



TO: Dr. Charles Johns  
FROM: Rosanne Williamson  
RE: FOIA Requests

### **FOIA Response:**

Please see the attached email response. Responsive documents can be found online at <http://il.glenbrook.schoolboard.net/board>. (Responsive documents will not be attached to the all documents pdf, but can be found under the FOIA agenda item.)

### **Background:**

The Freedom of Information Act (FOIA - 5 ILCS 140/1 et seq.) is a state statute that provides the public the right to access government documents and records. A person can ask a public body for a copy of its records on a specific subject and the public body must provide those records, unless there is an exemption in the statute that protects those records from disclosure (for example: records containing information concerning student records or personal privacy).

A public body must respond to a FOIA request within 5 business days after the public body receives the request or 21 business days if the request is for commercial purpose. That time period may be extended for an additional 5 business days from the date of the original due date if:

- The requested information is stored at a different location;
- The request requires the collection of a substantial number of documents;
- The request requires an extensive search;
- The requested records have not been located and require additional effort to find;
  - The requested records need to be reviewed by staff who can determine whether they are exempt from FOIA;
  - The requested records cannot be produced without unduly burdening the public body or interfering with its operations; or
  - The request requires the public body to consult with another public body who has substantial interest in the subject matter of the request.

If additional time is needed, the public body must notify the requester in writing within 5 business days after the receipt of the request of the statutory reasons for the extension and when the requested information will be produced.



Elaine Geallis &lt;egeallis@glenbrook225.org&gt;

---

**Re: Glenbrook High Schools District 225 - FOIA Request**

1 message

---

**Rosanne Marie Williamson** <rwilliamson@glenbrook225.org>

Tue, Oct 15, 2019 at 8:44 AM

To: Kathleen Jenig &lt;KJenig@carpentersunion.org&gt;

Bcc: egeallis@glenbrook225.org

Dear Ms. Jenig,

Thank you for writing to Glenbrook High School District 225 with your request for information pursuant to the Illinois Freedom of Information Act, 5 ILCS 140/1 et seq.

On 10/7/19 we received your request for the following information:

- All certified payroll documents for all work performed by Anderson Lock at Glenbrook North HS and Glenbrook South HS from January 2019 thru September 2019.

**District Response: Please see attached.**

Sincerely,

Rosanne Williamson, Ed.D.  
Secretary, Board of Education  
Assistant Superintendent for Educational Services  
[Glenbrook High School District 225](#)  
[3801 West Lake Avenue](#)  
[Glenview, IL 60026](#)

On Mon, Oct 7, 2019 at 9:20 AM 'Kathleen Jenig' via FOIA <[Foia@glenbrook225.org](mailto:Foia@glenbrook225.org)> wrote:

My name is Kathy Jenig and I am with the Chicago Regional Council of Carpenters. This is a request for information under the Freedom of Information Act.

I request a copy of all certified payroll documents for all work performed by **Anderson Lock at Glenbrook North HS and Glenbrook South HS** from **January 2019 thru September 2019**.

Please provide documents in electronic form.

Thank you in advance for your prompt reply.

*Kathy Jenig*

Chicago Regional Council of Carpenters

[12 East Erie Street](#)

[Chicago, IL 60611](#)

P: 312-787-3076

F: 312-951-1540

[kjenig@carpentersunion.org](mailto:kjenig@carpentersunion.org)

[www.carpentersunion.org](http://www.carpentersunion.org)

*NOTICE: This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this e-mail. Please notify the sender immediately by e-mail if you have received this e-mail by mistake and delete this e-mail from your system. If you are not the intended recipient you are notified that disclosing, copying, distributing or taking any action in reliance on the contents of this information is strictly prohibited.*

---

 **Anderson Lock\_Redacted.pdf**  
592K



# Certified Transcript of Payroll

## AFFIDAVIT

Weekly Statement of Compliance

Date: Sep 18, 2019

I, Laura Miller,  
(name signatory party)

Office Manager, do  
(Title)

hereby state: that I pay or supervise the payment of the persons employed on the public works project Wireless Access Control;  
(name of project)

that during the payroll period commencing on the 18th day of August, 2019,  
(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

Anderson Lock 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.

