

**RESOLUTION 2022-058**

**PASSED: JULY 11, 2022**

**ACCEPTING THE QUALIFICATION BASED SELECTION OF HAMPTON, LENZINI, AND RENWICK, INC. TO PERFORM CONSTRUCTION RESIDENT ENGINEER SERVICES FOR THE DOUBLE BRIDGE REPLACEMENT PROJECT IMPACTING N. FIRST STREET AND LUCINDA AVENUE AND AUTHORIZING THE CITY ENGINEER TO PROVIDE APPROVALS ON ALL STANDARD DEPARTMENT OF TRANSPORTATION SELECTION DOCUMENTS.**

**WHEREAS**, the City of DeKalb (the "City") is a home rule unit of local government and may exercise any power and perform any function pertaining to its government and affairs pursuant to Article VII, Section 6, of the Illinois Constitution of 1970; and

**WHEREAS**, the City requires the retention of construction engineering services for its 2022 Bridge Replacement Project to replace the bridges spanning the Kishwaukee River at both N. First Street and Lucinda Avenue (the "Project"); and

**WHEREAS**, the City Engineer recommends selecting Hampton, Lenzini, and Renwick, Inc. based on the formal Qualification Based Selection Committee (QBS) process to perform resident engineering services for the Project; and

**WHEREAS**, the City's corporate authorities find that it is in the City's best interests for the promotion of the public health, morals and welfare to select Hampton, Lenzini, and Renwick, Inc. as a qualified Resident Engineer for the Project; and

**NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE CITY OF DEKALB, ILLINOIS:**

**SECTION 1:** The above recitals are true, correct, material, adopted, and incorporated herein as Section 1 to this resolution

**SECTION 2:** The City's corporate authorities approve the selection of Hampton, Lenzini, and Renwick, Inc. to serve as a qualified Resident Engineer for the Project, and further authorize and direct the City Engineer to execute all Illinois Department of Transportation documentation to complete the selection process.


**SECTION 3:** This resolution and each of its terms shall be the effective legislative act of a home rule municipality without regard to whether such resolution should (a) contain terms contrary to the provision of current or subsequent non-preemptive state law, or (b) legislate in a manner or regarding a matter not delegated to municipalities by state law. It is the intent of the corporate authorities of the City of DeKalb that to the extent that the terms of this resolution should be inconsistent with any non-preemptive state law, that this resolution shall supersede state law in that regard within its jurisdiction.

**SECTION 4:** This resolution shall be in full force and effect from and after its passage and approval as provided by law.

**PASSED BY THE CITY COUNCIL** of the City of DeKalb, Illinois at a Regular meeting thereof held on the 11<sup>th</sup> day of July 2022 and approved by me as Mayor on the same day. Passed by an 8-0 roll call vote. Aye: Morris, Larson, Smith, Perkins, McAdams, Verbic, Faivre, Barnes.

Nay: None.



  
COHEN BARNES, Mayor

ATTEST:



Ruth A. Scott, Executive Assistant

<b><u>Criteria</u></b>	<b><u>Weighting</u></b>	<b><u>Points</u></b>	<b><u>HLR</u></b>	<b><u>TEG</u></b>	<b><u>GSG</u></b>
Technical App	20	20	20	15	20
Firm Experience	20	20	20	20	20
Specialization	10	10	5	5	5
Staff Capabilities	20	20	20	18	18
Past Performance	30	30	30	15	15
<i>Total</i>	<i>100</i>	<i>100</i>	<i>95</i>	<i>73</i>	<i>78</i>

<b><u>Criteria</u></b>	<b><u>Weighting</u></b>	<b><u>Points</u></b>	<b><u>HLR</u></b>	<b><u>TEG</u></b>	<b><u>GSG</u></b>
Technical App	20	20	18	16	15
Firm Experience	20	20	18	18	18
Specialization	10	10	10	6	7
Staff Capabilities	20	20	18	18	18
Past Performance	30	30	25	15	15
<i>Total</i>	<i>100</i>	<i>100</i>	<i>89</i>	<i>73</i>	<i>73</i>

<b><u>Criteria</u></b>	<b><u>Weighting</u></b>	<b><u>Points</u></b>	<b><u>HLR</u></b>	<b><u>TEG</u></b>	<b><u>GSG</u></b>
Technical App	20	20	20	20	20
Firm Experience	20	20	20	20	20
Specialization	10	10	5	5	5
Staff Capabilities	20	20	18	16	17
Past Performance	30	30	27	25	22
<i>Total</i>	<i>100</i>	<i>100</i>	<i>90</i>	<i>86</i>	<i>84</i>

**SUBMITTED BY:**

Hampton, Lenzini and Renwick, Inc. (HLR)  
380 Shepard Drive  
Elgin, Illinois 60123  
P: (847) 697-6700  
F: (847) 697-6753

**LETTER OF INTEREST****PREPARED FOR:**

Mr. Zachary Gill, PE  
City Engineer  
City of DeKalb  
1216 Market Street  
DeKalb, Illinois 60115

Dear Mr. Gill:

Communities today are faced with the challenge of planning infrastructure improvements that will accommodate population growth, enhance the overall quality of life, strengthen economic opportunities, and preserve an already fragile ecosystem, while simultaneously adhering to limited budgets. Our engineers, surveyors, and environmental specialists offer a tailored approach to providing solid, cost-effective solutions for any project or program, no matter the size.

We understand that the City of DeKalb is seeking a qualified engineering firm to provide Phase III services for the North First Street and Lucinda Avenue bridge projects to ensure that the construction adheres to IDOT and local agency plans/specifications while keeping the following concerns of the public and City at the forefront of project execution:

- ▶ Motorist and on-site personnel safety
- ▶ Substructure protection
- ▶ Detour route maintenance
- ▶ Soil erosion and sediment control
- ▶ Utility conflict relocation impacts (as needed)
- ▶ Business and resident access maintenance
- ▶ Project duration and schedule
- ▶ Quality construction to promote extended in-service life

Our team is fully prepared to work with your community throughout the duration of construction. We are proposing our best to lead the project: Ryan Livingston, PE, as Project Manager, and Don Ryba, PE, as Resident Engineer. Don has 32 years of experience on public infrastructure projects including many bridge structures. Ryan is our Construction and Municipal Department Manager and will coordinate any necessary services with our structural engineers or other departments as needed. Both Don and Ryan have provided RE services on bridge projects and are proactive with community and client communication, detour routes, asphalt paving, and erosion control.

Thank you for the opportunity to submit our Letter of Interest and Statement of Qualifications. We look forward to continuing our great relationship with the City and the opportunity to work together to deliver these improvements. If you should have any questions or comments regarding our proposal, please feel free to contact me at 847-697-6700 or [jl原因@hl原因.com](mailto:jl原因@hl原因.com).

Yours truly,

**HAMPTON, LENZINI AND RENWICK, INC.**

ReJena Lyon, PE, PLS  
President/CEO

**LETTER OF INTEREST**

and

**STATEMENT OF QUALIFICATIONS**

North First Street and Lucinda Avenue Bridges  
Phase III Construction Engineering Services



April 11, 2022 | 4:00 PM

### INTRODUCTION

HLR's team understands the aging Lucinda Avenue and North First Street bridges over the Kishwaukee River require full reconstruction. Both structures will involve geometric, hydraulic, and structural improvements. We also understand both improvements will be completed utilizing full closure and detour routes to redirect traffic. Full detours require strict adherence to project schedules to minimize impacts on the motoring public.

Our team is aware of several challenges anticipated for this project which will require additional attention and consideration during construction.

One of these challenges is the current flood stage with the existing structures at both the 50- and 100-year flows. The presence of the Kishwaukee River within the project limits and inadequate existing hydraulic openings will present several challenges during construction.

Vehicular and pedestrian traffic will also be of concern due to the large volume of foot traffic near the project locations, as well as school traffic due to the proximity to Northern Illinois University and Clinton Rosette Middle School.

Lastly, the overall satisfaction of the City, the traveling public, and specifically the affected project stakeholders, adjacent residents, and Northern Illinois University will be at the forefront of our approach to these improvements.

