

RESOLUTION NO. 21535

**Background**

The Illinois State Toll Highway Authority (the "Tollway") advertised for sealed bids on Contract RR-16-4255 for Roadway and Bridge Rehabilitation, on the Veterans Memorial Tollway (I-355) from Milepost 12.1 (I-55) to Milepost 22.3 (Butterfield Road). The lowest responsible bidder on Contract No. RR-16-4255 is K-Five Construction Corporation / Lorig Construction Company (JV) in the amount of \$49,213,891.28.

**Resolution**

Contract No. RR-16-4255 is awarded to K-Five Construction Corporation / Lorig Construction Company (JV) in the amount of \$49,213,891.28, subject to all required approvals, the contractor satisfying applicable DBE, financial, and all other contract award requirements, and execution of all contract documents by the bidder and the Tollway.

The Chairman or the Executive Director is authorized to execute the aforementioned Contract, subject to the approval of the Acting General Counsel and the Chief Financial Officer is authorized to issue warrants in payment thereof.

If the bidder fails to satisfy the contract award requirements, the Executive Director is authorized to approve an award to the next lowest responsible bidder, in accordance with the applicable contract award requirements.

Approved by

A large black rectangular redaction box covers the signature of the Chairman.

Chairman

## STATE OF ILLINOIS CONTRACT RENEWAL

Roadway and Bridge Rehabilitation, Veterans Memorial Tollway (I-355) from M.P. 12.1 to M.P. 22.3  
RR-16-4255

The undersigned Agency and Vendor, K-Five Construction Corporation/Lorig Construction Co., A Joint Venture, (the Parties) agree that the following shall renew the Contract referenced herein. All terms and conditions set forth in the original Contract, not amended herein, shall remain in full force and effect as written. In the event of conflict, the terms of this Renewal shall prevail.

IN WITNESS WHEREOF, the Agency and the Vendor cause this Renewal to be executed on the dates shown below by representatives authorized to bind the respective PARTIES.

### VENDOR

Vendor Name: K-Five Construction Corporation	Address: 999 Oakmont Plaza Drive, Suite 200 Westmont, IL 60439-9371
Signature:	Phone: (630) 257-5600
Printed Name: Robert G. Krug	Fax: (630) 257-6788
Title: President	Email: marks@k-five.net
Date: 10-15-20	
Vendor Name: Lorig Construction Company	Address: 250 E. Touhy Ave. Des Plaines, IL 60018-2658
Signature:	Phone: (847) 298-0360
Printed Name: David Lorig	Fax: (847) 298-2689
Title: President	Email: dlorig@lorigconstruction.com
Date: 10/15/20	

### STATE OF ILLINOIS

Procuring Agency: Illinois State Toll Highway Authority	Phone: 630-241-6800
Street Address: 2700 Ogden Ave	Fax: 630-241-6105
City, State ZIP: Downers Grove, IL 60515	
Official Signature:	Date: 11/09/2020
Printed Name: Willard S. Evans, Jr.	
Official's Title: Chairman/CEO	

<b>Attorney General:</b> As to Form and Constitutionality	[REDACTED]	Date: 11/04/2020
Legal Name:	Robert T. Lane	
Legal Title:	Assistant Attorney General	
<b>Legal Signature:</b>	[REDACTED]	Date: 11/04/2020
Legal Printed Name:	Kathleen Pasulka-Brown	
Legal's Title:	General Counsel	
<b>Fiscal Signature:</b>	No signature required-see attached	Date:
Fiscal's Printed Name:	Cathy Williams	
Fiscal's Title:	Chief Financial Officer	

STATE USE ONLY		NOT PART OF CONTRACTUAL PROVISIONS	
PBC#	N/A	Project Title	Roadway and Bridge Rehabilitation, Veterans Memorial Tollway (I-355) from M.P. 12.1 to M.P. 22.3
Contract #	RR-16-4255	Procurement Method (IFB, RFP, Small, etc):	IFB
BidBuy Ref. #	20-557THA-ENGCO-B-17965	IPB Publication Date:	Award Code:
Subcontractor Utilization?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Subcontractor Disclosure?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Funding Source		Obligation #	
<u>CPO 33 – General Counsel Approval:</u>			
Signature		Printed Name	Date

**Ms. Williams signature is not required on this amendment because there is no increase in funds. Ms. Williams confirmed this with Procurement.**

**If you have any questions, please contact Cathy Williams at extension 4000.**

**Thank you.**



1. **DESCRIPTION OF CONTRACT BEING RENEWED** (include original contract number): [RR-16-4255 Roadway and Bridge Rehabilitation, Veterans Memorial Tollway \(I-355\) from M.P. 12.1 to M.P. 22.3](#)
2. **TERMS AND CONDITIONS:** This Renewal is on the same terms and conditions as the Contract being renewed except as changed and described herein.
3. **RENEWAL TERM:** This RENEWAL shall begin [December 23, 2020](#) and shall run through [December 22, 2021](#).
4. **COSTS** (describe calculation and/or cost basis, if applicable): [\\$1,980,248,.94 in unpaid work \(as of 9/23/20\) remains in the original contract.](#)
5. **MAXIMUM AMOUNT:** The total payments under this contract shall not exceed [\\$1,980,248,.94](#) without a formal amendment.
6. **SUBCONTRACTORS:** Will subcontractors be utilized?  Yes  No

- Subcontractor Name: [Click here to enter text.](#)

Amount to be paid: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

Description of work: [Click here to enter text.](#)

- Subcontractor Name: [Click here to enter text.](#)

Amount to be paid: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

Description of work: [Click here to enter text.](#)

6.1. All contracts with the subcontractors identified above must include the Standard Certifications completed and signed by the subcontractor.

6.2. If the annual value of any the subcontracts is more than \$50,000, then the Vendor must provide to the State the Financial Disclosures and Conflicts of Interest for that subcontractor.

6.3. If the subcontractor is registered in the Illinois Procurement Gateway (IPG) and the Vendor is using the subcontractor's Standard Certifications or Financial Disclosures and Conflicts of Interest from the IPG, then the Vendor must also provide a completed Forms B for the subcontractor.

6.4. If at any time during the term of the Contract, Vendor adds or changes any subcontractors, Vendor will be required to promptly notify, in writing, the State Purchasing Officer or the Chief Procurement Officer of the names and addresses and the expected amount of money that each new or replaced subcontractor will receive pursuant to the Contract. Any subcontracts entered into prior to award of the Contract are done at the Vendor's and subcontractor's risk.

[REDACTED]

**STATE OF ILLINOIS  
TAXPAYER IDENTIFICATION NUMBER**

I certify that:

The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and

I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and

I am a U.S. person (including a U.S. resident alien).

- If you are an individual, enter your name and SSN as it appears on your Social Security Card.
- If you are a sole proprietor, enter the owner's name on the name line followed by the name of the business and the owner's SSN or EIN.
- If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's name on the name line and the D/B/A on the business name line and enter the owner's SSN or EIN.
- If the LLC is a corporation or partnership, enter the entity's business name and EIN and for corporations, attach IRS acceptance letter (CP261 or CP277).
- For all other entities, enter the name of the entity as used to apply for the entity's EIN and the EIN.

Name: **Robert G. Krug**

Business Name: **K-Five Construction Corporation**

Taxpayer Identification Number:

Social Security Number:

or

Employer Identification Number: [REDACTED]

Legal Status (check one):

- |                                                                                                                 |                                                                                              |
|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Individual                                                                             | <input type="checkbox"/> Governmental                                                        |
| <input type="checkbox"/> Sole Proprietor                                                                        | <input type="checkbox"/> Nonresident alien                                                   |
| <input type="checkbox"/> Partnership                                                                            | <input type="checkbox"/> Estate or trust                                                     |
| <input type="checkbox"/> Legal Services Corporation                                                             | <input type="checkbox"/> Pharmacy (Non-Corp.)                                                |
| <input type="checkbox"/> Tax-exempt                                                                             | <input type="checkbox"/> Pharmacy/Funeral Home/Cemetery (Corp.)                              |
| <input type="checkbox"/> Corporation providing or billing<br>medical and/or health care services                | <input type="checkbox"/> Limited Liability Company<br>(select applicable tax classification) |
| <input checked="" type="checkbox"/> Corporation NOT providing or billing<br>medical and/or health care services | <input type="checkbox"/> C = corporation                                                     |
|                                                                                                                 | <input type="checkbox"/> P = partnership                                                     |

Signature of Authorized Representative: [REDACTED]

Date: **September 23, 2020**

  
**STATE OF ILLINOIS**  
**TAXPAYER IDENTIFICATION NUMBER**

I certify that:

The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and

I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and

I am a U.S. person (including a U.S. resident alien).

- If you are an individual, enter your name and SSN as it appears on your Social Security Card.
- If you are a sole proprietor, enter the owner's name on the name line followed by the name of the business and the owner's SSN or EIN.
- If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's name on the name line and the D/B/A on the business name line and enter the owner's SSN or EIN.
- If the LLC is a corporation or partnership, enter the entity's business name and EIN and for corporations, attach IRS acceptance letter (CP261 or CP277).
- For all other entities, enter the name of the entity as used to apply for the entity's EIN and the EIN.

Name:

Business Name: LORIG CONSTRUCTION COMPANY

Taxpayer Identification Number:

Social Security Number:

or

Employer Identification Number 

Legal Status (check one):

- |                                                                                                                 |                                                                                              |
|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Individual                                                                             | <input type="checkbox"/> Governmental                                                        |
| <input type="checkbox"/> Sole Proprietor                                                                        | <input type="checkbox"/> Nonresident alien                                                   |
| <input type="checkbox"/> Partnership                                                                            | <input type="checkbox"/> Estate or trust                                                     |
| <input type="checkbox"/> Legal Services Corporation                                                             | <input type="checkbox"/> Pharmacy (Non-Corp.)                                                |
| <input type="checkbox"/> Tax-exempt                                                                             | <input type="checkbox"/> Pharmacy/Funeral Home/Cemetery (Corp.)                              |
| <input type="checkbox"/> Corporation providing or billing<br>medical and/or health care services                | <input type="checkbox"/> Limited Liability Company<br>(select applicable tax classification) |
| <input checked="" type="checkbox"/> Corporation NOT providing or billing<br>medical and/or health care services | <input type="checkbox"/> C = corporation                                                     |
|                                                                                                                 | <input type="checkbox"/> P = partnership                                                     |

Signature of Authorized Representative: 

Date: September 23, 2020

## Biggs, Susan

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**From:** Curcuro, Eleanor <Eleanor.Curcuro@illinois.gov>  
**Sent:** Monday, September 28, 2020 1:08 PM  
**To:** Biggs, Susan  
**Cc:** Dainis, John  
**Subject:** Fw: RR-16-4255 - K-Five Construction Corporation - Prime Disclosure Review for Contract Renewal  
**Attachments:** RR-16-4255\_K-FiveConstructionCorp\_09282020.pdf

Hi Sue,

K-Five Construction Corporation disclosures for RR-16-4255 are reviewed and approved.

Please note that during my review I found that their IPG registration is set to expire on 10/28/2020, and they should renew it prior to expiration.

Thanks,  
Eleanor

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**From:** Biggs, Susan <sbiggs@getipass.com>  
**Sent:** Monday, September 28, 2020 11:09 AM  
**To:** Curcuro, Eleanor <Eleanor.Curcuro@illinois.gov>  
**Cc:** EXT Dainis, John <jdainis@getipass.com>  
**Subject:** RR-16-4255 - K-Five Construction Corporation - Prime Disclosure Review for Contract Renewal

Hi Eleanor,

Attached for your review and approval are financial disclosures for the following Prime for the renewal of Tollway Contract RR-16-4255.

- K-Five Construction Corporation

Please note that K-Five Construction Corporation is a partner in a Joint Venture with Lorig Construction Company whose disclosures will be sent separately.

Please let me know if you require any additional information.

Thank you,

**Sue Biggs**  
Illinois Tollway – PMO  
Engineering Contract Services  
[sbiggs@getipass.com](mailto:sbiggs@getipass.com)

## Biggs, Susan

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**From:** Curcuro, Eleanor <Eleanor.Curcuro@illinois.gov>  
**Sent:** Monday, September 28, 2020 12:32 PM  
**To:** Biggs, Susan  
**Cc:** Dainis, John  
**Subject:** Fw: RR-16-4255 - Lorig Construction Company - Prime Disclosure Review for Contract Renewal  
**Attachments:** RR-16-4255\_LorigConstructionCo\_09282020.pdf

Hi Sue,

Lorig Construction Company disclosures for RR-16-4255 are reviewed and approved.

Thanks,  
Eleanor

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**From:** Biggs, Susan <sbiggs@getipass.com>  
**Sent:** Monday, September 28, 2020 11:09 AM  
**To:** Curcuro, Eleanor <Eleanor.Curcuro@illinois.gov>  
**Cc:** EXT Dainis, John <jdainis@getipass.com>  
**Subject:** RR-16-4255 - Lorig Construction Company - Prime Disclosure Review for Contract Renewal

Hi Eleanor,

Attached for your review and approval are financial disclosures for the following Prime for the renewal of Tollway Contract RR-16-4255.

- Lorig Construction Company

Please note that Lorig Construction Company is a partner in a Joint Venture with K-Five Construction Corporation whose disclosures will be sent separately.

Please let me know if you require any additional information.

Thank you,

**Sue Biggs**  
Illinois Tollway – PMO  
*Engineering Contract Services*  
[sbiggs@getipass.com](mailto:sbiggs@getipass.com)

**STATE OF ILLINOIS**  
**FORMS B CERTIFICATIONS AND DISCLOSURES**

BidBuy Reference #: **22042161**

Procurement/Contract #: **RR-16-4255**

This Forms B may be used when responding to an Invitation for Bid (IFB) or a Request for Proposal (RFP) if the vendor is registered in the Illinois Procurement Gateway (IPG) and has an active State of Illinois Vendor Registration Number. The IPG assigns a unique State of Illinois Vendor Registration Number and expiration date upon the Chief Procurement Office's acceptance of an IPG application.

If a vendor does not have an active State of Illinois Vendor Registration Number, then the vendor must complete and submit Forms A with their response. Failure to do so may render the submission non-responsive and result in disqualification.

Please read this entire section and provide the requested information as applicable. All parts in Forms B must be completed in full and submitted along with the vendor's response.

**1. Certification of Illinois Procurement Gateway Registration**

My business has an active State of Illinois Vendor Registration Number.

To ensure that you have an active registration in the IPG, search for your business name in the IPG Registered Vendor Directory. If your company does not appear in the search results, then you do not have an active IPG registration.

State of Illinois Vendor Registration Number: **0345045**

IPG Expiration Date: **10/28/2020**

**2. Certification Timely to this Solicitation or Contract**

Vendor certifies it is not barred from having a contract with the State based upon violating the prohibitions related to either submitting/writing specifications or providing assistance to an employee of the State of Illinois by reviewing, drafting, directing, or preparing any invitation for bids, a request for proposal, or request of information, or similar assistance (except as part of a public request for such information). 30 ILCS 500/50-10.5(e).

Yes  No

**3. Disclosure of Lobbyist or Agent** (Complete only if bid, offer, or contract has an annual value over \$50,000)

Is your company or parent entity(ies) represented by or do you or your parent entity(ies) employ a lobbyist required to register under the Lobbyist Registration Act (lobbyist must be registered pursuant to the Act with the Secretary of State) or an agent who has communicated, is communicating, or may communicate with any State officer or employee concerning the bid or offer? If yes, please identify each lobbyist and agent, including the name and address below.  Yes  No

If yes, please identify each lobbyist and agent, including the name and address below. If you have a lobbyist that does not meet the criteria, then you do not have to disclose the lobbyist's information. Additional rows may be inserted into the table or an attachment may be provided if needed.

**STATE OF ILLINOIS  
FORMS B CERTIFICATIONS AND DISCLOSURES**

Name	Address	Relationship to Disclosing Entity

Describe all costs/fees/compensation/reimbursements related to the assistance provided by each representative lobbyist or other agent to obtain this Agency contract:

**4. Disclosure of Current and Pending Contracts**

Complete only if: (a) your business is for-profit and (b) the bid, offer, or contract has an annual value over \$50,000. Do not complete if you are a not-for-profit entity.

Yes  No. Do you have any contracts, pending contracts, bids, proposals, subcontracts, leases or other ongoing procurement relationships with units of State of Illinois government?

If "Yes", please specify below. Additional rows may be inserted into the table or an attachment in the same format may be provided if needed.

Agency	Project Title	Status	Value	Contract Reference/P.O./Illinois Procurement Bulletin #
See attached				

**5. Signature**

As of the date signed below, I certify that:

- My business' information and the certifications made in the Illinois Procurement Gateway are truthful and accurate.
- The certifications and disclosures made in this Forms B are truthful and accurate.

This Forms B is signed by an authorized officer or employee on behalf of the bidder, offeror, or vendor pursuant to Sections 50-13 and 50-35 of the Illinois Procurement Code, and the affirmation of the accuracy of the financial disclosures is made under penalty of perjury.

