorville Water Main Replacement

Agency

Not a State Agency

Project Location

Cheney Street

Taylorville IL 62568

State Capital Funds

No

Contractor and/or Subcontractor

Company Name

Dunn Company

Contact Name

Austin Mandrell

Primary Email

austin.mandrell@dunnco.com

Primary Phone

2174294444

Contractor Location

724 N MERCER ST

DECATUR IL 62522

Secondary Email

nancy.tyrolt@dunnco.com

Secondary Phone

Public Body Information

Public Body Name

E.L. Pruitt

Contact Name

Public Body Address

121 S WEBSTER ST

DECATUR IL 62523

Primary Phone

Secondary Phone

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Bruce Bennett	7531	Teamster	303 E 7TH ST	PANA IL 62557	White	N H L	M	No	Yes	No	No	2175651696
Colby Chaney	6206	Operator	3181 SAND CREEK RD	DECATUR IL 62521	White	N H L	M	No	Yes	No	No	2179720283
Eric Fore	7732	Operator	505 W 1ST ST	STONINGT ON IL 62567	White	N H L	M	No	Yes	No	No	2178258842
Randy Hearold	5213	Operator	363 W BEECHER AVE	JACKSON VILLE IL 62650	White	N H L	M	No	Yes	No	No	2173710358
Riley Hearold	6110	Laborer	363 W BEECHER AVE	JACKSON VILLE IL 62650	White	N H L	M	No	Yes	No	No	2173717173
Andrew Heeren	4175	Operator	23581 MOLINE RD	STERLING IL 61081	White	N H L	M	No	No	Yes	No	7792004911
Riley Johns	4786	Laborer	37 TANAGER DR	DECATUR IL 62526	White	N H L	M	No	Yes	No	No	2177170582
Nathan Jozsa	7685	Laborer	602 W STATE ST	LOVINGTO N IL 61937	White	N H L	M	No	Yes	No	No	2177751055
Becky Karakachos	6302	Teamster	PO BOX 142	OREANA IL 62554	White	N H L	F	No	Yes	No	No	2174120254
Ryan Lippolt	1179	Laborer	2550 S WIDENER AVE	DECATUR IL 62521	White	N H L	M	No	No	No	Yes	2175216430
Perry Prior	0586	Operator	14 CHAD AVE	SULLIVAN IL 61951	White	N H L	M	No	No	Yes	No	2176900383
Bryan Sangster	5258	Laborer	3005 SAND CREEK RD	DECATUR IL 62521	American Indian or Alaska Native	N H L	M	No	Yes	No	No	2392460609
Nathaniel Schoonoveer	8857	Laborer	2839 E EMPIRE DR	ALTAMON T IL 62411	White	N H L	M	No	Yes	No	No	2173438168
Jeff Shaw	8027	Laborer	3320 W MAIN ST	DECATUR IL 62522	White	N H L	M	No	Yes	No	No	2173294597

G-Gender

V-Veteran

J-Journeyman

F-Foreman

A-Apprentice

N H L- Not Hispanic or Latino

H L- Hispanic or Latino

Work Classification

Name	Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot Hrs	OT Hrs	Dbl Tim	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
Bruce Bennett	P	0.00	0.00	9.00	8.00	0.00	0.00	0.00	15.50	1.50		44.21	66.32		784.73	550.95	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
		Pension	8.04		Health		15.27		Vacation	0.00		Training	0.25				

Colby Chaney	P	0.00	0.00	10.00	8.50	0.00	0.00	0.00	15.00	3.50		47.74	71.61		1599.29	1122.52
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00
Pension		10.75		Health		12.50		Vacation		0.00		Training		3.00		

Eric Fore	P	0.00	0.00	10.50	8.00	0.00	0.00	0.00	15.50	3.00		47.74	71.61		1706.71	1018.52
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00
Pension		10.75		Health		12.50		Vacation		0.00		Training		0.00		

Randy Hearold	P	0.00	0.00	10.50	8.00	0.00	0.00	0.00	15.50	3.00		47.74	71.61		1551.55	1165.65
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00
Pension		10.75		Health		12.50		Vacation		0.00		Training		3.00		

Riley Hearold	P	0.00	0.00	10.50	8.00	0.00	0.00	0.00	15.50	3.00		38.63	57.95		1255.48	855.39
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00
Pension		15.70		Health		8.25		Vacation		3.00		Training		0.81		

Andrew Heeren	P	0.00	0.00	14.50	11.00	0.00	0.00	0.00	16.00	9.50		56.15	84.23		3435.18	2388.29
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00
Pension		10.75		Health		12.50		Vacation		0.00		Training		3.00		

Riley Johns	P	0.00	0.00	13.50	10.00	0.00	0.00	0.00	16.00	7.50		34.04	51.06		1398.41	880.76
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00
Pension		15.70		Health		8.25		Vacation		3.00		Training		0.81		

Nathan Jozsa	P	0.00	0.00	0.00	8.50	0.00	0.00	0.00	7.00	1.50		34.04	51.06		1079.95	706.46
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00
Pension		15.70		Health		8.25		Vacation		3.00		Training		0.81		

Becky Karakachos	P	0.00	0.00	0.00	9.00	0.00	0.00	0.00	8.00	1.00		44.21	66.32		1878.93	1385.72
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00
Pension		8.04		Health		15.27		Vacation		0.00		Training		0.25		

Ryan Lippolt	P	0.00	0.00	13.00	11.00	0.00	0.00	0.00	16.00	8.00		25.53	38.30		1067.92	655.26
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00

Pension 15.70 Health 8.25 Vacation 3.00 Training 0.81

Perry Prior	P	0.00	0.00	8.00	8.00	0.00	0.00	0.00	14.50	1.50		48.49	72.74		1224.38	864.02	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
Pension		10.75		Health		12.50		Vacation		3.00		Training		0.81			

Bryan Sangster	P	0.00	0.00	10.00	8.00	0.00	0.00	0.00	8.00	2.00		34.04	51.06		1063.86	692.74	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
Pension		15.70		Health		8.25		Vacation		3.00		Training		0.81			

Nathaniel Schoonveer	P	0.00	0.00	10.50	8.00	0.00	0.00	0.00	15.50	3.00		34.04	51.06		1075.95	744.66	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
Pension		15.70		Health		8.25		Vacation		3.00		Training		0.81			

Jeff Shaw	P	0.00	0.00	0.00	8.50	0.00	0.00	0.00	7.00	1.50		34.04	51.06		1165.92	763.14	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
Pension		15.70		Health		8.25		Vacation		3.00		Training		0.81			

I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

Austin Mandrell
Dec 05, 2024



Case #: 24-CTP-397778

Illinois Department of Labor

160 N. LaSalle St Suite 1300
Chicago, IL 60601

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

CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date

11/20/2024 to 11/26/2024

Contractor Number Or FEIN

74-2885005

Project Number or Name

Taylorville Route 29 WM Replacement

Agency

Not a State Agency

Project Location

Springfield Road/Route 29

Taylorville IL 62568

State Capital Funds

No

Contractor and/or Subcontractor

Company Name

E.L. PRUITT COMPANY

Contact Name

Tara B Wehling

Primary Email

lparker@elpruitt.com

Primary Phone

2177890966

Contractor Location

3090 COLT RD

SPRINGFIELD IL 62707

Secondary Email

Secondary Phone

Public Body Information

Public Body Name

City of Taylorville

Contact Name

Public Body Address

115 N MAIN ST

TAYLORVILLE IL 62568

Secondary Phone

Primary Phone

Pension 0.00 Health 0.00 Vacation 0.00 Training 0.00

STUART RNEFF

P	1.00	0.00	2.00	2.00	2.00	0.00	0.00	7.00	0.00	0.00	41.29	0.00	0.00	0.00	0.00
NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Pension		0.00	Health		0.00	Vacation		0.00	Training		0.00				

JERAD CWOOSLEY

P	0.00	0.00	8.50	8.50	8.50	0.00	0.00	24.00	1.50	0.00	47.74	71.61	0.00	0.00	0.00
NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Pension		0.00	Health		0.00	Vacation		0.00	Training		0.00				

JOHN PNEAL JR

P	0.00	0.00	9.00	5.00	0.00	1.00	0.00	12.00	3.00	0.00	37.29	55.94	0.00	0.00	0.00
NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Pension		0.00	Health		0.00	Vacation		0.00	Training		0.00				

CONNOR RPATRIK

P	8.00	8.00	8.00	8.00	8.00	0.00	0.00	40.00	0.00	0.00	34.98	0.00	0.00	0.00	0.00
NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Pension		0.00	Health		0.00	Vacation		0.00	Training		0.00				

JOSEPH TAUDI

P	8.50	8.50	8.50	8.50	0.00	0.00	0.00	32.00	2.00	0.00	47.74	71.61	0.00	0.00	0.00
NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Pension		0.00	Health		0.00	Vacation		0.00	Training		0.00				

COREY BOLT

P	8.00	8.00	8.00	8.00	8.00	0.00	0.00	40.00	0.00	0.00	34.04	0.00	0.00	0.00	0.00
NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Pension		0.00	Health		0.00	Vacation		0.00	Training		0.00				

I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

Tara Wehling
Dec 06, 2024



AFFIDAVIT

Weekly Statement of Compliance

Date: 12/6/2024

I, Tara Wehling, (name signatory party)

AP Manager/Contract Admin, do (Title)

hereby state: that I pay or supervise the payment of the persons employed on the public works project City of Tville Rt 29 ;

that during the payroll period commencing on the 20 day of November, 2024, (name of project) (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

E.L. Pruitt Company

(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

See attached below

- 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: JK Snyder
Contact Person: Kevin Snyder
PO Box 9207

(Address) Springfield IL 62791 (City) (State) (zipcode)

Telephone Number: 217-525-6566

Company Name: Dunn Company

Contact Person: Tiffany Crow
724 N MERCER ST

(Address) Decatur IL 62522 (City) (State) (zipcode)

Telephone Number: 217-429-4444

Company Name:

Contact Person:

(Address) (City) (State) (zipcode)

Telephone Number:

Company Name:

Contact Person:

(Address) (City) (State) (zipcode)

Telephone Number:

Fringes

Health Fund: SMW Local 218

Health Address: 2855 Via Verde, Springfield, IL 62703

Health Sponsor: Ed Robinson

Health Admin: Ed Robinson

Pension Fund: SMW National Funds

Pension Address: PO Box 79321, Baltimore, MD 21279

Pension Sponsor: Ed Robinson

Pension Admin: Ed Robinson

401k Fund: SMW Local 36 401k Fund

401k Address: 2319 Chauteau Ave, Suite 300, St Louis, MO 63103

401k Sponsor: Ed Robinson

401k Admin: Ed Robinson

Health Fund: Plumbers & Fitters Local 137 Fringe

Health Address: PO Box 3526, Springfield, IL 62708

Health Sponsor: Aaron Gurnsey

Health Admin: Aaron Gurnsey

Pension Fund: Plumbers & Pipefitters National Pension Fund

Pension Address: 103 Oronocco St, Alexandria, VA 22312

Pension Sponsor: Aaron Gurnsey

Pension Admin: Aaron Gurnsey

Health Fund Central Laborers Pension, Welfare & Annuity Funds
Health Address PO Box 1267, Jacksonville, IL 62651
Health Sponsor Michelle Payne
Health Admin Michelle Payne

Pension Fund Central Laborers Pension, Welfare & Annuity Funds
Pension Address PO Box 1267, Jacksonville, IL 62651
Pension Sponsor Michelle Payne
Pension Admin Michelle Payne

401(k) Fund Central Laborers Pension, Welfare & Annuity Funds
401(k) Address PO Box 1267, Jacksonville, IL 62651
401(k) Sponsor Michelle Payne
401(k) Admin Michelle Payne

Vacation Fund Central Laborers Pension, Welfare & Annuity Funds
Vacation Address PO Box 1267, Jacksonville, IL 62651
Vacation Sponsor Michelle Payne
Vacation Admin Michelle Payne

Health Fund IUOE Local #965
Health Address PO Box 78000, Detroit, MI 48278-0159
Health Sponsor Patrick McCaherty
Health Admin Patrick McCaherty

Pension Fund IUOE Local #965
Pension Address PO Box 78000, Detroit, MI 48278-0159
Pension Sponsor Patrick McCaherty
Pension Admin Patrick McCaherty

401(k) Fund IUOE Local #965
401(k) Address PO Box 78000, Detroit, MI 48278-0159
401(k) Sponsor Patrick McCaherty
401(k) Admin Patrick McCaherty

Vacation Fund IUOE Local #965
Vacation Address PO Box 78000, Detroit, MI 48278-0159
Vacation Sponsor Patrick McCaherty
Vacation Admin Patrick McCaherty

Certified Payroll Transcript

Period: 11/20/2024 - 11/26/2024
 Job: 51989.05 Taylorville Route 29 WM Replacement - Civil
 Contract: 51989. Taylorville Route 29 WM Replacement

E.L. Pruitt Co.
 3090 Colt Road
 PO BOX 3306
 Springfield, IL 62708
 P-217-789-0966

Employee	Hours							Project	***** Liabilities *****			***** Weekly Totals ***** (Week Ending 11/26/24)		
	11-20 Wed	11-21 Thu	11-22 Fri	11-23 Sat	11-24 Sun	11-25 Mon	11-26 Tue		Description	Rate	Amounts	Gross	Deductions	Net Pay
AUDI, JOSEPH T - 1003 117 JOAN DRIVE DIVERNON, IL 62530	xxx-xx-4161 M/EX: H/2 Race/Sex: C/M OPERATORS HEAVY HIGHWAY / CLASS 1 - JM EEO Class: Journeyman Check #: 112624							STRAIGHT TIME 8.00 8.00 0.00 0.00 0.00 8.00 32.00 47.740 1,527.68 TIME AND ONE 0.50 0.50 0.00 0.00 0.00 0.50 2.00 71.810 143.24 Other Taxable 0.00 Other Non Taxable 0.00 Project Total 1,670.92	EMPLOYER FI 0.06200 103.60 EMPLOYER MI 0.01450 24.23 IL SUTA 0.08650 0.01 WORKMANS C 0.03810 61.84 GENERAL LIAE 0.01820 29.54 HEALTH & WEI 2.50000 425.00 ANNUITY 5.95000 202.30 LOCAL PENSIC 0.75000 365.50 DIAAF 0.10000 3.40	FEDERAL TAX W 147.24 SOCIAL SECURI 103.60 MEDICARE 24.23 ADDITIONAL ME 77.43 ILLINOIS STATE 85.55 SUPPLEMENTAL 3.40 IUOE 965 PEF 439.45 1,670.92 1,231.47	Hours (Reg/OT): 32.00 / 2.00			
BARTLETT, RHETT J - 877 603 S. LINCOLN STREET DIVERNON, IL 62530	xxx-xx-9260 M/EX: H/O Race/Sex: C/M LABORERS - HEAVY HIGHWAY / JOURNEYMAN EEO Class: Journeyman Check #: 112624							STRAIGHT TIME 8.00 7.00 0.00 0.00 0.00 8.00 23.00 84.040 782.92 Other Taxable 0.00 Other Non Taxable 0.00 Project Total 782.92	EMPLOYER FI 0.06200 46.53 EMPLOYER MI 0.01450 11.35 IL SUTA 0.08650 -0.01 WORKMANS C 0.04710 36.88 GENERAL LIAE 0.01390 10.87 HEALTH & WEI 6.25000 189.75 INTERNATIONAL 0.61000 18.63 LECET 0.55000 12.19 ANNUITY 4.50000 103.50 IAF 0.20000 4.60 LOCAL PENSIC 5.70000 361.10	FEDERAL TAX W 216.67 SOCIAL SECURI 112.91 MEDICARE 26.40 ADDITIONAL ME 90.15 ILLINOIS STATE 63.74 CHILD SUPPORT 147.00 UNION DUES 59.58 VACATION DEDL 726.45 S&C/ILDC 1,821.14 1,094.69	Hours (Reg/OT): 40.00 / 9.00			
								AGCI 0.20000 6.80 TRAINING 3.00000 102.00 1,324.22	797.39					

Certified Payroll Transcript

E.L. Pruitt Co.
3090 Coit Road
PO BOX 3306
Springfield, IL 62708
P:217-789-0966

Period: 11/20/2024 - 11/26/2024
Job: 51989.05 Taylorville Route 29 WM Replacement - Civil
Contract: 51989. Taylorville Route 29 WM Replacement