**55+**

Years Providing  
Construction Engineering  
Services in Northern  
Illinois



IDOT Prequalified in  
26 Categories  
Including:

Special Services –  
Construction Inspection



### PROJECT APPROACH

Our approach to construction engineering service delivery is to be an extension of our client's staff and always act in their best interest.

- ▶ Set Clear Expectations
- ▶ Continual Communication and Coordination
- ▶ Follow-up and Follow-through
- ▶ Adherence to Plan Intent
- ▶ Detailed Documentation
- ▶ Timely Closeout

Specific project components requiring attention to make our approach successful include:

#### COORDINATION AND COMMUNICATION

Communication and coordination are where HLR regularly shines above all others. Our team makes the extra effort to be a continuation of your staff and we will work closely with your staff to represent the City in the best possible light. We proactively coordinate with residents, businesses, outside stakeholders, and affected parties to make sure the project is a success and the least possible burden. We all know transportation-related construction can be a frustration to the motoring public and we strive to alleviate that as much as possible. Beyond the IDOT-mandated daily diaries, daily quantities, weekly reports, and status reports, we will coordinate with the City directly to keep everyone apprised of status and expectations. We understand the proximity of the Northern Illinois campus, the DeKalb Nature Trail, and the residential subdivision located around Annie's Woods Park of are particular concern. Our construction engineers are available 24-7, and that will be no different for Don Ryba, PE at 708-767-6805 and Ryan Livingston, PE at 847-254-5231.

Beyond the IDOT-required kick-off meeting, our team would propose an on-site kick-off meeting with the awarded contractor, City of DeKalb representatives, and HLR to set expectations, get everyone on the same team, and establish a clear direction. Set initiatives will be revisited during regular progress meetings with follow-through by the contractor and follow-up with HLR's team.

#### IDOT DOCUMENTATION AND MATERIAL INSPECTION

Since this project is utilizing federal funds, it must be completed according to the IDOT documentation guidelines, project procedures manual, and is likely to utilize CMMS for documentation. Nearly all staff members who work on construction projects – part-time as well as full-time – are certified in IDOT Documentation of Contract Quantities, including Don and Ryan. Bridge projects require an abundance of specific documentation requirements as well as specific construction procedures, such as:

- ▶ The steel H-piles must be driven according to structural design plans and the Checklist for Piling which requires careful recording of the hammer used to drive the piles and the bearing capacity achieved through observed movement.
- ▶ The concrete deck pours require planning up to 3 days in advance using the Checklist for Bridge Superstructures, which dictates length, methods of construction, and other specific criteria to be followed.
- ▶ The reinforcing steel throughout the structures must be carefully inspected, inventoried, recorded, and confirmed to be of the proper size, length, and source. Both concrete slab structures will require more than typical reinforcing steel.
- ▶ Various other requirements exist for these types of projects and our team is well-versed in them.



Beyond the specific items requiring extra attention, our team will ensure on a daily basis the intent of the plans and specifications are being fully executed in the field during construction. If they are not, we will be quick and direct to address and remedy through coordination with the contractor, City, and IDOT. Traffic control will also consist of pedestrian traffic control due to the high volume of pedestrian traffic through these corridors. Although pedestrian ways across the structures will not be kept open, maintaining access in and around the construction limits will be necessary.

### SOIL CONTAMINATION

The soil located on the north side of the North First Street Bridge does not meet CCDD contamination limits for normal disposal. This soil will have to go to a landfill for disposal. However, this material could also be used to build up adjacent property, if requested by the property owner. HLR will work with the property owners which may reduce the labor necessary to remove the material and ultimately reduce the roadway closure. HLR has dedicated environmental staff who are very familiar with soil contamination and can assist as required.

### DETOUR ROUTE MAINTENANCE

An important part of protecting the motoring public and the safety of on-site personnel is to closely monitor the traffic control on a daily basis. This project requires full detour routes consisting of many barricades, lights, and signs set up according to a specific standard relating to reflectivity and site distances. The proper initial setup and continual maintenance of the full detour route will be a crucial part of this project. Daily reviews of the critical components will be completed and documented as well as weekly full detour route reviews. We recommend nighttime inspections are performed on a bi-weekly basis either before the workday begins or after the sun has set to confirm proper illumination of sign-mounted flashing lights.

### EROSION CONTROL MAINTENANCE

Both structures cross over the Kishwaukee River, meaning they are highly environmentally sensitive. According to Local Agency MS4, NPDES permits, and USACE requirements, construction sites must not let sediment-laden water leave the project site and specifically not enter the adjacent waterway. This project has perimeter erosion barrier, rip rap at stormwater outlets, and both Class 1A and Class 4A seeding. Perimeter erosion barrier installation must be observed when initially set up to ensure it is installed correctly and will efficiently prevent sediment from leaving the site. Proper initial installation also saves time by limiting repairs and replacements which can further delay the project schedule. The remaining large portion of the project, which will be disturbed during construction, will require regular inspection and temporary restoration will be requested of the contractor should heavy rainfalls occur during the project.

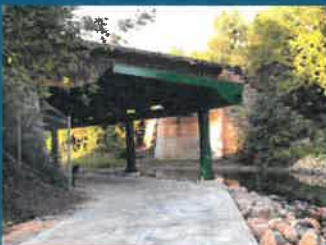
### FULL REPLACEMENT

The project calls for full replacement which includes both superstructure and substructure elements and the proposed top of the deck will increase in elevation by over one foot. Although important with all projects, accurate construction layout of elevations will be integral to the success of this project. This not only begins with properly driving the steel H piles to support the substructures but includes several components that follow. HLR's engineers and experienced survey department can provide assistance with layout verification of critical elements like pile cut-off elevations, encasements, caps, and abutments. This will ensure proper placement and elevation of the bridge deck. The contractor will be closely monitored during these stages to ensure there is no unintended damage. If any damage is found, Ryan's bridge inspection experience and structural resources will help him provide a thorough analysis to ensure the proper repairs are made.



### PROJECT HIGHLIGHT: KISHWAUKEE-KIWANIS BIKE PATH

HLR provided design and construction engineering services for the City of DeKalb's Kishwaukee-Kiwanis Bike Path. The multi-use path serves as a new connection between the DeKalb Nature Trail and Prairie Park along the Kishwaukee River. Extensive coordination with the Union Pacific Railroad was necessary and required construction of an overhead structure above the bike path to deflect any wayward ballast from the railroad. As Resident Engineer, Don Ryba provided services such as ICORS/MISTIC tracking and coordination with IDOT, on-site inspection, coordination with property owners, and helped with the City's weekly social media update posts.



### FAMILIARITY WITH THE NORTH FIRST STREET AND LUCINDA AVENUE BRIDGE PROJECTS

HLR and our proposed team has existing inherent familiarity with the project scope and requirements. We have been involved with this project from the Phase I preliminary engineering and Phase II design engineering. Our proposed team is within close reach to the preliminary and design staff that developed this project from the beginning – expediting communication of valuable project knowledge and Phase III team on-boarding, as well as addressing any unknowns that may arise during construction.

Our team's experience on similar federally funded local agency projects, extensive resident/business coordination services, and familiarity with the project and DeKalb's requirements and expectations will bring the Lucinda Avenue and First Street Bridge projects to a successful completion. In fact, HLR completed both the Phase I and Phase II portions of this project over \$100,000 under budget, so these funds may be spent elsewhere in the City.



## DON RYBA, PE, CPII | RESIDENT ENGINEER

Professional Engineer – Illinois, #062.056769

**EDUCATION:** B.S. Civil Engineering, Illinois Institute of Technology; B.S. Industrial Technology, Concentration in Construction Management

**YEARS OF EXPERIENCE:** 32 / 14 at HLR

**PROFESSIONAL CERTIFICATIONS:** Documentation of Contract Quantities – IDOT, #21-18424 // Erosion and Sediment Control Module I & III – IDOT // Certified Public Infrastructure Inspector, APWA // CMMS Documentation // PCC Levels I & II, IDOT

Don is a Senior Resident Engineer with over 30 years of experience working in the public sector in both state and municipal settings. This experience gives him a strong perspective of public agency needs and concerns on construction issues. Don has provided and assisted with resident engineering services on several large roadway and bridge projects. He is regularly responsible for administration, coordination, and inspection of various in-town construction projects including roadway widening and reconstruction, sidewalk, sanitary sewer and water main replacement, traffic signal modernization and interconnects and resurfacing projects. He is tasked with ensuring specification compliance and the timely completion of all documentation.