This disclosure information is submitted on behalf of:

Vendor Name: **K-Five Construction Corporation**

Phone: **630-257-5600**

Street Address: **999 Oakmont Plaza Drive, Suite 200**

Email: **estimating@k-five.net**

City, State, Zip: **Westmont, IL 60559**

Vendor Contact: **Joe Bodzioch**

Signature: \_\_\_\_\_



Date: **9/23/2020**

Printed Name: **Robert G. Krug**

Title: **President**



Primary Customer	Agency	Project Title	Status	Value	Contract Reference #
City of Chicago	City of Chicago	ASP Overlay and Patch at O'Hare and Midway	Active	18,487,391.87	26753
City of Chicago	City of Chicago	Midway Runway 13C-31C	Open	31,436,110.13	14004
Chicago Heights Const Co	CMS	Chicago Hts Gov State Univ Campus	Open	888,522.45	14033
City of Chicago	City of Chicago	Chicago Midway 4R-22L Rehab	Open	18,448,763.25	41944
K-Five/Plote JV	City of Chicago	K-Five/Plote Chare 10L-28 Rehab	Open	7,382,334.27	43325
II Dept of Transportation	IDOT	IDOT 222 61C10 Church Road	Open	1,510,000.59	61C10
Acura Inc.	IDOT	Acura IDOT 60X77 I 290 I-90/94 Racine Ramp	Open	605,234.18	60X77
II Dept of Transportation	IDOT	IDOT 62C19 IL 43 Harlem Avenue	Open	2,281,834.11	62C19
Pan Oceanic Engineering	City of Chicago	PanOceanic Chicago Sewer Various St	Open	658,000.19	P-2017-10
Walsh Construction	City of Chicago	Walsh O'Hare Txy Z/J Tank Farm Road	Open	3,370,096.30	217052
F.H. Paschen, S.N. Nielsen	City of Chicago	FH Paschen O'Hare Rwy 9C-27C Phase I	Open	11,455,557.70	57353
II Dept of Transportation	IDOT	IDOT 60Y88 Archer & IL 83	Open	1,459,184.16	60Y88
City of Chicago	City of Chicago	Chicago Far South Arterial Routes	Open	7,784,972.63	B-3-505
Reyes Group Limited	MWRDGC	Reyes McCook Reservoir	Open	1,163,712.47	W912P6-15-R-0007
Lindahl	City of Chicago	O'Hare Employee Parking Lot	Open	3,772,107.30	643243
Pete's Fresh Market					
Oak Park	Oak Park	2018 Street Resurfacing	Open	1,482,622.07	18-15
Judlau	IDOT	Weber Road & I-55	Open	3,318,991.89	60X10
ISTHA	ISTHA	I 355 IL 56 to I-55	Open	49,473,152.88	RR-16-4255
II Dept of Transportation	IDOT	IDOT 62F63 107th Street	Open	1,487,682.66	62F63
II Dept of Transportation	IDOT	IDOT 61E51 Custer Ave	Open	1,624,936.82	6.1E+52
II Dept of Transportation	IDOT	IDOT 61E62 York Street	Open	666,666.66	6.1E+63
Walsh Construction	City of Chicago	Walsh O'Hare Txy Z/J Tan	Open	2,026,324.08	564489
ISTHA	ISTHA	ISHTA 4312 I 88 Rt 59 Was	Open	3,303,850.19	RR-17-4312
ISTHA	ISTHA	ISTHA 4388 I 294 Toll Pla	Open	4,583,567.67	I-18-4388
ISTHA	ISTHA	ISTHA 4401 I 294 REPAIRS	Open	1,062,166.79	RR-18-4401
II Dept of Transportation	IDOT	IDOT 62D16 IL 38	Open	4,186,351.99	62D16
II Dept of Transportation	IDOT	IDOT 62D64 Roosevelt Rd	Open	2,888,000.00	62D64
II Dept of Transportation	IDOT	IDOT 62F58 LaGrange Road	Open	5,720,330.36	62F58
II Dept of Transportation	IDOT	IDOT 61E46 135th Robbins	Open	1,597,990.00	61E46
II Dept of Transportation	IDOT	IDOT 61E80 Benedicline Pk	Open	717,469.00	61E80
Village of Oak Park	Village of Oak Park	Oak Park	Open	6,250,000.00	19-12
Reliable	City of Chicago	Reliable Chicago Sewer No	Open	418,561.75	-
Pan-Oceanic	City of Chicago	Pan Oceanic Bessie Colem	Open	103,473.10	18BJ010



Primary Customer	Agency	Project Title	Status	Value	Contract Reference #
ISTHA	ISTHA	I-294 Central	Open	32,693.90	RR-18-4441
II Dept of Transportation	IDOT	IL 56 Naperville Rd. to IL 53	Open	3,038,711.70	60P68
II Dept of Transportation	IDOT	US 20 (Lake St) Summerfield Dr. to I-355	Open	3,428,345.16	62G64
II Dept of Transportation	IDOT	Brainard Ave. Path	Active	964,375.45	61F60
II Dept of Transportation	IDOT	IDOT 166 - Kings Blvd.	Active	7,485,866.22	61F40
ISTHA	ISTHA	I-88 Connector	Open	2,168,007.01	RR-13-417R
FH Paschen	ISTHA	4430 - Mile Long bridge	Active	4,927,024.54	I-18-4430
II Dept of Transportation	IDOT	IDOT 6 IL 56 I 355 to 22nd Lombard Oak Brook Downers	Open	4,278,639.53	60V17
II Dept of Transportation	IDOT	IDOT 8 IL 53 I 88 to 59th Lisle	Open	2,942,253.99	62G23
II Dept of Transportation	IDOT	IDOT 133 Riverside Dr Harlem to Cermak Berwyn	Open	1,813,626.00	61F01
II Dept of Transportation	IDOT	IDOT 135 Blackhard St & President St Wheaton	Open	922,751.00	61F50
Alliance	IDOT	IDOT 136 Diehl Rd Davis Pkwy to Winfield Rd Warrenville	Open	117,392.00	61F52
Homelowne	IDOT	IDOT 138 75th St & Naper Blvd Naperville	Active	74,997.00	61F66
IDOT	IDOT	IDOT 168 Rodeo Dr at Kings Rd Bolingbrook	Active	2,914,615.76	61F64
Paschen	City of Chicago	O'Hare Runway 9R-27L Extension	Open	6,051,084.04	
Chicago Skyway	Skyway Concessions	Various Chicago Skyway Construction Works	Open	760,954.01	SCC 2019-02
Judlau	ISTHA	I 294 Retaining Wall	Open	1,458,657.24	I-18-4446
ISTHA	ISTHA	4470 - I 294 I 390 Intermittent Pavement Repair	Open	2,146,432.15	4470
Burke LLC	Oak Brook	Salt Dome Storage Facility Oak Brook	Open	129,475.00	
IDOT	IDOT	IDOT 72 Nerge Rd Mitchell Trail to Devon Ave Elk Grove Village	Active	1,255,255.00	61G04
O'Hare	CDA-TPAP	Taxiway K4	Active	14,477,000.00	
Dupage County	Dupage County	Various Streets North Region	Active	3,772,815.73	20-PVMT-C-13-GM
Dupage County	Dupage County	Various Streets South Region	Active	4,438,723.23	20-PVMT-C-14-GM
IDOT	IDOT	IDOT 11 83rd Street IL 53 to James Woodridge	Active	896,777.00	61G37
IDOT	IDOT	IDOT 23 104th Ave Archer to 107th Willow Springs	Active	1,026,000.00	62J85
IDOT	IDOT	IDOT 120 Woodward Ave 75th to Village Limits	Active	981,869.60	61G27
Woodridge	Woodridge	MFT Street Resurfacing	Active	1,425,222.98	
ISTHA 4506	ISTHA	Tri State Tollway (I-294) Shoulders	Active	2,365,983.20	I-19-4506
Cook County/Roberts Road	Cook County Highway Dept.	Roberts Rd. Valley Dr. to 87th Street	Pending	6,325,000.00	
O'Hare	AECOM Hunt/Clayco	Runway 4R-22L Rehabilitation	Active	5,672,675.00	H6125.19-00
IDOT 21	IDOT	I-55 Bridge Deck Repairs & Shoulder Reconstruction	Active	3,075,389.00	62K50
IDOT 102	IDOT	I-57, Dixmoor, IL	Active	139,642.80	62K21
Lemont	Village of Lemont	I & M Canal Parking Lot, Lemont	Active	604,315.20	
O'Hare	Turner Paschen Aviation Partners	TPAP-TP-12 Taxiway A & B Relocation	Active	13,105,000.00	
Naperville	City of Naperville	2020 Street Resurfacing	Active	3,023,090.50	
Oak Lawn	Village of Oak Lawn	2020 Street Program	Active	2,726,962.49	
IDOT	IDOT 10	IL 43 (Harlem Ave.) at Archer Ave.	Active	1,287,974.16	62F90
IDOT	IDOT 115	Joliet Road at 5th Street	Active	2,108,300.00	60X71
IDOT	IDOT 143	IL 83 Kingery Highway	Active	1,074,369.33	62F20
IDOT	IDOT 144	Michigan Ave., South Chicago Hyde Park	Active	4,658,001.62	62J89
IDOT	IDOT 167	171st Ave. at Roosevelt Road	Active	1,462,097.78	62A38
IDOT	IDOT 200	FAI-57 from Halsted to 180	Active	2,539,731.25	62K92

Primary Customer	Agency	Project Title	Status	Value	Contract Reference #
IDOT	IDOT 1A	Clow International Airport	Pending	426,558.84	BO005
Glendale Heights	Village of Glendale Heights	Gregory Ave. & Somerset Dr.	Active	1,002,832.45	
Walsh	I 294 Ramp	I 294 Ramp	Pending		
Walsh	ISTHA	Mile Long Bridge	Pending	3,844,293.00	
F H Paschen	ISTHA	4517	Pending		
F H Paschen	ISTHA	4519	Pending		
Village of Summit	Village of Summit	2020 Street Resurfacing Various Streets	Active	1,316,984.73	
Village of Woodridge	Village of Woodridge	IL Route 53 Patches Woodridge	Active	20,850.00	
Village of Dolton	Village of Dolton	CDBG Street Resurfacing	Active	279,474.25	1906-00
Bremen Township	Bremen Township	143rd Street	Pending	114,482.70	
Naperville Township	Naperville Township	87th Street	Pending	438,969.11	

## Vendor Registration: View

General Public Profile Users Commodity Codes Contacts & Owners Comments Certifications Site Visits Registrations Reports

K-FIVE CONSTRUCTION

System Vendor Number: 20081350

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## Vendor Registration

TYPE	State of Illinois Vendor Registration (Renew/Update)
DESCRIPTION	Register to do business with the State of Illinois
DATE SUBMITTED	10/22/2019
STATUS	Accepted
STATE OF ILLINOIS VENDOR REGISTRATION NUMBER	IPG-0345045
REVIEWER	<a href="#">Chris Haberman</a>
DATE REVIEWED	10/29/2019
PUBLIC REVIEW COMMENTS	
PRIVATE REVIEW COMMENTS	
EXPIRATION DATE	10/28/2020
FLAG FORM	<a href="#">Add Flag</a>

## Settings

SMALL BUSINESS SET-ASIDE PROGRAM (SBSP) REGISTERED	No
REGISTERING AS A	Prime & Subcontractor

## Entity Information

BUSINESS NAME	K-FIVE CONSTRUCTION
CONTACT FOR THIS SUBMISSION	<a href="#">Mark Sniegowski (change contact)</a>
PRIMARY CONTACT EMAIL	<a href="mailto:marks@k-five.net">marks@k-five.net</a>
PHONE	630-257-5600
FAX	630-257-6788
COMPANY EMAIL	<a href="mailto:jenniferk@k-five.net">jenniferk@k-five.net</a>
TAX ID NUMBER	██████████
COMPANY TYPE	Corporation
ADDRESS	999 Oakmont Plaza Drive, Suite 200 WESTMONT, IL 60559 <a href="#">[edit address]</a>

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## Vendor Registration

FORM NAME	A - B. Business Information & Additional Information
DESCRIPTION	Complete section A and B, in order to submit this form.
DATE SUBMITTED	10/22/2019
STATUS	Accepted
BUSINESS NAME	K-FIVE CONSTRUCTION
POINT OF CONTACT	<a href="#">Mark Sniegowski</a>
FLAG FORM	<a href="#">Add Flag</a>

## A. Business Information

1. YOUR BUSINESS IS REGISTERING AS A	Prime Contractor and Subcontractor	
2. NAME OF CEO/BUSINESS OWNER	Robert G. Krug	
3. ANNUAL SALES/GROSS RECEIPTS	153852000	
4. WHEN WAS YOUR BUSINESS ESTABLISHED?	04/13/1977	
5. IN WHAT ILLINOIS COUNTY(IES) ARE YOU CONDUCTING BUSINESS?	The business conducts business statewide.	
6. CONTACT PERSON FOR THIS VENDOR REGISTRATION	MARK SNIEGOWSKI	
CONTACT PERSON TITLE	VICE PRESIDENT & CHIEF FINANCIAL OFFICER	
CONTACT PERSON PHONE	630-257-5600	
CONTACT PERSON EMAIL	MARKS@K-FIVE.NET	

## B. Additional Information

1. HOW DID YOU LEARN ABOUT THE ILLINOIS PROCUREMENT GATEWAY?	Chief Procurement Office (CPO)	
--------------------------------------------------------------	--------------------------------	---------------------------------------------------------------------------------------

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K-FIVE CONSTRUCTION

System Vendor Number: 20081350

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## Vendor Registration

FORM NAME	C. Small Business Set-Aside Program
DESCRIPTION	Complete the Small Business Set-Aside Program form
DATE SUBMITTED	10/22/2019
STATUS	Accepted
BUSINESS NAME	K-FIVE CONSTRUCTION
POINT OF CONTACT	<a href="#">Mark Sniegowski</a>
FLAG FORM	<a href="#">Add Flag</a>

## C. Small Business Set-Aside Program

1. WOULD YOU LIKE TO APPLY/RE-QUALIFY FOR THE SMALL BUSINESS SET-ASIDE PROGRAM? **No**



## Additional Information

STAFF ATTACHED FILE(S)

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## Vendor Registration

FORM NAME	D - E. Department of Human Rights (DHR) & Authorized to do Business in Illinois
DESCRIPTION	Complete section D and E, in order to submit this form.
DATE SUBMITTED	10/22/2019
STATUS	Accepted
BUSINESS NAME	K-FIVE CONSTRUCTION
POINT OF CONTACT	<a href="#">Mark Sniegowski</a>
FLAG FORM	<a href="#">Add Flag</a>

## D. Department of Human Rights (DHR)

1. HIGHEST NUMBER OF EMPLOYEES (INCLUDING FULL AND PART TIME EMPLOYEES) AT ANY TIME DURING THE PAST YEAR	321	
2. SELECT THE DHR STATUS OF YOUR BUSINESS	My business had 15 or more employees at any time within the past year. 95616-00 02/14/2024	

## E. Authorized to do Business in Illinois

1. IS YOUR BUSINESS REGISTERED AND AUTHORIZED TO DO BUSINESS IN ILLINOIS?	Yes, registered and in good standing with the Illinois Secretary of State	
---------------------------------------------------------------------------	---------------------------------------------------------------------------	---------------------------------------------------------------------------------------

## Additional Information

STAFF ATTACHED FILE(S)

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## Vendor Registration

FORM NAME	F - G. Certifications & Board of Elections
DESCRIPTION	Complete section F - G, in order to submit the form.
DATE SUBMITTED	10/22/2019
STATUS	Accepted
BUSINESS NAME	K-FIVE CONSTRUCTION
POINT OF CONTACT	<a href="#">Mark Sniegowski</a>
FLAG FORM	<a href="#">Add Flag</a>


## F. Certifications

1. VENDOR CERTIFIES IT AND ITS EMPLOYEES WILL COMPLY WITH APPLICABLE PROVISIONS OF THE UNITED STATES. CIVIL RIGHTS ACT, SECTION 504 OF THE FEDERAL REHABILITATION ACT, THE AMERICANS WITH DISABILITIES ACT, AND APPLICABLE RULES IN PERFORMANCE OF THIS CONTRACT. 