Employee	Hours							Project	Weekly Totals									
	11-20 Wed	11-21 Thu	11-22 Fri	11-23 Sat	11-24 Sun	11-25 Mon	11-26 Tue		Description	Rate	Amounts	Gross	Deductions	Net Pay				
BOLT, COREY - 1071 485 PAKEY RD SPRINGFIELD, IL 62712 LABORERS - HEAVY / JOURNEY STRAIGHT TIME	8.00	8.00	8.00	0.00	0.00	0.00	84.00	1,361.60	0.00	0.00	84.40	291.36						
M/EX: S/O Race/Sex: C/M LABORERS - HEAVY HIGHWAY / JOURNEYMAN Check #: 112624																		
EEO Class: Journeyman								0.00	0.00	0.00	0.00	0.00	19.75	116.08				
LABORERS - HEAVY / JOURNEY STRAIGHT TIME								0.00	0.00	0.00	0.00	0.00	64.15	27.15				
									Project Total	0.00	0.00							
									Other Taxable	0.00	0.00							
									Other Non Taxable	0.00	0.00							
									Project Total	0.00	0.00							
NEAL JR, JOHN P - 918 7437 NEW CITY ROAD ROCHESTER, IL 62563 LABORERS - HEAVY / GENERAL STRAIGHT TIME										6.00	4.00	0.00	0.00	0.00	0.00	37.290	447.48	
LABORERS - HEAVY / GENERAL STRAIGHT TIME AND ONE										1.00	1.00	0.00	0.00	0.00	0.00	55.935	167.82	
									Project Total	0.00	0.00							
									Other Taxable	0.00	0.00							
									Other Non Taxable	0.00	0.00							
									Project Total	0.00	0.00							
M/EX: S/I Race/Sex: C/M LABORERS - HEAVY HIGHWAY / GENERAL FOREMAN Check #: 112624																		
EEO Class:								0.00	0.00	0.00	0.00	0.00	36.16	152.55				
LABORERS - HEAVY / GENERAL STRAIGHT TIME								6.00	4.00	0.00	0.00	0.00	8.92	62.06				
LABORERS - HEAVY / GENERAL STRAIGHT TIME AND ONE								1.00	1.00	0.00	0.00	0.00	0.01	19.20				
									Project Total	0.00	0.00							
									Other Taxable	0.00	0.00							
									Other Non Taxable	0.00	0.00							
									Project Total	0.00	0.00							
ROCHESTER, IL 62563 LABORERS - HEAVY / GENERAL STRAIGHT TIME										6.00	4.00	0.00	0.00	0.00	37.290	447.48		
LABORERS - HEAVY / GENERAL STRAIGHT TIME AND ONE										1.00	1.00	0.00	0.00	0.00	55.935	167.82		
									Project Total	0.00	0.00							
									Other Taxable	0.00	0.00							
									Other Non Taxable	0.00	0.00							
									Project Total	0.00	0.00							
M/EX: S/I Race/Sex: C/M LABORERS - HEAVY HIGHWAY / GENERAL FOREMAN Check #: 112624																		
EEO Class:								0.00	0.00	0.00	0.00	0.00	36.16	152.55				
LABORERS - HEAVY / GENERAL STRAIGHT TIME								6.00	4.00	0.00	0.00	0.00	8.92	62.06				
LABORERS - HEAVY / GENERAL STRAIGHT TIME AND ONE								1.00	1.00	0.00	0.00	0.00	0.01	19.20				
									Project Total	0.00	0.00							
									Other Taxable	0.00	0.00							
									Other Non Taxable	0.00	0.00							
									Project Total	0.00	0.00							
***** Liabilities *****																		
***** Weekly Totals ***** (Week Ending 11/26/24)																		
										EMPLOYER FII	0.06200	84.40	FEDERAL TAX W	291.36				
										EMPLOYER MI	0.01450	19.75	SOCIAL SECURI	116.08				
										WORKMANS C	0.04710	64.15	MEDICARE	27.15				
										GENERAL LIAE	0.01390	18.95	ADDITIONAL ME	92.67				
										HEALTH & WEI	8.25000	330.00	ILLINOIS STATE	65.53				
										INTERNATION/	0.81000	32.40	UNION DUES	150.00				
										LECET	0.53000	21.20	VACATION DEDL	71.00				
										ANNUITY	4.50000	180.00	S&CILDLC	813.75	1,058.41			
										IAF	0.20000	8.00						
										LOCAL PENSIC	5.70000	628.00						
Hours (Reg/OT): 40.00 / 10.00																		
									1,386.85									
***** Weekly Totals ***** (Week Ending 11/26/24)																		
										EMPLOYER FII	0.06200	36.16	FEDERAL TAX W	152.55				
										EMPLOYER MI	0.01450	8.92	SOCIAL SECURI	62.06				
										IL SUTA	0.03650	0.01	MEDICARE	19.20				
										WORKMANS C	0.04710	26.36	ADDITIONAL ME	62.89				
										GENERAL LIAE	0.01390	7.78	ILLINOIS STATE	20.00				
										HEALTH & WEI	8.25000	123.75	FUEL REIMBURS	46.33				
										INTERNATION/	0.81000	12.15	UNION DUES	98.00				
										LECET	0.53000	7.95	VACATION DEDL	46.86				
										ANNUITY	4.50000	67.50	S&CILDLC	528.89	794.93			
										IAF	0.20000	3.00						
										LOCAL PENSIC	5.70000	235.50						
Hours (Reg/OT): 28.00 / 5.00																		
									531.08									

Certified Payroll Transcript

Period: 11/20/2024 - 11/26/2024
 Job: 51989.05 Taylorville Route 29 WM Replacement - Civil
 Contract: 51989. Taylorville Route 29 WM Replacement

E.L. Pruitt Co.
 3090 Colt Road
 PO BOX 3306
 Springfield, IL 62708
 P:217-789-0966

Employee	Hours							Project	***** Liabilities *****		***** Weekly Totals ***** (Week Ending 11/26/24)		
	11-20 Wed	11-21 Thu	11-22 Fri	11-23 Sat	11-24 Sun	11-25 Mon	11-26 Tue		Description	Rate	Amounts	Gross	Deductions	Net Pay
NEFF, STUART R - 893 PO BOX 231 WILLIAMSVILLE, IL 62693 LABORERS - HEAVY / FOREMAN STRAIGHT TIME	2.00	2.00	2.00	0.00	0.00	1.00	0.00	289.03	EMPLOYER FRI	0.06200	17.92	FEDERAL TAX W.	173.95
EEO Class: WILLIAMSVILLE, IL 62693								0.00	EMPLOYER MI	0.01450	4.20	SOCIAL SECURI	113.92
Check #: 112624								0.00	WORKMANS C	0.04710	13.61	MEDICARE	26.64
Other Taxable									GENERAL LIAE	0.01380	4.02	ADDITIONAL ME	
Other Non Taxable									HEALTH & WEI	8.25000	57.75	ILLINOIS STATE	86.31
Project Total									INTERNATION	0.81000	5.67	FUEL REIMBUR	20.00
									LECET	0.58000	3.71	UNION DUES	64.31
									ANNUITY	4.50000	31.50	VACATION DEDL	128.00
									IAF	0.20000	1.40	S&CILDLC	51.06
									LOCAL PENSIC	5.70000	109.90		677.19
											249.68		1,160.22
													Hours (Reg/OT): 40.00 / 2.00
PATRICK, CONNOR R - 919 824 Sequoia Ct TAYLORVILLE, IL 62568 SPFLD PLUMBERS / 5TH YR.A STRAIGHT TIME	8.00	8.00	8.00	0.00	0.00	8.00	8.00	1,399.20	EMPLOYER FRI	0.05200	86.75	FEDERAL TAX W.	111.44
EEO Class: Apprentice								0.00	EMPLOYER MI	0.01450	20.29	SOCIAL SECURI	86.75
Check #: 112624								0.00	IL SUTA	0.06650	0.01	MEDICARE	20.29
Other Taxable									WORKMANS C	0.02850	39.88	ADDITIONAL ME	
Other Non Taxable									GENERAL LIAE	0.01570	21.97	ILLINOIS STATE	63.98
Project Total									NATIONAL PEN	1.46000	58.40	COPE FUND	6.00
									HEALTH & WEI	9.45000	378.00	UNION DUES	48.97
									LOCAL PENSIC	0.15000	406.00	SAVINGS	
									NATIONALTRA	1.23000	49.20	BUILDING & TRA	1.60
									NATIONAL IND	0.30000	12.00	MARKET INVEST	24.00
									INTERNATION	0.10000	4.00	BUILDING FUND	8.00
									SUBSTANCE A	0.08000	3.20	LOCAL 137 ORG	
									137 DEFINED C	2.25000	90.00		371.03
											1,168.70		1,028.17
													Hours (Reg/OT): 40.00 / 0.00

Certified Payroll Transcript

E.L. Pruitt Co.
 3090 Coit Road
 PO BOX 3306
 Springfield, IL 62708
 P:217-769-0866

Period: 11/20/2024 - 11/26/2024
 Job: 51989.05 Taylorville Route 29 WM Replacement - Civil
 Contract: 51989. Taylorville Route 29 WM Replacement

Employee	Hours							Project Total Rate	Project Amounts	***** Liabilities *****			***** Weekly Totals ***** (Week Ending 11/26/24)		
	11-20 Wed	11-21 Thu	11-22 Fri	11-23 Sat	11-24 Sun	11-25 Mon	11-26 Tue			Description	Rate	Amounts	Gross	Deductions	Net Pay
SAGLE, AARON M - 765 28 DEAN PARK DR SPRINGFIELD, IL 62707 SPFLD PLUMBERS//FOREMA STRAIGHT TIME	8.00	8.00	8.00	0.00	0.00	2.00	34.00	1,622.82	EMPLOYER FI 0.06200 EMPLOYER MI 0.01450 IL SUTA 0.08650 WORKMANS C 0.02850 GENERAL LIAE 0.01570 NATIONAL PEN 1.46000 HEALTH & WEI 9.45000 LOCAL PENSIC 0.15000 NATIONALTRA 1.23000 NATIONAL IND 0.30000 INTERNATIONA 0.10000 SUBSTANCE A 0.08000 137 DEFINED (2.25000	100.61 23.53 -0.01 46.25 25.46 49.64 321.30 345.10 41.82 10.20 3.40 2.72 76.50	136.28 100.61 23.53				
								1,622.82	1,046.54						
								Other Taxable	0.00						
								Other Non Taxable	0.00						
								Project Total	1,622.82						
WOOSEY, JERAD C - 905 698 S TOWER ROAD DAWSON, IL 62520 OPERATORS HEAVY/CLASS STRAIGHT TIME OPERATORS HEAVY/CLASS TIME AND ONE	8.00	8.00	8.00	0.00	0.00	0.00	24.00	1,145.76	EMPLOYER FI 0.06200 EMPLOYER MI 0.01450 IL SUTA 0.08650 WORKMANS C 0.03810 GENERAL LIAE 0.01820 HEALTH & WEI 2.50000 ANNUITY 5.95000 LOCAL PENSIC 0.75000 DIAAF 0.10000 AGCI 0.20000 TRAINING 3.00000	77.70 18.18 -0.01 46.36 22.14 318.75 151.74 274.14 2.55 5.10 76.50 993.17	339.79 129.50 30.29				
								1,145.76	1,046.54						
								Other Taxable	0.00						
								Other Non Taxable	0.00						
								Project Total	1,253.19						
								Hours (Reg/OT): 34.00 / 0.00							
								Hours (Reg/OT): 40.00 / 2.50							

Certified Payroll Transcript

Period: 11/20/2024 - 11/26/2024
 Job: 51989.05 Taylorville Route 29 W/M Replacement - Civil
 Contract: 51989. Taylorville Route 29 W/M Replacement

E.L. Pruitt Co.
 3090 Colt Road
 PO BOX 3306
 Springfield, IL 62708
 P:217-789-0966

Job Totals	Hours	11-20 11-21 11-22 11-23 11-24 11-25 11-26							Project Amounts	***** Liabilities *****		***** Weekly Totals ***** (Week Ending 11/26/24)		
		Wed	Thu	Fri	Sat	Sun	Mon	Tue		Description	Rate	Amounts	Total Gross	Deductions	Net Pay
STRAIGHT TIME		58.00	53.00	34.00	0.00	0.00	40.00	212.00	8,576.49	EMPLOYER FII	557.67	FEDERAL TAX W.	1,571.25	
TIME AND ONE		2.00	2.00	0.50	1.00	0.00	0.50	6.50	418.49	EMPLOYER MI	130.45	SOCIAL SECURI	845.45	
Other Taxable								0.00	0.00	IL SUTA	335.35	MEDICARE	197.75	
Other Non Taxable								0.00	0.00	WORKMANS C	140.75	ADDITIONAL ME	656.51	
Project Total								8,994.98	8,994.98	GENERAL LIAE	106.04	ILLINOIS STATE	140.77	
										NATIONAL PEN	2,144.30	CHILD SUPPORT		
										HEALTH & WEI	751.10	GARNISHMENTS	60.00	
										LOCAL PENSIC	91.02	FUEL REIMBURSE	11.10	
										NATIONALTRA	22.20	COPE FUND	345.66	
										NATIONAL IND	76.25	UNION DUES	68.00	
										INTERNATION/	5.92	SAVINGS	525.00	
										SUBSTANCE A	45.05	VACATION DEDL	2.96	
										LECET	736.54	BUILDING & TRA	44.40	
										ANNUITY	17.00	MARKET INVEST	248.50	
										IAF	1,974.14	S&CILDG	14.80	
										LOCAL PENSIC	186.50	BUILDING FUND		
										137 DEFINED C	5.95	LOCAL 137 ORG		
										DIAAF	11.90	SUPPLEMENTAL	187.98	
										AGCI	178.50	IUOE 966 PEF	7.55	
										TRAINING	<u>7,498.63</u>	<u>13,636.16</u>	<u>4,927.79</u>	<u>8,708.37</u>
											Hours (Reg/OT): 294.00 / 31.50			

(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 TARA WEHLING CONTRACT ADMINISTRATOR	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 81 OF THE UNITED STATES CODE	

Date 12/6/2024
 I, TARA WEHLING (Name of Signatory Party) CONTRACT ADMINISTRATOR (Title)

do hereby state:
 (1) That I pay or supervise the payment of the persons employed by E.L. PRUITT COMPANY on the _____ (Contractor or Subcontractor)

Job: 51988.05 Taylorville Route 29 WM Replacement that during the payroll period commencing on the _____ (Building or Work)

20 day of November, 2024, and ending the 26 day of November 2024
 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

E.L. PRUITT COMPANY
 (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.



Case #: 24-CTP-397780

Illinois Department of Labor

160 N. LaSalle St Suite1300
Chicago, IL 60601

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

CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date

11/27/2024 to 12/3/2024

Contractor Number Or FEIN

74-2885005

Project Number or Name

Taylorville Route 29 WM Replacement

Agency

Not a State Agency

Project Location

Springfield Road/Route 29

Taylorville IL 62568

State Capital Funds

No

Contractor and/or Subcontractor

Company Name

E.L. PRUITT COMPANY

Contact Name

Tara B Wehling

Primary Email

lparker@elpruitt.com

Primary Phone

2177890986

Contractor Location

3090 COLT RD

SPRINGFIELD IL 62707

Secondary Email

Secondary Phone

Public Body Information

Public Body Name

City of Taylorville

Contact Name

Primary Phone

Public Body Address

115 N MAIN ST

TAYLORVILLE IL 62568

Secondary Phone

NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Pension	0.00		Health	0.00		Vacation	0.00		Training	0.00					

COREY
BOLT

P	8.00	8.00	8.00	0.00	0.00	0.00	0.00	24.00	0.00	0.00	34.04	0.00	0.00	0.00	0.00
NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Pension	0.00		Health	0.00		Vacation	0.00		Training	0.00					

I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete; that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

Tara Wehling
Dec 06, 2024



AFFIDAVIT

Weekly Statement of Compliance

Date: 12/6/2024

I, Tara Wehling,
(name signatory party)

AP Manager/Contract Admin, do
(Title)

hereby state: that I pay or supervise the payment
of the persons employed on the public works
project City of Tville Rt 29;

that during the payroll period commencing on the

27 day of November, 2024,
(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

E.L. Pruitt Company
(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
laborer or mechanic conform to the work he/she
performed.

Signature _____

Digital Signature _____

FRINGES

See attached below

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: JK Snyder

Contact Person: Kevin Snyder

PO Box 9207

Springfield (Address) IL 62791 (zipcode)

Springfield (City) _____ (State) _____ (zipcode)

Telephone Number: 217-525-6566

Company Name: Dunn Company

Contact Person: Tiffany Crow

724 N MERCER ST

Decatur (Address) IL 62522 (zipcode)

Decatur (City) _____ (State) _____ (zipcode)

Telephone Number: 217-429-4444

Company Name: _____

Contact Person: _____

_____ (Address)

_____ (City) _____ (State) _____ (zipcode)

Telephone Number: _____

Company Name: _____

Contact Person: _____

_____ (Address)

_____ (City) _____ (State) _____ (zipcode)

Telephone Number: _____

Fringes

Health Fund: SMW Local 218

Health Address: 2855 Via Verde, Springfield, IL 62703

Health Sponsor: Ed Robinson

Health Admin: Ed Robinson

Pension Fund: SMW National Funds

Pension Address: PO Box 79321, Baltimore, MD 21279

Pension Sponsor: Ed Robinson

Pension Admin: Ed Robinson

401k Fund: SMW Local 36 401k Fund

401k Address: 2319 Chauteau Ave, Suite 300, St Louis, MO 63103

401k Sponsor: Ed Robinson

401k Admin: Ed Robinson

Health Fund: Plumbers & Fitters Local 137 Fringe

Health Address: PO Box 3526, Springfield, IL 62708

Health Sponsor: Aaron Gurnsey

Health Admin: Aaron Gurnsey

Pension Fund: Plumbers & Pipefitters National Pension Fund

Pension Address: 103 Oronocco St, Alexandria, VA 22312

Pension Sponsor: Aaron Gurnsey

Pension Admin: Aaron Gurnsey

Health Fund Central Laborers Pension, Welfare & Annuity Funds
Health Address PO Box 1267, Jacksonville, IL 62651
Health Sponsor Michelle Payne
Health Admin Michelle Payne

Pension Fund Central Laborers Pension, Welfare & Annuity Funds
Pension Address PO Box 1267, Jacksonville, IL 62651
Pension Sponsor Michelle Payne
Pension Admin Michelle Payne

401(k) Fund Central Laborers Pension, Welfare & Annuity Funds
401(k) Address PO Box 1267, Jacksonville, IL 62651
401(k) Sponsor Michelle Payne
401(k) Admin Michelle Payne

Vacation Fund Central Laborers Pension, Welfare & Annuity Funds
Vacation Address PO Box 1267, Jacksonville, IL 62651
Vacation Sponsor Michelle Payne
Vacation Admin Michelle Payne

Health Fund IUOE Local #965
Health Address PO Box 78000, Detroit, MI 48278-0159
Health Sponsor Patrick McCaherty
Health Admin Patrick McCaherty

Pension Fund IUOE Local #965
Pension Address PO Box 78000, Detroit, MI 48278-0159
Pension Sponsor Patrick McCaherty
Pension Admin Patrick McCaherty

401(k) Fund IUOE Local #965
401(k) Address PO Box 78000, Detroit, MI 48278-0159
401(k) Sponsor Patrick McCaherty
401(k) Admin Patrick McCaherty

Vacation Fund IUOE Local #965
Vacation Address PO Box 78000, Detroit, MI 48278-0159
Vacation Sponsor Patrick McCaherty
Vacation Admin Patrick McCaherty

Certified Payroll Transcript

E.L. Pruitt Co.
 3090 Colt Road
 PO BOX 3306
 Springfield, IL 62706
 P:217-789-0966

Period: 11/27/2024 - 12/03/2024
 Job: 51989.05 Taylorville Route 29 WM Replacement - Civil
 Contract: 51989. Taylorville Route 29 WM Replacement