### REPRESENTATIVE EXPERIENCE

**KISHWAUKEE KIWANIS MULTI-USE TRAIL, City of DeKalb.** Served as *Resident Engineer* for the multi-use path along the Kishwaukee River joining two separate path systems near the campus of Northern Illinois University. This new path consists of HMA and PCC pavements and an overhead steel protective structure under a Union Pacific Railroad (UPRR) bridge. Responsibilities included project administration, construction observation, IDOT/ICORS documentation, processing authorizations and pay estimates, and extensive coordination with IDOT and the UPRR.

**KRESS ROAD ROADWAY AND DRAINAGE IMPROVEMENTS, DuPage County Division of Transportation.** Provided *resident engineering services* which included pipe culvert installation, pavement widening, spot curb and gutter repairs, bridge approach slab latex overlay, and bridge expansion joint assembly replacements.

**PRICE ROAD OVER BIG ROCK CREEK, Big Rock Township.** Served as *Resident Engineer* on the construction of a three-span concrete bridge involving driven H-piles, cast-in-place abutments and piers, and superstructure along with ditch grading and HMA pavement. Responsibilities included project administration, construction observation, IDOT/ICORS documentation, processing authorizations, and pay estimates.

**U.S. ROUTE 20/MCLEAN BOULEVARD RECONSTRUCTION, IDOT District 1.** *Construction observation and documentation* of all phases of the \$45 million project. The project included HMA and PCC pavement, storm sewer, a new U.S. Route 20 bridge over McLean Boulevard, cast-in-place retaining walls, traffic signals, street lighting, and landscaping. Coordination with IDOT, City of Elgin, utilities, and material testing was required.

**DIVISION STREET OVER THE I&M CANAL, City of Lockport.** Provided *resident engineering services* for the complete removal and reconstruction of an 84-foot, 2-lane bridge over the historic I&M Canal. The project included coring steel H-piles into bedrock, the installation of a bridge-mounted insulated water main, construction of cast-in-place and block retaining walls, steel and wooden fencing, and concrete slope walls. A bike path runs through the project limits so coordination with the Forest Preserve District of Will County was imperative. Project duties included generating Weekly Reports, monthly pay estimates, change orders, and coordinating the QA portion of the required materials testing.

**SULLIVAN ROAD BRIDGE OVER THE FOX RIVER, City of Aurora.** *Resident Engineer* on this \$13.6 million project who was responsible for all project-related documentation, pay requests processing and change orders, weekly reports, and coordination of required project meetings. The project area is a major Fox River crossing, connecting IL Route 25 to IL Route 31. The new bridge consisted of five spans of steel beams supporting four 12-foot lanes, a concrete median and sidewalk, and new street lighting. The bridge approaches consisted of new bituminous pavement from IL Route 31 and new PCC pavement from IL Route 25, both consisting of four 12-foot lanes with left- and right-turn lanes. Almost a mile of bituminous pavement on IL Route 25, with an open-ditch drainage system, was replaced with new PCC pavement, curb and gutter, and new storm sewers.

**EAST NEW YORK STREET BRIDGE OVER THE EJ&E RAILROAD, City of Aurora.** *Resident Engineer* for the \$10.6 million bridge improvement. Responsible for the accuracy of all project documentation, processing of pay requests and project change orders, material allowances, and weekly reports. Ensured the contractor's compliance with project plans and specifications, submitted IEPA permits, and coordinated required project meetings. East New York Street is constructed of bituminous concrete and consists of four 10' lanes. The project entailed the complete removal and reconstruction of 1.6 miles of roadway. The existing substandard width pavement was replaced with four new 12' lanes and various left-turn and right-turn lanes, a 16' landscaped median, new traffic signals, and street lighting. A new storm sewer system, sidewalks, and bike path were installed. Along the roadway, the bridge crossing the EJ&E railroad was widened. Steel H-piles were driven and incorporated in the extended piers and abutments required to support the new portion of this concrete structure. On the widened bridge deck, a new microsilica bridge deck overlay was constructed along with new parapet walls. A 400'-long reinforced concrete retaining wall, varying in height from 3' to 16', was constructed.





## RYAN LIVINGSTON, PE | PROJECT MANAGER

Professional Engineer – Illinois, #062.067060

**EDUCATION:** B.S. Civil Engineering, Certificate of Business – Entrepreneurship, University of Iowa

**YEARS OF EXPERIENCE:** 16 / 15 at HLR

**PROFESSIONAL CERTIFICATIONS:** Documentation of Contract Quantities – IDOT, #21-18841 // Erosion and Sediment Control Module I & III – IDOT // Lake County SMC Listed DECI // CMMS Documentation

Ryan has over 15 years of experience in design and construction engineering and is currently our Construction and Municipal Engineering Manager. His experience includes Phase I, II, and III engineering, and environmental inspections for public agencies. Ryan's responsibilities include administration, oversight, and coordination of municipal engineering projects, such as: annual maintenance programs, grant improvement programs, drainage improvements, water/wastewater improvements, and bridge and culvert inspections. He has experience performing many of the typical tasks required of a municipal engineer.

### REPRESENTATIVE EXPERIENCE

**DAUBERMAN ROAD OVER WELCH CREEK, Kane County Division of Transportation.** *Resident Engineer* for the reconstruction of the deteriorating single-span bridge deck and superstructure. Demolition of the superstructure was monitored closely to avoid damage to the abutments. Extensive erosion and sediment control was used to prevent any discharges to Welch Creek during construction. Engineering services included daily observation, IDOT/ICORS documentation, preparation of pay estimates and change orders, material inspection, and coordination with stakeholders.

**HINCKLEY ROAD BRIDGE REHABILITATION, Big Rock Township.** *Resident Engineer* for the rehabilitation of the Hinckley Road Bridge. The project consisted of removing a portion of the existing structure, driving piling, replacement of the pier caps and deck, channel excavation, HMA resurfacing, erosion and sediment control, and landscaping. Engineering services included daily observation, daily documentation, preparation of pay estimates and change orders, material inspection, plan/specification interpretation and liaison for the township, IDOT and contractor.

**NBIS BRIDGE INSPECTIONS, City of Belvidere.** Performed bridge inspection for the NBIS inspection of four structures.

**NBIS BRIDGE INSPECTIONS, Village of Hoffman Estates.** Performed bridge inspection and completed reports for four culverts on Hassel Road east of Barrington Road. All four structures are part of the Mill Creek Tributary. Narrative condition reports were prepared for the Village and NBIS reports were prepared and submitted to Cook County.

### SUPPORT STAFF



**PROJECT MANAGER**  
Ryan Livingston, PE



**RESIDENT ENGINEER**  
Don Ryba, PE, CPII



**CONSTRUCTION INSPECTOR**  
Maria Aguirre, EIT



**CONSTRUCTION INSPECTOR**  
Drew Kissamis, EIT



**SURVEY/LAYOUT VERIFICATION**  
Larry Harvey, CST III



**STRUCTURAL DESIGN**  
Ian Nilausen, PE, SE



**ROADWAY DESIGN**  
Jeff Meindl, PE



**ENVIRONMENTAL/PERMITTING**  
Erica Spolar



**MATERIALS TESTING  
SUBCONSULTANT (W/DBE)**  
Rubino Engineering, Inc.

Resumes for support staff can be made available upon request.





North First Street and Lucinda Avenue  
PTB #: Bridges – Phase III

Consultant Name Hampton, Lenzini and Renwick, Inc.	
Legal Address 380 Shepard Drive	
City, State, Zip Elgin, Illinois 6023	
Telephone Number 847-697-6700	Email Address jlyon@hlreng.com

The telephone number and email address supplied above must be a contact readily available if the Illinois Department of Transportation (IDOT) has questions.