Yes

2. THIS APPLIES TO INDIVIDUALS, SOLE PROPRIETORSHIPS, GENERAL PARTNERSHIPS, AND SINGLE MEMBER LLCs, BUT IS NOT OTHERWISE APPLICABLE. VENDOR CERTIFIES HE/SHE IS NOT IN DEFAULT ON AN EDUCATIONAL LOAN. 5 ILCS 385/3 


N/A

3. VENDOR CERTIFIES THAT IT HAS REVIEWED AND WILL COMPLY WITH THE DEPARTMENT OF EMPLOYMENT SECURITY LAW (20 ILCS 1005/1005-47) AS APPLICABLE 


Yes

4. VENDOR CERTIFIES IT HAS NEITHER BEEN CONVICTED OF BRIBING OR ATTEMPTING TO BRIBE AN OFFICER OR EMPLOYEE OF THE STATE OF ILLINOIS OR ANY OTHER STATE, NOR MADE AN ADMISSION OF GUILT OF SUCH CONDUCT THAT IS A MATTER OF RECORD. 30 ILCS 500/50-5 

Yes

5. IF VENDOR HAS BEEN CONVICTED OF A FELONY, VENDOR CERTIFIES AT LEAST FIVE YEARS HAVE PASSED SINCE THE DATE OF COMPLETION OF THE SENTENCE FOR SUCH FELONY, UNLESS NO PERSON HELD RESPONSIBLE BY A PROSECUTOR'S OFFICE FOR THE FACTS UPON WHICH THE CONVICTION WAS BASED CONTINUES TO HAVE ANY INVOLVEMENT WITH THE BUSINESS. VENDOR FURTHER CERTIFIES THAT IT IS NOT BARRED FROM BEING AWARDED A CONTRACT. 30 ILCS 500/50-10 

Yes

6. IF VENDOR OR ANY OFFICER, DIRECTOR, PARTNER, OR OTHER MANAGERIAL AGENT OF VENDOR HAS BEEN CONVICTED OF A FELONY UNDER THE SARBANES-OXLEY ACT OF 2002, OR A CLASS 3 OR CLASS 2 FELONY UNDER THE ILLINOIS SECURITIES LAW OF 1953, VENDOR CERTIFIES AT LEAST FIVE YEARS HAVE PASSED SINCE THE DATE OF THE CONVICTION. VENDOR FURTHER CERTIFIES THAT IT IS NOT BARRED FROM BEING AWARDED A CONTRACT. 30 ILCS 500/50-10.5 



**Yes**

7. VENDOR CERTIFIES THAT IT AND ITS AFFILIATES ARE NOT DELINQUENT IN THE PAYMENT OF ANY DEBT TO THE UNIVERSITY OR THE STATE (OR IF DELINQUENT, HAVE ENTERED INTO A DEFERRED PAYMENT PLAN TO PAY THE DEBT). 30 ILCS 500/50-11, 50-60

**Yes**

8. VENDOR CERTIFIES THAT IT AND ALL AFFILIATES SHALL COLLECT AND REMIT ILLINOIS USE TAX ON ALL SALES OF TANGIBLE PERSONAL PROPERTY INTO THE STATE OF ILLINOIS IN ACCORDANCE WITH PROVISIONS OF THE ILLINOIS USE TAX ACT. 30 ILCS 500/50-12

**Yes**

9. VENDOR CERTIFIES THAT IT HAS NOT BEEN FOUND BY A COURT OR THE POLLUTION CONTROL BOARD TO HAVE COMMITTED A WILLFUL OR KNOWING VIOLATION OF THE ENVIRONMENTAL PROTECTION ACT WITHIN THE LAST FIVE YEARS, AND IS THEREFORE NOT BARRED FROM BEING AWARDED A CONTRACT. 30 ILCS 500/50-14

**Yes**

10. VENDOR CERTIFIES IT HAS NEITHER PAID ANY MONEY OR VALUABLE THING TO INDUCE ANY PERSON TO REFRAIN FROM BIDDING ON A STATE CONTRACT, NOR ACCEPTED ANY MONEY OR OTHER VALUABLE THING, OR ACTED UPON THE PROMISE OF SAME, FOR NOT BIDDING ON A STATE CONTRACT. 30 ILCS 500/50-25

**Yes**

11. VENDOR CERTIFIES IT HAS READ, UNDERSTANDS AND IS NOT KNOWINGLY IN VIOLATION OF THE "REVOLVING DOOR" PROVISION OF THE ILLINOIS PROCUREMENT CODE. 30 ILCS 500/50-30

**Yes**

12. VENDOR CERTIFIES THAT IF IT HIRES A PERSON REQUIRED TO REGISTER UNDER THE LOBBYIST REGISTRATION ACT TO ASSIST IN OBTAINING ANY STATE CONTRACT, THAT NONE OF THE LOBBYIST'S COSTS, FEES, COMPENSATION, REIMBURSEMENTS OR OTHER REMUNERATION WILL BE BILLED TO THE STATE. 30 ILCS 500/50-38

**Yes**

13. VENDOR CERTIFIES THAT IT WILL NOT RETAIN A PERSON OR ENTITY TO ATTEMPT TO INFLUENCE THE OUTCOME OF A PROCUREMENT DECISION FOR COMPENSATION CONTINGENT IN WHOLE OR IN PART UPON THE DECISION OR PROCUREMENT. 30 ILCS 500/50-38

**Yes**

14. VENDOR CERTIFIES IT WILL REPORT TO THE ILLINOIS ATTORNEY GENERAL AND THE CHIEF PROCUREMENT OFFICER ANY SUSPECTED COLLUSION OR OTHER ANTI-COMPETITIVE PRACTICE AMONG ANY BIDDERS, OFFERORS, CONTRACTORS, PROPOSERS, OR EMPLOYEES OF THE STATE. 30 ILCS 500/50-40, 50-45, 50-50

**Yes**

15. VENDOR CERTIFIES THAT IF IT IS AWARDED A CONTRACT THROUGH THE USE OF THE PREFERENCE REQUIRED BY THE PROCUREMENT OF DOMESTIC PRODUCTS ACT, THEN IT SHALL PROVIDE PRODUCTS PURSUANT TO THE CONTRACT OR A SUBCONTRACT THAT ARE MANUFACTURED IN THE UNITED STATES. 30 ILCS 517

**Yes**

16. VENDOR CERTIFIES THAT IF AWARDED A CONTRACT FOR PUBLIC WORKS, STEEL PRODUCTS USED OR SUPPLIED IN THE PERFORMANCE OF THAT CONTRACT SHALL BE MANUFACTURED OR PRODUCED IN THE UNITED STATES, UNLESS THE EXECUTIVE HEAD OF THE PROCURING AGENCY/UNIVERSITY GRANTS AN EXCEPTION IN WRITING. 30 ILCS 565

**Yes**

17. IF VENDOR IS AWARDED A CONTRACT WORTH MORE THAN \$5,000 AND EMPLOYS 25 OR MORE EMPLOYEES, VENDOR CERTIFIES IT WILL PROVIDE A DRUG FREE WORKPLACE PURSUANT TO THE DRUG FREE WORKPLACE ACT. 30 ILCS 580

**Yes**

18. IF VENDOR IS AN INDIVIDUAL AND IS AWARDED A CONTRACT WORTH MORE THAN \$5,000, VENDOR CERTIFIES IT SHALL NOT ENGAGE IN THE UNLAWFUL MANUFACTURE, DISTRIBUTION, DISPENSATION, POSSESSION, OR USE OF A CONTROLLED SUBSTANCE DURING THE PERFORMANCE OF THE CONTRACT PURSUANT TO THE DRUG FREE WORKPLACE ACT. 30 ILCS 580

**N/A**

19. VENDOR CERTIFIES THAT NEITHER VENDOR NOR ANY SUBSTANTIALLY OWNED AFFILIATE IS PARTICIPATING OR SHALL



PARTICIPATE IN AN INTERNATIONAL BOYCOTT IN VIOLATION OF THE U.S. EXPORT ADMINISTRATION ACT OF 1979 OR THE APPLICABLE REGULATIONS OF THE UNITED STATES DEPARTMENT OF COMMERCE. 30 ILCS 582

**Yes**

20. VENDOR CERTIFIES THAT NO FOREIGN-MADE EQUIPMENT, MATERIALS, OR SUPPLIES FURNISHED TO THE AGENCY/UNIVERSITY UNDER ANY CONTRACT HAVE BEEN OR WILL BE PRODUCED IN WHOLE OR IN PART BY FORCED LABOR OR INDENTURED LABOR UNDER PENAL SANCTION. 30 ILCS 583

**Yes**

21. VENDOR CERTIFIES THAT NO FOREIGN-MADE EQUIPMENT, MATERIALS, OR SUPPLIES FURNISHED TO THE AGENCY/UNIVERSITY UNDER ANY CONTRACT HAVE BEEN PRODUCED IN WHOLE OR IN PART BY THE LABOR OR ANY CHILD UNDER THE AGE OF 12. 30 ILCS 584

**Yes**

22. VENDOR CERTIFIES THAT IF AWARDED A CONTRACT INCLUDING INFORMATION TECHNOLOGY, ELECTRONIC INFORMATION, SOFTWARE, SYSTEMS AND EQUIPMENT, DEVELOPED OR PROVIDED UNDER ANY CONTRACT, IT WILL COMPLY WITH THE APPLICABLE REQUIREMENTS OF THE ILLINOIS INFORMATION TECHNOLOGY ACCESSIBILITY ACT STANDARDS. 30 ILCS 587

**Yes**

23. VENDOR CERTIFIES THAT IF IT OWNS RESIDENTIAL BUILDINGS, THAT ANY VIOLATION OF THE LEAD POISONING PREVENTION ACT HAS BEEN MITIGATED. 410 ILCS 45

**Yes**

24. VENDOR CERTIFIES IT HAS NOT BEEN CONVICTED OF THE OFFENSE OF BID RIGGING OR BID ROTATING OR ANY SIMILAR OFFENSE OF ANY STATE OR OF THE UNITED STATES. 720 ILCS 5/33 E-3, E-4, E-11

**Yes**

25. VENDOR CERTIFIES IT COMPLIES WITH THE ILLINOIS DEPARTMENT OF HUMAN RIGHTS ACT AND RULES APPLICABLE TO PUBLIC CONTRACTS, WHICH INCLUDE PROVIDING EQUAL EMPLOYMENT OPPORTUNITY, REFRAINING FROM UNLAWFUL DISCRIMINATION, AND HAVING WRITTEN SEXUAL HARASSMENT POLICIES. 775 ILCS 5/2-105

**Yes**

26. VENDOR CERTIFIES IT DOES NOT PAY DUES TO OR REIMBURSE OR SUBSIDIZE PAYMENTS BY ITS EMPLOYEES FOR ANY DUES OR FEES TO ANY "DISCRIMINATORY CLUB." 775 ILCS 25/2

**Yes**

27. VENDOR WARRANTS AND CERTIFIES THAT IT AND, TO THE BEST OF ITS KNOWLEDGE, ITS SUBCONTRACTORS HAVE AND WILL COMPLY WITH EXECUTIVE ORDER NO. 1 (2007). THE ORDER GENERALLY PROHIBITS VENDORS AND SUBCONTRACTORS FROM HIRING THE THEN-SERVING GOVERNOR'S FAMILY MEMBERS TO LOBBY PROCUREMENT ACTIVITIES OF THE STATE, OR ANY OTHER GOVERNMENT IN ILLINOIS INCLUDING LOCAL GOVERNMENTS IF THAT PROCUREMENT MAY RESULT IN A CONTRACT VALUED AT OVER \$25,000. THIS PROHIBITION ALSO APPLIES TO HIRING FOR THAT SAME PURPOSE ANY FORMER STATE EMPLOYEE WHOSE PROCUREMENT AUTHORITY AT ANY TIME DURING THE ONE-YEAR PERIOD PRECEDING THE PROCUREMENT LOBBYING ACTIVITY.

**Yes**

28. VENDOR CERTIFIES THAT IT HAS READ, UNDERSTANDS AND IS IN COMPLIANCE WITH THE REGISTRATION REQUIREMENTS OF THE ILLINOIS ELECTIONS CODE (10 ILCS 5/9-35) AND THE RESTRICTIONS ON MAKING POLITICAL CONTRIBUTIONS AND RELATED REQUIREMENTS OF THE ILLINOIS PROCUREMENT CODE. 30 ILCS 500/20-160 AND 50-37 VENDOR WILL NOT MAKE A POLITICAL CONTRIBUTION THAT WILL VIOLATE THESE REQUIREMENTS.

**Yes**

29. THIS APPLIES TO INDIVIDUALS, SOLE PROPRIETORSHIPS, GENERAL PARTNERSHIPS, AND SINGLE MEMBER LLCs, BUT IS NOT OTHERWISE APPLICABLE. VENDOR CERTIFIES THAT HE/SHE HAS NOT RECEIVED AN EARLY RETIREMENT INCENTIVE PRIOR TO 1993 UNDER SECTION 14-108.3 OR 16-133.3 OF THE ILLINOIS PENSION CODE OR AN EARLY RETIREMENT INCENTIVE ON OR AFTER 2002 UNDER SECTION 14-108.3 OR 16-133.3 OF THE ILLINOIS PENSION CODE. (30 ILCS 105/15A; 40 ILCS 5/14-108.3; 40 ILCS 5/16-133

**N/A**

## G. Board of Elections (BOE)

1. IS YOUR BUSINESS REGISTERED WITH THE BOARD OF ELECTIONS (BOE)?

7/10

Yes, I certify my business is registered with BOE.

12450

## Additional Information

STAFF ATTACHED FILE(S)

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## Vendor Registration

FORM NAME	H. Iran Disclosure
DESCRIPTION	Complete section H, in order to submit this form.
DATE SUBMITTED	10/22/2019
STATUS	Accepted
BUSINESS NAME	K-FIVE CONSTRUCTION
POINT OF CONTACT	<a href="#">Mark Sniegowski</a>
FLAG FORM	<a href="#">Add Flag</a>

## H. Iran Disclosure

1. DO YOU OR ANY OF YOUR CORPORATE PARENTS OR SUBSIDIARIES HAVE ANY BUSINESS OPERATIONS THAT MUST BE DISCLOSED? 

**No business operations to disclose.**

## Additional Information

STAFF ATTACHED FILE(S)

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## Vendor Registration

FORM NAME	I. Financial Disclosure & Conflicts of Interest
DESCRIPTION	Complete the Financial Disclosure & Conflicts of Interest form
DATE SUBMITTED	10/22/2019
STATUS	Accepted
BUSINESS NAME	K-FIVE CONSTRUCTION
POINT OF CONTACT	<a href="#">Mark Sniegowski</a>
FLAG FORM	<a href="#">Add Flag</a>

## I. Financial Disclosures &amp; Conflicts of Interest


A. IDENTIFY THE APPLICABLE ENTITY TYPE. 

**Other Privately Held Entity (i.e. LLC, partnership, privately held corporation with 100 or fewer shareholders, or other entity type not clearly identified in another option)**


B. IS THERE A PARENT ENTITY THAT OWNS 100% OF THE BUSINESS? 

Yes


Document	Status
<a href="#">Parent Form</a>  <a href="#">IPG Disclosures KFAM 10 22 19.pdf</a> (PDF, 466.94 KB)	Attached by Mark Sniegowski on 10/22/2019


C. INSTRUMENT OF OWNERSHIP OR BENEFICIAL INTEREST 

**Corporate Stock (C-Corporation, S-Corporation, Professional Corporation, Service Corporation)**

1. IS THERE ANY INDIVIDUAL OR ENTITY WHO MEETS ANY OF THE FOLLOWING THRESHOLDS: (A) OWNS MORE THAN 5% OF THE BUSINESS, (B) HOLDS OWNERSHIP SHARE OF THE BUSINESS VALUED IN EXCESS OF \$106,447.20, (C) IS ENTITLED TO MORE THAN 5% OF THE BUSINESS' DISTRIBUTIVE INCOME, OR (D) IS ENTITLED TO MORE THAN \$106,447.20 OF THE BUSINESS' DISTRIBUTIVE INCOME? 

**Yes, the information is not publicly available (If any individuals are listed, answer Yes or No to questions 5-8 and 11-20.)**

Document	Status
<a href="#">List of individuals or entities meeting one or more of the listed thresholds.</a>  <a href="#">IPG Percentage of Ownership and Distributive Income Form (DOCX)</a>	Attached by Mark Sniegowski on 10/22/2019

2. PLEASE CERTIFY THAT THE FOLLOWING STATEMENT IS TRUE: ALL INDIVIDUALS OR ENTITIES THAT HOLD AN OWNERSHIP INTEREST IN THE BUSINESS OF GREATER THAN 5% OR VALUED GREATER THAN \$106,447.20 HAVE BEEN DISCLOSED IN QUESTION 

1.

**Yes**

3. PLEASE CERTIFY THAT THE FOLLOWING STATEMENT IS TRUE: ALL INDIVIDUALS OR ENTITIES THAT WERE ENTITLED TO RECEIVE DISTRIBUTIVE INCOME IN AN AMOUNT GREATER THAN \$106,447.20 OR GREATER THAN 5% OF THE TOTAL DISTRIBUTIVE INCOME OF THE BUSINESS HAVE BEEN DISCLOSED IN QUESTION 1.

**Yes**

4. DISCLOSURE OF BOARD OF DIRECTORS FOR NOT-FOR-PROFIT ENTITIES.

**Not applicable - For-Profit Entity**

5. FOR THE INDIVIDUALS DISCLOSED ABOVE IN QUESTION 1 AND FOR SOLE PROPRIETORS, ARE ANY OF THEM A PERSON WHO HOLDS AN ELECTIVE OFFICE IN THE STATE OF ILLINOIS OR HOLDS A SEAT IN THE GENERAL ASSEMBLY, OR ARE THEY THE SPOUSE OR MINOR CHILD OF SUCH PERSON?

**No**

6. FOR THE INDIVIDUALS DISCLOSED ABOVE IN QUESTION 1 AND FOR SOLE PROPRIETORS, ARE ANY OF THEM APPOINTED TO OR EMPLOYED IN ANY OFFICES OR AGENCIES OF STATE GOVERNMENT AND RECEIVE COMPENSATION FOR SUCH EMPLOYMENT IN EXCESS OF 60% (\$106,447.20) OF THE SALARY OF THE GOVERNOR, OR ARE ANY OF THEM THE SPOUSE OR MINOR CHILD OF SUCH PERSON?

**No**

7. FOR THE INDIVIDUALS DISCLOSED ABOVE IN QUESTION 1 AND FOR SOLE PROPRIETORS, ARE ANY OF THEM AN OFFICER OR EMPLOYEE OF THE CAPITAL DEVELOPMENT BOARD OR THE ILLINOIS TOLL HIGHWAY AUTHORITY, OR ARE ANY OF THEM THE SPOUSE OR MINOR CHILD OF SUCH PERSON?