Employee	Hours							Total	Rate	Amounts	***** Liabilities *****			Gross	Deductions	Net Pay											
	11-27 Wed	11-28 Thu	11-29 Fri	11-30 Sat	12-1 Sun	12-2 Mon	12-3 Tue				Description	Rate	Amounts				Fed	State	Local								
AUDI, JOSEPH T - 1003 117 JOAN DRIVE DIVERNON, IL 62530	xxx-xx-4161 M/EX: H/2 Race/Sex: C/M OPERATORS HEAVY HIGHWAY / CLASS 1 - JM Check #: 120324 EEO Class: Journeyman STRAIGHT TIME 8.00 0.00 0.00 0.00 0.00 8.00 24.00 47.740 1,145.76 TIME AND ONE 0.50 0.00 0.00 0.00 0.00 0.50 1.50 71.610 107.43 Other Taxable Other Non Taxable Project Total 1,253.19																										
											FEDERAL TAX W	93.46															
											SOCIAL SECURI	77.69															
											MEDICARE	18.17															
											ADDITIONAL ME	-0.01															
											ILLINOIS STATE	46.38															
											SUPPLEMENTAL	22.16															
											IUOE 985 PEF	318.75															
												151.73															
												274.13															
												2.55															
											Hours (Reg/OT):	24.00 / 1.50															
											AGCI	5.10															
											TRAINING	76.50															
												993.15															
BARTLETTI, RHETT J - 877 603 S. LINCOLN STREET DIVERNON, IL 62530	xxx-xx-9260 M/EX: H/0 Race/Sex: C/M LABORERS - HEAVY HIGHWAY / JOURNEYMAN Check #: 120324 EEO Class: Journeyman STRAIGHT TIME 3.00 0.00 0.00 0.00 0.00 3.00 34.040 102.12 Other Taxable Other Non Taxable Project Total 102.12																										
											FEDERAL TAX W	73.25															
											SOCIAL SECURI	56.99															
											MEDICARE	13.33															
											ADDITIONAL ME	45.49															
											ILLINOIS STATE	24.75															
											CHILD SUPPORT	2.43															
											UNION DUES	1.59															
											VACATION DEDU	13.50															
											S&CILDLC	0.60															
												919.06															
											Hours (Reg/OT):	24.00 / 2.00															
											LOCAL PENSIC	47.10															
												104.01															

Certified Payroll Transcript

Period: 11/27/2024 - 12/03/2024
 Job: 51989.05 Taylorville Route 29 WM Replacement - Civil
 Contract: 51989. Taylorville Route 29 WM Replacement

E.L. Pruitt Co.
 3090 Coit Road
 PO BOX 3306
 Springfield, IL 62708
 P:217-789-0966

Employee	Hours							Project	Liabilities				Weekly Totals		
	11-27 Wed	11-28 Thu	11-29 Fri	11-30 Sat	12-1 Sun	12-2 Mon	12-3 Tue		Rate	Description	Rate	Amounts	Gross	Deductions	Net Pay
BOLT, COREY - 1071								816.96	EMPLOYER FRI	0.06200	50.65	79.73			
485 PAKEY RD								0.00	EMPLOYER MI	0.01450	11.84	50.65			
SPRINGFIELD, IL 62712								0.00	IL SUTA	0.08650	-0.01	11.84			
LABORERS - HEAVY / JOURNEY STRAIGHT TIME								816.96	WORKMANS C	0.04710	38.48	40.44			
EEO Class: Journeyman									GENERAL LAI	0.01390	11.36	40.44			
									HEALTH & WEI	8.25000	196.00	28.59			
									INTERNATION	0.81000	13.44	72.00			
									LECET	0.53000	12.72	34.08			
									ANNUITY	4.50000	108.00	317.33			
									IAF	0.20000	4.80	499.63			
									LOCAL PENSIC	5.70000	376.80				
											832.08				
														Hours (Reg/OT): 24.00 / 0.00	
NEFF, STUART R - 893								165.16	EMPLOYER FRI	0.06200	10.24	154.13			
PO BOX 231								0.00	EMPLOYER MI	0.01450	2.40	109.88			
WILLIAMSVILLE, IL 62693								0.00	WORKMANS C	0.04710	7.78	24.25			
LABORERS - HEAVY / FOREMAN STRAIGHT TIME								165.16	GENERAL LAI	0.01390	2.30	80.13			
EEO Class: Journeyman									HEALTH & WEI	8.25000	33.00	20.00			
									INTERNATION	0.81000	3.24	58.53			
									LECET	0.53000	2.12	118.50			
									ANNUITY	4.50000	18.00	56.09			
									IAF	0.20000	0.80	1,036.94			
									LOCAL PENSIC	5.70000	62.80	1,672.25			
											142.68				
														Hours (Reg/OT): 37.50 / 2.00	

Certified Payroll Transcript

E.L. Pruitt Co.
 3090 Colt Road
 PO BOX 3306
 Springfield, IL 62708
 P-217-789-0966

Period: 11/27/2024 - 12/03/2024
 Job: 51989.05 Taylorville Route 29 WM Replacement - Civil
 Contract: 51989. Taylorville Route 29 WM Replacement

Employee	Hours							Total	Rate	Project Amounts	***** Liabilities *****			***** Weekly Totals ***** (Week Ending 12/3/24)		
	11-27 Wed	11-28 Thu	11-29 Fri	11-30 Sat	12-1 Sun	12-2 Mon	12-3 Tue				Description	Rate	Amounts	Gross	Deductions	Net Pay
SAGLE, AARON M - 765								8.00	47.730	1,145.52	EMPLOYER FII	0.06200	71.02	FEDERAL TAX W	81.00	
28 DEAN PARK DR								0.00	0.00	0.00	EMPLOYER MI	0.01450	16.61	SOCIAL SECURI	71.02	
SPRINGFIELD, IL 62707								0.00	0.00	0.00	IL SUTA	0.08650	0.01	MEDICARE	16.61	
SPFLD PLUMBERS// FOREMA STRAIGHT TIME								0.00	0.00	0.00	WORKMANS C	0.02850	32.65	ADDITIONAL ME	54.06	
								0.00	0.00	0.00	GENERAL LIAE	0.01570	17.98	ILLINOIS STATE	20.00	
								0.00	0.00	0.00	NATIONAL PEN	1.46000	35.04	FUEL REIMBURS	3.60	
								0.00	0.00	0.00	HEALTH & WEI	9.45000	226.80	COPE FUND	40.09	
								0.00	0.00	0.00	LOCAL PENSIC	0.15000	243.60	UNION DUES	48.00	
								0.00	0.00	0.00	NATIONALTRA	1.23000	29.52	SAVINGS	0.96	
								0.00	0.00	0.00	NATIONAL IND	0.30000	7.20	BUILDING & TRA	14.40	
								0.00	0.00	0.00	INTERNATION/	0.10000	2.40	MARKET INVEST	4.80	
								0.00	0.00	0.00	SUBSTANCE A	0.08000	1.92	BUILDING FUND		
								0.00	0.00	0.00	137 DEFINED C	2.25000	54.00	LOCAL 137 ORG		
								0.00	0.00	0.00			738.75			
													1,145.52	354.54	790.98	
													Hours (Reg/OT): 24.00 / 0.00			

Certified Payroll Transcript

Period: 11/27/2024 - 12/03/2024
Job: 51989.05 Taylorville Route 29 W/M Replacement - Civil
Contract: 51989. Taylorville Route 29 W/M Replacement

E.L. Pruitt Co.
3090 Colt Road
PO BOX 3306
Springfield, IL 62708
P:217-789-0966

Table with columns: Job Totals, Hours (11-27, 11-28, 11-29, 11-30, 12-1, 12-2, 12-3), Total, Project Amounts, Description, Rate, Amounts, Liabilities, Deductions, Net Pay. Includes weekly totals and a gross pay total of 5,807.00.



BENTON & ASSOCIATES, INC.
Consulting Engineers / Land Surveyors

823 W. Spresser St. #2 • Taylorville IL 62568
Voice 217-245-4146 • Fax 217-245-4149

Reginald H. Benton, PE, SE
William J. Sleeman, PE
Jamie L. Headen, PE
Kenneth E. Sturgeon, PLS
Matthew B. Hardy, PE, SE
Benjamin M. Spreen, PE
Douglas J. Erickson, PE
C. Cameron Jones, PE, PLS
Stefanie J. Ballinger, PE

December 16, 2024

Mr. Bruce Barry, Mayor
City of Taylorville
115 North Main
Taylorville, Illinois 62568

Subject: **Evaluation of Bids**
Southwest Booster Pump Station Replacement
Taylorville, Illinois

Dear Mayor Barry:

Bids were received from two (2) bidders by the City on December 5, 2024. The apparent low bid submitted by Burdick Plumbing & Heating Co., Inc. of Decatur, Illinois in the amount of \$598,500.00. Submitted bids for the project range from the low amount of \$598,500.00 to a high amount of \$702,000.00. The submitted bid was below the Engineer's estimate for the project. Bids are valid for a 45-day period beginning the day of the bid opening, December 5, 2024, and expire on January 6, 2025.

It was noted at the bid opening that a 10% Bid Bond was included by the apparent low Burdick Plumbing & Heating Co., Inc.

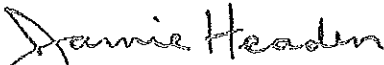
Burdick Plumbing & Heating Co., Inc. has completed previous construction projects satisfactorily, it appears they are properly qualified to carry out the obligations of this contract and complete the required work.

Accordingly, Benton & Associates, Inc. recommends the Contract for the Southwest Booster Pump Station Replacement be awarded to Burdick Plumbing & Heating Co., Inc. in the amount of \$598,500.00.

If you have any questions regarding this transmittal, please contact our office. Thank you.

Very truly yours,

BENTON & ASSOCIATES, INC.


Jamie L. Headen, P.E.

Encls.

cc: Jolynne Richardson, City Clerk
Kathy Driskell, Chairman Water Committee
Marlin Brune, Water Superintendent

P:\21E3608\Documents\Bidding\21E3608 Taylorville SW Booster Pump Improvements- Evaluation of Bids.docx.doc

NOTICE OF AWARD

Dated December 16,2024

To: Burdick Plumbing & Heating Co.,Inc.

Address: 1175 North 20th Street
PO Box 496
Decatur, Illinois 62525

Project: Taylorville Southwest Booster Pump Station Replacement

Owner's Contract No. 21E3608

You are hereby notified that your Bid dated December 5,2024 for the above Contract has been considered. You are the apparent Successful Bidder and have been awarded a Contract for the Taylorville Southwest Booster Pump Station Replacement project.

The Contract Price of your Contract is Five Hundred Ninety-Eight Thousand Five hundred and 00/100 Dollars (\$ 598,500.00).

One (1) copy of the proposed Contract Documents will be delivered separately or otherwise made available to you immediately.

You must comply with the following conditions precedent within fifteen (15) days of the date of this Notice of Award, that is by January 2,2025.

1. Deliver to the Owner Five (5) fully executed counterparts of the Contract Documents [Each of the Contract Documents must bear your signature on page 00 52 00-3].
2. Deliver with the executed Contract Documents the Contract security (Bonds) as specified in the Instructions to Bidders (Section 00 21 13), [and] General Conditions (paragraph 6.01) [and] Supplementary Conditions (paragraph SC-6.01).]
3. paragraph 2.01 of the General Conditions provides that you must deliver to the Owner (with copies to Engineer and other identified additional insureds) certificates of insurance which is required to purchase and maintain in accordance with the Contract Documents.
4. (List other conditions precedent).

N/A

Failure to comply with these conditions within the time specified will entitle Owner to consider your Bid in default, to annul this Notice of Award and to declare your Bid security forfeited.

Within ten (10) days after you comply with the above conditions, Owner will return to you one fully executed counterpart of the Contract Documents.

City of Taylorville
(Owner)

(Authorized Signature)
Bruce Barry - Mayor
(Title)

Acceptance of Notice

Receipt of the above Notice of Award is hereby acknowledged.

By: _____

this the _____ day of _____, 2024.

By: _____

Title: _____

Copy to Engineer (Benton & Associates, Inc.)

Note: Use Certified Mail, Return Receipt Requested.

P:\21E3608\Documents\Bidding\00 51 01 NOA - Burdick.docx

PROPOSAL AND BID SCHEDULE

by

CITY OF TAYLORVILLE
115 NORTH MAIN
TAYLORVILLE, ILLINOIS

for

TAYLORVILLE SOUTHWEST BOOSTER PUMP STATION REPLACEMENT

PROPOSAL Burdick Plumbing & Heating Co., Inc

(Name of Bidder)

1175 N. 20th Street P.O. Box 496

(Address of Bidder)

Decatur, IL 62525

(Address of Bidder)

To the Honorable Mayor Bruce Barry and City Council
City of Taylorville
115 North Main
Taylorville, IL 62568

City Officials:

In submitting this Proposal, the undersigned declares that the only persons or parties interested in the Proposal as principals are those named herein; and that the Proposal is made without collusion with any other person, firm or corporation.

The undersigned further declares that he has carefully examined the Advertisement for Bids, Instructions to Bidders, Information Available to Bidders, Proposal and Bid Schedule, Contract, Contract Bond, General Conditions, Special Provisions, and that he has inspected in detail the site(s) of the proposed work and that he has familiarized himself with all of the local conditions affecting the contract and the detailed requirements of the work, including the stipulation for the payment by the Contractor of not less than the prevailing rate of wages as required by law and as set forth in the contract documents. The bidder understands and agrees that in making this proposal, he waives all right to plead any misunderstanding regarding the same.

The undersigned further understands and agrees that if this Proposal is accepted, he is to furnish and provide all necessary machinery, tools, apparatus, labor and other means of construction, and to do all the work, and to furnish all of the materials specified in the contract in the manner and at the time therein prescribed, and in accordance with the requirements set forth.

It is understood and agreed that the quantities mentioned herein for unit price items are only approximate and are assumed Solely for the comparison of proposals and are not guaranteed to be accurate statements of estimates of the quantities of the various classes of work that are to be performed under this contract, and that if awarded the contract for the work therein mentioned, the undersigned will not make any claim for damages, or for loss of profits or for an extension of time for the performance of the work because of a difference between the quantities of the various classes of work because of a difference between the quantities of the various classes of work assumed for comparison of bids and the quantities of work actually performed.

In accordance with the requirements set forth in the attached "Advertisement for Bids" and "Instruction to Bidders" there is deposited herewith a proposal guaranty for not less than 10% of the total bid price in the sum of 10% OF PROPOSAL which, under the terms therein mentioned, entitles the undersigned to submit a proposal on said work, the same sum to be refunded to the undersigned upon faithful performance of all conditions set forth in the "Instructions to Bidders".

It is hereby agreed that, in the event that the undersigned is awarded a contract for work herein mentioned, and shall fail or refuse to execute a contract for said work and to furnish the specified bond within the fifteen (15) days after receipt of the notice of award of said contract to the undersigned, the sum deposited herewith shall be retained by the said Owners, not as a penalty, but as liquidated damages, it being agreed that said sum deposited herewith is the fair measure of the amount of damages that the Owners will sustain in case the undersigned shall fail or refuse to enter into the contract for said work and to furnish a bond as specified in said contract, if said contract is awarded to the undersigned.

The undersigned further agrees to begin work within the time specified and to prosecute the work in such manner and with sufficient materials, equipment and labor as will insure its completion within the time limit specified herein, it being understood and agreed that the completion within the time limit is an essential part of the contract. The undersigned agrees to complete in an acceptable manner all of the work contracted for in the specified portion stated in this Proposal.

The undersigned submits herewith his schedule of prices covering the work to be performed under this contract; he understands that he must show in the schedule of the unit prices or lump sum prices for which he proposed to perform each item of the work; that the extension and totals must be shown by him and that if not so done, his proposal may be rejected as irregular. Any error shown in extensions or totals, unless obviously intentional will not be considered for possible rejection of the Proposal. Discrepancies in the multiplication of units of Work and unit prices will be resolved in favor of the unit prices. Discrepancies between the indicated sum of any column of figures and the correct sum thereof will be resolved in favor of the correct sum.

BID SCHEDULE

**City of Taylorville
115 North Main
Taylorville, IL**

FOR

Taylorville Southwest Booster Pump Station Replacement

NOTE: BIDS SHALL INCLUDE QUANTITIES AND ALL OTHER APPLICABLE TAXES & FEES

BIDDER AGREES TO PERFORM ALL WORK DESCRIBED IN THE CONTRACT DOCUMENTS FOR THE FOLLOWING LUMP SUM.

Lump Sum Price:

\$598,500.00

FIVE HUNDRED NINETY EIGHT THOUSAND FIVE HUNDRED AND ⁰⁰/₁₀₀

10/25/2024

Taylorville Water Department
City of Taylorville IL
2021 Lincoln Trail
Taylorville, IL 62568

Thank you for the opportunity to quote for Taylorville Water Department.
Brenntag Mid-South, Inc. is pleased to offer the below pricing for your municipal needs.

QUOTATION -

Product Name	Product Number	Pkg Type / Pkg Weight	Unit of Measure	Quote
Activated Carbon WaterCarb 800	828451	Bag/50LB	LB	\$1.346

All pricing is on a delivered basis (unless otherwise noted)

Regards,

Ray Sibbitt

Ray Sibbitt, Director of Mini Bulk/Municipal Development

Brenntag Mid-South, Inc.

bms-bids@brenntag.com



Submittal Type

Estimate of Maintenance Costs

District Estimate of Cost For

Local Public Agency	County	Section Number	Maintenance Period	
			Beginning	Ending
Taylorville	Christian	25-00000-00-GM	01/01/25	12/31/25

Maintenance Items								
Maintenance Operation	Maint Eng Category	Insp. Req.	Material Categories/ Point of Delivery or Work Performed by an Outside Contractor	Unit	Quantity	Unit Cost	Cost	Total Maintenance Operation Cost
Roadway Surface	III	No	Surface Course, Crushed Stone CA6	Ton	1,500	\$18.00	\$27,000.00	
	III	No	Surface Course, Crushed Stone CA7	Ton	1,000	\$20.00	\$20,000.00	
	III	No	Seal Coat Agg, Crushed Stone CA16	Ton	500	\$25.00	\$12,500.00	
	III	No	Seal Coat Agg, Slag CA16	Ton	1,000	\$40.00	\$40,000.00	\$99,500.00
	III	No	Bituminous Oil (HFE 150)	Gallon	35,000	\$3.65	\$127,750.00	\$127,750.00
	III	No	Bituminous Patch Material M19	Ton	500	\$135.00	\$67,500.00	\$67,500.00
	III	No	Bituminous Patch CA15 Chipmix	Ton	500	\$90.00	\$45,000.00	\$45,000.00
	III	No	Stabilized Base, CA7 Mix	Ton	1,000	\$82.00	\$82,000.00	\$82,000.00
	IIA	No	Paint Pavement Marking	Ft	8,000	\$3.00	\$24,000.00	\$24,000.00
Safety Items	I	No	Road Salt (State bid CMS)	Ton	700	\$117.05	\$81,935.00	\$81,935.00
Drainage Features	IIA	No	Street Sweeper	Hours	1,440	\$87.55	\$126,072.00	\$126,072.00
Total Operation Cost								\$653,757.00

Estimate of Maintenance Costs Summary

Maintenance	MFT Funds	RBI Funds	Other Funds	Estimated Costs
Local Public Agency Labor				
Local Public Agency Equipment	\$126,072.00			\$126,072.00
Materials/Contracts(Non Bid Items)	\$105,935.00			\$105,935.00
Materials/Deliver & Install/Materials Quotatlons (Bid Items)	\$421,750.00			\$421,750.00
Formal Contract (Bid Items)				
Maintenance Total	\$653,757.00			\$653,757.00

Estimated Maintenance Eng Costs Summary

Maintenance Engineering	MFT Funds	RBI Funds	Other Funds	Total Est Costs
Preliminary Engineering	\$14,445.00			\$14,445.00
Engineering Inspeclon				
Material Testing				
Advertising				
Bridge Inspection Engineering				
Maintenance Engineering Total	\$14,445.00			\$14,445.00
Total Estimated Maintenance	\$668,202.00			\$668,202.00

Remarks

Estimate of Maintenance Costs

Submittal Type

Local Public Agency	County	Section	Maintenance Period	
			Beginning	Ending
Taylorville	Christian	25-00000-00-GM	01/01/25	12/31/25

SUBMITTED

Local Public Agency Official Signature & Date

Title

County Engineer/Superintendent of Highways Signature & Date

APPROVED

Regional Engineer Signature & Date
Department of Transportation

IDOT Department Use Only

Received Location Received Date Additional Location?