The disclosures hereinafter made by the firm are each a material representation of fact upon which reliance is placed should IDOT enter into the contract with the firm. The firm further certifies that the Department has received the disclosure forms for each Statement of Interest.

Section 50-35 of the Illinois Procurement Code provides that all offers of more than \$50,000 and all subconsultant agreements with an annual value of more than \$50,000 shall be accompanied by disclosure of the financial interests of the firm. This disclosed information for the successful firm will be maintained and subject to release by request pursuant to the Freedom of Information Act, filed with the Procurement Policy Board, and shall be incorporated as a material term of the contract. Furthermore, pursuant to Section 5-5, the Procurement Policy Board may review a proposal, bid, or contract and issue a recommendation to void a contract or reject a proposal or bid based on any violation of the Procurement Code or the existence of a conflict of interest as provided in subsections (b) and (d) of Section 50-35.

### Prime Consultant's Responsibility

The IDOT Chief Procurement Officer (CPO) may void the offer or contract if it is later determined that the prime or subconsultant rendered a false or erroneous disclosure. A prime consultant or subconsultant may be suspended or debarred for violations of the Procurement Code. If a false certification is made by the subconsultant, then the prime consultant's submitted offer and the executed contract may not be declared void, unless the prime consultant refuses to terminate the subconsultant upon the State's request after a finding that the subconsultant's certification was false.

### Instructions

The following packet includes three sections that must be completed and returned with the Statement of Interest, or the firm may be considered nonresponsive and the Statement of Interest will not be accepted:

1. Qualifying Questions for Form A,
2. Form A: Financial Information & Potential Conflicts of Interest Disclosure, and
3. Form B: Other Contracts & Procurement-Related Information Disclosure.

Form A and Form B must be signed and dated by a person that is authorized to execute contracts for your organization. Photocopied or stamped signatures are not acceptable. The person signing can be, but does not have to be, the person for which the form is being completed. The firm is responsible for the accuracy of any information provided.

Checking the NOT APPLICABLE STATEMENT on Form A does not allow the firm to ignore Form B. Form B must be completed, checked, and dated.



### Form A: Financial Information & Potential Conflicts of Interest Disclosure

Form A pertains to the individuals meeting the ownership or distributive share requirements as stated below.

The financial interests to be disclosed shall include:

- Any ownership or distributive income share that is in excess of 5% or an amount greater than 60% of the annual salary of the Governor, of the offering entity or its parent entity, whichever is less, **the current annual salary of the Governor is \$177,412.00.**
- If the firm is owned by an Employee Stock Ownership Plan (ESOP) please check the appropriate box on Form A and provide the % of ownership.
- If the firm is a publicly traded entity subject to Federal 10K reporting, in which case it may submit its 10K disclosure in place of the prescribed disclosure.
- If the firm is a privately held entity that is exempt from Federal 10K reporting, but has more than 100 shareholders, it may submit the information that Federal 10K companies are required to report and list the names of any person or entity holding any ownership share that is in excess of 5%.
  - *If this is true for your firm, check "Other" box on Form A and designate the firm is a 10K and supply the 10K documents as additional attachments within the disclosure.*
- The names, addresses, and dollar or proportionate share of ownership of each person making the disclosure, their instrument of ownership or beneficial relationship, and notice of any potential conflict of interest resulting from the current ownership or beneficial interest of each person making the disclosure having any of the relationships identified in Section 50-35 and on the disclosure form.

A button is supplied on Form A called "Add another Form A", which once clicked will copy Form A. Click the button as many times as you need to identify individuals who meet the above criteria.

If your firm has over 50 pages of Form A's, please provide a summary of the disclosures at the end of Form B as an attachment.

Additionally, if your firm has an abundance of individuals with the same Form A information, you can fill out one (1) Form A and provide an attached listing of those individuals to save time.

### Form B: Other Contracts & Procurement-Related Information Disclosure

The firm shall identify, by checking "Yes" or "No" on Form B any other current or pending contracts, proposals, leases, or other ongoing procurement relationships the offering entity has with IDOT and any other unit of state government and shall clearly identify the unit and the contract, proposal, lease, or other relationships.

If "Yes" is checked, the firm must identify each such relationship by listing the State of Illinois agency name and other descriptive information such as project number, title, contract, etc.

If "No" is checked, the firm only needs to check the box, sign and date at the bottom of Form B.

## Qualifying Questions for Form A

The following six questions must be answered in order to determine how Form A is to be completed. Answer all six questions before going on to Form A.

### Ownership Certification

The following clarifies the ownership structure of your firm for IDOT's review.

	Yes	No
1. Is your firm a Subsidiary and owned by a Parent entity(ies)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If your answer is "Yes", please disclose the Parent entity(ies) on Form A.		
2. Will the individuals that will be submitted on Form A equal 100% ownership?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If your answer is "No", please verify by answering the following question.		
a) Is any of the remaining ownership held by individuals receiving or holding less than 5% of the offering entity's or parent entity's total distributive income, or less than 60% of the annual salary of the Governor? (If you feel the answer is No, please add an explanation.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### Identifying Financial Information & Potential Conflicts of Interest

	Yes	No
3. Does anyone in your organization have a direct or beneficial ownership share of greater than 5% of the offering entity or parent entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Does anyone in your organization have a direct or beneficial ownership share of less than 5%, but which has a value greater than 60% of the annual salary of the Governor?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Does anyone in your organization receive more than 60% of the annual salary of the Governor of the offering entity's or parent entity's distributive income? (Note: Distributive income is, for these purposes, any type of distribution of profits. An annual salary is not distributive income.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Does anyone in your organization receive greater than 5% of the offering entity's or parent entity's total distributive income, but which is less than 60% of the annual salary of the Governor?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If the answer to questions 2 – 6 are "Yes", the completion of Form A is required, and the APPLICABLE STATEMENT must be signed and dated.

If the answer to questions 2 - 6 are "No", then the NOT APPLICABLE STATEMENT of Form A must be signed and dated.





## Form A: Financial Information & Potential Conflicts of Interest Disclosure

Disclosure of the information contained in this form is required by Section 50-35 of the Illinois Procurement Code (30 ILCS 500). Firms desiring to enter into a contract with the State of Illinois must disclose the financial information and potential conflict of interest information as specified in this Disclosure Form.

### Disclosure of Financial Information

The individual named below has an interest in the FIRM (or its Parent) in terms of ownership or distributive income share that is in excess of 5%, or an interest which has a value of more than 60% of the annual salary of the Governor.

#### FOR INDIVIDUAL

Name: ReJena Lyon

Address: 3100 East State Street  
Rockford, IL 61108

- ☒ Stock with % or \$ value of ownership/distributable income share: 15.36%  
☐ Employee Stock Ownership Plan (ESOP): \_\_\_\_\_  
☐ Other (explain): \_\_\_\_\_

### Disclosure of Potential Conflicts of Interest

Firm must check "Yes" or "No" to indicate which, if any, of the following potential conflict of interest relationships apply. If the answer to any question is "Yes", please describe and attach additional pages if needed.

	Yes	No
1. <b>State employment</b> , currently or in the previous three years, including contractual employment of services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If your answer is "Yes", please answer each of the following questions, and provide description in the space(s) below to those you answer yes to.		
a) Are you currently an officer or employee of either the Capital Development Board or the Illinois State Toll Highway Authority?	<input type="checkbox"/>	<input type="checkbox"/>
b) Are you currently appointed to or employed by any agency of the State of Illinois? If you are currently appointed to or employed by any agency of the State of Illinois, and your annual salary exceeds 60% of the annual salary of the Governor, provide the name of the state agency for which you are employed and your annual salary:	<input type="checkbox"/>	<input type="checkbox"/>
c) If you are currently appointed to or employed by any agency of the State of Illinois, and your annual salary exceeds 60% of the annual salary of the Governor, are you entitled to receive (i) more than 7 ½% of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of the salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
d) If you are currently appointed to or employed by any agency of the State of Illinois, and your annual salary exceeds 60% of the annual salary of the Governor, are you and your spouse or minor children entitled to receive (i) more than 15% in the aggregate of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of two times the salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
2. <b>State employment</b> of spouse, father, mother, son, or daughter, including contractual employment services in the previous two years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If your answer is yes, please answer each of the following questions, and provide description in the space(s) below to those you answer yes to.