Laura Miller  
Signature

Digital Signature \_\_\_\_\_

## FRINGES

Health Fund Blue Cross Blue Shield of Illinois

Health Address Chicago, IL

Health Sponsor \_\_\_\_\_

Health Admin Laura Miller

Pension Fund \_\_\_\_\_

Pension Address \_\_\_\_\_

Pension Sponsor \_\_\_\_\_

Pension Admin \_\_\_\_\_

401(k) Fund Anderson Lock Profit Sharing Fund

401(k) Address Des Plaines, IL

401(k) Sponsor \_\_\_\_\_

401(k) Admin Cortney Wascher

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: \_\_\_\_\_

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: \_\_\_\_\_

# Certified Transcript of Payroll

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

Payroll Start: Aug 18, 2019

Payroll End: Aug 24, 2019

## Contractor and/or Subcontractor

## Public Body Information

\_\_\_\_\_  
(Contract Number)  
Wireless Access Control  
\_\_\_\_\_  
(Project Number)  
South & North High Schools & Off Campus Bldg  
\_\_\_\_\_  
(Project Location)

Anderson Lock Company (Company Name)			Laura Miller (Contact Name)		
850 E Oakton St (Street Address)			Des Plaines (City)		
IL (State)	60018 (Zipcode)	847-824-2800 (Telephone Number)	Northfield Township High School District #225 (Public Body Name)		
			RJ Gravel (Contact Name)		
			3801 W Lake Ave Ste 200 (Street Address)		
			Glenview (City)		
IL (State)	60026 (Zipcode)	847-998-6100 (Telephone Number)			

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

Worker Name, Address Last Four of SSN & Telephone Number		* Hours worked each day							Total Straight Time Hours	Total OT Hours	Hourly Wage Rate	OT Wage Rate	Per Pay Period		
		SUN	MON	TUE	WED	THR	FRI	SAT					Gross	Net	
Chris Miller - [REDACTED] Schaumburg, IL 60193 847-824-2800 Labor Classification Lock Tech / Communication Electrician	PW		7	8	8	8		4.25		35.25		66.81		2,355.05	1,811.4
	N														
Hourly Fringe Benefit:		Pension: 2.97		Health/Welfare: 0		Vacation: 1.25		Training: [ ]							
Aaron Parson - [REDACTED] Yorkville, IL 60560 847-824-2800 Labor Classification Lock Tech / Communication Electrician	PW		8	8	8	8	8		40		60.5		2,420	1,894.06	
	N														
Hourly Fringe Benefit:		Pension: 2.98		Health/Welfare: 6.30		Vacation: 1.25		Training: [ ]							
Vince Bagneschi - [REDACTED] Des Plaines, IL 60018 Labor Classification Lock Tech / Communication Electrician	PW		8	8	8	8	8		40		65.09		2,603.6	1,894.21	
	N														
Hourly Fringe Benefit:		Pension: 2.20		Health/Welfare: 2.49		Vacation: 1.25		Training: [ ]							

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

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



# Certified Transcript of Payroll

## AFFIDAVIT

Weekly Statement of Compliance

Date: Sep 18, 2019

I, Laura Miller  
(name signatory party)

Office Manager \_\_\_\_\_, do  
(Title)

hereby state: that I pay or supervise the payment  
of the persons employed on the public works  
project Wireless Access Control ;

that during the payroll period commencing on the

25th day of August, 2019,  
(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

Anderson Lock 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.