**No**

8. FOR THE INDIVIDUALS DISCLOSED ABOVE IN QUESTION 1 AND FOR SOLE PROPRIETORS, ARE ANY OF THEM APPOINTED AS A MEMBER OF A BOARD, COMMISSION, AUTHORITY, OR TASK FORCE AUTHORIZED OR CREATED BY STATE LAW OR BY EXECUTIVE ORDER OF THE GOVERNOR, OR ARE THEY THE SPOUSE OR AN IMMEDIATE FAMILY MEMBER WHO CURRENTLY RESIDES OR RESIDED WITH SUCH PERSON WITHIN THE LAST 12 MONTHS?

**No**

9. IF ANY QUESTION IN 5-8 ABOVE IS ANSWERED YES, PLEASE ANSWER THE FOLLOWING: DO ANY OF THE INDIVIDUALS IDENTIFIED, THEIR SPOUSE, OR MINOR CHILD RECEIVE FROM THE ENTITY MORE THAN 7.5% OF THE ENTITY'S TOTAL DISTRIBUTABLE INCOME OR AN AMOUNT OF DISTRIBUTABLE INCOME IN EXCESS OF THE SALARY OF THE GOVERNOR (\$177,412.00)?

**Not applicable - I answered No in Questions 5-8**

10. IF ANY QUESTION IN 5-8 ABOVE IS ANSWERED YES, PLEASE ANSWER THE FOLLOWING: IS THERE A COMBINED INTEREST OF ANY INDIVIDUAL IDENTIFIED ALONG WITH THEIR SPOUSE OR MINOR CHILD OF MORE THAN 15% IN THE AGGREGATE OF THE ENTITY'S DISTRIBUTABLE INCOME OR AN AMOUNT OF DISTRIBUTABLE INCOME IN EXCESS OF TWO TIMES THE SALARY OF THE GOVERNOR (\$354,824.00)?

**Not applicable - I answered No in Questions 5-8**

11. FOR THE INDIVIDUALS DISCLOSED ABOVE IN QUESTION 1 AND FOR SOLE PROPRIETORS, DO ANY OF THEM CURRENTLY HAVE, OR IN THE PREVIOUS 3 YEARS HAD STATE EMPLOYMENT, INCLUDING CONTRACTUAL EMPLOYMENT OF SERVICES? THIS DOES NOT INCLUDE CONTRACTS TO PROVIDE GOODS OR SERVICES TO THE STATE AS A VENDOR.

**No**

12. FOR THE INDIVIDUALS DISCLOSED ABOVE IN QUESTION 1 AND FOR SOLE PROPRIETORS, HAVE THEIR SPOUSE, FATHER, MOTHER, SON, OR DAUGHTER, HAD STATE EMPLOYMENT, INCLUDING CONTRACTUAL EMPLOYMENT FOR SERVICES, IN THE PREVIOUS 2 YEARS? THIS DOES NOT INCLUDE CONTRACTS TO PROVIDE GOODS OR SERVICES TO THE STATE AS A VENDOR.

**No**

13. FOR THE INDIVIDUALS DISCLOSED ABOVE IN QUESTION 1 AND FOR SOLE PROPRIETORS, DO ANY OF THEM CURRENTLY HOLD OR HAVE HELD IN THE PREVIOUS 3 YEARS ELECTIVE OFFICE OF THE STATE OF ILLINOIS, THE GOVERNMENT OF THE UNITED STATES, OR ANY UNIT OF LOCAL GOVERNMENT AUTHORIZED BY THE CONSTITUTION OF THE STATE OF ILLINOIS OR THE STATUTES OF THE STATE OF ILLINOIS?

**No**

14. FOR THE INDIVIDUALS DISCLOSED ABOVE IN QUESTION 1 AND FOR SOLE PROPRIETORS, DO ANY OF THEM HAVE A RELATIONSHIP TO ANYONE (SPOUSE, FATHER, MOTHER, SON, OR DAUGHTER) HOLDING ELECTIVE OFFICE CURRENTLY OR IN THE PREVIOUS 2 YEARS?

**No**

15. FOR THE INDIVIDUALS DISCLOSED ABOVE IN QUESTION 1 AND FOR SOLE PROPRIETORS, DO ANY OF THEM HOLD OR HAVE HELD IN THE PREVIOUS 3 YEARS ANY APPOINTIVE GOVERNMENT OFFICE OF THE STATE OF ILLINOIS, THE UNITED STATES OF AMERICA, OR ANY UNIT OF LOCAL GOVERNMENT AUTHORIZED BY THE CONSTITUTION OF THE STATE OF ILLINOIS OR THE STATUTES OF THE STATE OF ILLINOIS, WHICH OFFICE ENTITLES THE HOLDER TO COMPENSATION IN EXCESS OF EXPENSES INCURRED IN THE DISCHARGE OF THAT?

**No**

16. FOR THE INDIVIDUALS DISCLOSED ABOVE IN QUESTION 1 AND FOR SOLE PROPRIETORS, DO ANY OF THEM HAVE A RELATIONSHIP TO ANYONE (SPOUSE, FATHER, MOTHER, SON, OR DAUGHTER) HOLDING APPOINTIVE OFFICE CURRENTLY OR IN THE PREVIOUS 2 YEARS?

**No**

17. FOR THE INDIVIDUALS DISCLOSED ABOVE IN QUESTION 1 AND FOR SOLE PROPRIETORS, DO ANY OF THEM CURRENTLY HAVE OR IN THE PREVIOUS 3 YEARS HAD EMPLOYMENT AS OR BY ANY REGISTERED LOBBYIST OF THE STATE GOVERNMENT?

**No**

18. FOR THE INDIVIDUALS DISCLOSED ABOVE IN QUESTION 1 AND FOR SOLE PROPRIETORS, DO ANY OF THEM CURRENTLY HAVE OR IN THE PREVIOUS 2 YEARS HAD A RELATIONSHIP TO ANYONE (SPOUSE, FATHER, MOTHER, SON, OR DAUGHTER) THAT IS OR WAS A REGISTERED LOBBYIST?

**No**

19. FOR THE INDIVIDUALS DISCLOSED ABOVE IN QUESTION 1 AND FOR SOLE PROPRIETORS, DO ANY OF THEM CURRENTLY HAVE OR IN THE PREVIOUS 3 YEARS HAD COMPENSATED EMPLOYMENT BY ANY REGISTERED ELECTION OR RE-ELECTION COMMITTEE REGISTERED WITH THE SECRETARY OF STATE OR ANY COUNTY CLERK IN THE STATE OF ILLINOIS, OR ANY POLITICAL ACTION COMMITTEE REGISTERED WITH EITHER THE SECRETARY OF STATE OR THE FEDERAL BOARD OF ELECTIONS?

**No**

20. FOR THE INDIVIDUALS DISCLOSED ABOVE IN QUESTION 1 AND FOR SOLE PROPRIETORS, DO ANY OF THEM CURRENTLY HAVE OR IN THE PREVIOUS 2 YEARS HAD A RELATIONSHIP TO ANYONE (SPOUSE, FATHER, MOTHER, SON, OR DAUGHTER) WHO IS OR WAS A COMPENSATED EMPLOYEE OF ANY REGISTERED ELECTION OR REELECTION COMMITTEE REGISTERED WITH THE SECRETARY OF STATE OR ANY COUNTY CLERK IN THE STATE OF ILLINOIS, OR ANY POLITICAL ACTION COMMITTEE REGISTERED WITH EITHER THE SECRETARY OF STATE OR THE FEDERAL BOARD OF ELECTIONS?

**No**

21. HAS THERE BEEN ANY DEBARMENT FROM CONTRACTING WITH ANY GOVERNMENTAL ENTITY WITHIN THE PREVIOUS TEN YEARS? THIS APPLIES TO ALL SOLE PROPRIETORS, FOR-PROFIT ENTITIES, NOT-FOR-PROFIT ENTITIES, AND FOR THE INDIVIDUALS DISCLOSED IN QUESTION 1 ABOVE.

**No**

22. HAS THERE BEEN ANY PROFESSIONAL LICENSURE DISCIPLINE WITHIN THE PREVIOUS TEN YEARS? THIS APPLIES TO ALL SOLE PROPRIETORS, FOR-PROFIT ENTITIES, NOT-FOR-PROFIT ENTITIES, AND FOR THE INDIVIDUALS DISCLOSED IN QUESTION 1 ABOVE.

**No**

23. HAS THERE BEEN ANY BANKRUPTCY WITHIN THE PREVIOUS TEN YEARS? THIS APPLIES TO ALL SOLE PROPRIETORS, FOR-PROFIT ENTITIES, NOT-FOR-PROFIT ENTITIES, AND FOR THE INDIVIDUALS DISCLOSED IN QUESTION 1 ABOVE.

**No**

24. HAVE THERE BEEN ANY ADVERSE CIVIL JUDGMENTS AND/OR ADMINISTRATIVE FINDINGS WITHIN THE PREVIOUS TEN YEARS? THIS APPLIES TO ALL SOLE PROPRIETORS, FOR-PROFIT ENTITIES, NOT-FOR-PROFIT ENTITIES, AND FOR THE INDIVIDUALS DISCLOSED IN QUESTION 1 ABOVE.

**No**

25. HAVE THERE BEEN ANY CRIMINAL FELONY CONVICTIONS WITHIN THE PREVIOUS TEN YEARS? THIS APPLIES TO ALL SOLE

PROPRIETORS, FOR-PROFIT ENTITIES, NOT-FOR-PROFIT ENTITIES, AND FOR THE INDIVIDUALS DISCLOSED IN QUESTION 1 ABOVE.

No

## Additional Information

STAFF ATTACHED FILE(S)

Attach File

[Refresh List](#) after attaching file(s).

[Customer Support](#)

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**ILLINOIS PROCUREMENT GATEWAY  
PERCENTAGE OF OWNERSHIP AND DISTRIBUTIVE INCOME FORM**

Vendor Name: K-FIVE CONSTRUCTION CORPORATION

DBA: [Click here to enter text.](#)

**INSTRUCTIONS:**

1. Ownership Share – Provide the name and address of each individual or entity and their percentage of ownership if said percentage exceeds 5%, **or** the dollar value of their ownership if said dollar value exceeds \$106,447.20.
2. Distributive Income – Provide the name and address of each individual or entity and their percentage of the disclosing vendor’s total distributive income if said percentage exceeds 5% of the total distributive income of the disclosing entity, **or** the dollar value of their distributive income if said dollar value exceeds \$106,447.20.
3. Additional rows may be inserted into the tables or an attachment in a substantially similar format may be provided if needed.

Name	Address	% of Ownership	\$ Value of Ownership	% of Distributive Income	\$ Value of Distributive Income
K-FAM LIMITED LIABILITY COMPANY	13769 MAIN STREET LEMONT, IL 60439	100%	<a href="#">Click here to enter text.</a>	100%	<a href="#">Click here to enter text.</a>
<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>



**ILLINOIS PROCUREMENT GATEWAY  
FINANCIAL DISCLOSURES AND CONFLICTS OF INTEREST FORM  
FOR PARENT ENTITY**

This Financial Disclosures and Conflicts of Interest Form must be accurately completed and submitted by the Parent Entity with 100% ownership of the Vendor applying for or holding registration within the Illinois Procurement Gateway. If Parent Entity is 100% owned by another entity ("Parent's Parent Entity"), then the Parent's Parent Entity must complete this disclosure form. This disclosure requirement continues for each successive parent until the level where the parent entity does not have 100% ownership. Parent entities with less than 100% ownership do not need to complete this form.

There are seven steps to this form and each must be completed as instructed. The Agency/University will consider this form when evaluating the vendor's bid, offer, or proposal or awarding the contract.

The requirement of disclosure of financial interests and conflicts of interest is a continuing obligation. If circumstances change and the disclosure is no longer accurate, then disclosing entities must provide an updated form.

Vendor Name	K-Five Construction Corporation
Doing Business As (DBA)	<a href="#">Click here to enter text.</a>
Disclosing Entity	K-FAM Limited Liability Company
Disclosing Entity's Parent Entity	<a href="#">Click here to enter text.</a>
Instrument of Ownership or Beneficial Interest	Limited Liability Company Membership Agreement (Series LLC, Low-Profit Limited Liability Company) <input type="checkbox"/> If you selected Other, please describe: <a href="#">Click here to enter text.</a>

**FINANCIAL DISCLOSURES AND CONFLICTS OF INTEREST FORM  
FOR PARENT ENTITY**

**STEP 1  
SUPPORTING DOCUMENTATION SUBMITTAL**

You must select one of the six options below and select the documentation you are submitting. You must provide the documentation the applicable section requires with this form.

Option 1 – Publicly Traded Entities

1.A.  Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% (\$106,447.20) of the annual salary of the Governor.

OR

1.B.  Attach a copy of the Federal 10-K or provide a web address of an electronic copy of the Federal 10-K, and skip to Step 3.

Option 2 – Privately Held Entities with more than 200 Shareholders

2.A.  Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% (\$106,447.20) of the annual salary of the Governor.

OR

2.B.  Complete Step 2, Option A for each qualifying individual or entity holding any ownership share in excess of 5% and attach the information Federal 10-K reporting companies are required to report under 17 CFR 229.401.

Option 3 – All other Privately Held Entities, not including Sole Proprietorships

3.A.  Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% (\$106,447.20) of the annual salary of the Governor.

Option 4 – Foreign Entities

4.A.  Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% (\$106,447.20) of the annual salary of the Governor.

OR

4.B.  Attach a copy of the Securities Exchange Commission Form 20-F or 40-F and skip to Step 3.

Option 5 – Not-for-Profit Entities

Complete Step 2, Option B.

Option 6 – Sole Proprietorships

Skip to Step 3.

**FINANCIAL DISCLOSURES AND CONFLICTS OF INTEREST FORM  
FOR PARENT ENTITY**

**STEP 2  
DISCLOSURE OF FINANCIAL INTEREST OR BOARD OF DIRECTORS**

Complete either Option A (for all entities other than not-for-profits) or Option B (for not-for-profits). Additional rows may be inserted into the tables or an attachment may be provided if needed.

**OPTION A – Ownership Share and Distributive Income**

**Ownership Share** – If you selected Option 1.A., 2.A., 2.B., 3.A., or 4.A. in Step 1, provide the name and address of each individual or entity and their percentage of ownership if said percentage exceeds 5%, or the dollar value of their ownership if said dollar value exceeds \$106,447.20.

Check here if including an attachment with requested information in a format substantially similar to the format below.

<b>TABLE – X</b>			
<b>Name</b>	<b>Address</b>	<b>Percentage of Ownership</b>	<b>\$ Value of Ownership</b>
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

**Distributive Income** – If you selected Option 1.A., 2.A., 3.A., or 4.A. in Step 1, provide the name and address of each individual or entity and their percentage of the disclosing vendor’s total distributive income if said percentage exceeds 5% of the total distributive income of the disclosing entity, or the dollar value of their distributive income if said dollar value exceeds \$106,447.20.

Check here if including an attachment with requested information in a format substantially similar to the format below.

<b>TABLE – Y</b>			
<b>Name</b>	<b>Address</b>	<b>% of Distributive Income</b>	<b>\$ Value of Distributive Income</b>
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

**STEP 2 -- DISCLOSURE OF FINANCIAL INTERESTS**

**TABLE - X**

<u>Name</u>	<u>Address</u>	<u>Percentage Ownership</u>	<u>\$ Value of Ownership</u>
George B. Krug, Jr. Dynasty Trust	[REDACTED]	10.0076%	
Kay Ellen Tippen Krug Dynasty Trust		10.8190%	
Robert W. Krug Living Trust		20.9169%	
Robert W Krug Dynasty Trust		13.5238%	
Josephine M. Krug Living Trust			\$845,000
Josephine M. Krug Dynasty Trust		13.1221%	
Robert G. Krug Trust		18.4478%	
Jennifer A. Krug Living Trust (Jennifer K. McNaughton, Trustee)			\$242,200
Family K LLC		11.2868%	

**TABLE - Y**

<u>Name</u>	<u>Address</u>	<u>Percentage of Distributive Income</u>	<u>\$ Value of of Distributive Income</u>
George B. Krug, Jr. Dynasty Trust	[REDACTED]	10.0076%	
Kay Ellen Tippen Krug Dynasty Trust		10.8190%	
Robert W. Krug Living Trust		20.9169%	
Robert W Krug Dynasty Trust		13.5238%	
Josephine M. Krug Living Trust			\$845,000
Josephine M. Krug Dynasty Trust		13.1221%	
Robert G. Krug Trust		18.4478%	
Jennifer A. Krug Living Trust (Jennifer K. McNaughton, Trustee)			\$242,200
Family K LLC		11.2868%	

**FINANCIAL DISCLOSURES AND CONFLICTS OF INTEREST FORM  
FOR PARENT ENTITY**

Please certify that the following statements are true.

I have disclosed all individuals or entities that hold an ownership interest of greater than 5% or greater than \$106,447.20.

Yes  No

I have disclosed all individuals or entities that were entitled to receive distributive income in an amount greater than \$106,447.20 or greater than 5% of the total distributive income of the disclosing entity.

Yes  No

**OPTION B – Disclosure of Board of Directors (Not-for-Profits)**

If you selected Option 5 in Step 1, list members of your board of directors. Please include an attachment if necessary.