	Yes	No
a) Is your spouse or any minor children currently an officer or employee of the Capital Development Board or the Illinois State Toll Highway Authority?	<input type="checkbox"/>	<input type="checkbox"/>
b) Is your spouse or any minor children currently appointed to or employed by any agency of the State of Illinois? If your spouse or minor children is/are currently appointed to or employed by any agency of the State of Illinois, and his/her annual salary exceeds 60% of the annual salary of the Governor, provide the name of your spouse and/or minor children, the name of the state agency for which he/she is employed and his/her annual salary.	<input type="checkbox"/>	<input type="checkbox"/>
c) If your spouse or any minor children is/are currently appointed to or employed by any agency of the State of Illinois, and his/her annual salary exceeds 60% of the annual salary of the Governor, are you entitled to receive (i) more than 7 ½% of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of 100% of the annual salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
d) If your spouse or any minor children are currently appointed to or employed by any agency of the State of Illinois, and his/her annual salary exceeds 60% of the annual salary of the Governor, are you and your spouse or minor children entitled to receive (i) more than 15% in the aggregate of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of two times the salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
3. <b>Elective status:</b> the holding of elective office of the State of Illinois, the government of the United States, any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois currently or in the previous three years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Relationship to anyone holding elective office currently or in the previous two years: spouse, father, mother, son or daughter?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. <b>Appointive office:</b> the holding of 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 the expenses incurred in the discharge of that office currently or in the previous three years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Relationship to anyone holding appointive office currently or in the previous two years: spouse, father, mother, son or daughter?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Employment, currently or in the previous three years, as or by any registered lobbyist of the state government?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Relationship to anyone who is or was a registered lobbyist in the previous two years: spouse, father, mother, son, or daughter?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Compensated employment, currently or in the previous three years, by any registered election or re-election committee registered with the Secretary of State or any county clerk of the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>



	Yes	No
10. Relationship to anyone; spouse, father, mother, son, or daughter; who was a compensated employee in the last two years by any registered election or re-election committee registered with the Secretary of State or any county clerk of the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<p>11. <b>Communication Disclosure.</b> Disclose the name and address of each lobbyist and other agent of the firm or offeror who is not identified in Form A, who has communicated, is communicating, or may communicate, with any state officer or employee concerning the statement of interest, bid or offer. This disclosure is a continuing obligation and must be promptly supplemented for accuracy throughout the process and throughout the term of the contract. <b><i>If your firm uses (lobbyist firm), lobbyists that were either hired to work on this specific SOI, bid or offer OR to assist your firm with this PTB, then answer <u>Yes</u> and indicate specifics, else please mark <u>No</u>.</i></b></p> <p>If yes, supply name and address of person(s) and firm name below and:</p> <p>a) Disclose all lobbyist costs, fees, compensation, reimbursements, or other remunerations paid, or to be paid related to this <u>PTB Item</u>.</p> <p>b) Agree Consultant will not bill to the State any lobbyist costs, fees, compensation, reimbursements, or other remunerations.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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<p>12. <b>Suspension or Debarment Disclosure.</b> For each of the persons identified under Form A, disclose whether any of the following has occurred within the previous 10 years: suspension or debarment from contracting with any governmental entity; professional licensure discipline; bankruptcies; adverse civil judgments and administrative findings; and criminal felony convictions. This disclosure is a continuing obligation and must be promptly supplemented for accuracy throughout the procurement process and term of the contract, if the bid or offer is successful. If yes, supply information below:</p> <p>Name of person(s): _____</p> <p>Nature and date of disclosure: _____</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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If the answers to questions 2 – 6 are "Yes" under "Qualifying Questions for Form A", check the box, sign and date below under "Applicable Statement":

**Applicable Statement**

This Disclosure Form A is submitted on behalf of the **INDIVIDUAL** named on previous page. Under penalty of perjury, I certify the contents of this disclosure to be true and accurate to the best of my knowledge.

Completed by: ☒

*Reagan Uygon*  
Signature of Individual or Authorized Officer

3/30/2022  
Date

If the answers to questions 2 - 6 are all "No", under "Qualifying Questions for Form A", check the box, sign and date below under "Not Applicable Statement":

**Not Applicable Statement**

Under penalty of perjury, I have determined that no individuals associated with this organization meet the criteria that would require the completion of this Form A.

This Disclosure Form A is submitted on behalf of the **FIRM** listed on the first page.

Completed by: ☐

Signature of Individual or Authorized Officer

Date

The firm has a continuing obligation to supplement these disclosures under Sec. 50-35 of the Procurement Code.





## Form A: Financial Information & Potential Conflicts of Interest Disclosure

Disclosure of the information contained in this form is required by Section 50-35 of the Illinois Procurement Code (30 ILCS 500). Firms desiring to enter into a contract with the State of Illinois must disclose the financial information and potential conflict of interest information as specified in this Disclosure Form.

### Disclosure of Financial Information

The individual named below has an interest in the FIRM (or its Parent) in terms of ownership or distributive income share that is in excess of 5%, or an interest which has a value of more than 60% of the annual salary of the Governor.

#### FOR INDIVIDUAL

Name: Erica Spolar  
Address: 11713 Winding Trail  
Willow Spring, IL 60480

- ☒ Stock with % or \$ value of ownership/distributable income share: 11.26%  
☐ Employee Stock Ownership Plan (ESOP): \_\_\_\_\_  
☐ Other (explain): \_\_\_\_\_

### Disclosure of Potential Conflicts of Interest

Firm must check "Yes" or "No" to indicate which, if any, of the following potential conflict of interest relationships apply. If the answer to any question is "Yes", please describe and attach additional pages if needed.

	Yes	No
13. <b>State employment</b> , currently or in the previous three years, including contractual employment of services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If your answer is "Yes", please answer each of the following questions, and provide description in the space(s) below to those you answer yes to.		
a) Are you currently an officer or employee of either the Capital Development Board or the Illinois State Toll Highway Authority?	<input type="checkbox"/>	<input type="checkbox"/>
b) Are you currently appointed to or employed by any agency of the State of Illinois? If you are currently appointed to or employed by any agency of the State of Illinois, and your annual salary exceeds 60% of the annual salary of the Governor, provide the name of the state agency for which you are employed and your annual salary:	<input type="checkbox"/>	<input type="checkbox"/>
c) If you are currently appointed to or employed by any agency of the State of Illinois, and your annual salary exceeds 60% of the annual salary of the Governor, are you entitled to receive (i) more than 7 1/2% of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of the salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
d) If you are currently appointed to or employed by any agency of the State of Illinois, and your annual salary exceeds 60% of the annual salary of the Governor, are you and your spouse or minor children entitled to receive (i) more than 15% in the aggregate of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of two times the salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
14. <b>State employment</b> of spouse, father, mother, son, or daughter, including contractual employment services in the previous two years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If your answer is yes, please answer each of the following questions, and provide description in the space(s) below to those you answer yes to.		