Laura Miller

Signature

Digital Signature \_\_\_\_\_

## FRINGES

Health Fund	Blue Cross Blue Shield of Illinois
Health Address	Chicago, IL
Health Sponsor	
Health Admin	Laura Miller
Pension Fund	
Pension Address	
Pension Sponsor	
Pension Admin	
401(k) Fund	Anderson Lock Profit Sharing Fund
401(k) Address	Des Plaines, IL
401(k) Sponsor	
401(k) Admin	Cortney Wascher
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: \_\_\_\_\_  
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: \_\_\_\_\_

# Certified Transcript of Payroll

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

Payroll Start: Aug 25, 2019

Payroll End: Aug 31, 2019

## Contractor and/or Subcontractor

Anderson Lock Company  
(Company Name) Laura Miller (Contact Name)  
850 E Oakton St (Street Address) Des Plaines (City)  
IL 60018 (State) 847-824-2800 (Telephone Number)  
60018 (Zipcode) (Telephone Number)

## Public Body Information

Northfield Township High School District #225 RJ Gravel (Contact Name)  
3801 W Lake Ave Ste 200 (Street Address) Glenview (City)  
IL 60026 (State) 847-998-6100 (Telephone Number)  
60026 (Zipcode) (Telephone Number)

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

Worker Name, Address Last Four of SSN & Telephone Number	* Hours worked each day							Total OT Hours	Total Straight Time Hours	Hourly Wage Rate	OT Wage Rate	Per Pay Period Gross Net	
	SUN	MON	TUE	WED	THR	FRI	SAT						
Chris Miller - [REDACTED] Schaumburg, IL 60193 847-824-2800 Labor Classification Lock Tech / Communication Electrician	PW	8	8	8	8			24	66.81			1,603.44	1,281.44
	N												
Hourly Fringe Benefit: Pension: 2.97 Health/Welfare: 0 Training: _____													
Vince Bagneschi - [REDACTED] Des Plaines, IL 60018 847-824-2800 Labor Classification Lock Tech / Communication Electrician	PW	8	8	8	8	8		40	60.5			2,603.6	1,894.21
	N												
Hourly Fringe Benefit: Pension: 2.20 Health/Welfare: 2.49 Training: _____													
Labor Classification	PW												
	N												
Hourly Fringe Benefit: Pension: _____ Health/Welfare: _____ Training: _____													

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

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





# Certified Transcript of Payroll

IDOL Case File Number:

Payroll Start: Sep 1, 2019

Payroll End: Sep 7, 2019

## Contractor and/or Subcontractor

## Public Body Information

Anderson Lock Company (Company Name) <u>Laura Miller</u> (Contact Name)		Northfield Township High School District #225 (Public Body Name) <u>RJ Gravel</u> (Contact Name)	
850 E Oakton St. (Street Address) <u>Des Plaines</u> (City)		3801 W Lake Ave Ste 200 (Street Address) <u>Glenview</u> (City)	
IL <u>60018</u> (State) (Zipcode) <u>847-824-2800</u> (Telephone Number)		IL <u>60026</u> (State) (Zipcode) <u>847-998-6100</u> (Telephone Number)	

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

Worker Name, Address Last Four of SSN & Telephone Number	SUN	MON	TUE	WED	THR	FRI	SAT	Total Straight Time Hours	Total OT Hours	Hourly Wage Rate	OT Wage Rate	Per Pay Period		
												Gross	Net	
Chris Miller - [REDACTED] Schaumburg, IL 60193 847-824-2800 Labor Classification Lock Tech / Communication Electrician	PW		8	8		8		24		66.81		1,603.44	1,281.44	
	N													
Hourly Fringe Benefit: Pension: <u>2.97</u> Health/Welfare: <u>0</u> Vacation: <u>1.25</u> Training: <u>        </u>														
Aaron Patson - [REDACTED] Yorkville, IL 60560 847-824-2800 Labor Classification Lock Tech / Communication Electrician	PW		8	8		8		24		60.5		1,452	1,164.2	
	N													
Hourly Fringe Benefit: Pension: <u>2.98</u> Health/Welfare: <u>6.30</u> Vacation: <u>1.25</u> Training: <u>        </u>														
Vince Bagneschi - [REDACTED] Des Plaines, IL 60018 847-824-2800 Labor Classification Lock Tech / Communication Electrician	PW		8	8		8		24		65.09		1,562.16	1,202.88	
	N													
Hourly Fringe Benefit: Pension: <u>2.20</u> Health/Welfare: <u>2.49</u> Vacation: <u>1.25</u> Training: <u>        </u>														