<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
----------------------	----------------------	--------------------------

WMFT Entry By Entry Date

<input type="text"/>	<input type="text"/>
----------------------	----------------------



District	County	Resolution Number	Resolution Type	Section Number
6	Christian		Original	25-00000-00-GM

BE IT RESOLVED, by the Council of the City of Taylorville Illinois that there is hereby appropriated the sum of Six Hundred Sixty

Eight Thousand Three Hundred and 00/100 Dollars (\$668,300.00)

of Motor Fuel Tax funds for the purpose of maintaining streets and highways under the applicable provisions of Illinois Highway Code from 01/01/25 to 12/31/25.

BE IT FURTHER RESOLVED, that only those operations as listed and described on the approved Estimate of Maintenance Costs, including supplemental or revised estimates approved in connection with this resolution, are eligible for maintenance with Motor Fuel Tax funds during the period as specified above.

BE IT FURTHER RESOLVED, that City of Taylorville

shall submit within three months after the end of the maintenance period as stated above, to the Department of Transportation, on forms available from the Department, a certified statement showing expenditures and the balances remaining in the funds authorized for expenditure by the Department under this appropriation, and

BE IT FURTHER RESOLVED, that the Clerk is hereby directed to transmit four (4) certified originals of this resolution to the district office of the Department of Transportation.

I Jolynne Richardson City Clerk in and for said City of Taylorville in the State of Illinois, and keeper of the records and files thereof, as

provided by statute, do hereby certify the foregoing to be a true, perfect and complete copy of a resolution adopted by the Council of Taylorville at a meeting held on 12/16/24.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal this 16th day of December, 2024.

(SEAL, if required by the LPA)

Clerk Signature & Date

APPROVED

Regional Engineer Signature & Date
 Department of Transportation



District	Local Public Agency	County	Section Number
6	Taylorville	Christian	25-00000-00-GM

I hereby request approval of the use of MFT funds to pay rental for the equipment listed below at the rates shown. The equipment is owned by City of Taylorville, and is to be used on the above named section.
Name of Entity

Rental Rates calculated using:

- Schedule of Average Ownership Equipment Rental Expense Multiplier Used 1.922
- Blue Book Custom Rate from IDOT (attach documentation)

Item of Equipment	Manufacturer	Model	Size	Year Built	Page No.	Current Rental Rate	Operator Rate	Total Cost
Street Sweeper	Elgin	NP		2022	44	\$87.55		\$87.55

Submitted: Local Public Agency Signature & Date

For a Road District project
 County Engineer signature required. County Engineer Signature & Date

Approved: Regional Engineer, DOT Signature & Date



Maintenance Engineering to be Performed by a Consulting Engineer

Local Public Agency	County	Section Number
Taylorville	Christian	25-00000-00-GM

The services to be performed by the consulting engineer, pertaining to the various items of work included in the estimated cost of the maintenance operations (BLR 14222), shall consist of the following:

PRELIMINARY ENGINEERING shall include:

Investigation of the condition of the streets or highways for determination (in consultation with the local highway authority) of the maintenance operations to be included in the maintenance program; preparation of the maintenance resolution (BLR 14220 for municipalities and counties), maintenance estimate of cost and, if applicable, proposal; attendance at meetings of the governing body as may reasonably be required; attendance at public letting; preparation of the contract, quotations, and/or acceptance (BLR 12330) form. Also, preparation of the maintenance expenditure statement which must be submitted to IDOT within 3 months of the end of the maintenance period.

ENGINEERING INSPECTION shall include:

Furnishing the engineering field inspection, including preparation of payment estimate for contract, material proposal and/or deliver and install proposal and/or checking material invoices of those maintenance operations requiring engineering field inspection. For operations requiring material testing ensure the testing is completed by a qualified firm.

For furnishing preliminary engineering, the engineer will be paid a base fee PLUS a negotiated fee percentage. Only one base fee can be charged per maintenance period. For furnishing engineering inspection, the engineer will be paid a negotiated fee percentage. The negotiated preliminary engineering fee percentage for each maintenance group shown in the "Schedule of Fees" shall be applied to the total estimated costs of that group. The negotiated fee for engineering inspection for each maintenance group shall be applied to the total final cost of that group for the times which required engineering inspections. In no case shall this be construed to include supervision of the contractor operations.

SCHEDULE OF FEES

Total of all Maintenance Operations:

<= \$20,000 Base Fee > \$20,000 Base Fee = \$1,250.00

PLUS					
Maintenance Engineering Category	Preliminary Engineering		Engineering Inspection		Operation(s) to be Inspected
	Maximum Fee %	Negotiated Fee %	Maximum Fee %	Negotiated Fee %	
I	NA	NA	NA	NA	NA
IIA	2%	2%	1%		
IIB	3%		3%		
III	4%	3%	4%		
IV	5%		6%		

The LPA certifies that the selection of the ENGINEER was performed in accordance with the Local Government Professional Service Selection Act 50 (ILCS 510/1-510/8) and procedures outlined in Chapter 5 of the DEPARTMENT'S Bureau of Local Roads and Streets Manual.

BY:

Local Public Agency Signature & Date

[Signature Box]

Title

Mayor

BY:

Consulting Engineer Signature & Date

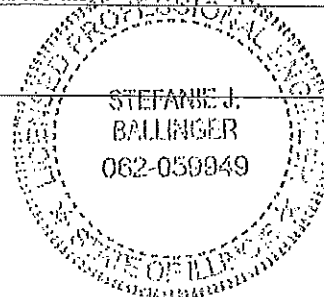
[Signature: Stefanie Ballinger 12/12/24]

Title

Engineer

P.E. Seal & Date

[Seal Box]



exp. 1/30/25

Approved:

Regional Engineer, IDOT Signature & Date

[Signature Box]

APPLICATION & CERTIFICATE FOR PAYMENT		PROJECT:		CONTRACT DATE:	
		POPLAR STREET IMPROVEMENTS		September 26, 2024	
				PARTIAL PAYMENT ESTIMATE NO. 3 - Final	
OWNER: City of Taylorville		CONTRACTOR: Phil Tullis Excavting, Inc.		PAGE 1 OF 2	
				PERIOD OF ESTIMATE: 10/19/2024 thru 12/16/24	
CONTRACT CHANGE ORDER SUMMARY				ESTIMATE	
No.	Approval Date	Amount		1. Original Contract Sum	\$ 299,051.00
		Additions	Deductions	2. Net Change by Change Orders	\$ 166,107.00
1	10/7/2024	N/A	N/A	3. Contract Sum to Date [1+2]	\$ 465,158.00
2	10/118/24	\$ 57,242.00		4. Work Completed *	\$ 465,158.00
3	12/16/2024	\$ 108,865.00		5. Stored Materials *	\$ -
				6. Subtotal [4+5]	\$ 465,158.00
				7. Retainage *	
				a. 10% of Contract Value	\$ -
				b. 10% of Stored Material	\$ -
				Total Retainage	\$ -
				8. Total Earned Less Retainage	\$ 465,158.00
				9. Less Prev. Certifis. for Payment	\$ 308,243.70
				10. Current Payment Due	\$ 156,914.30
				11. Balance to Finish + Retainage [1-6-8]	\$ -
TOTALS		\$ 166,107.00	\$ -		
NET CHANGE		\$166,107.00			
* Detailed breakdown attached					
CONTRACT TIME					
Original (Completion)	9/16/2024	40 working days	% Complete	100.0%	
Revised	12/16/2024	(unchanged)	On Schedule	<input checked="" type="checkbox"/> Yes	Starting Date 7/1/2024
Remaining				<input type="checkbox"/> No	Projected Completion 12/16/2024
CONTRACTOR'S CERTIFICATION:			APPROVED BY OWNER:		
The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.			Owner		
			By _____		
			Date _____		
Contractor: _____			Subscribed and sworn to before me this _____ day of _____, 2024		
			Notary Public: _____		
			My commission expires: _____		
			SEAL: _____		

Phil Tullis Excavating Inc

1500 E Maincross St

IL 62568

Invoice

Date	Invoice #
12/12/2024	441

Bill To
City of Taylorville 115 N Main st Taylorville, IL 62568

P.O. No.	Terms	Project

Description	Amount
Plumbing labor and materials to install water service 2 123 E poplar St from meter to inside house	1,780.00
labor and equipment to excavate and bore new line into house at 123E Poplar St	1,190.00
Total	\$2,970.00

CONTRACT CHANGE ORDER

ORDER No.	3
DATE	12/16/2024
STATE	IL
COUNTY	Christian

CONTRACT FOR Poplar Street Improvements
OWNER City of Taylorville

TO Phil Tullis Excavating, Inc.

You are hereby requested to comply with the following changes from the contract plans and specifications:

Description of Changes	DECREASE in Contract Price	INCREASE in Contract Price
3. Subbase Granular Material, Type B 4" Increase quantity by 559.1 Sq Yd @ \$30/ Sq Yd		\$ 16,773.00
Portland Cement Concrete Pavement 8" (Jointed) Increase quantity by 559.1 Sq Yd @ \$160/ Sq Yd		\$ 89,456.00
4. Pavement Removal increase quantity by 559.1 Sq Yd @ \$10/Sq Yd		\$ 5,591.00
6 Class C Patches, Type IV, 8 Inch decrease quantity by 92 Sq Yd @ \$150/Sq Yd	\$ 13,800.00	
30. Add Item Curb & Gutter Increase 105 Feet @ \$75/Foot		\$ 7,875.00
31 Add Item Lead Water Service Line Replacement 1 EA @ \$2,970.00		\$ 2,970.00
TOTAL	\$ 13,800.00	\$ 122,665.00

JUSTIFICATION:

Quantity Adjustments - Actual Quantities Constructed, Additional pavement & removal of North Firehouse drive, additional replacement of pavement on approaches East of Walnut and West of N Main due to actual water main locations/connections.

The amount of the Contract be Increased By The Sum Of: One Hundred Eight Thousand Eight Hundred Sixty-Five and 00/100----- Dollars \$108,865.00


The Contract Total Including this and previous Change Orders Will Be: Four Hundred Sixty-Five Thousand One Hundred Fifty-Eight and 00/100----- Dollars \$465,158.00

The contract Period Provided for Completion Will Be Increased December 16,2024

This document will become a supplement to the contract and all provisions will apply hereto.

The undersigned determine the circumstances which necessitate this Change Order were not foreseeable at the time the Contract was Signed.

Requested By: _____
Mayor Date

Recommended By:  _____
Project Engineer 12/12/24
Date

Accepted By: _____
Contractor Date

PARTIAL PAY ESTIMATE

ITEM		Contract Items		CHARGE ORDER		This Period		Total To Date			
No.	Description	Quantity	Unit	Unit Cost	Price	#1	#2	#3	Rev. Total		
Project: Poplar Street Improvements Partial Pay Estimate # 3 Dates of Estimate: 10/19/2024 to 12/16/2024 Amount of Contract: 299,051.00 Date of Completion: 10/24/2024 Contractor: Phil Tullis Excavating, Inc. Owner: City of Taylorville Page 2 of 2 rev. \$ 465,158.00 rev. 12/16/2024											
1	Earth Excavation	150	Cu Yd	\$ 40.00	\$ 6,000.00				0.0	0 \$ -	150 \$ 6,000.00
2	Trench Backfill	110	Cu Yd	\$ 50.00	\$ 5,500.00				94.7	0 \$ -	94.7 \$ 4,735.00
3	Subbase Granular Material, Type B 4"	672	Sq Yd	\$ 30.00	\$ 20,160.00				1,392.2	\$ 16,773.00	1,392.2 \$ 41,736.00
4	Portland Cement Concrete Pavement 8" (Jointed)	672	Sq Yd	\$ 160.00	\$ 107,520.00				1,392.2	\$ 89,456.00	1,392.2 \$ 222,752.00
5	Pavement Removal	672	Sq Yd	\$ 10.00	\$ 6,720.00				1,231.1	\$ 5,591.00	1,231.1 \$ 12,311.00
6	Class C Patches, Type IV, 8 inch	92	Sq Yd	\$ 150.00	\$ 13,800.00				0.0	0 \$ -	0 \$ -
7	Domestic Meter Vaults	3	Each	\$ 1,000.00	\$ 3,000.00				0.0	0 \$ -	0 \$ -
8	Domestic Water Service Boxes	3	Each	\$ 800.00	\$ 2,400.00				0.0	0 \$ -	0 \$ -
9	Mobilization	1	L Sum	\$ 500.00	\$ 500.00				0.0	0 \$ -	1 \$ 500.00
10	Water Main 4"	14	Foot	\$ 100.00	\$ 1,400.00				13	0 \$ -	13 \$ 1,300.00
11	Water Main 6"	365	Foot	\$ 110.00	\$ 40,150.00				332	0 \$ -	332 \$ 36,520.00
12	Water Main 6" (Directional Bore)	48	Foot	\$ 200.00	\$ 9,600.00				60	0 \$ -	60 \$ 12,000.00
13	Water Main 6" (In Casing)	90	Foot	\$ 215.00	\$ 19,350.00				90	0 \$ -	90 \$ 19,350.00
14	Watermain Casing Pipe, 12"	90	Foot	\$ 150.00	\$ 13,500.00				90	0 \$ -	90 \$ 13,500.00
15	Water Valve 4"	1	Each	\$ 300.00	\$ 300.00				1	0 \$ -	1 \$ 300.00
16	Water Valve 6"	3	Each	\$ 500.00	\$ 1,500.00				3	0 \$ -	3 \$ 1,500.00
17	Tapping Valve 6" and Sleeves 8"	1	Each	\$ 2,800.00	\$ 2,800.00				0	0 \$ -	1 \$ 2,800.00
18	Fire Hydrants To Be Removed	2	Each	\$ 750.00	\$ 1,500.00				2	0 \$ -	2 \$ 1,500.00
19	Fire Hydrants	2	Each	\$ 6,000.00	\$ 12,000.00				0	0 \$ -	2 \$ 12,000.00
20	Ductile Iron Fittings	791	Pound	\$ 9.00	\$ 7,119.00				773	0 \$ -	773 \$ 6,957.00
21	Water Service Line 1"	111	Foot	\$ 12.00	\$ 1,332.00				179	0 \$ -	179 \$ 2,148.00
22	Water Service Reconections	3	Each	\$ 2,000.00	\$ 6,000.00				0	0 \$ -	3 \$ 6,000.00
23	Water Service Connection	3	Each	\$ 1,800.00	\$ 5,400.00				0	0 \$ -	3 \$ 5,400.00
24	Water Main Line Stop 4"	2	Each	\$ 1,500.00	\$ 3,000.00				1	0 \$ -	1 \$ 1,500.00
25	Traffic Control and Protection, (Special)	1	L Sum	\$ 6,000.00	\$ 6,000.00				0	0 \$ -	1 \$ 6,000.00
26	Construction Layout	1	L Sum	\$ 2,500.00	\$ 2,500.00				0	0 \$ -	1 \$ 2,500.00
27	Saw cutting & pavement	1	L Sum						1	0 \$ 8,725.00	1 \$ 8,725.00
28	Water main connection & restraints	1	L Sum						1	0 \$ 1,524.00	1 \$ 1,524.00
29	Over excavation of Sub-base	1	L Sum						0	0 \$ 8,900.00	1 \$ 8,900.00
30	Curb & Gutter	171	Foot	\$ 75.00	\$ 12,825.00				276	105 \$ 7,875.00	276 \$ 20,700.00
31	Lead Water Service Line Replacement	1	Each	\$ 2,970.00	\$ 2,970.00				1	1 \$ 2,970.00	1 \$ 2,970.00
					\$ 299,051.00					\$ 141,814.00	\$ 465,158.00

CHECK: 11471 Regular Payments

PAYOR SET: 01

NO : 010 GENERAL CORPORATE

DEPARTMENT: N/A NON-DEPARTMENTAL

BUDGET TO USE: CB-CURRENT BUDGET

BANK: BP

NO	NAME	ITEM #	G/L ACCOUNT NAME	DESCRIPTION	CHECK#	AMOUNT
-003053	ILLINOIS MUTUAL LIFE IN					
		I-11/1/24-11/30-24	010-21922	ILL MUTUAL VO ADMIN - VOL BENEFITS	000000	34.36
		I-11/1/24-11/30-24	010-21910	IMRF VOLUNTAR ADMIN - LIFE INS	000000	327.56
				DEPARTMENT		
				NON-DEPARTMENTAL		
				TOTAL:		361.92

Regular Check Total \$496,018.04
Manual Check Total \$ 29,576.09
Bank Draft Total \$ 6,952.20
Total \$ 532,546.33

CKET: 11471 Regular Payments
 NDOR SET: 01
 ND : 010 GENERAL CORPORATE
 PARTMENT: 110 ADMINISTRATION
 DGET TO USE: CB-CURRENT BUDGET