	Yes	No
a) Is your spouse or any minor children currently an officer or employee of the Capital Development Board or the Illinois State Toll Highway Authority?	<input type="checkbox"/>	<input type="checkbox"/>
b) Is your spouse or any minor children currently appointed to or employed by any agency of the State of Illinois? If your spouse or minor children is/are currently appointed to or employed by any agency of the State of Illinois, and his/her annual salary exceeds 60% of the annual salary of the Governor, provide the name of your spouse and/or minor children, the name of the state agency for which he/she is employed and his/her annual salary.	<input type="checkbox"/>	<input type="checkbox"/>
c) If your spouse or any minor children is/are currently appointed to or employed by any agency of the State of Illinois, and his/her annual salary exceeds 60% of the annual salary of the Governor, are you entitled to receive (i) more than 7 ½% of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of 100% of the annual salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
d) If your spouse or any minor children are currently appointed to or employed by any agency of the State of Illinois, and his/her annual salary exceeds 60% of the annual salary of the Governor, are you and your spouse or minor children entitled to receive (i) more than 15% in the aggregate of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of two times the salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
15. <b>Elective status:</b> the holding of elective office of the State of Illinois, the government of the United States, any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois currently or in the previous three years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16. Relationship to anyone holding elective office currently or in the previous two years: spouse, father, mother, son or daughter?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17. <b>Appointive office:</b> the holding of 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 the expenses incurred in the discharge of that office currently or in the previous three years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18. Relationship to anyone holding appointive office currently or in the previous two years: spouse, father, mother, son or daughter?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19. Employment, currently or in the previous three years, as or by any registered lobbyist of the state government?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20. Relationship to anyone who is or was a registered lobbyist in the previous two years: spouse, father, mother, son, or daughter?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
21. Compensated employment, currently or in the previous three years, by any registered election or re-election committee registered with the Secretary of State or any county clerk of the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>



	Yes	No
22. Relationship to anyone; spouse, father, mother, son, or daughter; who was a compensated employee in the last two years by any registered election or re-election committee registered with the Secretary of State or any county clerk of the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	Yes	No
23. <b>Communication Disclosure.</b> Disclose the name and address of each lobbyist and other agent of the firm or offeror who is not identified in Form A, who has communicated, is communicating, or may communicate, with any state officer or employee concerning the statement of interest, bid or offer. This disclosure is a continuing obligation and must be promptly supplemented for accuracy throughout the process and throughout the term of the contract. <b><i>If your firm uses (lobbyist firm), lobbyists that were either hired to work on this specific SOI, bid or offer OR to assist your firm with this PTB, then answer Yes and indicate specifics, else please mark No.</i></b> If yes, supply name and address of person(s) and firm name below and: a) Disclose all lobbyist costs, fees, compensation, reimbursements, or other remunerations paid, or to be paid related to this <u>PTB Item</u> . b) Agree Consultant will not bill to the State any lobbyist costs, fees, compensation, reimbursements, or other remunerations.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	Yes	No
24. <b>Suspension or Debarment Disclosure.</b> For each of the persons identified under Form A, disclose whether any of the following has occurred within the previous 10 years: suspension or debarment from contracting with any governmental entity; professional licensure discipline; bankruptcies; adverse civil judgments and administrative findings; and criminal felony convictions. This disclosure is a continuing obligation and must be promptly supplemented for accuracy throughout the procurement process and term of the contract, if the bid or offer is successful. If yes, supply information below:  Name of person(s): _____ Nature and date of disclosure: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If the answers to questions 2 – 6 are "Yes" under "Qualifying Questions for Form A", check the box, sign and date below under "Applicable Statement":  
**Applicable Statement**

This Disclosure Form A is submitted on behalf of the <b>INDIVIDUAL</b> named on previous page. Under penalty of perjury, I certify the contents of this disclosure to be true and accurate to the best of my knowledge.		
Completed by: <input checked="" type="checkbox"/>	 Signature of Individual or Authorized Officer	3/30/2022 Date

If the answers to questions 2 – 6 are all "No", under "Qualifying Questions for Form A", check the box, sign and date below under "Not Applicable Statement":  
**Not Applicable Statement**

Under penalty of perjury, I have determined that no individuals associated with this organization meet the criteria that would require the completion of this Form A.		
This Disclosure Form A is submitted on behalf of the <b>FIRM</b> listed on the first page.		
Completed by: <input type="checkbox"/>	_____ Signature of Individual or Authorized Officer	_____ Date

The firm has a continuing obligation to supplement these disclosures under Sec. 50-35 of the Procurement Code.





## Form A: Financial Information & Potential Conflicts of Interest Disclosure

Disclosure of the information contained in this form is required by Section 50-35 of the Illinois Procurement Code (30 ILCS 500). Firms desiring to enter into a contract with the State of Illinois must disclose the financial information and potential conflict of interest information as specified in this Disclosure Form.

### Disclosure of Financial Information

The individual named below has an interest in the FIRM (or its Parent) in terms of ownership or distributive income share that is in excess of 5%, or an interest which has a value of more than 60% of the annual salary of the Governor.

#### FOR INDIVIDUAL

Name: Austin Ridgely  
Address: 555 North IL 130  
Parkersburg, IL 62452

- ☒ Stock with % or \$ value of ownership/distributable income share: 10.24%  
☐ Employee Stock Ownership Plan (ESOP): \_\_\_\_\_  
☐ Other (explain): \_\_\_\_\_

### Disclosure of Potential Conflicts of Interest

Firm must check "Yes" or "No" to indicate which, if any, of the following potential conflict of interest relationships apply. If the answer to any question is "Yes", please describe and attach additional pages if needed.

	Yes	No
25. <b>State employment</b> , currently or in the previous three years, including contractual employment of services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If your answer is "Yes", please answer each of the following questions, and provide description in the space(s) below to those you answer yes to.		
a) Are you currently an officer or employee of either the Capital Development Board or the Illinois State Toll Highway Authority?	<input type="checkbox"/>	<input type="checkbox"/>
b) Are you currently appointed to or employed by any agency of the State of Illinois? If you are currently appointed to or employed by any agency of the State of Illinois, and your annual salary exceeds 60% of the annual salary of the Governor, provide the name of the state agency for which you are employed and your annual salary:	<input type="checkbox"/>	<input type="checkbox"/>
c) If you are currently appointed to or employed by any agency of the State of Illinois, and your annual salary exceeds 60% of the annual salary of the Governor, are you entitled to receive (i) more than 7 ½% of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of the salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
d) If you are currently appointed to or employed by any agency of the State of Illinois, and your annual salary exceeds 60% of the annual salary of the Governor, are you and your spouse or minor children entitled to receive (i) more than 15% in the aggregate of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of two times the salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
26. <b>State employment</b> of spouse, father, mother, son, or daughter, including contractual employment services in the previous two years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If your answer is yes, please answer each of the following questions, and provide description in the space(s) below to those you answer yes to.		



	Yes	No
a) Is your spouse or any minor children currently an officer or employee of the Capital Development Board or the Illinois State Toll Highway Authority?	<input type="checkbox"/>	<input type="checkbox"/>
b) Is your spouse or any minor children currently appointed to or employed by any agency of the State of Illinois? If your spouse or minor children is/are currently appointed to or employed by any agency of the State of Illinois, and his/her annual salary exceeds 60% of the annual salary of the Governor, provide the name of your spouse and/or minor children, the name of the state agency for which he/she is employed and his/her annual salary.	<input type="checkbox"/>	<input type="checkbox"/>
c) If your spouse or any minor children is/are currently appointed to or employed by any agency of the State of Illinois, and his/her annual salary exceeds 60% of the annual salary of the Governor, are you entitled to receive (i) more than 7 ½% of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of 100% of the annual salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
d) If your spouse or any minor children are currently appointed to or employed by any agency of the State of Illinois, and his/her annual salary exceeds 60% of the annual salary of the Governor, are you and your spouse or minor children entitled to receive (i) more than 15% in the aggregate of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of two times the salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
27. <b>Elective status:</b> the holding of elective office of the State of Illinois, the government of the United States, any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois currently or in the previous three years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28. Relationship to anyone holding elective office currently or in the previous two years: spouse, father, mother, son or daughter?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
29. <b>Appointive office:</b> the holding of 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 the expenses incurred in the discharge of that office currently or in the previous three years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
30. Relationship to anyone holding appointive office currently or in the previous two years: spouse, father, mother, son or daughter?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31. Employment, currently or in the previous three years, as or by any registered lobbyist of the state government?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32. Relationship to anyone who is or was a registered lobbyist in the previous two years: spouse, father, mother, son, or daughter?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33. Compensated employment, currently or in the previous three years, by any registered election or re-election committee registered with the Secretary of State or any county clerk of the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>