TABLE – Z	
Name	Address
<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>

**STEP 3  
PROHIBITED CONFLICTS OF INTEREST**

Step 3 must be completed for each person disclosed in Step 2, Option A and for sole proprietors identified in Step 1, Option 6 above. Please provide the name of the person for which responses are provided: [Click here to enter text.](#)

1. Do you hold or are you the spouse or minor child who holds an elective office in the State of Illinois or hold a seat in the General Assembly?  Yes  No
2. Have you, your spouse, or minor child been appointed to or employed in any offices or agencies of State government and receive compensation for such employment in excess of 60% (\$106,447.20) of the salary of the Governor?  Yes  No
3. Are you or are you the spouse or minor child of an officer or employee of the Capital Development Board or the Illinois Toll Highway Authority?  Yes  No

**FINANCIAL DISCLOSURES AND CONFLICTS OF INTEREST FORM  
FOR PARENT ENTITY**

4. Have you, your spouse, or an immediate family member who lives in your residence currently or who lived in your residence within the last 12 months been appointed as a member of a board, commission, authority, or task force authorized or created by State law or by executive order of the Governor?  Yes  No
5. If you answered yes to any question in 1-4 above, please answer the following: Do you, your spouse, or minor child receive from the vendor more than 7.5% of the vendor's total distributable income or an amount of distributable income in excess of the salary of the Governor (\$177,412.00)?  Yes  No
6. If you answered yes to any question in 1-4 above, please answer the following: Is there a combined interest of self with spouse or minor child more than 15% (\$354,824.00) in the aggregate of the vendor's distributable income or an amount of distributable income in excess of two times the salary of the Governor?  Yes  No

**STEP 4  
POTENTIAL CONFLICTS OF INTEREST RELATING TO PERSONAL RELATIONSHIPS**

Step 4 must be completed for each person disclosed in Step 2, Option A and for sole proprietors identified in Step 1, Option 6 above.

Please provide the name of the person for which responses are provided: [Click here to enter text.](#)

1. Do you currently have, or in the previous 3 years have you had State employment, including contractual employment of services?  Yes  No
2. Has your spouse, father, mother, son, or daughter, had State employment, including contractual employment for services, in the previous 2 years?  Yes  No
3. Do you hold currently or have you held in the previous 3 years elective office of the State of Illinois, the government of the United States, or any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois?  Yes  No
4. Do you have a relationship to anyone (spouse, father, mother, son, or daughter) holding elective office currently or in the previous 2 years?  Yes  No
5. Do you hold or have you held in the previous 3 years any appointive government office of the State of Illinois, the United States of America, or any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois, which office entitles the holder to compensation in excess of expenses incurred in the discharge of that office?  Yes  No
6. Do you have a relationship to anyone (spouse, father, mother, son, or daughter) holding appointive office currently or in the previous 2 years?  Yes  No
7. Do you currently have or in the previous 3 years had employment as or by any registered lobbyist of the State government?  Yes  No

**FINANCIAL DISCLOSURES AND CONFLICTS OF INTEREST FORM  
FOR PARENT ENTITY**

8. Do you currently have or in the previous 2 years had a relationship to anyone (spouse, father, mother, son, or daughter) that is or was a registered lobbyist?  Yes  No
9. Do you currently have or in the previous 3 years had compensated employment by any registered election or re-election committee registered with the Secretary of State or any county clerk in the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections?  Yes  No
10. Do you currently have or in the previous 2 years had a relationship to anyone (spouse, father, mother, son, or daughter) who is or was a compensated employee of any registered election or reelection committee registered with the Secretary of State or any county clerk in the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections?  Yes  No

**STEP 5  
EXPLANATION OF AFFIRMATIVE RESPONSES**

If you answered "Yes" in Step 3 or Step 4, please provide on an additional page a detailed explanation that includes, but is not limited to the name, salary, State agency or university, and position title of each individual.

[Click here to enter text.](#)

**STEP 6  
POTENTIAL CONFLICTS OF INTEREST  
RELATING TO DEBARMENT & LEGAL PROCEEDINGS**

This step must be completed for each person disclosed in Step 2, Option A, Step 3, and for each entity and sole proprietor disclosed in Step 1.

Please provide the name of the person or entity for which responses are provided: Responses are applicable to all entities shown in Step 2 tables X and Y and the disclosing entity.

1. Within the previous ten years, have you had debarment from contracting with any governmental entity?  Yes  No
2. Within the previous ten years, have you had any professional licensure discipline?  Yes  No
3. Within the previous ten years, have you had any bankruptcies?  Yes  No



**FINANCIAL DISCLOSURES AND CONFLICTS OF INTEREST FORM  
FOR PARENT ENTITY**

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4. Within the previous ten years, have you had any adverse civil judgments and administrative findings?  Yes  No
5. Within the previous ten years, have you had any criminal felony convictions?  Yes  No

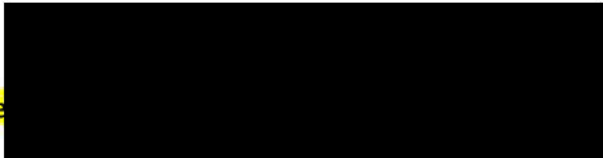
If you answered "Yes", please provide a detailed explanation that includes, but is not limited to the name, State agency or university, and position title of each individual. [Click here to enter text.](#)

**STEP 7  
SIGN THE DISCLOSURE**

This disclosure is signed, and made under penalty of perjury for all for-profit entities, by an authorized officer or employee on behalf of the bidder or offeror pursuant to Sections 50-13 and 50-35 of the Illinois Procurement Code. This disclosure information is submitted on behalf of:

Name of Disclosing Entity: K-FAM Limited Liability Company

Signature



Date: 10/22/19

Printed Name: Mark A. Sniagowski

Title: Vice President & Chief Financial Officer

Phone Number: (630) 257-5600

Email Address: marks@k-five.net



## STATE OF ILLINOIS FORMS B CERTIFICATIONS AND DISCLOSURES

IPB Reference #: 22042161 Procurement/Contract #: RR-16-4255 Roadway & Bridge Rehab I-355

This Forms B may be used when responding to an Invitation for Bid (IFB) or a Request for Proposal (RFP) if the vendor is registered in the Illinois Procurement Gateway (IPG) and has a valid IPG Registration Number that is active and not expired.

If a vendor does not have a valid IPG registration number, then the vendor must complete and submit Forms A with their response. Failure to do so may render the submission non-responsive and result in disqualification.

Please read this entire section and provide the requested information as applicable. All parts in Forms B must be completed in full and submitted along with the vendor's response.

**1. Certification of Illinois Procurement Gateway Registration**

My business has a valid Illinois Procurement Gateway (IPG) registration. The State of Illinois Chief Procurement Office approved the registration and provided the IPG registration number and expiration date disclosed in this Forms B.

To ensure that you have a valid registration in the IPG, search for your business name in the IPG Registered Vendor Directory. If your company does not appear in the search results, then you do not have a valid IPG registration.

IPG Registration #: 03614710 IPG Expiration Date: 01/15/2021

**2. Certification Timely to this Solicitation or Contract**

Vendor certifies it is not barred from having a contract with the State based upon violating the prohibitions related to either submitting/writing specifications or providing assistance to an employee of the State of Illinois by reviewing, drafting, directing, or preparing any invitation for bids, a request for proposal, or request of information, or similar assistance (except as part of a public request for such information). 30 ILCS 500/50-10.5(e).  Yes  No

**3. Disclosure of Lobbyist or Agent (Complete only if bid, offer, or contract has an annual value over \$50,000)**

Is your company or parent entity(ies) represented by or do you or your parent entity(ies) employ a lobbyist required to register under the Lobbyist Registration Act (lobbyist must be registered pursuant to the Act with the Secretary of State) or an agent who has communicated, is communicating, or may communicate with any State officer or employee concerning the bid or offer? If yes, please identify each lobbyist and agent, including the name and address below.  Yes  No

If yes, please identify each lobbyist and agent, including the name and address below. If you have a lobbyist that does not meet the criteria, then you do not have to disclose the lobbyist's information. Additional rows may be inserted into the table or an attachment may be provided if needed.

Name	Address	Relationship to Disclosing Entity
N/A	N/A	N/A

Describe all costs/fees/compensation/reimbursements related to the assistance provided by each representative lobbyist or other agent to obtain this Agency contract:

**STATE OF ILLINOIS**  
**FORMS B CERTIFICATIONS AND DISCLOSURES**

**4. Disclosure of Current and Pending Contracts**

Complete only if: (a) your business is for-profit and (b) the bid, offer, or contract has an annual value over \$50,000. Do not complete if you are a not-for-profit entity.

Yes  No. Do you have any contracts, pending contracts, bids, proposals, subcontracts, leases or other ongoing procurement relationships with units of State of Illinois government?

If "Yes", please specify below. Additional rows may be inserted into the table or an attachment in the same format may be provided if needed.

Agency	Project Title	Status	Value	Contract Reference/P.O./Illinois Procurement Bulletin #
	SEE ATTACHED			

**5. Signature**

As of the date signed below, I certify that:

- My business' information and the certifications made in the Illinois Procurement Gateway are truthful and accurate.
- The certifications and disclosures made in this Forms B are truthful and accurate.

This Forms B is signed by an authorized officer or employee on behalf of the bidder, offeror, or vendor pursuant to Sections 50-13 and 50-35 of the Illinois Procurement Code, and the affirmation of the accuracy of the financial disclosures is made under penalty of perjury.

This disclosure information is submitted on behalf of:

Vendor Name: LORIG CONSTRUCTION COMPANY

Phone: 847-298-0360

Street Address: 250 E TOUHY AVE

Email: [dlorig@lorigconstruction.com](mailto:dlorig@lorigconstruction.com)

City, State, Zip: DES PLAINES, IL 60018

Vendor Contact: DAVID H. LORIG

Signature: \_\_\_\_\_

Date: 09/23/2020

Printed Name: DAVID H. LORIG

Title: PRESIDENT

Agency/University	Project Title	Status	Value	Contract Ref./P.O./Illinois Procurement Bulletin#
ISTHA	I-88 & Farnsworth Ave. Exchange	Active	\$14,600,527.78	I-15-4248
IDOT	I-90 Cumberland to Higgins	Active	\$22,916,215.20	60Y38
IDOT	UPRR over IL-132	Active	\$19,854,596.50	60K80
ISTHA	Bridge Joint and Retaining Wall Repairs	Active	\$4,140,184.23	RR-15-4240
IDOT	Pfingsten Road over Metra	Active	\$2,016,296.37	61D63
IDOT	I-290 Bridge	Active	\$21,636,765.65	60X75
CDOT	Oakwood Blvd Over Metra	Active	\$9,880,835.35	E-5-454
ISTHA	Bradley Road Bridge Reconstruction	Active	\$6,697,899.20	RR-18-4351
ISTHA	Roadway and Bridge Rehabilitation (I-355)	Active	\$11,836,358.40	RR-16-4255
ISTHA	Crossroad Bridge Rehabilitation	Active	\$3,243,078.40	RR-18-4387
ISTHA	I-90 Collector-Distributors over Higgins Creek Bridge Contraction	Active	\$4,385,014.00	I-18-4695
ISTHA	I-490 over I-90 Bridges	Active	\$11,280,765.35	I-18-4694
IDOT	IL 53	Active	\$2,439,161.06	62B61
ISTHA	Edens Spur (I-94) Roadway Rehabilitation	Active	\$37,892,093.97	I-18-4374
IDOT	Willow Road Bridge	Active	\$8,661,763.10	60N83
ISTHA	South I-294 Accident Repairs	Active	\$834,102.00	RR-19-4450
ISTHA	Archer Avenue over I-294	Active	\$41,321,997.95	I-19-4481
IDOT	Sauk Trail	Active	\$4,914,413.70	62F29
IDOT	Grand Avenue	Active	\$1,091,070.25	60R67
IDOT	Jackson Blvd at I-94	Active	\$9,989,151.65	62J31
IDOT	I-290 Repairs	Active	\$1,727,469.00	62K23
IDOT	Willow / Des Plaines River	Active	\$4,711,922.45	60D77
IDOT	NB Kennedy Reconstruction	Active	\$56,078,987.96	62A76
IDOT	SB Kennedy Reconstruction	Active	\$43,795,682.32	62A77
IDOT	Adams/Jackson Bridges	Active	\$42,620,594.59	60X94
ISTHA	I-294 Noisewall	<i>Pending</i>	\$4,331,231.35	I-20-4541

## Vendor Registration: View

Help & Tools 

General Public Profile Users Commodity Codes Contacts & Owners Comments Certifications Site Visits Registrations Reports

LORIG CONSTRUCTION CO.

System Vendor Number: 20094210

[View All Forms in PDF](#) [Download Documents](#)

## Vendor Registration

TYPE	State of Illinois Vendor Registration (Renew/Update)
DESCRIPTION	Register to do business with the State of Illinois
DATE SUBMITTED	1/14/2020
STATUS	Accepted
STATE OF ILLINOIS VENDOR REGISTRATION NUMBER	IPG-0361471
REVIEWER	<a href="#">Maribeth Christmon</a>
DATE REVIEWED	1/16/2020
PUBLIC REVIEW COMMENTS	
PRIVATE REVIEW COMMENTS	
EXPIRATION DATE	1/15/2021
FLAG FORM	<a href="#">Add Flag</a>

## Settings

SMALL BUSINESS SET-ASIDE PROGRAM (SBSP) REGISTERED	No
REGISTERING AS A	Prime & Subcontractor

## Entity Information

BUSINESS NAME	LORIG CONSTRUCTION CO.
CONTACT FOR THIS SUBMISSION	<a href="#">David Lorig (change contact)</a>
PRIMARY CONTACT EMAIL	<a href="mailto:dlorig@lorigconstruction.com">dlorig@lorigconstruction.com</a>
PHONE	847-298-0360
FAX	847-298-2689
COMPANY EMAIL	<a href="mailto:dlorig@lorigconstruction.com">dlorig@lorigconstruction.com</a>
TAX ID NUMBER	██████████
COMPANY TYPE	Corporation
ADDRESS	250 E. TOUHY AVE. DES PLAINES, IL 60018 <a href="#">[edit address]</a>

## Vendor Registration: View Form

General Public Profile Users Commodity Codes Contacts & Owners Comments Certifications Site Visits Registrations Reports

LORIG CONSTRUCTION CO.

System Vendor Number: 20094210







Return to Main Form

[View Clean Form in PDF](#)


## Vendor Registration

FORM NAME	A - B. Business Information & Additional Information
DESCRIPTION	Complete section A and B, in order to submit this form.
DATE SUBMITTED	1/14/2020
STATUS	Accepted
BUSINESS NAME	LORIG CONSTRUCTION CO.
POINT OF CONTACT	<a href="#">David Lorig</a>
FLAG FORM	<a href="#">Add Flag</a>

## A. Business Information

1. YOUR BUSINESS IS REGISTERING AS A	Prime Contractor and Subcontractor	
2. NAME OF CEO/BUSINESS OWNER	David Lorig	
3. ANNUAL SALES/GROSS RECEIPTS	125,000,000	
4. WHEN WAS YOUR BUSINESS ESTABLISHED?	09/15/1986	
5. IN WHAT ILLINOIS COUNTY(IES) ARE YOU CONDUCTING BUSINESS?	The business conducts business statewide.	
6. CONTACT PERSON FOR THIS VENDOR REGISTRATION	David Lorig	
CONTACT PERSON TITLE	President	
CONTACT PERSON PHONE	847 298-0360 x100	
CONTACT PERSON EMAIL	dlorig@lorigconstruction.com	

## B. Additional Information

1. HOW DID YOU LEARN ABOUT THE ILLINOIS PROCUREMENT GATEWAY?	Chief Procurement Office (CPO)	
--------------------------------------------------------------	--------------------------------	---------------------------------------------------------------------------------------


**Vendor Registration: View Form****Help & Tools** 

General	Public Profile	Users	Commodity Codes	Contacts & Owners	Comments	Certifications	Site Visits	Registrations	Reports
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**LORIG CONSTRUCTION CO.**System Vendor Number: **20094210**[Return to Main Form](#)[View Clean Form in PDF](#)**Vendor Registration**

FORM NAME	<b>C. Small Business Set-Aside Program</b>
DESCRIPTION	<b>Complete the Small Business Set-Aside Program form</b>
DATE SUBMITTED	<b>1/14/2020</b>
STATUS	<b>Accepted</b>
BUSINESS NAME	<b>LORIG CONSTRUCTION CO.</b>
POINT OF CONTACT	<a href="#">David Lorig</a>
FLAG FORM	<a href="#">Add Flag</a>

**C. Small Business Set-Aside Program**

1. WOULD YOU LIKE TO APPLY/RE-QUALIFY FOR THE SMALL BUSINESS SET-ASIDE PROGRAM?	<b>No</b>	
---------------------------------------------------------------------------------	-----------	---------------------------------------------------------------------------------------

**Additional Information**

STAFF ATTACHED FILE(S)

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LORIG CONSTRUCTION CO.