BANK: AP

ENDOR	NAME	ITEM #	G/L ACCOUNT NAME	DESCRIPTION	CHECK#	AMOUNT
=====						
1-000950 BREEZE COURIER						
		I-202412128918	010-5-110-554	PUBLISHING AN PUBLIC HEARING	000000	92.80
1-001249 TYLER TECHNOLOGIES						
		I-025-485638	010-5-110-538	COMPUTER COST PROJECT MANAGMENT	000000	250.00
1-001372 US BANK						
		I-202412068906	010-5-110-913	COMMUNITY REL ADMIN-CITY AWARDS	000000	170.76
		I-202412068906	010-5-110-953	CITY OFFICIAL IHL-YEARLY	000000	1,250.00
		I-202412068906	010-5-110-563	TRAINING CONF	000000	251.16
		I-202412068906	010-5-110-651	OFFICE SUPPLI SUPPLIES	000000	200.60
		I-202412068906	010-5-110-538	COMPUTER COST EQUIP	000000	47.97
		I-202412068906	010-5-110-537	SOFTWARE SUPP ADOBE	000000	19.99
11-001442 CHRISTIAN COUNTY CLERK						
		I-202412128919	010-5-110-549	OTHER PROFESS ANNEX RECORDING FEE	000000	204.00
11-001877 COMPUTER TECHNIQUES, IN						
		I-20067110	010-5-110-552	TELEPHONE PHONE - ADMIN	000000	907.14
		I-20067110	010-5-110-552	TELEPHONE ADMIN BACKUP	000000	2,603.21
		I-20067110	010-5-110-552	TELEPHONE POLICE	000000	45.80
		I-202412128935	010-5-110-538	COMPUTER COST ADMIN	000000	375.00
01-001889 MIDWEST MAILING & SHIPP						
		I-P109766	010-5-110-651	OFFICE SUPPLI MAINTENANCE FOR POSTAGE MACH	000000	420.00
01-002863 TYLER BUSINESS FORMS						
		I-97965	010-5-110-554	PUBLISHING AN ACA ENVELOPES	000000	150.50
01-003020 SERPENTINE WEB SOLUTION						
		I-22660	010-5-110-913	COMMUNITY REL WEB MANAGEMENT	000000	237.00
01-003215 NANCY T FRANCE						
		I-202412128917	010-5-110-549	OTHER PROFESS 6.5 @ \$35 PER HR	000000	227.50
01-003222 QUADIENT FINANCE USA, I						
		I-202412128921	010-5-110-651	OFFICE SUPPLI POSTAGE	000000	1,500.00
01-005553 MEYER AUSTIN & ROMANO P						
		I-202412128920	010-5-110-533	LEGAL SERVICE NOV LEGAL	000000	9,603.00
01-006700 QUILL CORPORATION						
		I-41508079	010-5-110-651	OFFICE SUPPLI POSTED STAMPS (CLERK)	000000	28.50
		I-41508079	010-5-110-651	OFFICE SUPPLY YEARLY FLANNER	000000	124.95
		I-41508079	010-5-110-651	OFFICE SUPPLI DESK CALENDER	000000	47.96
		I-41508079	010-5-110-651	OFFICE SUPPLY DESK CALENDER	000000	65.89
		I-41508079	010-5-110-651	OFFICE SUPPLI APPOINTMENT BOOK	000000	34.99
		I-41508079	010-5-110-651	OFFICE SUPPLI APPOINTMENT BOOK	000000	36.49

/13/2024 8:00 AM

REGULAR DEPARTMENT PAYMENT REGISTER

CKET: 11471 Regular Payments

ENDOR SET: 01

HD : 010 GENERAL CORPORATE

BANK: AP

DEPARTMENT: 110 ADMINISTRATION

BUDGET TO USE: CB-CURRENT BUDGET

ENDOR	NAME	ITEM #	G/L ACCOUNT NAME	DESCRIPTION	CHECK#	AMOUNT
1-007120	RON'S PRODUCE COMPANY	I-811355	010-5-110-913	COMMUNITY REL 2024 CITY AWARDS APPETIZERS	000000	641.30
1-008125	AMERICAN LEGAL PUBLISHI	I-38647	010-5-110-554	PUBLISHING AN ANNUAL HOSTING FEE	000000	500.00
DEPARTMENT 110 ADMINISTRATION					TOTAL:	20,116.67

CKET: 11471 Regular Payments
 NDOR SET: 01
 ND : 010 GENERAL CORPORATE
 PARTMENT: 210 POLICE ADMINISTRATION
 DGET TO USE: CB-CURRENT BUDGET

BANK: AP

NDOR	NAME	ITEM #	G/L ACCOUNT NAME	DESCRIPTION	CHECK#	AMOUNT
000050	BOB RYDINGS FORD					
		I-424447	010-5-210-512	MAINT SERVICE UNIT #5 STABILIZER BAR	000000	998.21
001372	US BANK					
		I-202412068906	010-5-210-537	MAINT AGREEME POLICE-ADOBE	000000	21.24
		I-202412068906	010-5-210-563	TRAINING POLICE-CONF	000000	234.21
		I-202412068906	010-5-210-651	OFFICE SUPPLI POLICE-DVD BURNER	000000	30.98
		I-202412068906	010-5-210-830	EQUIPMENT POLICE-SILVER CLOUD APP	000000	24.95
		I-202412068906	010-5-210-913	COMMUNITY PRO POLICE-PUBLIC RELATIONS	000000	368.04
001451	MAIN CROSS AUTO SERVICE					
		I-J003712	010-5-210-512	MAINT SERVICE 13 FORD FUSION FRONT SUSPENSIO	000000	442.33
001877	COMPUTER TECHNIQUES, IN					
		I-202412128935	010-5-210-537	MAINT AGREEME POLICE	000000	375.00
001996	TOM DAY BUSINESS MACHIN					
		I-97970	010-5-210-537	MAINT AGREEME YELLOW CARTRIDGE	000000	15.00
		I-98349	010-5-210-537	MAINT AGREEME VIDEO ROOM/SQUAD PRINTER	000000	92.97
		I-98350	010-5-210-537	MAINT AGREEME DISPATCH PRINTER CONTRACT	000000	12.52
002188	O'REILLY AUTO PARTS					
		I-2014-171425	010-5-210-512	MAINT SERVICE BATTERY UNIT 5	000000	163.02
002378	GARY ALAN MILLS					
		I-202412058900	010-5-210-563	TRAINING GARY ALAN MILLS - LUNCH	000000	14.55
002691	TRANSUNION RISK & ALTER					
		I-202412128942	010-5-210-537	MAINT AGREEME OCTOBER 24	000000	75.00
		I-202412128942	010-5-210-537	MAINT AGREEME NOVEMBER 24	000000	75.00
003247	SHANE PONZEL					
		I-1363732	010-5-210-929	MISCELLANEOUS AIR HOSE FOR COMPRESSOR	000000	44.67
003420	FIRST NET/AT&T MOBILITY					
		I-2873192404723X1203	010-5-210-55201	TELEPHONE/DIS NOV 24 CELL PHONE/AIR CARD	000000	1,966.80
003449	GLOBAL TECHNICAL SYSTEM					
		I-140004550-1	010-5-210-830	EQUIPMENT TROUBLESHOOT 2 RADIOS	000000	535.65
		I-14004936-1	010-5-210-830	EQUIPMENT LABOR CK INSTALL RADIO	000000	581.50
		I-157001070-1	010-5-210-830	EQUIPMENT 5 KENWOOD VHF ANT (148-162)	000000	118.96
		I-157001360-1	010-5-210-830	EQUIPMENT 3 SPEAKERS, MIC/2 MOBILE	000000	492.10
		I-157001466-1	010-5-210-830	EQUIPMENT 5 KENWOOD BELT CLIPS	000000	108.07
		I-157001506-1	010-5-210-830	EQUIPMENT 5 BATTERIES FOR KENWOOD	000000	653.25
003617	KACI DEVORE					
		I-202412058899	010-5-210-563	TRAINING KACI DEVORE 384 MILES - REIMB	000000	317.92
006050	RAY O'HERRON CO INC					

CHECK: 11471 Regular Payments

ENDORSE: 01

HD : 010 GENERAL CORPORATE

BANK: AP

DEPARTMENT: 210 POLICE ADMINISTRATION

BUDGET TO USE: CB-CURRENT BUDGET

ENDOR	NAME	ITEM #	G/L ACCOUNT NAME	DESCRIPTION	CHECK#	AMOUNT
1-006850	RAY O'HERRON CO INC		continued			
		I-2377612	010-5-210-473	AUXILIARY UNI KATER NEW HIRE OUTFITTING	000000	1,688.97
1-008770	BEN TOBERMAN					
		I-202412128943	010-5-210-563	TRAINING TRAINING MEALS	000000	177.46
1-009200	WAL-MART CAPITAL ONE					
		I-431000458025	010-5-210-929	MISCELLANEOUS COFFEE - SILVERWARE	000000	101.00
DEPARTMENT 210 POLICE ADMINISTRATION					TOTAL:	9,729.37

CKBT: 11471 Regular Payments
 NDOR SET: 01
 ND : 010 GENERAL CORPORATE
 PARTMENT: 220 FIRE DEPARTMENT
 BGET TO USE: CB-CURRENT BUDGET

BANK: AP

NDOR	NAME	ITEM #	G/L ACCOUNT NAME	DESCRIPTION	CHECK#	AMOUNT
01-000167	REC FIRE					
		I-202204	010-5-220-652	OPERATING SUP FIRE EXTINGUISHER INSPECTION	000000	759.00
01-001300	AMEREN ILLINOIS					
		I-202412050096	010-5-220-571	UTILITIES FIRE	000000	301.86
01-001689	MAC'S FIRE & SAFETY EQU					
		I-132190	010-5-220-512	MAINT SERVICE TIC REPAIR	000000	644.79
01-001877	COMPUTER TECHNIQUES, IN					
		I-20067110	010-5-220-511	MAINT SERVICE FIRE	000000	164.82
01-002071	WITMER ASSOCIATES INC					
		I-504121	010-5-220-030	EQUIPMENT FIRE GLOVES	000000	131.43
01-002100	O'REILLY AUTO PARTS					
		I-2014-173371	010-5-220-512	MAINT SERVICE TRANS FLUID	000000	36.99
01-002413	FAMILY CONCEPTS LTD					
		I-12310	010-5-220-913	COMMUNITY REL SAFETY BOOKS	000000	107.20
01-003005	AUTOMATIC FIRE SPRINKLE					
		I-202412050090	010-5-220-511	MAINT SERVICE SPRINKLER TEST	000000	304.00
01-003127	KOBE WHEATON					
		I-202412050093	010-5-220-471	UNIFORM ALLOW KOBE WHEATON	000000	259.15
01-003373	TARGETSOLUTIONS LEARNIN					
		I-107097	010-5-220-652	OPERATING SUP ANNUAL SERVICE TRAINING	000000	5,134.56
01-004150	ILMO PRODUCTS CO INC					
		I-0001517390	010-5-220-652	OPERATING SUP O2 RENTAL	000000	130.50
01-006700	QUILL CORPORATION					
		I-41500079	010-5-220-566	OFFICE SUPPLI YEARLY PLANNER	000000	24.99
		I-41500079	010-5-220-566	OFFICE SUPPLI DESK CALENDER	000000	17.97
		I-41500079	010-5-220-566	OFFICE SUPPLI WALL CALENDER	000000	32.99
01-007128	RON'S PRODUCE COMPANY					
		I-811498	010-5-220-652	OPERATING SUP FLOOR CLEANER, PAPER TOWELS	000000	86.25
01-008735	TAP BUSINESS SYSTEMS OF					
		I-24120047	010-5-220-652	OPERATING SUP COPIER CONTRACT	000000	122.04
01-035642	COLIN AYERS					
		I-202412050902	010-5-220-563	TRAINING REIMB CLASS	000000	053.60
DEPARTMENT 220 FIRE DEPARTMENT					TOTAL:	9,272.14

1/13/2024 8:00 AM

REGULAR DEPARTMENT PAYMENT REGISTER

CKEY: 11471 Regular Payments
NDOR SET: 01
ND : 010 GENERAL CORPORATE
PARTMENT: 310 HEALTH & SAFETY
DGET TO USE: CB-CURRENT BUDGET

BANK: AP

NDOR	NAME	ITEM #	G/L ACCOUNT NAME	DESCRIPTION	CHECK#	AMOUNT
1-001372	US BANK					
		I-202412068906	010-5-310-830	EQUIPMENT HBO CODE BOOK	000000	3,630.80
1-001500	CENTRAL COMMODITY FARME					
		I-862439	010-5-310-655	GASOLINE/OIL/ HBO FUEL	000000	124.73
DEPARTMENT 310 HEALTH & SAFETY					TOTAL:	3,755.53

CKET: 11471 Regular Payments
 NDOR SET: 01
 ND : 010 GENERAL CORPORATE
 DEPARTMENT: 410 STREET
 BUDGET TO USE: CB-CURRENT BUDGET

BANK: AP

ENDOR	NAME	ITEM #	G/L ACCOUNT NAME	DESCRIPTION	CHECK#	AMOUNT
=====						
1-000050 ACE HARDWARE						
		I-1936	010-5-410-658	MAINTENANCE S DRAIN CLEANER	000000	49.98
		I-2065	010-5-410-658	MAINTENANCE S M18 BATTERIES	000000	99.00
		I-2081	010-5-410-658	MAINTENANCE S TAPE MEASURE	000000	19.99
1-000265 ALTOREER INC						
		I-WO000105229	010-5-410-512	MAINT SERVICE STREET	000000	498.68
		I-WO430072035	010-5-410-658	MAINTENANCE S FUEL SAMPLE STREET/SEWER	000000	298.00
		I-WO430072835	010-5-410-658	MAINTENANCE S CITY HALL GENERATOR	000000	298.00
11-001027 EXHAUST PRO						
		I-202412128933	010-5-410-512	MAINT SERVICE REPLACE HUFFLER, HANGER, CLAMPS	000000	1,140.00
11-001300 AMEREN ILLINOIS						
		I-202412058901	010-5-410-571	UTILITIES STREET	000000	79.28
		I-202412058901	010-5-410-572	STREET LIGHTI STREET LIGHTING	000000	47.87
		I-202412128916	010-5-410-572	STREET LIGHTI ST & HWY LIGHTING	000000	6,806.20
01-001372 US BANK						
		I-202412068906	010-5-410-929	MISCELLANEOUS STREET - BLIND	000000	157.76
01-001500 CENTRAL COMMODITY FARME						
		I-862439	010-5-410-655	GASOLINE/OIL/ UNLEADED FUEL	000000	1,111.09
		I-862440	010-5-410-655	GASOLINE/OIL/ FUEL	000000	1,208.01
		I-862441	010-5-410-655	GASOLINE/OIL/ OFF ROAD FUEL	000000	524.17
		I-862516	010-5-410-655	GASOLINE/OIL/ UNLEADED FUEL	000000	695.68
		I-862540	010-5-410-655	GASOLINE/OIL/ OFF ROAD FUEL	000000	746.18
		I-862541	010-5-410-655	GASOLINE/OIL/ FUEL	000000	1,004.12
01-001827 BLUEVILLE GARAGE						
		I-202412128938	010-5-410-512	MAINT SERVICE 22-1 BRAKES	000000	217.27
		I-202412128939	010-5-410-512	MAINT SERVICE 17-1-D AIR LEAK	000000	225.49
		I-202412128940	010-5-410-512	MAINT SERVICE 12-1 4WD LINKAGE	000000	219.19
		I-202412128941	010-5-410-512	MAINT SERVICE 012-7 BATTERY CHARGE	000000	268.12
01-001877 COMPUTER TECHNIQUES, IN						
		I-20067110	010-5-410-511	MAINT SERVICE STREET/SEWER	000000	283.80
		I-202412128935	010-5-410-511	MAINT SERVICE STREET/SEWER	000000	375.00
01-002108 O'REILLY AUTO PARTS						
		I-2014-172133	010-5-410-658	MAINTENANCE S STOP LEAK	000000	6.99
		I-2014-172208	010-5-410-658	MAINTENANCE S BATTERY CLAMPS/BOOSTER CABLE	000000	47.98
01-002249 DECKER SUPPLY CO INC						
		I-930843	010-5-410-658	MAINTENANCE S NO PARKING BUS STOP	000000	117.66
01-002622 RUSH TRUCK CENTERS						
		I-3039643608	010-5-410-512	MAINT SERVICE COVER ASSM. 24-1	000000	345.00
		I-3039768117	010-5-410-512	MAINT SERVICE WINDOW REGULATOR - 12-2-D	000000	1,344.90

CKET: 11471 Regular Payments
 NDOR SET: 01
 ND : 010 GENERAL CORPORATE
 PARTMENT: 410 STREET
 BGET TO USE: CB-CURRENT BUDGET

BANK: AP

NDOR	NAME	ITEM #	G/L ACCOUNT NAME	DESCRIPTION	CHECK#	AMOUNT
L-002929	FASSTENAL COMPANY	I-ILSPR317324	010-5-410-658	MAINTENANCE S STREET SNOW PLOW BOLTS	000000	218.24
1-002932	FEHRING IRON WORKS INC	I-337828	010-5-410-658	MAINTENANCE S LASER CUTTING CHARGE	000000	191.74
1-003111	NEAL TIRE AND AUTO SERV	I-155114207	010-5-410-512	MAINT SERVICE BACKHOE TIRE	000000	52.00
		I-1558113325	010-5-410-512	MAINT SERVICE LARGE TRUCK TIRES	000000	1,376.90
11-003237	RICKI PETERS dba	I-202412128937	010-5-410-520	MAINTENANCE - MARKET ST CURB	000000	4,050.00
		I-202412128937	010-5-410-522	MAINTENANCE - MARKET ST SIDEWALKS	000000	729.60
11-003303	FARM & HOME SUPPLY	I-1350757	010-5-410-658	MAINTENANCE S GALVENIZED NIPPLE	000000	2.79
		I-1351953	010-5-410-658	MAINTENANCE S TORCH KIT, CUTTING TIP	000000	127.98
		I-1353810	010-5-410-658	MAINTENANCE S CUT WHEEL, GRINDING WHEEL	000000	31.94
		I-1355970	010-5-410-658	MAINTENANCE S WD40, BOOSTER CABLE	000000	127.28
01-003387	JLS PERFORMANCE AND REP	I-2275	010-5-410-512	MAINT SERVICE DIAGNOSTIC ON TRUCK	000000	140.40
		I-INV-2448	010-5-410-512	MAINT SERVICE ENGINE LIGHT ON 12-1	000000	1,162.50
01-004150	ILMO PRODUCTS CO INC	I-1517399	010-5-410-658	MAINTENANCE S CYLINDER RENTAL	000000	54.90
01-004500	KEY EQUIPMENT & SUPPLY	I-STL207956	010-5-410-512	MAINT SERVICE NEW SWEEPER WARRANTY	000000	6,125.00
01-005150	MARTIN EQUIP OF IL INC	I-846858	010-5-410-658	MAINTENANCE S O RING FEMALE SEAL LOCK	000000	119.57
		I-850853	010-5-410-658	MAINTENANCE S REDUCER ADAPTER FITTING	000000	122.38
01-005885	NAPA AUTO PARTS	I-506250	010-5-410-658	MAINTENANCE S POWERATED BELT	000000	21.99
		I-506554	010-5-410-658	MAINTENANCE S HOSE CLAMPS	000000	114.80
		I-506688	010-5-410-658	MAINTENANCE S WIPERS	000000	35.16
01-007150	RURAL ELECTRIC CONV COO	I-202412128923	010-5-410-572	STREET LIGHTI SPRESSER/BRIARCLIFF SEC LIGHTS	000000	41.66
		I-202412128927	010-5-410-572	STREET LIGHTI PARKWEST SEC LIGHTS	000000	158.65
01-007800	SLOAN IMPLEMENT CO INC	I-3712328	010-5-410-658	MAINTENANCE S CLUTCH ASSEMBLY	000000	573.90
		I-3712737	010-5-410-658	MAINTENANCE S REPAIR DRIVE SHAFT SPROCKET	000000	475.24
		I-3712878	010-5-410-658	MAINTENANCE S REMOVE/REPLACE DRIVE SHAFT	000000	5,165.38
		I-3723330	010-5-410-658	MAINTENANCE S BOLT/NUIT	000000	48.48
		I-3728767	010-5-410-658	MAINTENANCE S O RING KIT	000000	95.16