	Yes	No
34. Relationship to anyone; spouse, father, mother, son, or daughter; who was a compensated employee in the last two years by any registered election or re-election committee registered with the Secretary of State or any county clerk of the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35. <b>Communication Disclosure.</b> Disclose the name and address of each lobbyist and other agent of the firm or offeror who is not identified in Form A, who has communicated, is communicating, or may communicate, with any state officer or employee concerning the statement of interest, bid or offer. This disclosure is a continuing obligation and must be promptly supplemented for accuracy throughout the process and throughout the term of the contract. <i><b>If your firm uses (lobbyist firm), lobbyists that were either hired to work on this specific SOI, bid or offer OR to assist your firm with this PTB, then answer <u>Yes</u> and indicate specifics, else please mark <u>No</u>.</b></i> If yes, supply name and address of person(s) and firm name below and: a) Disclose all lobbyist costs, fees, compensation, reimbursements, or other remunerations paid, or to be paid related to this <u>PTB Item</u> . b) Agree Consultant will not bill to the State any lobbyist costs, fees, compensation, reimbursements, or other remunerations.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36. <b>Suspension or Debarment Disclosure.</b> For each of the persons identified under Form A, disclose whether any of the following has occurred within the previous 10 years: suspension or debarment from contracting with any governmental entity; professional licensure discipline; bankruptcies; adverse civil judgments and administrative findings; and criminal felony convictions. This disclosure is a continuing obligation and must be promptly supplemented for accuracy throughout the procurement process and term of the contract, if the bid or offer is successful. If yes, supply information below:  Name of person(s): _____ Nature and date of disclosure: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*If the answers to questions 2 – 6 are "Yes" under "Qualifying Questions for Form A", check the box, sign and date below under "Applicable Statement":*  
**Applicable Statement**

**This Disclosure Form A is submitted on behalf of the INDIVIDUAL named on previous page. Under penalty of perjury, I certify the contents of this disclosure to be true and accurate to the best of my knowledge.**

Completed by: ☒

*Regan Lyon*

Signature of Individual or Authorized Officer

3/30/2022

Date

*If the answers to questions 2 - 6 are all "No", under "Qualifying Questions for Form A", check the box, sign and date below under "Not Applicable Statement":*

**Not Applicable Statement**

**Under penalty of perjury, I have determined that no individuals associated with this organization meet the criteria that would require the completion of this Form A.**

**This Disclosure Form A is submitted on behalf of the FIRM listed on the first page.**

Completed by: ☐

Signature of Individual or Authorized Officer

Date

**The firm has a continuing obligation to supplement these disclosures under Sec. 50-35 of the Procurement Code.**



## Form A: Financial Information & Potential Conflicts of Interest Disclosure

Disclosure of the information contained in this form is required by Section 50-35 of the Illinois Procurement Code (30 ILCS 500). Firms desiring to enter into a contract with the State of Illinois must disclose the financial information and potential conflict of interest information as specified in this Disclosure Form.

### Disclosure of Financial Information

The individual named below has an interest in the FIRM (or its Parent) in terms of ownership or distributive income share that is in excess of 5%, or an interest which has a value of more than 60% of the annual salary of the Governor.

<b>FOR INDIVIDUAL</b>	
Name:	<u>Steve Megginson</u>
Address:	<u>501 Appomattox Drive</u>
	<u>Springfield, IL 62711</u>
<input checked="" type="checkbox"/>	Stock with % or \$ value of ownership/distributable income share: <u>9.56%</u>
<input type="checkbox"/>	Employee Stock Ownership Plan (ESOP): _____
<input type="checkbox"/>	Other (explain): _____

### Disclosure of Potential Conflicts of Interest

Firm must check "Yes" or "No" to indicate which, if any, of the following potential conflict of interest relationships apply. If the answer to any question is "Yes", please describe and attach additional pages if needed.

	Yes	No
37. <b>State employment</b> , currently or in the previous three years, including contractual employment of services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If your answer is "Yes", please answer each of the following questions, and provide description in the space(s) below to those you answer yes to.		
a) Are you currently an officer or employee of either the Capital Development Board or the Illinois State Toll Highway Authority?	<input type="checkbox"/>	<input type="checkbox"/>
b) Are you currently appointed to or employed by any agency of the State of Illinois? If you are currently appointed to or employed by any agency of the State of Illinois, and your annual salary exceeds 60% of the annual salary of the Governor, provide the name of the state agency for which you are employed and your annual salary:	<input type="checkbox"/>	<input type="checkbox"/>
c) If you are currently appointed to or employed by any agency of the State of Illinois, and your annual salary exceeds 60% of the annual salary of the Governor, are you entitled to receive (i) more than 7 ½% of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of the salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
d) If you are currently appointed to or employed by any agency of the State of Illinois, and your annual salary exceeds 60% of the annual salary of the Governor, are you and your spouse or minor children entitled to receive (i) more than 15% in the aggregate of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of two times the salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
38. <b>State employment</b> of spouse, father, mother, son, or daughter, including contractual employment services in the previous two years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If your answer is yes, please answer each of the following questions, and provide description in the space(s) below to those you answer yes to.		





	Yes	No
a) Is your spouse or any minor children currently an officer or employee of the Capital Development Board or the Illinois State Toll Highway Authority?	<input type="checkbox"/>	<input type="checkbox"/>
b) Is your spouse or any minor children currently appointed to or employed by any agency of the State of Illinois? If your spouse or minor children is/are currently appointed to or employed by any agency of the State of Illinois, and his/her annual salary exceeds 60% of the annual salary of the Governor, provide the name of your spouse and/or minor children, the name of the state agency for which he/she is employed and his/her annual salary.	<input type="checkbox"/>	<input type="checkbox"/>
c) If your spouse or any minor children is/are currently appointed to or employed by any agency of the State of Illinois, and his/her annual salary exceeds 60% of the annual salary of the Governor, are you entitled to receive (i) more than 7 1/2% of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of 100% of the annual salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
d) If your spouse or any minor children are currently appointed to or employed by any agency of the State of Illinois, and his/her annual salary exceeds 60% of the annual salary of the Governor, are you and your spouse or minor children entitled to receive (i) more than 15% in the aggregate of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of two times the salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
39. <b>Elective status:</b> the holding of elective office of the State of Illinois, the government of the United States, any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois currently or in the previous three years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40. Relationship to anyone holding elective office currently or in the previous two years: spouse, father, mother, son or daughter?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
41. <b>Appointive office:</b> the holding of 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 the expenses incurred in the discharge of that office currently or in the previous three years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
42. Relationship to anyone holding appointive office currently or in the previous two years: spouse, father, mother, son or daughter?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
43. Employment, currently or in the previous three years, as or by any registered lobbyist of the state government?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44. Relationship to anyone who is or was a registered lobbyist in the previous two years: spouse, father, mother, son, or daughter?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
45. Compensated employment, currently or in the previous three years, by any registered election or re-election committee registered with the Secretary of State or any county clerk of the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>



	Yes	No
46. Relationship to anyone; spouse, father, mother, son, or daughter; who was a compensated employee in the last two years by any registered election or re-election committee registered with the Secretary of State or any county clerk of the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	Yes	No
47. <b>Communication Disclosure.</b> Disclose the name and address of each lobbyist and other agent of the firm or offeror who is not identified in Form A, who has communicated, is communicating, or may communicate, with any state officer or employee concerning the statement of interest, bid or offer. This disclosure is a continuing obligation and must be promptly supplemented for accuracy throughout the process and throughout the term of the contract. <b><i>If your firm uses (lobbyist firm), lobbyists that were either hired to work on this specific SOI, bid or offer OR to assist your firm with this PTB, then answer Yes and indicate specifics, else please mark No.</i></b> If yes, supply name and address of person(s) and firm name below and: a) Disclose all lobbyist costs, fees, compensation, reimbursements, or other remunerations paid, or to be paid related to this <u>PTB Item</u> . b) Agree Consultant will not bill to the State any lobbyist costs, fees, compensation, reimbursements, or other remunerations.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	Yes	No
48. <b>Suspension or Debarment Disclosure.</b> For each of the persons identified under Form A, disclose whether any of the following has occurred within the previous 10 years: suspension or debarment from contracting with any governmental entity; professional licensure discipline; bankruptcies; adverse civil judgments and administrative findings; and criminal felony convictions. This disclosure is a continuing obligation and must be promptly supplemented for accuracy throughout the procurement process and term of the contract, if the bid or offer is successful. If yes, supply information below:  Name of person(s): _____ Nature and date of disclosure: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If the answers to questions 2 - 6 are "Yes" under "Qualifying Questions for Form A", check the box, sign and date below under "Applicable Statement":  
**Applicable Statement**