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## Vendor Registration

FORM NAME	D - E. Department of Human Rights (DHR) & Authorized to do Business in Illinois
DESCRIPTION	Complete section D and E, in order to submit this form.
DATE SUBMITTED	1/14/2020
STATUS	Accepted
BUSINESS NAME	LORIG CONSTRUCTION CO.
POINT OF CONTACT	<a href="#">David Lorig</a>
FLAG FORM	<a href="#">Add Flag</a>

## D. Department of Human Rights (DHR)

1. HIGHEST NUMBER OF EMPLOYEES (INCLUDING FULL AND PART TIME EMPLOYEES) AT ANY TIME DURING THE PAST YEAR	350	
2. SELECT THE DHR STATUS OF YOUR BUSINESS	My business had 15 or more employees at any time within the past year. 94994-00 11/20/2023	

## E. Authorized to do Business in Illinois

1. IS YOUR BUSINESS REGISTERED AND AUTHORIZED TO DO BUSINESS IN ILLINOIS?	Yes, registered and in good standing with the Illinois Secretary of State	
---------------------------------------------------------------------------	---------------------------------------------------------------------------	---------------------------------------------------------------------------------------

## Additional Information

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## Vendor Registration

FORM NAME	F - G. Certifications & Board of Elections
DESCRIPTION	Complete section F - G, in order to submit the form.
DATE SUBMITTED	1/14/2020
STATUS	Accepted
BUSINESS NAME	LORIG CONSTRUCTION CO.
POINT OF CONTACT	<a href="#">David Lorig</a>
FLAG FORM	<a href="#">Add Flag</a>


## F. Certifications

1. VENDOR CERTIFIES IT AND ITS EMPLOYEES WILL COMPLY WITH APPLICABLE PROVISIONS OF THE UNITED STATES. CIVIL RIGHTS ACT, SECTION 504 OF THE FEDERAL REHABILITATION ACT, THE AMERICANS WITH DISABILITIES ACT, AND APPLICABLE RULES IN PERFORMANCE OF THIS CONTRACT. 


Yes

2. THIS APPLIES TO INDIVIDUALS, SOLE PROPRIETORSHIPS, GENERAL PARTNERSHIPS, AND SINGLE MEMBER LLCS, BUT IS NOT OTHERWISE APPLICABLE. VENDOR CERTIFIES HE/SHE IS NOT IN DEFAULT ON AN EDUCATIONAL LOAN. 5 ILCS 385/3 


N/A

3. VENDOR CERTIFIES THAT IT HAS REVIEWED AND WILL COMPLY WITH THE DEPARTMENT OF EMPLOYMENT SECURITY LAW (20 ILCS 1005/1005-47) AS APPLICABLE 


Yes

4. VENDOR CERTIFIES IT HAS NEITHER BEEN CONVICTED OF BRIBING OR ATTEMPTING TO BRIBE AN OFFICER OR EMPLOYEE OF THE STATE OF ILLINOIS OR ANY OTHER STATE, NOR MADE AN ADMISSION OF GUILT OF SUCH CONDUCT THAT IS A MATTER OF RECORD. 30 ILCS 500/50-5 

Yes

5. IF VENDOR HAS BEEN CONVICTED OF A FELONY, VENDOR CERTIFIES AT LEAST FIVE YEARS HAVE PASSED SINCE THE DATE OF COMPLETION OF THE SENTENCE FOR SUCH FELONY, UNLESS NO PERSON HELD RESPONSIBLE BY A PROSECUTOR'S OFFICE FOR THE FACTS UPON WHICH THE CONVICTION WAS BASED CONTINUES TO HAVE ANY INVOLVEMENT WITH THE BUSINESS. VENDOR FURTHER CERTIFIES THAT IT IS NOT BARRED FROM BEING AWARDED A CONTRACT. 30 ILCS 500/50-10 

Yes

6. IF VENDOR OR ANY OFFICER, DIRECTOR, PARTNER, OR OTHER MANAGERIAL AGENT OF VENDOR HAS BEEN CONVICTED OF A FELONY UNDER THE SARBANES-OXLEY ACT OF 2002, OR A CLASS 3 OR CLASS 2 FELONY UNDER THE ILLINOIS SECURITIES LAW OF 1953, VENDOR CERTIFIES AT LEAST FIVE YEARS HAVE PASSED SINCE THE DATE OF THE CONVICTION. VENDOR FURTHER CERTIFIES THAT IT IS NOT BARRED FROM BEING AWARDED A CONTRACT. 30 ILCS 500/50-10.5 

**Yes**

7. VENDOR CERTIFIES THAT IT AND ITS AFFILIATES ARE NOT DELINQUENT IN THE PAYMENT OF ANY DEBT TO THE UNIVERSITY OR THE STATE (OR IF DELINQUENT, HAVE ENTERED INTO A DEFERRED PAYMENT PLAN TO PAY THE DEBT). 30 ILCS 500/50-11, 50-60

**Yes**

8. VENDOR CERTIFIES THAT IT AND ALL AFFILIATES SHALL COLLECT AND REMIT ILLINOIS USE TAX ON ALL SALES OF TANGIBLE PERSONAL PROPERTY INTO THE STATE OF ILLINOIS IN ACCORDANCE WITH PROVISIONS OF THE ILLINOIS USE TAX ACT. 30 ILCS 500/50-12

**Yes**

9. VENDOR CERTIFIES THAT IT HAS NOT BEEN FOUND BY A COURT OR THE POLLUTION CONTROL BOARD TO HAVE COMMITTED A WILLFUL OR KNOWING VIOLATION OF THE ENVIRONMENTAL PROTECTION ACT WITHIN THE LAST FIVE YEARS, AND IS THEREFORE NOT BARRED FROM BEING AWARDED A CONTRACT. 30 ILCS 500/50-14

**Yes**

10. VENDOR CERTIFIES IT HAS NEITHER PAID ANY MONEY OR VALUABLE THING TO INDUCE ANY PERSON TO REFRAIN FROM BIDDING ON A STATE CONTRACT, NOR ACCEPTED ANY MONEY OR OTHER VALUABLE THING, OR ACTED UPON THE PROMISE OF SAME, FOR NOT BIDDING ON A STATE CONTRACT. 30 ILCS 500/50-25

**Yes**

11. VENDOR CERTIFIES IT HAS READ, UNDERSTANDS AND IS NOT KNOWINGLY IN VIOLATION OF THE "REVOLVING DOOR" PROVISION OF THE ILLINOIS PROCUREMENT CODE. 30 ILCS 500/50-30

**Yes**

12. VENDOR CERTIFIES THAT IF IT HIRES A PERSON REQUIRED TO REGISTER UNDER THE LOBBYIST REGISTRATION ACT TO ASSIST IN OBTAINING ANY STATE CONTRACT, THAT NONE OF THE LOBBYIST'S COSTS, FEES, COMPENSATION, REIMBURSEMENTS OR OTHER REMUNERATION WILL BE BILLED TO THE STATE. 30 ILCS 500/50-38

**Yes**

13. VENDOR CERTIFIES THAT IT WILL NOT RETAIN A PERSON OR ENTITY TO ATTEMPT TO INFLUENCE THE OUTCOME OF A PROCUREMENT DECISION FOR COMPENSATION CONTINGENT IN WHOLE OR IN PART UPON THE DECISION OR PROCUREMENT. 30 ILCS 500/50-38

**Yes**

14. VENDOR CERTIFIES IT WILL REPORT TO THE ILLINOIS ATTORNEY GENERAL AND THE CHIEF PROCUREMENT OFFICER ANY SUSPECTED COLLUSION OR OTHER ANTI-COMPETITIVE PRACTICE AMONG ANY BIDDERS, OFFERORS, CONTRACTORS, PROPOSERS, OR EMPLOYEES OF THE STATE. 30 ILCS 500/50-40, 50-45, 50-50

**Yes**

15. VENDOR CERTIFIES THAT IF IT IS AWARDED A CONTRACT THROUGH THE USE OF THE PREFERENCE REQUIRED BY THE PROCUREMENT OF DOMESTIC PRODUCTS ACT, THEN IT SHALL PROVIDE PRODUCTS PURSUANT TO THE CONTRACT OR A SUBCONTRACT THAT ARE MANUFACTURED IN THE UNITED STATES. 30 ILCS 517

**Yes**

16. VENDOR CERTIFIES THAT IF AWARDED A CONTRACT FOR PUBLIC WORKS, STEEL PRODUCTS USED OR SUPPLIED IN THE PERFORMANCE OF THAT CONTRACT SHALL BE MANUFACTURED OR PRODUCED IN THE UNITED STATES, UNLESS THE EXECUTIVE HEAD OF THE PROCURING AGENCY/UNIVERSITY GRANTS AN EXCEPTION IN WRITING. 30 ILCS 565

**Yes**

17. IF VENDOR IS AWARDED A CONTRACT WORTH MORE THAN \$5,000 AND EMPLOYS 25 OR MORE EMPLOYEES, VENDOR CERTIFIES IT WILL PROVIDE A DRUG FREE WORKPLACE PURSUANT TO THE DRUG FREE WORKPLACE ACT. 30 ILCS 580

**Yes**

18. IF VENDOR IS AN INDIVIDUAL AND IS AWARDED A CONTRACT WORTH MORE THAN \$5,000, VENDOR CERTIFIES IT SHALL NOT ENGAGE IN THE UNLAWFUL MANUFACTURE, DISTRIBUTION, DISPENSATION, POSSESSION, OR USE OF A CONTROLLED SUBSTANCE DURING THE PERFORMANCE OF THE CONTRACT PURSUANT TO THE DRUG FREE WORKPLACE ACT. 30 ILCS 580

**N/A**

19. VENDOR CERTIFIES THAT NEITHER VENDOR NOR ANY SUBSTANTIALLY OWNED AFFILIATE IS PARTICIPATING OR SHALL

PARTICIPATE IN AN INTERNATIONAL BOYCOTT IN VIOLATION OF THE U.S. EXPORT ADMINISTRATION ACT OF 1979 OR THE APPLICABLE REGULATIONS OF THE UNITED STATES DEPARTMENT OF COMMERCE. 30 ILCS 582

**Yes**

20. VENDOR CERTIFIES THAT NO FOREIGN-MADE EQUIPMENT, MATERIALS, OR SUPPLIES FURNISHED TO THE AGENCY/UNIVERSITY UNDER ANY CONTRACT HAVE BEEN OR WILL BE PRODUCED IN WHOLE OR IN PART BY FORCED LABOR OR INDENTURED LABOR UNDER PENAL SANCTION. 30 ILCS 583

**Yes**

21. VENDOR CERTIFIES THAT NO FOREIGN-MADE EQUIPMENT, MATERIALS, OR SUPPLIES FURNISHED TO THE AGENCY/UNIVERSITY UNDER ANY CONTRACT HAVE BEEN PRODUCED IN WHOLE OR IN PART BY THE LABOR OR ANY CHILD UNDER THE AGE OF 12. 30 ILCS 584

**Yes**

22. VENDOR CERTIFIES THAT IF AWARDED A CONTRACT INCLUDING INFORMATION TECHNOLOGY, ELECTRONIC INFORMATION, SOFTWARE, SYSTEMS AND EQUIPMENT, DEVELOPED OR PROVIDED UNDER ANY CONTRACT, IT WILL COMPLY WITH THE APPLICABLE REQUIREMENTS OF THE ILLINOIS INFORMATION TECHNOLOGY ACCESSIBILITY ACT STANDARDS. 30 ILCS 587

**Yes**

23. VENDOR CERTIFIES THAT IF IT OWNS RESIDENTIAL BUILDINGS, THAT ANY VIOLATION OF THE LEAD POISONING PREVENTION ACT HAS BEEN MITIGATED. 410 ILCS 45

**Yes**

24. VENDOR CERTIFIES IT HAS NOT BEEN CONVICTED OF THE OFFENSE OF BID RIGGING OR BID ROTATING OR ANY SIMILAR OFFENSE OF ANY STATE OR OF THE UNITED STATES. 720 ILCS 5/33 E-3, E-4, E-11

**Yes**

25. VENDOR CERTIFIES IT COMPLIES WITH THE ILLINOIS DEPARTMENT OF HUMAN RIGHTS ACT AND RULES APPLICABLE TO PUBLIC CONTRACTS, WHICH INCLUDE PROVIDING EQUAL EMPLOYMENT OPPORTUNITY, REFRAINING FROM UNLAWFUL DISCRIMINATION, AND HAVING WRITTEN SEXUAL HARASSMENT POLICIES. 775 ILCS 5/2-105

**Yes**

26. VENDOR CERTIFIES IT DOES NOT PAY DUES TO OR REIMBURSE OR SUBSIDIZE PAYMENTS BY ITS EMPLOYEES FOR ANY DUES OR FEES TO ANY "DISCRIMINATORY CLUB." 775 ILCS 25/2

**Yes**

27. VENDOR WARRANTS AND CERTIFIES THAT IT AND, TO THE BEST OF ITS KNOWLEDGE, ITS SUBCONTRACTORS HAVE AND WILL COMPLY WITH EXECUTIVE ORDER NO. 1 (2007). THE ORDER GENERALLY PROHIBITS VENDORS AND SUBCONTRACTORS FROM HIRING THE THEN-SERVING GOVERNOR'S FAMILY MEMBERS TO LOBBY PROCUREMENT ACTIVITIES OF THE STATE, OR ANY OTHER GOVERNMENT IN ILLINOIS INCLUDING LOCAL GOVERNMENTS IF THAT PROCUREMENT MAY RESULT IN A CONTRACT VALUED AT OVER \$25,000. THIS PROHIBITION ALSO APPLIES TO HIRING FOR THAT SAME PURPOSE ANY FORMER STATE EMPLOYEE WHOSE PROCUREMENT AUTHORITY AT ANY TIME DURING THE ONE-YEAR PERIOD PRECEDING THE PROCUREMENT LOBBYING ACTIVITY.

**Yes**

28. VENDOR CERTIFIES THAT IT HAS READ, UNDERSTANDS AND IS IN COMPLIANCE WITH THE REGISTRATION REQUIREMENTS OF THE ILLINOIS ELECTIONS CODE (10 ILCS 5/9-35) AND THE RESTRICTIONS ON MAKING POLITICAL CONTRIBUTIONS AND RELATED REQUIREMENTS OF THE ILLINOIS PROCUREMENT CODE. 30 ILCS 500/20-160 AND 50-37 VENDOR WILL NOT MAKE A POLITICAL CONTRIBUTION THAT WILL VIOLATE THESE REQUIREMENTS.

**Yes**

29. THIS APPLIES TO INDIVIDUALS, SOLE PROPRIETORSHIPS, GENERAL PARTNERSHIPS, AND SINGLE MEMBER LLCs, BUT IS NOT OTHERWISE APPLICABLE. VENDOR CERTIFIES THAT HE/SHE HAS NOT RECEIVED AN EARLY RETIREMENT INCENTIVE PRIOR TO 1993 UNDER SECTION 14-108.3 OR 16-133.3 OF THE ILLINOIS PENSION CODE OR AN EARLY RETIREMENT INCENTIVE ON OR AFTER 2002 UNDER SECTION 14-108.3 OR 16-133.3 OF THE ILLINOIS PENSION CODE. (30 ILCS 105/15A; 40 ILCS 5/14-108.3; 40 ILCS 5/16-133

**N/A**

## G. Board of Elections (BOE)

1. IS YOUR BUSINESS REGISTERED WITH THE BOARD OF ELECTIONS (BOE)?

7/10

Yes, I certify my business is registered with BOE.

10827

## Additional Information

STAFF ATTACHED FILE(S)

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## Vendor Registration

FORM NAME	H. Iran Disclosure
DESCRIPTION	Complete section H, in order to submit this form.
DATE SUBMITTED	1/14/2020
STATUS	Accepted
BUSINESS NAME	LORIG CONSTRUCTION CO.
POINT OF CONTACT	<a href="#">David Lorig</a>
FLAG FORM	<a href="#">Add Flag</a>

## H. Iran Disclosure

1. DO YOU OR ANY OF YOUR CORPORATE PARENTS OR SUBSIDIARIES HAVE ANY BUSINESS OPERATIONS THAT MUST BE DISCLOSED? 

**No business operations to disclose.**

## Additional Information

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Vendor Registration	
FORM NAME	I. Financial Disclosure & Conflicts of Interest
DESCRIPTION	Complete the Financial Disclosure & Conflicts of Interest form
DATE SUBMITTED	1/14/2020
STATUS	Accepted
BUSINESS NAME	LORIG CONSTRUCTION CO.
POINT OF CONTACT	<a href="#">David Lorig</a>
FLAG FORM	<a href="#">Add Flag</a>

### I. Financial Disclosures & Conflicts of Interest

A. IDENTIFY THE APPLICABLE ENTITY TYPE. 7/10

**Other Privately Held Entity (i.e. LLC, partnership, privately held corporation with 100 or fewer shareholders, or other entity type not clearly identified in another option)**

---

B. IS THERE A PARENT ENTITY THAT OWNS 100% OF THE BUSINESS? 7/10

**No**

---

C. INSTRUMENT OF OWNERSHIP OR BENEFICIAL INTEREST 7/10

**Corporate Stock (C-Corporation, S-Corporation, Professional Corporation, Service Corporation)**

1. IS THERE ANY INDIVIDUAL OR ENTITY WHO MEETS ANY OF THE FOLLOWING THRESHOLDS: (A) OWNS MORE THAN 5% OF THE BUSINESS, (B) HOLDS OWNERSHIP SHARE OF THE BUSINESS VALUED IN EXCESS OF \$106,447.20, (C) IS ENTITLED TO MORE THAN 5% OF THE BUSINESS' DISTRIBUTIVE INCOME, OR (D) IS ENTITLED TO MORE THAN \$106,447.20 OF THE BUSINESS' DISTRIBUTIVE INCOME? 7/10

**Yes, the information is not publicly available (If any individuals are listed, answer Yes or No to questions 5-8 and 11-20.)**

Document	Status
<a href="#">List of individuals or entities meeting one or more of the listed thresholds.</a> <a href="#">20190211131044.pdf</a> (PDF)	<b>Attached by David Lorig on 1/14/2020</b>

---

2. PLEASE CERTIFY THAT THE FOLLOWING STATEMENT IS TRUE: ALL INDIVIDUALS OR ENTITIES THAT HOLD AN OWNERSHIP INTEREST IN THE BUSINESS OF GREATER THAN 5% OR VALUED GREATER THAN \$106,447.20 HAVE BEEN DISCLOSED IN QUESTION 1. 7/10

**Yes**

---

3. PLEASE CERTIFY THAT THE FOLLOWING STATEMENT IS TRUE: ALL INDIVIDUALS OR ENTITIES THAT WERE ENTITLED TO RECEIVE DISTRIBUTIVE INCOME IN AN AMOUNT GREATER THAN \$106,447.20 OR GREATER THAN 5% OF THE TOTAL DISTRIBUTIVE INCOME 7/10



OF THE BUSINESS HAVE BEEN DISCLOSED IN QUESTION 1.