CHECK: 11471 Regular Payments
 ENDOR SET: 01
 END : 010 GENERAL CORPORATE
 DEPARTMENT: 410 STREET
 BUDGET TO USE: CB-CURRENT BUDGET

BANK: AP

ENDOR	NAME	ITEM #	G/L ACCOUNT NAME	DESCRIPTION	CHECK#	AMOUNT
1-007800	SLOAN IMPLEMENT CO INC		continued			
		I-3728058	010-5-410-658	MAINTENANCE S 5/8 FF PLUG	000000	6.98
		I-3739117	010-5-410-658	MAINTENANCE S BULK HOSE FITTING	000000	45.68
1-009041	URBAN RENTAL COMPANY					
		I-32884	010-5-410-658	MAINTENANCE S TAPE, CHAINS	000000	105.89
		I-32945	010-5-410-658	MAINTENANCE S OYL CAP, FILTER 30' BAR	000000	136.00
			DEPARTMENT 410	STREET	TOTAL:	39,893.60

CHECK: 11471 Regular Payments
 ENDOR SET: 01
 JHD : 010 GENERAL CORPORATE
 DEPARTMENT: 460 MUNICIPAL BUILDING
 BUDGET TO USE: CB-CURRENT BUDGET

BANK: AP

ENDOR	NAME	ITEM #	G/L ACCOUNT NAME	DESCRIPTION	CHECK#	AMOUNT
1-001300	AMEREN ILLINOIS	I-202412050896	010-5-460-571	UTILITIES MUN BLDG	000000	167.31
1-002453	KONE INC	I-071534647	010-5-460-510	MAINTENANCE S ELEVATOR MUN BLDG	000000	449.46
11-009700	YARD HEATING & COOLING	I-S25705	010-5-460-820	BUILDING REPAIR EAST/SE UNITS	000000	115.00
DEPARTMENT 460 MUNICIPAL BUILDING					TOTAL:	731.77
FUND 010 GENERAL CORPORATE					TOTAL:	83,861.00

CHECK: 11471 Regular Payments

PAYOR SET: 01

FUND : 130 GARBAGE DISPOSAL

DEPARTMENT: 440 GARBAGE

BANK: AP

BUDGET TO USE: CB-CURRENT BUDGET

ENDOR	NAME	ITEM #	G/L ACCOUNT NAME	DESCRIPTION	CHECK#	AMOUNT

1-009270 WASTE MANAGEMENT						
		I-202412128930	130-5-440-573	GARBAGE PICKU 4-30 YD ROLLOFFS	000000	1,410.37
		I-202412128932	130-5-440-57303	GARBAGE PICKU MUN BLDG	000000	98.68
		I-202412128932	130-5-440-57302	GARBAGE PICKU AIRPORT	000000	41.02
		I-202412128932	130-5-440-57304	GARBAGE PICKU CEMETERY	000000	66.52
1-035599 THOMAS BLESSENT						
		I-202412128936	130-5-440-420	CONTRACT SERV NOV 25,27,29,30/DEC 2,4,6,7	000000	896.80
			DEPARTMENT 440	GARBAGE	TOTAL:	2,512.59

			FUND	130	GARBAGE DISPOSAL	TOTAL: 2,512.59

CHECK: 11471 Regular Payments

ENDOR SET: 01

FUND : 140 INSURANCE

DEPARTMENT: 110 INSURANCE

BUDGET TO USE: CB-CURRENT BUDGET

BANK: AP

ENDOR	NAME	ITEM #	G/L ACCOUNT NAME	DESCRIPTION	CHECK#	AMOUNT
1-004041	ILLINOIS COUNTIES RISK	I-5418	140-5-110-592	GENERAL & LIA PROP/LIABILITY PREMIUMS	000000	223,963.00
1-004315	ILLINOIS PUBLIC RISK FU	I-97216	140-5-110-454	WORKER'S COMP JAN WC	000000	22,178.00
					TOTAL:	246,141.00
					TOTAL:	246,141.00

ACCOUNT: 11471 Regular Payments

PAYOR SET: 01

FUND : 190 BUSINESS DEVELOPMENT DIST

DEPARTMENT: 121 BUSINESS DEVELOPMENT DIST

BANK: AP

PROJECT TO USE: CB-CURRENT BUDGET

ENDOR	NAME	ITEM #	G/L ACCOUNT NAME	DESCRIPTION	CHECK#	AMOUNT
=====						
1-003597	JO-SL BEAVERS TRUST					
		I-202412060908	190-5-121-600	DOWNTOWN REHA REIMB BDD	000000	37,381.00
1-003622	DAVID BRUMMER					
		I-202412128914	190-5-121-600	DOWNTOWN REHA BDD REIMB	000000	10,490.00
11-006000	NOKONIS QUARRY CO					
		I-44780	190-5-121-605	CITY PROJECTS CA6 ROAD ROCK	000000	315.52
		I-44942	190-5-121-605	CITY PROJECTS CA6 ROAD ROCK	000000	243.38
		I-45010	190-5-121-605	CITY PROJECTS CA6 ROAD PACK	000000	1,279.59
11-006500	CONTRACTORS CONCRETE IN					
		I-369129	190-5-121-605	CITY PROJECTS BDD - 602 MARKET STREET	000000	960.00
		I-369198	190-5-121-605	CITY PROJECTS BDD - MARKET STREET	000000	880.00
		I-369239	190-5-121-605	CITY PROJECTS BDD - MARKET STREET	000000	978.00
		I-369421	190-5-121-605	CITY PROJECTS BDD-MARKET STREET	000000	733.50
01-009428	RONALD A. WILTSIE DBA					
		I-202412128922	190-5-121-605	CITY PROJECTS BDD - BRICK WORK	000000	19,200.00
DEPARTMENT 121 BUSINESS DEVELOPMENT DIST						TOTAL: 72,460.99

FUND 190 BUSINESS DEVELOPMENT DIST						TOTAL: 72,460.99

1/13/2024 0:00 AM

REGULAR DEPARTMENT PAYMENT REGISTER

CHECK: 11471 Regular Payments

ENDOR SET: 01

END : 510 WATER

BANK: AP

DEPARTMENT: N/A NON-DEPARTMENTAL

BUDGET TO USE: CB-CURRENT BUDGET

ENDOR	NAME	ITEM #	G/L ACCOUNT NAME	DESCRIPTION	CHECK#	AMOUNT
1-003053	ILLINOIS MUTUAL LIFE IN					
		I-11/1/24-11/30-24	510-21922	ILL MUTUAL VO WATER- - VOL BENIFITS	000000	29.34
		I-11/1/24-11/30-24	510-21910	IMRF VOL LIFE WATER - LIFE INS	000000	209.92
				DEPARTMENT		
				NON-DEPARTMENTAL		
				TOTAL:		239.26

CKEY: 11471 Regular Payments

NDOR SET: 01

ND : 510 WATER

DEPARTMENT: 420 WATER

BANK: AP

BUDGET TO USE: CB-CURRENT BUDGET

ENDOR	NAME	ITEM #	G/L ACCOUNT NAME	DESCRIPTION	CHECK#	AMOUNT
=====						
1-000650 ACE HARDWARE						
		I-1939	510-5-420-929	MISCELLANEOUS CABLE TIES	000000	6.59
		I-1966	510-5-420-652	OPERATING SUP SPADE BIT SET	000000	14.99
		I-2069	510-5-420-652	OPERATING SUP PLIERS, LIGHTER, SCREW DRIVER	000000	39.07
		I-2085	510-5-420-652	OPERATING SUP POLYFILM GLOVES	000000	106.97
		I-2096	510-5-420-652	OPERATING SUP O RINGS	000000	1.39
		I-2158	510-5-420-617	DISTRIBUTION MEASURING WHEELS	000000	79.99
		I-2289	510-5-420-929	MISCELLANEOUS DOWEL, CLOTHS, SPONGE	000000	19.57
1-000167 AEC FIRE						
		I-282586	510-5-420-428	CONTRACT SERV SCBA CHECK FILL	000000	252.00
11-000265 ALTORFER INC						
		I-W0000105229	510-5-420-512	MAINT SERVICE WATER	000000	498.67
		I-W0430072041	510-5-420-428	CONTRACT SERV FUEL SAMPLE WATER PLANT	000000	298.00
		I-W0430072042	510-5-420-428	CONTRACT SERV FUEL SAMPLE WATER PLANT	000000	298.00
01-000673 BADGER METER INC						
		I-80178241	510-5-420-428	CONTRACT SERV CELLULAR BEACON SERVICE	000000	258.32
01-000954 BRENNTAG MID SOUTH INC						
		C-804854	510-5-420-656	CHEMICALS CONTAINER RETURN	000000	1,000.00-
		C-810454	510-5-420-656	CHEMICALS CONTAINER RETURN	000000	2,000.00-
		I-813175	510-5-420-656	CHEMICALS HYDRATED LIME	000000	1,698.40
		I-813176	510-5-420-656	CHEMICALS HYDRATED PEROXIDE	000000	3,566.80
01-001030 HYDRO-KINETICS CORP						
		I-15407	510-5-420-512	MAINT SERVICE HOSES - SILICON LUB	000000	2,093.70
01-001219 IMCO UTILITY SUPPLY CO						
		I-1137791	510-5-420-617	DISTRIBUTION COUPLING	000000	2,316.00
01-001300 AMEREN ILLINOIS						
		I-202412058896	510-5-420-571	UTILITIES OLD WTP	000000	149.27
		I-202412060909	510-5-420-571	UTILITIES KINCAID WATER TOWER	000000	34.75
01-001372 US BANK						
		I-202412068906	510-5-420-652	OPERATING SUP WATER - LIGHS/BULBS	000000	238.00
01-001877 COMPUTER TECHNIQUES, IN						
		I-20067110	510-5-420-552	TELEPHONE WATER	000000	337.41
		I-202412128935	510-5-420-538	COMPUTER COST WATER	000000	375.00
01-002117 ROLLET BROS LOGISTICS I						
		I-253064	510-5-420-656	CHEMICALS LIME DELIVERY	000000	1,198.48
		I-253795	510-5-420-656	CHEMICALS LIME DELIVERY	000000	1,207.22
01-002188 O'REILLY AUTO PARTS						
		I-2014-171643	510-5-420-512	MAINT SERVICE CASTER - BATTERY	000000	281.42

REGULAR DEPARTMENT PAYMENT REGISTER

/13/2024 8:00 AM

CKET: 11471 Regular Payments
 NDOR SET: 01
 ND : 510 WATER
 PARTMENT: 420 WATER
 DGET TO USE: CB-CURRENT BUDGET

BANK: AP

NDOR	NAME	ITEM #	G/L ACCOUNT NAME	DESCRIPTION	CHECK#	AMOUNT
1-002701	REAL TECH INC	I-24U05930	510-5-420-512	MAINT SERVICE UV LAMP - RIBBON CABLES	000000	540.00
1-002707	WEST SAND & TRUCKING LL	I-13366	510-5-420-617	DISTRIBUTION SAND HAULED-WATER	000000	645.00
1-002829	WELLS FARGO VENDOR FIN	I-5032286413	510-5-420-538	COMPUTER COST COPIER LEASE	000000	84.14
1-003111	NEAL TIRE AND AUTO SERV	I-155113191	510-5-420-512	MAINT SERVICE OIL CHANGE W-24-6	000000	56.84
		I-155113672	510-5-420-512	MAINT SERVICE OIL CHANGE W-11-1	000000	41.99
11-003449	GLOBAL TECHNICAL SYSTEM	I-157001557-1	510-5-420-512	MAINT SERVICE KENWOOD VEHICLE ADAPTER	000000	162.03
01-003470	W W GRAINGER INC	I-9328579355	510-5-420-512	MAINT SERVICE CONNECTORS	000000	50.16
		I-9333319953	510-5-420-652	OPERATING SUP RESPIRATOR, HI VIZ JACKET	000000	323.75
01-003508	RENEWABLE ENERGY EVOLUT	I-TWP-02A	510-5-420-571	UTILITIES SOLAR ARRAY JUL,AUG,SEPT 2024	000000	2,917.28
01-003550	HACH COMPANY	I-14274192	510-5-420-428	CONTRACT SERV BENCH SERVICE AGREEMENT	000000	941.00
01-004150	ILMO PRODUCTS CO INC	I-1517396	510-5-420-428	CONTRACT SERV CYLINDER RENTAL	000000	17.10
01-004334	ILL ENVIRONMENTAL PROTE	I-202412128913	510-5-420-540	WATER SUPPLY EPA LAB WATER TESTING	000000	8,797.29
01-005500	MIDWEST METER INC	I-0173392-IN	510-5-420-617	DISTRIBUTION PAINT-VALVE BOX RISER	000000	192.00
		I-173609	510-5-420-617	DISTRIBUTION CLAMPS	000000	222.50
01-005600	MISSISSIPPI LIME COMPAN	I-CD43073	510-5-420-656	CHEMICALS HYDRATED LIME	000000	8,222.04
01-006200	P S PRINTING LTD	I-103712	510-5-420-651	OFFICE SUPPLI ENVELOPES	000000	3,135.86
01-006700	QUILL CORPORATION	I-41508079	510-5-420-651	OFFICE SUPPLI YEARLY PLANNER	000000	49.98
		I-41508079	510-5-420-651	OFFICE SUPPLI DESK CALENDER	000000	23.96
		I-41529662	510-5-420-929	MISCELLANEOUS COFFEE, CREAMER, SUGAR, SPEAKER	000000	103.56
		I-41530194	510-5-420-652	OPERATING SUP NITRILE GLOVES	000000	136.99
01-007128	RON'S PRODUCE COMPANY					

CKET: 11471 Regular Payments

NDOR SET: 01

ND : 510 WATER

DEPARTMENT: 420 WATER

BANK: AP

BUDGET TO USE: CB-CURRENT BUDGET

NDOR	NAME	ITEM #	G/L ACCOUNT NAME	DESCRIPTION	CHECK#	AMOUNT
=====						
1-007128	RON'S PRODUCE COMPANY		continued			
		I-811652	510-5-420-929	MISCELLANEOUS RON'S PRODUCE COMPANY	000000	258.00
1-007800	SLOAN IMPLEMENT CO INC					
		I-3738705	510-5-420-512	MAINT SERVICE HOSE/ELBOW FITTING, BULK HOSE	000000	71.18
1-008340	TAYLOR TECHNOLOGIES					
		I-534211	510-5-420-656	CHEMICALS REAGENTS	000000	77.92
1-009032	USA BLUE BOOK					
		I-00545919	510-5-420-656	CHEMICALS LAB SUPPLIES	000000	50.56
		I-00552413	510-5-420-656	CHEMICALS LAB SUPPLIES	000000	985.95
11-009270	WASTE MANAGEMENT					
		I-202412128932	510-5-420-652	OPERATING SUP OLD WTP	000000	119.74
		I-202412128932	510-5-420-652	OPERATING SUP NWTP	000000	34.37
					DEPARTMENT 420 WATER	TOTAL: 40,631.20

					FUND 510 WATER	TOTAL: 40,070.46

CKET: 11471 Regular Payments

NDOR SET: 01

HD : 520 SEWER

DEPARTMENT: 430 SEWER

BANK: AP

BUDGET TO USE: CB-CURRENT BUDGET

NDOR	NAME	ITEM #	G/L ACCOUNT NAME	DESCRIPTION	CHECK#	AMOUNT
-000050	ACE HARDWARE					
		I-1009	520-5-430-652	OPERATING SUP SIMPLE GREEN CLEASNER	000000	25.98
		I-1931	520-5-430-652	OPERATING SUP SOCKET - BIN SET	000000	15.98
		I-2038	520-5-430-524	MAINTENANCE - GFCI OUTLET	000000	27.99
		I-2064	520-5-430-652	OPERATING SUP WET VAC, SAM, BATTERIES	000000	129.00
		I-2102	520-5-430-512	MAINT SERVICE CAMERA - S-04-1	000000	24.97
		I-2107	520-5-430-652	OPERATING SUP BATTERIES	000000	194.99
		I-2140	520-5-430-512	MAINT SERVICE BATTERIES ALKLD	000000	17.99
		I-2156	520-5-430-652	OPERATING SUP VELCRO	000000	13.18
1-000265	ALTORFER INC					
		I-W0000105229	520-5-430-512	MAINT SERVICE SEWER	000000	498.68
		I-W0430071980	520-5-430-524	MAINTENANCE - FUEL SAMPLE DAIRYLANE GEN	000000	298.00
		I-W0430071981	520-5-430-524	MAINTENANCE - FUEL SAMPLE - BISHOP COVE GEN	000000	298.00
		I-W0430071982	520-5-430-524	MAINTENANCE - FUEL SAMPLE - PRISON GEN	000000	298.00
		I-W0430071983	520-5-430-524	MAINTENANCE - FUEL SAMPLE - SPILLWAY GEN	000000	298.00
		I-W0430072036	520-5-430-524	MAINTENANCE - PERSHING LS GENERATOR	000000	298.00
		I-W0430072037	520-5-430-524	MAINTENANCE - MARKET ST LS GENERATOR	000000	298.00
		I-W0430072038	520-5-430-524	MAINTENANCE - NORTHWEST LS GENERATOR	000000	298.00
		I-W0430072043	520-5-430-524	MAINTENANCE - WTP FUEL TANK	000000	298.00
01-001219	INCO UTILITY SUPPLY CO					
		I-1137696	520-5-430-652	OPERATING SUP 4" FLANGE,GASKET,TRANSITION K	000000	416.00
01-001300	AMEREN ILLINOIS					
		I-202412058897	520-5-430-524	MAINTENANCE - PRISON LIFT STATION	000000	131.75
		I-202412058901	520-5-430-524	MAINTENANCE - SEWER	000000	1,055.92
01-003111	NEAL TIRE AND AUTO SERV					
		I-155114244	520-5-430-512	MAINT SERVICE NEAL TIRE AND AUTO SERVICE	000000	46.94
01-003303	FARM & HOME SUPPLY					
		I-1353712	520-5-430-652	OPERATING SUP WADDERS	000000	100.00
		I-1353822	520-5-430-512	MAINT SERVICE HEATERS	000000	17.51
01-006500	CONTRACTORS CONCRETE IN					
		I-369363	520-5-430-5180	MMR EXCESS P MMR-EXC WALNUT/MARKET REPAIR	000000	420.00
01-009060	VANDEVANTER ENGINEERING					
		I-5609467	520-5-430-524	MAINTENANCE - SIDMER- HUNTER LIFT STATION	000000	390.00
					TOTAL:	5,910.80
					DEPARTMENT 430 SEWER	
					TOTAL:	5,962.22
					FUND 520 SEWER	