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

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



# Certified Transcript of Payroll

## AFFIDAVIT

Weekly Statement of Compliance

Date:   Sep 18, 2019  

I,   Laura Miller    
(name signatory party)

  Office Manager  , do  
(Title)

hereby state: that I pay or supervise the payment  
of the persons employed on the public works  
project   Wireless Access Control  ;

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

  8th   day of   Sept  , 20  19  ,  
(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

  Anderson Lock 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.

  Laura Miller  

Signature

Digital Signature \_\_\_\_\_

## FRINGES

Health Fund   Blue Cross Blue Shield of Illinois    
Health Address   Chicago, IL    
Health Sponsor \_\_\_\_\_  
Health Admin   Laura Miller    
  
Pension Fund \_\_\_\_\_  
Pension Address \_\_\_\_\_  
Pension Sponsor \_\_\_\_\_  
Pension Admin \_\_\_\_\_  
  
401(k) Fund   Anderson Lock Profit Sharing Fund    
401(k) Address   Des Plaines, IL    
401(k) Sponsor \_\_\_\_\_  
401(k) Admin   Cortney Wascher    
  
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: \_\_\_\_\_  
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) \_\_\_\_\_

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

# Certified Transcript of Payroll

IDOL Case File Number:

Payroll Start: Sep 8, 2019

Payroll End: Sep 14, 2019

## Contractor and/or Subcontractor

## Public Body Information

Anderson Lock Company  
(Company Name) Laura Miller (Contact Name)  
850 E Oakton St (Street Address) Des Plaines (City)  
IL 60018 (State) 847-824-2800 (Telephone Number)  
847-824-2800 (Zipcode)

Northfield Township High School District #225 RJ Gravel (Contact Name)  
3801 W Lake Ave Ste 200 (Street Address) Glenview (City)  
IL 60026 (State) 847-998-6100 (Telephone Number)  
(Zipcode)

(Contract Number)  
Wireless Access Control  
(Project Number)  
South & North High Schools & Off Campus Bldg  
(Project Location)

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

Worker Name, Address Last Four of SSN & Telephone Number	* Hours worked each day							Total OT Hours	Total Straight Time Hours	Hourly Wage Rate	OT Wage Rate	Per Pay Period	
	SUN	MON	TUE	WED	THR	FRI	SAT					Gross	Net
Chris Miller - [REDACTED] Schaumburg, IL 60193 847-824-2800 Labor Classification Lock Tech / Communication Electrician	PW	8	8	8	8	8		40	66.81			2,672.4	2,018.94
	N												
Hourly Fringe Benefit: Pension: 2.97 Health/Welfare: 0 Training: [REDACTED]													
Aaron Parson - [REDACTED] Yorkville, IL 60560 847-824-2800 Labor Classification Lock Tech / Communication Electrician	PW	8	8	8	8	8		40	60.5			2,420	1,894.06
	N												
Hourly Fringe Benefit: Pension: 2.98 Health/Welfare: 6.30 Training: [REDACTED]													
Vince Bagneschi - [REDACTED] Des Plaines, IL 60018 847-824-2800 Labor Classification Lock Tech / Communication Electrician	PW	8	8	8	8	8		40	65.09			2,603.6	1,894.21
	N												
Hourly Fringe Benefit: Pension: 2.20 Health/Welfare: 2.49 Training: [REDACTED]													

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

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