**Yes**

4. DISCLOSURE OF BOARD OF DIRECTORS FOR NOT-FOR-PROFIT ENTITIES.

**Not applicable - For-Profit Entity**

5. FOR THE INDIVIDUALS DISCLOSED ABOVE IN QUESTION 1 AND FOR SOLE PROPRIETORS, ARE ANY OF THEM A PERSON WHO HOLDS AN ELECTIVE OFFICE IN THE STATE OF ILLINOIS OR HOLDS A SEAT IN THE GENERAL ASSEMBLY, OR ARE THEY THE SPOUSE OR MINOR CHILD OF SUCH PERSON?

**No**

6. FOR THE INDIVIDUALS DISCLOSED ABOVE IN QUESTION 1 AND FOR SOLE PROPRIETORS, ARE ANY OF THEM APPOINTED TO OR EMPLOYED IN ANY OFFICES OR AGENCIES OF STATE GOVERNMENT AND RECEIVE COMPENSATION FOR SUCH EMPLOYMENT IN EXCESS OF 60% (\$106,447.20) OF THE SALARY OF THE GOVERNOR, OR ARE ANY OF THEM THE SPOUSE OR MINOR CHILD OF SUCH PERSON?

**No**

7. FOR THE INDIVIDUALS DISCLOSED ABOVE IN QUESTION 1 AND FOR SOLE PROPRIETORS, ARE ANY OF THEM AN OFFICER OR EMPLOYEE OF THE CAPITAL DEVELOPMENT BOARD OR THE ILLINOIS TOLL HIGHWAY AUTHORITY, OR ARE ANY OF THEM THE SPOUSE OR MINOR CHILD OF SUCH PERSON?

**No**

8. FOR THE INDIVIDUALS DISCLOSED ABOVE IN QUESTION 1 AND FOR SOLE PROPRIETORS, ARE ANY OF THEM APPOINTED AS A MEMBER OF A BOARD, COMMISSION, AUTHORITY, OR TASK FORCE AUTHORIZED OR CREATED BY STATE LAW OR BY EXECUTIVE ORDER OF THE GOVERNOR, OR ARE THEY THE SPOUSE OR AN IMMEDIATE FAMILY MEMBER WHO CURRENTLY RESIDES OR RESIDED WITH SUCH PERSON WITHIN THE LAST 12 MONTHS?

**No**

9. IF ANY QUESTION IN 5-8 ABOVE IS ANSWERED YES, PLEASE ANSWER THE FOLLOWING: DO ANY OF THE INDIVIDUALS IDENTIFIED, THEIR SPOUSE, OR MINOR CHILD RECEIVE FROM THE ENTITY MORE THAN 7.5% OF THE ENTITY'S TOTAL DISTRIBUTABLE INCOME OR AN AMOUNT OF DISTRIBUTABLE INCOME IN EXCESS OF THE SALARY OF THE GOVERNOR (\$177,412.00)?

**Not applicable - I answered No in Questions 5-8**

10. IF ANY QUESTION IN 5-8 ABOVE IS ANSWERED YES, PLEASE ANSWER THE FOLLOWING: IS THERE A COMBINED INTEREST OF ANY INDIVIDUAL IDENTIFIED ALONG WITH THEIR SPOUSE OR MINOR CHILD OF MORE THAN 15% IN THE AGGREGATE OF THE ENTITY'S DISTRIBUTABLE INCOME OR AN AMOUNT OF DISTRIBUTABLE INCOME IN EXCESS OF TWO TIMES THE SALARY OF THE GOVERNOR (\$354,824.00)?

**Not applicable - I answered No in Questions 5-8**

11. FOR THE INDIVIDUALS DISCLOSED ABOVE IN QUESTION 1 AND FOR SOLE PROPRIETORS, DO ANY OF THEM CURRENTLY HAVE, OR IN THE PREVIOUS 3 YEARS HAD STATE EMPLOYMENT, INCLUDING CONTRACTUAL EMPLOYMENT OF SERVICES? THIS DOES NOT INCLUDE CONTRACTS TO PROVIDE GOODS OR SERVICES TO THE STATE AS A VENDOR.

**No**

12. FOR THE INDIVIDUALS DISCLOSED ABOVE IN QUESTION 1 AND FOR SOLE PROPRIETORS, HAVE THEIR SPOUSE, FATHER, MOTHER, SON, OR DAUGHTER, HAD STATE EMPLOYMENT, INCLUDING CONTRACTUAL EMPLOYMENT FOR SERVICES, IN THE PREVIOUS 2 YEARS? THIS DOES NOT INCLUDE CONTRACTS TO PROVIDE GOODS OR SERVICES TO THE STATE AS A VENDOR.

**No**

13. FOR THE INDIVIDUALS DISCLOSED ABOVE IN QUESTION 1 AND FOR SOLE PROPRIETORS, DO ANY OF THEM CURRENTLY HOLD OR HAVE HELD IN THE PREVIOUS 3 YEARS ELECTIVE OFFICE OF THE STATE OF ILLINOIS, THE GOVERNMENT OF THE UNITED STATES, OR ANY UNIT OF LOCAL GOVERNMENT AUTHORIZED BY THE CONSTITUTION OF THE STATE OF ILLINOIS OR THE STATUTES OF THE STATE OF ILLINOIS?

**No**

14. FOR THE INDIVIDUALS DISCLOSED ABOVE IN QUESTION 1 AND FOR SOLE PROPRIETORS, DO ANY OF THEM HAVE A RELATIONSHIP TO ANYONE (SPOUSE, FATHER, MOTHER, SON, OR DAUGHTER) HOLDING ELECTIVE OFFICE CURRENTLY OR IN THE PREVIOUS 2 YEARS?



**No**

15. FOR THE INDIVIDUALS DISCLOSED ABOVE IN QUESTION 1 AND FOR SOLE PROPRIETORS, DO ANY OF THEM HOLD OR HAVE HELD IN THE PREVIOUS 3 YEARS ANY APPOINTIVE GOVERNMENT OFFICE OF THE STATE OF ILLINOIS, THE UNITED STATES OF AMERICA, OR ANY UNIT OF LOCAL GOVERNMENT AUTHORIZED BY THE CONSTITUTION OF THE STATE OF ILLINOIS OR THE STATUTES OF THE STATE OF ILLINOIS, WHICH OFFICE ENTITLES THE HOLDER TO COMPENSATION IN EXCESS OF EXPENSES INCURRED IN THE DISCHARGE OF THAT?

**No**

16. FOR THE INDIVIDUALS DISCLOSED ABOVE IN QUESTION 1 AND FOR SOLE PROPRIETORS, DO ANY OF THEM HAVE A RELATIONSHIP TO ANYONE (SPOUSE, FATHER, MOTHER, SON, OR DAUGHTER) HOLDING APPOINTIVE OFFICE CURRENTLY OR IN THE PREVIOUS 2 YEARS?

**No**

17. FOR THE INDIVIDUALS DISCLOSED ABOVE IN QUESTION 1 AND FOR SOLE PROPRIETORS, DO ANY OF THEM CURRENTLY HAVE OR IN THE PREVIOUS 3 YEARS HAD EMPLOYMENT AS OR BY ANY REGISTERED LOBBYIST OF THE STATE GOVERNMENT?

**No**

18. FOR THE INDIVIDUALS DISCLOSED ABOVE IN QUESTION 1 AND FOR SOLE PROPRIETORS, DO ANY OF THEM CURRENTLY HAVE OR IN THE PREVIOUS 2 YEARS HAD A RELATIONSHIP TO ANYONE (SPOUSE, FATHER, MOTHER, SON, OR DAUGHTER) THAT IS OR WAS A REGISTERED LOBBYIST?

**No**

19. FOR THE INDIVIDUALS DISCLOSED ABOVE IN QUESTION 1 AND FOR SOLE PROPRIETORS, DO ANY OF THEM CURRENTLY HAVE OR IN THE PREVIOUS 3 YEARS HAD COMPENSATED EMPLOYMENT BY ANY REGISTERED ELECTION OR RE-ELECTION COMMITTEE REGISTERED WITH THE SECRETARY OF STATE OR ANY COUNTY CLERK IN THE STATE OF ILLINOIS, OR ANY POLITICAL ACTION COMMITTEE REGISTERED WITH EITHER THE SECRETARY OF STATE OR THE FEDERAL BOARD OF ELECTIONS?

**No**

20. FOR THE INDIVIDUALS DISCLOSED ABOVE IN QUESTION 1 AND FOR SOLE PROPRIETORS, DO ANY OF THEM CURRENTLY HAVE OR IN THE PREVIOUS 2 YEARS HAD A RELATIONSHIP TO ANYONE (SPOUSE, FATHER, MOTHER, SON, OR DAUGHTER) WHO IS OR WAS A COMPENSATED EMPLOYEE OF ANY REGISTERED ELECTION OR REELECTION COMMITTEE REGISTERED WITH THE SECRETARY OF STATE OR ANY COUNTY CLERK IN THE STATE OF ILLINOIS, OR ANY POLITICAL ACTION COMMITTEE REGISTERED WITH EITHER THE SECRETARY OF STATE OR THE FEDERAL BOARD OF ELECTIONS?

**No**

21. HAS THERE BEEN ANY DEBARMENT FROM CONTRACTING WITH ANY GOVERNMENTAL ENTITY WITHIN THE PREVIOUS TEN YEARS? THIS APPLIES TO ALL SOLE PROPRIETORS, FOR-PROFIT ENTITIES, NOT-FOR-PROFIT ENTITIES, AND FOR THE INDIVIDUALS DISCLOSED IN QUESTION 1 ABOVE.

**No**

22. HAS THERE BEEN ANY PROFESSIONAL LICENSURE DISCIPLINE WITHIN THE PREVIOUS TEN YEARS? THIS APPLIES TO ALL SOLE PROPRIETORS, FOR-PROFIT ENTITIES, NOT-FOR-PROFIT ENTITIES, AND FOR THE INDIVIDUALS DISCLOSED IN QUESTION 1 ABOVE.

**No**

23. HAS THERE BEEN ANY BANKRUPTCY WITHIN THE PREVIOUS TEN YEARS? THIS APPLIES TO ALL SOLE PROPRIETORS, FOR-PROFIT ENTITIES, NOT-FOR-PROFIT ENTITIES, AND FOR THE INDIVIDUALS DISCLOSED IN QUESTION 1 ABOVE.

**No**

24. HAVE THERE BEEN ANY ADVERSE CIVIL JUDGMENTS AND/OR ADMINISTRATIVE FINDINGS WITHIN THE PREVIOUS TEN YEARS? THIS APPLIES TO ALL SOLE PROPRIETORS, FOR-PROFIT ENTITIES, NOT-FOR-PROFIT ENTITIES, AND FOR THE INDIVIDUALS DISCLOSED IN QUESTION 1 ABOVE.

**No**

25. HAVE THERE BEEN ANY CRIMINAL FELONY CONVICTIONS WITHIN THE PREVIOUS TEN YEARS? THIS APPLIES TO ALL SOLE PROPRIETORS, FOR-PROFIT ENTITIES, NOT-FOR-PROFIT ENTITIES, AND FOR THE INDIVIDUALS DISCLOSED IN QUESTION 1 ABOVE.

**No**

**ILLINOIS PROCUREMENT GATEWAY  
PERCENTAGE OF OWNERSHIP AND DISTRIBUTIVE INCOME FORM**

Vendor Name: Lorig Construction Company

DBA:

**INSTRUCTIONS:**

1. Ownership Share – Provide the name and address of each individual or entity and their percentage of ownership if said percentage exceeds 5%, **or** the dollar value of their ownership if said dollar value exceeds \$106,447.20.
2. Distributive Income – Provide the name and address of each individual or entity and their percentage of the disclosing vendor's total distributive income if said percentage exceeds 5% of the total distributive income of the disclosing entity, **or** the dollar value of their distributive income if said dollar value exceeds \$106,447.20.
3. Additional rows may be inserted into the tables or an attachment in a substantially similar format may be provided if needed.

Name	Address	% of Ownership	\$ Value of Ownership	% of Distributive Income	\$ Value of Distributive Income
David Lorig		80%	Click here to enter text.	80%	Click here to enter text.
Max Lorig		20%	Click here to enter text.	20%	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

**STATE OF ILLINOIS  
TAXPAYER IDENTIFICATION NUMBER**

I certify that:

The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and

I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and

I am a U.S. person (including a U.S. resident alien).

- If you are an individual, enter your name and SSN as it appears on your Social Security Card.
- If you are a sole proprietor, enter the owner's name on the name line followed by the name of the business and the owner's SSN or EIN.
- If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's name on the name line and the D/B/A on the business name line and enter the owner's SSN or EIN.
- If the LLC is a corporation or partnership, enter the entity's business name and EIN and for corporations, attach IRS acceptance letter (CP261 or CP277).
- For all other entities, enter the name of the entity as used to apply for the entity's EIN and the EIN.

Name: **Robert G. Krug**

Business Name: **K-Five Construction Corporation**

Taxpayer Identification Number:

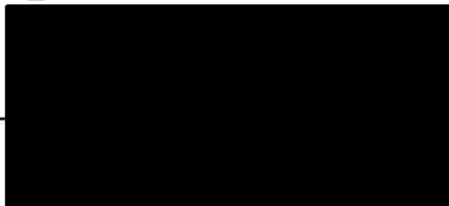
Social Security Number:

or

Employer Identification Number: 

Legal Status (check one):

- |                                                                                                                 |                                                                 |
|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Individual                                                                             | <input type="checkbox"/> Governmental                           |
| <input type="checkbox"/> Sole Proprietor                                                                        | <input type="checkbox"/> Nonresident alien                      |
| <input type="checkbox"/> Partnership                                                                            | <input type="checkbox"/> Estate or trust                        |
| <input type="checkbox"/> Legal Services Corporation                                                             | <input type="checkbox"/> Pharmacy (Non-Corp.)                   |
| <input type="checkbox"/> Tax-exempt                                                                             | <input type="checkbox"/> Pharmacy/Funeral Home/Cemetery (Corp.) |
| <input type="checkbox"/> Corporation providing or billing<br>medical and/or health care services                | <input type="checkbox"/> Limited Liability Company              |
| <input checked="" type="checkbox"/> Corporation NOT providing or billing<br>medical and/or health care services | (select applicable tax classification)                          |
|                                                                                                                 | <input type="checkbox"/> C = corporation                        |
|                                                                                                                 | <input type="checkbox"/> P = partnership                        |

Signature of Authorized Representative: 

Date: **September 23, 2020**

**STATE OF ILLINOIS  
TAXPAYER IDENTIFICATION NUMBER**

I certify that:

The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and

I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and

I am a U.S. person (including a U.S. resident alien).

- If you are an individual, enter your name and SSN as it appears on your Social Security Card.
- If you are a sole proprietor, enter the owner's name on the name line followed by the name of the business and the owner's SSN or EIN.
- If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's name on the name line and the D/B/A on the business name line and enter the owner's SSN or EIN.
- If the LLC is a corporation or partnership, enter the entity's business name and EIN and for corporations, attach IRS acceptance letter (CP261 or CP277).
- For all other entities, enter the name of the entity as used to apply for the entity's EIN and the EIN.