CKET: 11471 Regular Payments

NDOR SET: 01

ND : 550 AIRPORT

DEPARTMENT: 470 AIRPORT

BANK: AP

BUDGET TO USE: CB-CURRENT BUDGET

ENDOR	NAME	ITEM #	G/L	ACCOUNT NAME	DESCRIPTION	CHECK#	AMOUNT
1-000167	AEC FIRE						
		I-202763	550-5-470-512	MAINT SERVICE	FIRE EXTINGUISHER INSPECTION	000000	130.00
1-001877	COMPUTER TECHNIQUES, IN						
		I-20067110	550-5-470-571	UTILITIES	AIRPORT	000000	166.33
1-001993	ARROW ENERGY INC						
		I-140105	550-5-470-659	FUEL PURCHASE	JET FUEL AIRPORT	000000	19,924.56
1-007150	RURAL ELECTRIC CONV COO						
		I-202412120924	550-5-470-571	UTILITIES	AVOS/SEGMENTAL CIRCLE	000000	63.15
		I-202412120925	550-5-470-571	UTILITIES	NORTH HANGAR	000000	51.35
		I-202412120926	550-5-470-571	UTILITIES	OFFICE/BEACON/NBD SEC LIGHTS	000000	38.32
		I-202412120920	550-5-470-571	UTILITIES	RUNWAY/SOLAR PANEL/ WINDSOCKS	000000	419.60
		I-202412120929	550-5-470-571	UTILITIES	SOUTH HANGAR	000000	58.02
11-007620	THE SHERWIN WILLIAMS CO						
		I-7606-2	550-5-470-512	MAINT SERVICE	SUPPLIES	000000	3.40
11-009200	WAL-MART CAPITAL ONE						
		I-534503	550-5-470-512	MAINT SERVICE	2022 FORD OIL CHANGE	000000	64.28
		I-954547	550-5-470-512	MAINT SERVICE	2025 FORD OIL CHANGE	000000	40.22
						TOTAL:	20,959.31
DEPARTMENT 470 AIRPORT						TOTAL:	20,959.31
FUND 550 AIRPORT						TOTAL:	20,959.31

CKET: 11471 Regular Payments
 NDOR SET: 01
 ND : 500 CEMETERY
 PARTMENT: 490 CEMETERY
 BGET TO USE: CB-CURRENT BUDGET

BANK: AP

ENDOR	NAME	ITEM #	G/L ACCOUNT NAME	DESCRIPTION	CHECK#	AMOUNT
1-000265	ALTOFFER INC	I-W0430072039	580-5-490-428	CONTRACT SERV FUEL SAMPLE	000000	298.00
1-001300	AMEREN ILLINOIS	I-202412058901	580-5-490-571	UTILITIES CEMETERY	000000	105.44
		I-202412128915	580-5-490-571	UTILITIES CEM GAS SERVICE	000000	228.84
1-001500	CENTRAL COMMODITY FARME	I-28179	580-5-490-655	GASOLINE/OIL/ CEMETERY FUEL	000000	1,458.11
1-001877	COMPUTER TECHNIQUES, IN	I-20067110	580-5-490-929	MISCELLANEOUS CEMETERY	000000	163.30
11-002848	UNITED CAPITAL FUNDING	I-145968	580-5-490-428	CONTRACT SERV LABOR- CEMETERY 11/10-11/24	000000	2,304.96
		I-146188	580-5-490-428	CONTRACT SERV LABOR 11/25-12/1	000000	1,317.12
11-003618	HOLLAND & HOLLAND MASON	I-2189	580-5-490-891	CAPITAL IMPRO MASONRY PROJECT CEM STATUES	000000	13,000.00
		I-2189	580-5-490-517	MAINTENANCE - MASONRY PROJECT CEM STATUES	000000	1,930.00
01-006500	CONTRACTORS CONCRETE IN	I-369173	580-5-490-927	FOUNDATION EX GRAVEL	000000	254.00
01-006700	QUILL CORPORATION	I-41508079	580-5-490-652	OPERATING SUP YEARLY PLANNER	000000	49.98
01-007800	SLOAN IMPLEMENT CO INC	I-3735839	580-5-490-512	MAINT SERVICE SCREW	000000	4.64
01-009041	URBAN RENTAL COMPANY	I-32890	580-5-490-652	OPERATING SUP PLUGS AND KEYS	000000	18.55
DEPARTMENT 490 CEMETERY					TOTAL:	21,132.94
FUND 500 CEMETERY					TOTAL:	21,132.94

CKEY: 11471 Regular Payments

ENDOR SET: 01

ND : 590 LAKE

DEPARTMENT: 590 LAKE

BANK: AP

BUDGET TO USE: CB-CURRENT BUDGET

ENDOR	NAME	ITEM #	G/L ACCOUNT NAME	DESCRIPTION	CHECK#	AMOUNT
=====						
1-000265	ALTORFER INC					
		I-W0000105229	590-5-590-512	MAINT SERVICE LAKE	000000	498.67
		I-W0430071984	590-5-590-428	CONTRACT SERV FOLE SAMPLE LAKE FUEL TANK	000000	290.00
1-001372	US BANK					
		I-202412068906	590-5-590-526	MAINTENANCE - LAKE -- DRAIN COVER	000000	19.19
		I-202412068906	590-5-590-830	EQUIPMENT LAKE -- WASHER/DRYER	000000	800.00
1-001877	COMPUTER TECHNIQUES, IN					
		I-20067110	590-5-590-571	UTILITIES LAKE	000000	207.60
11-006700	QUILL CORPORATION					
		I-41508079	590-5-590-652	OPERATING SUP YEARLY PLANNER	000000	49.98
11-007120	RON'S PRODUCE COMPANY					
		I-811823	590-5-590-657	CONCESSIONS PAPER TOWELS	000000	36.00
11-009041	URBAN RENTAL COMPANY					
		I-92917	590-5-590-652	OPERATING SUP DUCT TAPE	000000	8.09
01-01625	SANDRA SPENCE					
		I-202412068907	590-5-590-920	LAKELOT, CAMPG LAKE LOT DEPOSIT REIMB	000000	200.00
				DEPARTMENT 590 LAKE	TOTAL:	2,117.53

			FUND	590 LAKE	TOTAL:	2,117.53
					REPORT GRAND TOTAL:	496,018.04

** G/L ACCOUNT TOTALS **

YEAR	ACCOUNT	NAME	AMOUNT	=====LINE ITEM=====		=====GROUP BUDGET=====	
				ANNUAL BUDGET	BUDGET OVER AVAILABLE BUDG	ANNUAL BUDGET	BUDGET OVER AVAILABLE BUDG
2024-2025	010-21910	IMRF VOLUNTARY LIFE INS PA	327.56				
	010-21922	ILL MUTUAL, VOL BENEFITS	34.36				
	010-5-110-533	LEGAL SERVICE	9,683.00	180,000	123,442.50		
	010-5-110-537	SOFTWARE SUPPORT/TRAINING	19.99	25,000	19,818.39		
	010-5-110-538	COMPUTER COSTS/MAINTENANCE	672.97	170,000	160,089.87		
	010-5-110-549	OTHER PROFESSIONAL SERVICE	431.50	80,000	66,446.53		
	010-5-110-552	TELEPHONE	3,556.15	30,000	6,466.37		
	010-5-110-554	PUBLISHING AND PRINTING	743.38	9,000	1,808.79-	Y	
	010-5-110-563	TRAINING	251.16	10,000	5,514.25		
	010-5-110-651	OFFICE SUPPLIES	2,459.46	20,000	9,255.57		
	010-5-110-913	COMMUNITY RELATIONS	1,049.06	35,000	30,773.69		
	010-5-110-953	CITY OFFICIALS EXPENSE	1,250.00	20,000	16,872.34		
	010-5-210-473	AUXILIARY UNIFORM	1,688.97	0	4,887.35-	Y	
	010-5-210-512	MAINT SERVICES - EQUIPMENT	1,603.56	35,000	9,231.69		
	010-5-210-537	MAINT AGREEMENT/SOFTWARE	666.73	40,000	23,054.88		
	010-5-210-55201	TELEPHONE/DISPATCHING	1,966.80	30,000	13,707.95		
	010-5-210-563	TRAINING	744.14	40,000	22,207.73		
	010-5-210-651	OFFICE SUPPLIES	30.98	30,000	18,748.95		
	010-5-210-830	EQUIPMENT	2,514.40	200,000	33,978.45		
	010-5-210-913	COMMUNITY PROGRAMS	368.04	8,000	599.75		
	010-5-210-929	MISCELLANEOUS CHARGES/EXPE	145.67	7,000	5,892.26		
	010-5-220-471	UNIFORM ALLOWANCE	259.15	19,000	11,362.00		
	010-5-220-511	MAINT SERVICES - BUILDING	548.82	20,000	2,150.81		
	010-5-220-512	MAINT SERVICES - EQUIPMENT	681.78	40,000	30,665.99		
	010-5-220-563	TRAINING	853.60	40,000	18,927.43		
	010-5-220-566	OFFICE SUPPLIES FDCFP	75.95	500	424.05		
	010-5-220-571	UTILITIES	301.86	20,000	16,937.75		
	010-5-220-652	OPERATING SUPPLIES	6,232.35	20,000	10,140.25		
	010-5-220-830	EQUIPMENT	131.43	125,000	115,774.18		
	010-5-220-913	COMMUNITY RELATIONS	187.20	4,000	3,164.42		
	010-5-310-655	GASOLINE/OIL/VEHICLE EXPEN	124.73	3,500	995.51		
	010-5-310-830	EQUIPMENT	3,630.80	5,000	755.22		
	010-5-410-511	MAINT SERVICES - BUILDING	658.80	20,000	13,262.70		
	010-5-410-512	MAINT SERVICES - EQUIPMENT	13,115.45	150,000	73,439.84		
	010-5-410-520	MAINTENANCE - PAVING/CURBS	4,050.00	200,000	170,037.02		
	010-5-410-522	MAINTENANCE - SIDEWALKS	729.60	200,000	93,897.00		
	010-5-410-571	UTILITIES	79.28	12,000	8,485.16		
	010-5-410-572	STREET LIGHTING	7,054.38	115,000	45,653.68		
	010-5-410-655	GASOLINE/OIL/VEHICLE EXPEN	5,289.25	60,000	26,734.43		
	010-5-410-658	MAINTENANCE SUPPLIES	8,759.08	125,000	84,004.90		
	010-5-410-929	MISCELLANEOUS CHARGES/EXPE	157.76	3,000	2,482.24		
	010-5-460-510	MAINTENANCE SERVICE	449.46	6,000	4,171.08		
	010-5-460-571	UTILITIES	167.31	25,000	12,828.24		
	010-5-460-820	BUILDING	115.00	40,000	38,593.30		
	130-5-440-420	CONTRACT SERVICES	896.00	25,000	10,888.00		

** G/L ACCOUNT TOTALS **

JAR	ACCOUNT	NAME	AMOUNT	=====LINE ITEM=====		=====GROUP BUDGET=====	
				ANNUAL BUDGET	BUDGET OVER AVAILABE BUDG	ANNUAL BUDGET	BUDGET OVER AVAILABE BUDG
	130-5-440-573	GARBAGE PICKUP - STREET DE	1,410.37	50,000	32,690.49		
	130-5-440-57302	GARBAGE PICKUP - AIRPORT	41.02	500	212.86		
	130-5-440-57303	GARBAGE PICKUP - CITY HALL	98.68	1,200	509.24		
	130-5-440-57304	GARBAGE PICKUP - CEMETERY	66.52	800	334.36		
	140-5-110-454	WORKER'S COMPENSATION	22,178.00	250,000	127,517.00		
	140-5-110-592	GENERAL & LIABILITY INSURA	223,963.00	400,000	67,789.45-	Y	
	190-5-121-600	DOWNTOWN REHAB/RENO PROJ	47,071.00	0	325,877.91-	Y	
	190-5-121-605	CITY PROJECTS	24,509.99	2,500,000	1,360,103.45		
	510-21910	IMRF VOL LIFE INS PAYABLE	209.92				
	510-21922	ILL MUTUAL VOL BENEFITS	29.34				
	510-5-420-428	CONTRACT SERVICES	2,064.42	35,000	8,842.45		
	510-5-420-512	MAINT SERVICES - EQUIPMENT	3,795.99	210,000	153,246.63		
	510-5-420-538	COMPUTER COSTS/MAINTENANCE	459.14	30,000	25,061.14		
	510-5-420-540	WATER SUPPLY TESTING	8,797.29	20,000	10,627.71		
	510-5-420-552	TELEPHONE	337.41	7,500	2,252.61		
	510-5-420-571	UTILITIES	3,101.30	180,000	117,322.49		
	510-5-420-617	DISTRIBUTION & PIPE SUPPLI	3,455.49	150,000	73,688.43		
	510-5-420-651	OFFICE SUPPLIES	3,209.80	50,000	15,218.55		
	510-5-420-652	OPERATING SUPPLIES	1,015.27	20,000	9,929.70		
	510-5-420-656	CHEMICALS	14,007.37	575,000	267,324.76		
	510-5-420-929	MISCELLANEOUS CHARGES/EXPE	387.72	20,000	18,275.41		
	520-21910	IMRF VOL LIFE INS PAYABLE	51.34				
	520-5-430-512	MAINT SERVICES - EQUIPMENT	606.09	50,000	2,967.58-	Y	
	520-5-430-5180	NHHR EXCESS PROJECTS PD	420.00	950,000	872,775.90		
	520-5-430-524	MAINTENANCE - LIFT STATION	3,989.66	350,000	267,197.66		
	520-5-430-652	OPERATING SUPPLIES	895.13	10,000	1,475.01		
	550-5-470-512	MAINT SERVICES - EQUIPMENT	237.98	15,000	7,294.61		
	550-5-470-571	UTILITIES	796.77	11,000	4,062.40		
	550-5-470-659	FUEL PURCHASE/TANKS	19,924.56	200,000	72,049.60		
	580-5-490-428	CONTRACT SERVICES	3,920.08	160,000	80,139.72		
	580-5-490-512	MAINT SERVICES - EQUIPMENT	4.64	15,000	12,416.81		
	580-5-490-517	MAINTENANCE - CEMETERY	1,930.00	20,000	8,629.44		
	580-5-490-571	UTILITIES	334.28	5,000	2,305.50		
	580-5-490-652	OPERATING SUPPLIES	68.53	2,500	1,325.57		
	580-5-490-655	GASOLINE/OIL/VEHICLE EXPEN	1,458.11	16,000	4,344.30		
	580-5-490-891	CAPITAL IMPROVEMENTS	13,000.00	15,000	508.71		
	580-5-490-927	FOUNDATION EXPENSES	254.00	3,000	1,031.00		
	580-5-490-929	MISCELLANEOUS CHARGES/EXPE	163.30	3,500	1,304.75		
	590-5-590-428	CONTRACT SERVICES	298.00	50,000	14,223.61		
	590-5-590-512	MAINT SERVICES - EQUIPMENT	498.67	60,000	45,356.86		
	590-5-590-526	MAINTENANCE - ROAD, ROCK,	19.19	35,000	17,340.65		
	590-5-590-571	UTILITIES	207.60	15,000	5,847.76		
	590-5-590-652	OPERATING SUPPLIES	58.07	10,000	5,163.82		
	590-5-590-657	CONCESSIONS	36.00	6,000	3,306.36		
	590-5-590-830	EQUIPMENT	800.00	30,000	11,828.08		

** G/L ACCOUNT TOTALS **

BAR	ACCOUNT	NAME	AMOUNT	=====LINE ITEM=====		=====GROUP BUDGET=====	
				ANNUAL BUDGET	BUDGET OVER AVAILABLE BUDG	ANNUAL BUDGET	BUDGET OVER AVAILABLE BUDG
	590-5-590-920	LARELOT, CAMPR SEC DEP REF	200.00	6,000	4,400.00		
	** 2024-2025 YEAR TOTALS **		496,018.04				

** DEPARTMENT TOTALS **

ACCT	NAME	AMOUNT
010	NON-DEPARTMENTAL	361.92
010-110	ADMINISTRATION	20,116.67
010-210	POLICE ADMINISTRATION	9,729.37
010-220	FIRE DEPARTMENT	9,272.14
010-310	HEALTH & SAFETY	3,755.53
010-410	STREET	39,893.60
010-460	MUNICIPAL BUILDING	731.77

010 TOTAL	GENERAL CORPORATE	83,861.00
130-440	GARBAGE	2,512.59

130 TOTAL	GARBAGE DISPOSAL	2,512.59
140-110	INSURANCE	246,141.00

140 TOTAL	INSURANCE	246,141.00
190-121	BUSINESS DEVELOPMENT DIST	72,460.99

190 TOTAL	BUSINESS DEVELOPMENT DIST	72,460.99
510	NON-DEPARTMENTAL	239.26
510-420	WATER	40,631.20

510 TOTAL	WATER	40,870.46

** DEPARTMENT TOTALS **

ACCT	NAME	AMOUNT
520	NON-DEPARTMENTAL	51.34
520-430	SEWER	5,910.88

520 TOTAL	SEWER	5,962.22
550-470	AIRPORT	20,959.31

550 TOTAL	AIRPORT	20,959.31
580-490	CEMETERY	21,132.94

580 TOTAL	CEMETERY	21,132.94
590-590	LAKE	2,117.53

590 TOTAL	LAKE	2,117.53

	** TOTAL **	496,010.04

NO ERRORS

** END OF REPORT **

1/13/2024 8:01 AM

REGULAR DEPARTMENT PAYMENT REPORT

PAGE: 1
BANK: ALL

ENDOR SET: 01 City of Tayloxville

IND : 010 GENERAL CORPORATE

DEPARTMENT: 110 ADMINISTRATION

VOICE DATE RANGE: 5/01/2024 THRU 12/16/2024

RY DATE RANGE: 12/02/2024 THRU 12/16/2024

BUDGET TO USE: CB-CURRENT BUDGET

ENDOR	NAME	ITEM #	G/L ACCOUNT	NAME	DESCRIPTION	CHECK #	AMOUNT
1-000556	NEIL HOHENSTEIN dba	Y-202412050905	010 5-110-913	COMMUNITY REL:	DJ/CITY AWARDS PARTY	059116	360.00
						VENDOR 01-000556 TOTALS	360.00
						DEPARTMENT 110 ADMINISTRATION TOTAL:	360.00

Manual Check Total \$59,576.09

12/13/2024 0:01 AM

REGULAR DEPARTMENT PAYMENT REPORT

PAGE: 2

VENDOR SET: 01 City of Taylorville

BANK: ALL

IND : 010 GENERAL CORPORATE

DEPARTMENT: 210 POLICE ADMINISTRATION

VOICE DATE RANGE: 5/01/2024 THRU 12/16/2024

RY DATE RANGE: 12/02/2024 THRU 12/16/2024

BUDGET TO USE: CB-CURRENT BUDGET

ENDOR	NAME	ITEM #	G/L ACCOUNT	NAME	DESCRIPTION	CHECK #	AMOUNT
1-007485	SECRETARY OF STATE	I-202412048094	010 5-210-830	EQUIPMENT	: SOS-REG/TRANS/PLATES	059115	173.00
						VENDOR 01-007485 TOTALS	173.00
						DEPARTMENT 210 POLICE ADMINISTRATION TOTAL:	173.00

12/13/2024 8:01 AM

REGULAR DEPARTMENT PAYMENT REPORT

PAGE: 3

BANK: ALL

PAYOR SET: 01 City of Taylorville

IND : 010 GENERAL CORPORATE

DEPARTMENT: 220 FIRE DEPARTMENT

VOICE DATE RANGE: 5/01/2024 THRU 12/16/2024

ISSUE DATE RANGE: 12/02/2024 THRU 12/16/2024

BUDGET TO USE: CB-CURRENT BUDGET

ENDOR	NAME	ITEM #	G/L ACCOUNT	NAME	DESCRIPTION	CHECK #	AMOUNT
1-003577	QUAD COUNTY FIRE EQUIP	I-7165	010 5-220-929	MISCELLANEOUS: QUAD CITY	FINAL PYMT	05911B	28,683.09
						VENDOR 01-003577 TOTALS	28,683.09
						DEPARTMENT 220 FIRE DEPARTMENT	TOTAL: 28,683.09
						VENDOR SET 010 GENERAL CORPORATE	TOTAL: 29,216.09

1/13/2024 8:01 AM

REGULAR DEPARTMENT PAYMENT REPORT

PAGE: 4

VENDOR SET: 01 City of Taylorville

BANK: ALL

DEPT : 550 AIRPORT

DEPARTMENT: 470 AIRPORT

INVOICE DATE RANGE: 5/01/2024 THRU 12/16/2024

BUY DATE RANGE: 12/02/2024 THRU 12/16/2024

BUDGET TO USE: CB-CURRENT BUDGET

ENDOR	NAME	ITEM #	G/I, ACCOUNT	NAME	DESCRIPTION	CHECK #	AMOUNT
1-004059	ILLINOIS DEPT OF REVEN	I-202412058904	550 5-470-910		GASOLINE SALE: NOV 2024 AIRPORT SAL	059117	360.00
					VENDOR 01-004059 TOTALS		360.00
				DEPARTMENT 470 AIRPORT		TOTAL:	360.00
				VENDOR SET 550 AIRPORT		TOTAL:	360.00
					REPORT GRAND TOTAL:		29,576.09

** G/L ACCOUNT TOTALS **

FAR	ACCOUNT	NAME	AMOUNT	=====LINE ITEM=====		=====GROUP BUDGET=====	
				ANNUAL BUDGET	BUDGET OVER AVAILABLE BUDG	ANNUAL BUDGET	BUDGET OVER AVAILABLE BUDG
024-2025	010-5-110-913	COMMUNITY RELATIONS	360.00	35,000	30,773.69		
	010-5-210-830	EQUIPMENT	173.00	200,000	33,978.45		
	010-5-220-929	MISCELLANEOUS CHARGES/EXPE	28,683.09	2,000	56,118.67	Y	
	550-5-470-910	GASOLINE SALES TAX	360.00	15,000	6,441.11		
		TOTAL:	29,576.09				

** DEPARTMENT TOTALS **

ACCT	NAME	AMOUNT
010-110	ADMINISTRATION	360.00
010-210	POLICE ADMINISTRATION	173.00
010-220	FIRE DEPARTMENT	28,683.09

010 TOTAL	GENERAL CORPORATE	29,216.09
550-470	AIRPORT	360.00

550 TOTAL	AIRPORT	360.00

	** TOTAL **	29,576.09

NO ERRORS

SELECTION CRITERIA

VENDOR SET: 01 City of Taylorville
INVOICE DATE RANGE: 5/01/2024 THRU 12/16/2024
EFFECTIVE DATE RANGE: 12/02/2024 THRU 12/16/2024
WK: ALL
BUDGET: CB-CURRENT BUDGET
SEQUENCE: VENDOR NUMBER
REPORT TYPE: 1 LINE
DETAILS ONLY: NO
PRINT PROJECTS: NO
PRINT STUB COMMENTS: NO

DEPARTMENT OPTIONS

SEPARATE BY DEPARTMENT: YES
/L RANGE: - THRU ZZZ-ZZZZZZZZZZZZZZ
DEPARTMENT RANGE: THRU ZZZZ
PAGE BREAK BY DEPARTMENT: YES
CHECK RANGE: 059115 THRU 059118

** END OF REPORT **

/12/2024 2:25 PM

DIRECT PAYABLES DEPARTMENT PAYMENT REGISTER

PAGE: 1
ITEMS PRINTED: PAID, UNPAID

ENDOR SET: 01 City of Taylorville
CKET: 11468 BANK DRAFT 1
NO : 010 GENERAL CORPORATE
PARTMENT: N/A NON-DEPARTMENTAL

BANK: ALL

ENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
003306	GLOBE LIFE LIBERTY NATI	I-202412120931	010-21908	ADMIN		4,225.64
DEPARTMENT 0000 NON-DEPARTMENTAL					TOTAL:	4,225.64

Bank Draft Total

\$ 6,952.20

PAYOR SET: 01 City of Taylorville

ITEMS PRINTED: PAID, UNPAID

CHECK#: 11460 BANK DRAFT 1

FUND : 010 GENERAL CORPORATE

DEPARTMENT: 110 ADMINISTRATION

BANK: ALL

PAYOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
1-003032	DEARBORN NATIONAL LIFE	I-202412128934	010-5-110-451	ADMIN		169.48
1-003032	DEARBORN NATIONAL LIFE	I-202412128934	010-5-110-451	RETIREES OVER 65		89.40
DEPARTMENT 110 ADMINISTRATION					TOTAL:	258.88

/12/2024 2:25 PM

DIRECT PAYABLES DEPARTMENT PAYMENT REGISTER

PAGE: 3

ITEMS PRINTED: PAID, UNPAID

ENDOR SET: 01 City of Taylorville
CHECK: 11468 BANK DRAFT 1
ND : 010 GENERAL CORPORATE
DEPARTMENT: 210 POLICE ADMINISTRATION

BANK: ALL

ENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
1-003032	DEARBORN NATIONAL LIFE	I-202412128934	010-5-210-451	POLICE		220.60
DEPARTMENT 210 POLICE ADMINISTRATION TOTAL:						220.60

PAYOR SET: 01 City of Taylorville

ITEMS PRINTED: PAID, UNPAID

CHECK: 11460 BANK DRAFT 1

NO : 010 GENERAL CORPORATE

DEPARTMENT: 220 FIRE DEPARTMENT

BANK: ALL

PAYOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
01	DEARBORN NATIONAL LIFE	I-20241212B934	010-5-220-451	FIRE		121.29
DEPARTMENT 220 FIRE DEPARTMENT					TOTAL:	121.29

/12/2024 2:25 PM

DIRECT PAYABLES DEPARTMENT PAYMENT REGISTER

PAGE: 5

ITEMS PRINTED: PAID, UNPAID

ENDOR SET: 01 City of Taylorville

CHECK: 11468 BANK DRAFT 1

NO: 010 GENERAL CORPORATE

DEPARTMENT: 310 HEALTH & SAFETY

BANK: ALL

ENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
1-003032	DEARBORN NATIONAL LIFE	I-202412120934	010-5-310-451	HEALTH		18.14
DEPARTMENT 310 HEALTH & SAFETY					TOTAL:	18.14

/12/2024 2:25 PM

DIRECT PAYABLES DEPARTMENT PAYMENT REGISTER

PAGE: 6

PAYOR SET: 01 City of Taylorville

ITEMS PRINTED: PAID, UNPAID

CHECK#: 11460 BANK DRAFT 1

DEPT: 010 GENERAL CORPORATE

DEPARTMENT: 410 STREET

BANK: ALL

PAYOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
003032	DEARBORN NATIONAL LIFE	I-202412128934	010-5-410-451	STREET		91.54
DEPARTMENT 410 STREET					TOTAL:	91.54

/12/2024 2:25 PM

DIRECT PAYABLES DEPARTMENT PAYMENT REGISTER

PAGE: 7

ITEMS PRINTED: PAID, UNPAID

PAYOR SET: 01 City of Taylorville

CHECK#: 11468 BANK DRAFT 1

FUND : 010 GENERAL CORPORATE

DEPARTMENT: 460 MUNICIPAL BUILDING

BANK: ALL

PAYOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
003032	DEARBORN NATIONAL LIFE	I-202412128934	010-5-460-451	BUILDING		6.17
DEPARTMENT 460 MUNICIPAL BUILDING					TOTAL:	6.17
FUND 010 GENERAL CORPORATE					TOTAL:	4,942.26

/12/2024 2:25 PM

DIRECT PAYABLES DEPARTMENT PAYMENT REGISTER

PAGE: 8

ENDOR SET: 01 City of Taylorville

ITEMS PRINTED: PAID, UNPAID

CHECK: 11468 BANK DRAFT 1

ND : 210 LIBRARY

DEPARTMENT: H/A NON-DEPARTMENTAL

BANK: ALL

ENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
-003386	GLOBE LIFE LIBERTY NATI	I-202412128931	210-21908	LIBRARY		119.20
DEPARTMENT 0000 NON-DEPARTMENTAL					TOTAL:	119.20

ENDOR SET: 01 City of Taylorville

CHECK: 11468 BANK DRAFT 1

FUND : 210 LIBRARY

DEPARTMENT: 530 LIBRARY

BANK: ALL

ENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
1-003032	DEARBORN NATIONAL LIFE	I-202412128934	210-5-530-451	LIBRARY		10.50
				DEPARTMENT 530 LIBRARY	TOTAL:	18.50
				FUND 210 LIBRARY	TOTAL:	137.70

12/12/2024 2:25 PM

DIRECT PAYABLES DEPARTMENT PAYMENT REGISTER

PAGE: 10

PAYOR SET: 01 City of Taylorville

ITEMS PRINTED: PAID, UNPAID

CHECK#: 11468 BANK DRAFT 1

TRF TO: 510 WATER

DEPARTMENT: N/A NON-DEPARTMENTAL

BANK: ALL

ENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
1-003386	GLOBE LIFE LIBERTY NATI	Y-202412128931	510-21908	WATER		695.50
DEPARTMENT 0000 NON-DEPARTMENTAL					TOTAL:	695.50

/12/2024 2:25 PM

DIRECT PAYABLES DEPARTMENT PAYMENT REGISTER

PAGE: 11
ITEMS PRINTED: PAID, UNPAID

ENDOR SET: 01 City of Taylorville

CHECK: 11468 BANK DRAFT 1

FUND : 510 WATER

DEPARTMENT: 420 WATER

BANK: ALL

ENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
1-003032	DEARBORN NATIONAL LIFE	I-202412120934	510-5-420-451	WATER		164.91
				DEPARTMENT 420 WATER	TOTAL:	164.91
				FUND 510 WATER	TOTAL:	860.41

12/12/2024 2:25 PM

DIRECT PAYABLES DEPARTMENT PAYMENT REGISTER

PAGE: 12

ENDOR SET: 01 City of Taylorville

ITEMS PRINTED: PAID, UNPAID

CHECK: 11468 BANK DRAFT 1

ND : 520 SEWER

DEPARTMENT: N/A NON-DEPARTMENTAL

BANK: ALL

ENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
1-003306	GLOBE LIFE LIBERTY NATI	I-202412120931	520-21908	SEWER		125.02
DEPARTMENT 0000 NON-DEPARTMENTAL					TOTAL:	125.02

ENDOR SET: 01 City of Taylorville

CHECK: 11468 BANK DRAFT 1

FUND : 520 SEWER

DEPARTMENT: 430 SEWER

BANK: ALL

ENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
1-003032	DEARBORN NATIONAL LIFE	I-202412128934	520-5-430-451	SEWER		17.88
				DEPARTMENT 430 SEWER	TOTAL:	17.88
				FUND 520 SEWER	TOTAL:	142.90

1/12/2024 2:25 PM

DIRECT PAYABLES DEPARTMENT PAYMENT REGISTER

PAGE: 14

ENDOR SET: 01 City of Taylorville

ITEMS PRINTED: PAID, UNPAID

ACCOUNT: 11468 BANK DRAFT 1

FUND : 550 AIRPORT

DEPARTMENT: N/A NON-DEPARTMENTAL

BANK: ALL

ENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
1-003386	GLOBE LIFE LIBERTY NATI	I-202412128931	550-21908	AIRPORT		58.60
DEPARTMENT 0000 NON-DEPARTMENTAL					TOTAL:	58.60

ENDOR SET: 01 City of Taylorville

CHECK: 11468 BANK DRAFT 1

FUND : 550 AIRPORT

DEPARTMENT: 470 AIRPORT

BANK: ALL

ENDOR	NAME	ITEM #	G/I. ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
1-003032	DEARBORN NATIONAL LIFE	I-20241212B934	550-5-470-451	AIRPORT		6.17
				DEPARTMENT 470 AIRPORT	TOTAL:	6.17
				FUND 550 AIRPORT	TOTAL:	64.77

ENDOR SET: 01 City of Taylorville

ITEMS PRINTED: PAID, UNPAID

CKEY: 11468 BANK DRAFT 1

ND : 580 CEMETERY

DEPARTMENT: N/A NON-DEPARTMENTAL

BANK: ALL

ENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
003386	GLOBE LIFE LIBERTY NATI	I-202412128931	580-21908	CEM		403.94
DEPARTMENT 0000 NON-DEPARTMENTAL					TOTAL:	403.94

PAYOR SET: 01 City of Taylorville

CHECK: 11468 BANK DRAFT 1

FUND : 580 CEMETERY

DEPARTMENT: 490 CEMETERY

BANK: ALL

ENDOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
L-003032	DEARBORN NATIONAL LIFE	I-202412120934	580-5-490-451	CEM		17.88
DEPARTMENT 490 CEMETERY					TOTAL:	17.88
FUND 580 CEMETERY					TOTAL:	421.92

PAYOR SET: 01 City of Taylorville

ITEMS PRINTED: PAID, UNPAID

CHECK#: 11468 BANK DRAFT 1

HD : 590 LAKE

DEPARTMENT: N/A NON-DEPARTMENTAL

BANK: ALL

PAYOR	NAME	ITEM #	G/L ACCOUNT	DESCRIPTION	CHECK#	AMOUNT
L-003386	GLOBE LIFE LIBERTY NATI	I-202412128931	590-21908	LAKE		357.66
DEPARTMENT 0000 NON-DEPARTMENTAL					TOTAL:	357.66

** G/L ACCOUNT TOTALS **

YEAR	ACCOUNT	NAME	AMOUNT	=====LINE ITEM=====		=====GROUP BUDGET=====	
				ANNUAL BUDGET	BUDGET OVER AVAILABLE BUDG	ANNUAL BUDGET	BUDGET OVER AVAILABLE BUDG
2024-2025	010-21908	LIBERTY NATIONAL - ADMIN	4,225.64				
	010-5-110-451	EMPLOYEE INSURANCE	258.88	300,000	20,390.89-	Y	
	010-5-210-451	EMPLOYEE INSURANCE	220.60	520,000	221,285.21		
	010-5-220-451	EMPLOYEE INSURANCE	121.29	300,000	134,419.62		
	010-5-310-451	EMPLOYEE INSURANCE	18.14	30,000	9,824.31		
	010-5-410-451	EMPLOYEE INSURANCE	91.54	200,000	71,795.75		
	010-5-460-451	EMPLOYEE INSURANCE	6.17	15,000	6,325.56		
	210-21908	LIBERTY NATIONAL - LIBRARY	119.20				
	210-5-530-451	EMPLOYEE INSURANCE	18.50	35,655	10,648.53		
	510-21908	LIBERTY NATIONAL - WATER	695.50				
	510-5-420-451	EMPLOYEE INSURANCE	164.91	300,000	93,139.94		
	520-21908	LIBERTY NATIONAL - SEWER	125.02				
	520-5-430-451	EMPLOYEE INSURANCE	17.88	40,000	15,034.74		
	550-21908	LIBERTY NATIONAL - AIRPORT	58.60				
	550-5-470-451	EMPLOYEE INSURANCE	6.17	22,000	13,209.64		
	580-21908	LIBERTY NATIONAL - CEHETER	403.94				
	580-5-490-451	EMPLOYEE INSURANCE	17.88	45,000	16,223.26		
	590-21908	LIBERTY NATIONAL - LAKE	357.66				
	590-5-590-451	EMPLOYEE INSURANCE	24.68	55,000	24,369.84		
		** 2024-2025 YEAR TOTALS	6,952.20				

** DEPARTMENT TOTALS **

ACCT	NAME	AMOUNT
010	NON-DEPARTMENTAL	4,225.64
010-110	ADMINISTRATION	258.88
010-210	POLICE ADMINISTRATION	220.60
010-220	FIRE DEPARTMENT	121.29
010-310	HEALTH & SAFETY	18.14
010-410	STREET	91.54
010-460	MUNICIPAL BUILDING	6.17

010 TOTAL	GENERAL CORPORATE	4,942.26
210	NON-DEPARTMENTAL	119.20
210-530	LIBRARY	18.50

210 TOTAL	LIBRARY	137.70

** DEPARTMENT TOTALS **

ACCT	NAME	AMOUNT
510	NON-DEPARTMENTAL	695.50
510-420	WATER	164.91
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510 TOTAL	WATER	860.41
520	NON-DEPARTMENTAL	125.02
520-430	SEWER	17.88
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520 TOTAL	SEWER	142.90
550	NON-DEPARTMENTAL	58.60
550-470	AIRPORT	6.17
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550 TOTAL	AIRPORT	64.77
580	NON-DEPARTMENTAL	403.94
580-490	CEMETERY	17.88
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580 TOTAL	CEMETERY	421.82
590	NON-DEPARTMENTAL	357.66
590-590	LAKE	24.68
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590 TOTAL	LAKE	302.34
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** TOTAL **		6,952.20

NO ERRORS

** END OF REPORT **