Name:

Business Name: LORIG CONSTRUCTION COMPANY

Taxpayer Identification Number:

Social Security Number:

or

Employer Identification Number: 

Legal Status (check one):

- |                                                                                                                 |                                                                                              |
|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Individual                                                                             | <input type="checkbox"/> Governmental                                                        |
| <input type="checkbox"/> Sole Proprietor                                                                        | <input type="checkbox"/> Nonresident alien                                                   |
| <input type="checkbox"/> Partnership                                                                            | <input type="checkbox"/> Estate or trust                                                     |
| <input type="checkbox"/> Legal Services Corporation                                                             | <input type="checkbox"/> Pharmacy (Non-Corp.)                                                |
| <input type="checkbox"/> Tax-exempt                                                                             | <input type="checkbox"/> Pharmacy/Funeral Home/Cemetery (Corp.)                              |
| <input type="checkbox"/> Corporation providing or billing<br>medical and/or health care services                | <input type="checkbox"/> Limited Liability Company<br>(select applicable tax classification) |
| <input checked="" type="checkbox"/> Corporation NOT providing or billing<br>medical and/or health care services | <input type="checkbox"/> C = corporation                                                     |
|                                                                                                                 | <input type="checkbox"/> P = partnership                                                     |

Signature of Authorized Representative: 

Date: September 23, 2020



Office of the Secretary of State Jesse White  
**CYBERDRIVEILLINOIS.COM**

## Corporation/LLC Search/Certificate of Good Standing

### Corporation File Detail Report

File Number	51138449
Entity Name	K-FIVE CONSTRUCTION CORPORATION
Status	ACTIVE

<b>Entity Information</b>
Entity Type CORPORATION
Type of Corp DOMESTIC BCA
Incorporation Date (Domestic) Wednesday, 13 April 1977
State ILLINOIS
Duration Date PERPETUAL

<b>Agent Information</b>
--------------------------

<b>Name</b> ROBERT G KRUG
<b>Address</b> 999 OAKMONT PLAZA DR STE 200 WESTMONT , IL 60559
<b>Change Date</b> Wednesday, 2 May 2018

<b>Annual Report</b>
<b>Filing Date</b> Tuesday, 28 April 2020
<b>For Year</b> 2020

<b>Officers</b>
<b>President</b> <b>Name &amp; Address</b> ROBERT G KRUG 1260 HIDDEN COURT WHEATON IL 60189
<b>Secretary</b> <b>Name &amp; Address</b> ROBERT W KRUG 7537 RIDGEWOOD LANE BURR RIDGE 60527

[Return to Search](#)

[File Annual Report](#)

[Adopting Assumed Name](#)

[Articles of Amendment Effecting A Name Change](#)

[Change of Registered Agent and/or Registered Office](#)

(One Certificate per Transaction)

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Tue Sep 29 2020



# ILLINOIS STATE BOARD OF ELECTIONS

<a href="#">Information For Voters</a>	<a href="#">Campaign Disclosure</a>	<a href="#">Running for Office</a>	<a href="#">Candidate Filing and Results</a>	<a href="#">Business Registration</a>	<a href="#">Press Room</a>	<a href="#">About The Board</a>
----------------------------------------	-------------------------------------	------------------------------------	----------------------------------------------	---------------------------------------	----------------------------	---------------------------------

! View up to date information on how Illinois is handling the Coronavirus Disease 2019 (COVID-19) from the [State of Illinois Coronavirus Response Site](#) X

**K-Five Construction Corporation**

**Address:** 999 Oakmont Plaza Dr, Suite 200  
Westmont, IL 60559

**Last Activity:** 8/12/2020 10:36:58 AM

**Business Status:** Active

[View Business Status History](#)

[Download This List](#)

Affiliates	
Name	Address
<a href="#">47 Asphalt Company</a>	999 Oakmont Plaza Dr., Suite 200 Westmont, IL 60559
<a href="#">B-K Concrete Products Inc.</a>	999 Oakmont Plaza Dr., Suite 200 Westmont, IL 60559
<a href="#">Chicago Materials Corporation</a>	999 Oakmont Plaza Dr., Suite 200 Westmont, IL 60559
<a href="#">DuPage Materials Company LLC</a>	999 Oakmont Plaza Dr., Suite 200 Westmont, IL 60559
<a href="#">K-FAM Limited Liability Company</a>	999 Oakmont Plaza Dr., Suite 200 Westmont, IL 60559

[First](#) [Prev](#) [1](#) [2](#) [3](#) [4](#) [5](#) [Next](#) [Last](#)
Page Size 
22 Total Records

Activity	
Activity Date	Details
8/12/2020 10:36:58 AM	Certificate Produced
8/12/2020 10:36:27 AM	Certificate Produced
7/31/2020 11:32:11 AM	Jennifer McNaughton Line #1 address changed from 63 Birkshire Lane to 4564 Lawn Avenue
7/31/2020 11:32:11 AM	Jennifer McNaughton City changed from Burr Ridge to Western Springs
7/31/2020 11:32:11 AM	Jennifer McNaughton Zip changed from 60527 to 60558

[First](#) [Prev](#) [1](#) [2](#) [3](#) [4](#) [5](#) [6](#) [7](#) [8](#) [9](#) [10](#) [...](#) [Next](#) [Last](#)
Page Size 
124 Total Records 25 Total Pages

**Search For Contributions** (How accurate is this match?)

Match contributions for:

- Entire Business
- Business Only, No Affiliates

Match contributions by:

- By Name
- By Address
- By Name and Address (Both must match)

Springfield Office

2329 S. MacArthur Blvd.  
Springfield, IL 62704  
Phone: 217-782-4141  
Fax: 217-782-5959

Chicago Office

100 W. Randolph, Suite 14-100  
Chicago, IL 60601  
Phone: 312-814-6440  
Fax: 312-814-6485

External Links

Illinois Amber Alert  
National Center for Missing and Exploited  
Children  
Illinois Election Statutes  
Federal Election Commission  
State of Illinois Homepage  
Election Assistance Commission

Contact Us

Employment Opportunities  
Feedback  
Publications  
Glossary  
Frequently Asked Questions



## IDHR Eligibility Numbers - 8/3/20

Download

Data API

URL: <https://data.illinois.gov/dataset/edf2a2c5-b9a9-4973-84c5-eee64d87d81f/resource/9bae0b88-1fcb-4fdd-adca-32388114b25b/download...>

Data Explorer

Embed

Add Filter

Grid Graph Map 1 records « 1 - 1 » Q k-five construction Go » Filters

_id	IDHRNu...	A_CO_NAME	A_CITY	A_STATE	A_ZIP_...	ExpDate
573	9561600	K-FIVE CONSTRUCTION CORPORATION	WESTMONT	IL	60559	2024-02-14T00:0...



Office of the Secretary of State Jesse White  
**CYBERDRIVEILLINOIS.COM**

## Corporation/LLC Search/Certificate of Good Standing

### Corporation File Detail Report

File Number	54373015
Entity Name	LORIG CONSTRUCTION COMPANY
Status	ACTIVE

<b>Entity Information</b>
Entity Type CORPORATION
Type of Corp DOMESTIC BCA
Incorporation Date (Domestic) Tuesday, 9 September 1986
State ILLINOIS
Duration Date PERPETUAL

<b>Agent Information</b>
--------------------------

<b>Name</b> DAVID H LORIG
<b>Address</b> 250 E TOUHY AVE DES PLAINES , IL 60018
<b>Change Date</b> Friday, 11 September 1992

<b>Annual Report</b>
<b>Filing Date</b> Tuesday, 21 July 2020
<b>For Year</b> 2020

<b>Officers</b>
<b>President</b> <b>Name &amp; Address</b> DAVID LORIG 250 E TOUHY AVE DES PLAINES 60018
<b>Secretary</b> <b>Name &amp; Address</b> BILL AUCHSTETTER 250 E TOUHYDES PLAINES 60018

<b>Old Corp Name</b>
03/31/1989 M.H.L. ENTERPRISES, INC.

[Return to Search](#)

[File Annual Report](#)

Adopting Assumed Name

Articles of Amendment Effecting A Name Change

Change of Registered Agent and/or Registered Office

(One Certificate per Transaction)

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Tue Sep 29 2020

# ILLINOIS STATE BOARD OF ELECTIONS

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----------------------------------------	-------------------------------------	------------------------------------	----------------------------------------------	---------------------------------------	----------------------------	---------------------------------

! View up to date information on how Illinois is handling the Coronavirus Disease 2019 (COVID-19) from the [State of Illinois Coronavirus Response Site](#) X

**Lorig Construction Company**

**Address:** 250 East Touhy Avenue  
Des Plaines, IL 60018

**Last Activity:** 8/3/2009 12:08:33 PM

**Business Status:** Active

[View Business Status History](#)

[Download This List](#)

Affiliates	
Name	Address
<a href="#">David H Lorig</a>	
<a href="#">Debbie C Lorig</a>	
<a href="#">Max H Lorig</a>	
<a href="#">Sondra M Lorig</a>	

Activity	
Activity Date	Details
8/3/2009 12:08:33 PM	Certificate Produced
8/3/2009 12:02:48 PM	Sondra Lorig added as an affiliated person.
8/3/2009 12:02:08 PM	Debbie Lorig added as an affiliated person.
8/3/2009 12:01:33 PM	Max Lorig added as an affiliated person.
8/3/2009 12:00:17 PM	David Lorig added as an affiliated person.

[First](#) [Prev](#) [1](#) [2](#) [Next](#) [Last](#)

Page Size

6 Total Records

**Search For Contributions** [\(How accurate is this match?\)](#)



Match contributions for:

- Entire Business
- Business Only, No Affiliates

Match contributions by:

- By Name
- By Address
- By Name and Address (Both must match)

Springfield Office

2329 S. MacArthur Blvd.  
Springfield, IL 62704  
Phone: 217-782-4141  
Fax: 217-782-5959

Chicago Office

100 W. Randolph, Suite 14-100  
Chicago, IL 60601  
Phone: 312-814-6440  
Fax: 312-814-6485

External Links

**Illinois Amber Alert**  
**National Center for Missing and Exploited Children**  
**Illinois Election Statutes**  
**Federal Election Commission**  
**State of Illinois Homepage**  
**Election Assistance Commission**

**Contact Us**

**Employment Opportunities**  
**Feedback**  
**Publications**  
**Glossary**  
**Frequently Asked Questions**



## IDHR Eligibility Numbers - 8/3/20

Download

Data API

URL: <https://data.illinois.gov/dataset/edf2a2c5-b9a9-4973-84c5-eee64d87d81f/resource/9bae0b88-1fcb-4fdd-adca-32388114b25b/download...>

Data Explorer

Embed

Add Filter

Grid Graph Map 1 records « 1 - 0 »  Go » Filters

_id	IDHRNu...	A_CO_NAME	A_CITY	A_STATE	A_ZIP_...	ExpDate
479	9499400	LORIG CONSTRUCTION COMPANY	DES PLAINES	IL	60018	2023-11-20T00:0...

OCIS CICIOCP1

OFFSET CONTRACT INQUIRY

11:43 09/29/20

ACTION: S

VENDOR NUMBER= [REDACTED]

OFFSET: 00 OF 00

VENDOR NAME: \*

CLAIMING AGENCY NUMBER: \*

CLAIMING AGENCY NAME: \*

CLAIMING AGENCY PHONE NUMBER: \*

DISCLAIMER:

AS OF 09/29/20 AT 11:43 OUR INVOLUNTARY WITHHOLDING SYSTEM DOES NOT HAVE AN ACTIVE CLAIM AGAINST VENDOR NUMBER [REDACTED] PLEASE BE ADVISED THAT OUR SYSTEM ONLY CONTAINS CLAIMS FILED BY STATE AGENCIES PURSUANT TO 15 ILCS 405/10.05. A VENDOR MAY BE DELIQUENT IN A DEBT TO THE STATE OF ILLINOIS, BUT THE DEBT MAY NOT BE RECORDED ON OUR INVOLUNTARY WITHHOLDING SYSTEM.

\*

ENTER=PROCESS, PF3=IOCM, PF12=REFRESH

OCIS CICIOCP1

OFFSET CONTRACT INQUIRY

11:43 09/29/20

ACTION: S

VENDOR NUMBER= [REDACTED]

OFFSET: 00 OF 00

VENDOR NAME: \*

CLAIMING AGENCY NUMBER: \*

CLAIMING AGENCY NAME: \*

CLAIMING AGENCY PHONE NUMBER: \*

DISCLAIMER:

AS OF 09/29/20 AT 11:43 OUR INVOLUNTARY WITHHOLDING SYSTEM DOES NOT HAVE AN ACTIVE CLAIM AGAINST VENDOR NUMBER [REDACTED] PLEASE BE ADVISED THAT OUR SYSTEM ONLY CONTAINS CLAIMS FILED BY STATE AGENCIES PURSUANT TO 15 ILCS 405/10.05. A VENDOR MAY BE DELIQUENT IN A DEBT TO THE STATE OF ILLINOIS, BUT THE DEBT MAY NOT BE RECORDED ON OUR INVOLUNTARY WITHHOLDING SYSTEM.

\*

ENTER=PROCESS, PF3=IOCM, PF12=REFRESH

## Dainis, John

---

**From:** Mrugacz, Jeremy  
**Sent:** Tuesday, September 29, 2020 11:08 AM  
**To:** Biggs, Susan  
**Subject:** Prohibited Political Contribution Review RR-16-4255 K-Five Construction Corporation

Hello Sue,  
Political contribution review completed on the following date:

K-Five Construction Corporation - 9/28/2020

### ***No Findings***

Thank you,

Jeremy Mrugacz  
Contract Services  
Illinois Tollway - PMO  
2700 Ogden Ave  
Downers Grove, IL 60515  
Office 630-241-6800 ext. 3807  
[jmrugacz@getipass.com](mailto:jmrugacz@getipass.com)

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## Dainis, John

---

**From:** Mrugacz, Jeremy  
**Sent:** Tuesday, September 29, 2020 11:09 AM  
**To:** Biggs, Susan  
**Subject:** Prohibited Political Contribution Review RR-16-4255 Lorig Construction Company

Hello Sue,  
Political contribution review completed on the following date:

Lorig Construction Company - 9/28/2020

### ***No Findings***

Thank you,

Jeremy Mrugacz  
Contract Services  
Illinois Tollway - PMO  
2700 Ogden Ave  
Downers Grove, IL 60515  
Office 630-241-6800 ext. 3807  
[jmrugacz@getipass.com](mailto:jmrugacz@getipass.com)

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**Dainis, John**

---

**From:** Kovacs, Paul  
**Sent:** Monday, September 21, 2020 12:02 PM  
**To:** Noe, Jamie  
**Cc:** Foernssler, Peter; Hassan, Mustafa; Stevens, John; Lanzo, Paul; Dainis, John  
**Subject:** RE: Expiring Contract 4255

Approved.

---

**From:** Noe, Jamie  
**Sent:** Monday, September 21, 2020 10:35 AM  
**To:** Kovacs, Paul <PaulKovacs@getipass.com>  
**Cc:** Foernssler, Peter <Peter.Foernssler@getipass.com>; Hassan, Mustafa <mhassan@getipass.com>; Stevens, John <jstevens@getipass.com>; Lanzo, Paul <planzo@getipass.com>; Dainis, John <jdainis@getipass.com>  
**Subject:** Fw: Expiring Contract 4255

Good Morning Paul -

I have received notification that the contract listed below for K-Five /Lorig shown below is set to expire in November of this year.

11/21/2020	RR-16-4255	Construction	J. Noe	Roadway and Bridge Rehabilitation, Veterans Memorial Tollway (I-355) from M.P. 12.1 to M.P. 22.3	K-Five Construction Corporation/L Construction Co., A Joint Venture
------------	------------	--------------	--------	--------------------------------------------------------------------------------------------------	---------------------------------------------------------------------

I have reviewed the completion dates for the contract as it is currently set to expire approximately 6 months early than normal 2 year from contract completion. I found that the original planned completion date was December 2018, but was extended to May 2019 under Addendum #1. The expiration date was not adjusted at the time the addendum was issued most likely because it was hoped closeout would be complete.

I have talked to the CM regarding outstanding quantities. While the base contract quantities are almost completely done (1/2 dozen remain to be agreed to), there is significant force account work to still be finalized. The two main trades with the most items are the electrical and the guardrail. When I spoke to the contractor regarding the electrical, he indicated that while they are working on agreements there was still work they had not submitted invoicing for. Additionally somewhere during the course of the project the guardrail contractor had a problem with a disgruntled employee who destroyed records; they have been

provided all of the backup needed for invoicing but they have not gotten it all completed (KFive is working to get this issue resolved).

Based upon the above I would like to extend the contract expiration date one year.

Please let me know if there is additional information required for consideration of this request.

Regards,

**Jamie B. Noe**, LEED AP BD+C  
project manager  
Illinois Tollway PMO  
(312) 610-0231 (mobile)  
[jnoe@getipass.com](mailto:jnoe@getipass.com)

Ardmore Roderick  
[jnoe@ardmoreroederick.com](mailto:jnoe@ardmoreroederick.com)

---

**From:** Lanzo, Paul  
**Sent:** Tuesday, September 15, 2020 8:09 AM  
**To:** Noe, Jamie  
**Cc:** Dainis, John; Foernssler, Peter  
**Subject:** Expiring Contract

Jamie,

The contract below is set to expire soon. Please let me or John know if a renewal will be required.

11/21/2020	RR-16-4255	Construction	J. Noe	Roadway and Bridge Rehabilitation, Veterans Memorial Tollway (I-355) from M.P. 12.1 to M.P. 22.3	K-Five Construction Corporation/L Construction Co., A Joint Venture
------------	------------	--------------	--------	--------------------------------------------------------------------------------------------------	---------------------------------------------------------------------

If a renewal is required, we have two options. 2 – 1 year renewals, or 1 – 2 year renewal.  
If a renewal is required, we will need the following.

1. Authorization to proceed with the renewal from Paul Kovacs
2. Will we exercise the one or two year renewal option.
3. Brief (1-2 sentence) reason for the renewal
4. Are there any subcontractors with remaining participation value of over \$50,000

Thanks  
Paul



Paul Lanzo  
Procurement/Contracts Manager  
Illinois Tollway - PMO  
2700 Ogden Ave  
Downers Grove, IL 60515  
Office 630-241-6800 ext. 4838  
Cell 847-505-6117  
[planzo@getipass.com](mailto:planzo@getipass.com)  
HNTB  Corporation  
[planzo@hntb.com](mailto:planzo@hntb.com)

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