This Disclosure Form A is submitted on behalf of the <b>INDIVIDUAL</b> named on previous page. Under penalty of perjury, I certify the contents of this disclosure to be true and accurate to the best of my knowledge.		
Completed by: <input checked="" type="checkbox"/>	 _____ Signature of Individual or Authorized Officer	3/30/2022 _____ Date

If the answers to questions 2 - 6 are all "No", under "Qualifying Questions for Form A", check the box, sign and date below under "Not Applicable Statement":  
**Not Applicable Statement**

Under penalty of perjury, I have determined that no individuals associated with this organization meet the criteria that would require the completion of this Form A.		
This Disclosure Form A is submitted on behalf of the <b>FIRM</b> listed on the first page.		
Completed by: <input type="checkbox"/>	_____ Signature of Individual or Authorized Officer	_____ Date

The firm has a continuing obligation to supplement these disclosures under Sec. 50-35 of the Procurement Code.



## Form A: Financial Information & Potential Conflicts of Interest Disclosure

Disclosure of the information contained in this form is required by Section 50-35 of the Illinois Procurement Code (30 ILCS 500). Firms desiring to enter into a contract with the State of Illinois must disclose the financial information and potential conflict of interest information as specified in this Disclosure Form.

### Disclosure of Financial Information

The individual named below has an interest in the FIRM (or its Parent) in terms of ownership or distributive income share that is in excess of 5%, or an interest which has a value of more than 60% of the annual salary of the Governor.

#### FOR INDIVIDUAL

Name: Amy McSwane

Address: 1556 Southgate Road  
Bartlett, IL 60103

- ☒ Stock with % or \$ value of ownership/distributable income share: 9.39%  
☐ Employee Stock Ownership Plan (ESOP): \_\_\_\_\_  
☐ Other (explain): \_\_\_\_\_

### Disclosure of Potential Conflicts of Interest

Firm must check "Yes" or "No" to indicate which, if any, of the following potential conflict of interest relationships apply. If the answer to any question is "Yes", please describe and attach additional pages if needed.

	Yes	No
49. <b>State employment</b> , currently or in the previous three years, including contractual employment of services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If your answer is "Yes", please answer each of the following questions, and provide description in the space(s) below to those you answer yes to.		
a) Are you currently an officer or employee of either the Capital Development Board or the Illinois State Toll Highway Authority?	<input type="checkbox"/>	<input type="checkbox"/>
b) Are you currently appointed to or employed by any agency of the State of Illinois? If you are currently appointed to or employed by any agency of the State of Illinois, and your annual salary exceeds 60% of the annual salary of the Governor, provide the name of the state agency for which you are employed and your annual salary:	<input type="checkbox"/>	<input type="checkbox"/>
c) If you are currently appointed to or employed by any agency of the State of Illinois, and your annual salary exceeds 60% of the annual salary of the Governor, are you entitled to receive (i) more than 7 ½% of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of the salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
d) If you are currently appointed to or employed by any agency of the State of Illinois, and your annual salary exceeds 60% of the annual salary of the Governor, are you and your spouse or minor children entitled to receive (i) more than 15% in the aggregate of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of two times the salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
50. <b>State employment</b> of spouse, father, mother, son, or daughter, including contractual employment services in the previous two years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If your answer is yes, please answer each of the following questions, and provide description in the space(s) below to those you answer yes to.		



	Yes	No
a) Is your spouse or any minor children currently an officer or employee of the Capital Development Board or the Illinois State Toll Highway Authority?	<input type="checkbox"/>	<input type="checkbox"/>
b) Is your spouse or any minor children currently appointed to or employed by any agency of the State of Illinois? If your spouse or minor children is/are currently appointed to or employed by any agency of the State of Illinois, and his/her annual salary exceeds 60% of the annual salary of the Governor, provide the name of your spouse and/or minor children, the name of the state agency for which he/she is employed and his/her annual salary.	<input type="checkbox"/>	<input type="checkbox"/>
c) If your spouse or any minor children is/are currently appointed to or employed by any agency of the State of Illinois, and his/her annual salary exceeds 60% of the annual salary of the Governor, are you entitled to receive (i) more than 7 ½% of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of 100% of the annual salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
d) If your spouse or any minor children are currently appointed to or employed by any agency of the State of Illinois, and his/her annual salary exceeds 60% of the annual salary of the Governor, are you and your spouse or minor children entitled to receive (i) more than 15% in the aggregate of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of two times the salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
51. <b>Elective status:</b> the holding of elective office of the State of Illinois, the government of the United States, any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois currently or in the previous three years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
52. Relationship to anyone holding elective office currently or in the previous two years: spouse, father, mother, son or daughter?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
53. <b>Appointive office:</b> the holding of 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 the expenses incurred in the discharge of that office currently or in the previous three years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
54. Relationship to anyone holding appointive office currently or in the previous two years: spouse, father, mother, son or daughter?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
55. Employment, currently or in the previous three years, as or by any registered lobbyist of the state government?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
56. Relationship to anyone who is or was a registered lobbyist in the previous two years: spouse, father, mother, son, or daughter?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
57. Compensated employment, currently or in the previous three years, by any registered election or re-election committee registered with the Secretary of State or any county clerk of the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>





58. Relationship to anyone; spouse, father, mother, son, or daughter; who was a compensated employee in the last two years by any registered election or re-election committee registered with the Secretary of State or any county clerk of the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections? Yes ☐ No ☒

59. **Communication Disclosure.** Disclose the name and address of each lobbyist and other agent of the firm or offeror who is not identified in Form A, who has communicated, is communicating, or may communicate, with any state officer or employee concerning the statement of interest, bid or offer. This disclosure is a continuing obligation and must be promptly supplemented for accuracy throughout the process and throughout the term of the contract. *If your firm uses (lobbyist firm), lobbyists that were either hired to work on this specific SOI, bid or offer OR to assist your firm with this PTB, then answer Yes and indicate specifics, else please mark No.* Yes ☐ No ☒

If yes, supply name and address of person(s) and firm name below and:

- a) Disclose all lobbyist costs, fees, compensation, reimbursements, or other remunerations paid, or to be paid related to this PTB Item.
- b) Agree Consultant will not bill to the State any lobbyist costs, fees, compensation, reimbursements, or other remunerations.

60. **Suspension or Debarment Disclosure.** For each of the persons identified under Form A, disclose whether any of the following has occurred within the previous 10 years: suspension or debarment from contracting with any governmental entity; professional licensure discipline; bankruptcies; adverse civil judgments and administrative findings; and criminal felony convictions. This disclosure is a continuing obligation and must be promptly supplemented for accuracy throughout the procurement process and term of the contract, if the bid or offer is successful. If yes, supply information below: Yes ☐ No ☒

Name of person(s): \_\_\_\_\_  
Nature and date of disclosure: \_\_\_\_\_

If the answers to questions 2 – 6 are "Yes" under "Qualifying Questions for Form A", check the box, sign and date below under "Applicable Statement":  
**Applicable Statement**

This Disclosure Form A is submitted on behalf of the **INDIVIDUAL** named on previous page. Under penalty of perjury, I certify the contents of this disclosure to be true and accurate to the best of my knowledge.

Completed by: ☒ Regan Lyon 3/30/2022  
Signature of Individual or Authorized Officer Date

If the answers to questions 2 - 6 are all "No", under "Qualifying Questions for Form A", check the box, sign and date below under "Not Applicable Statement":

**Not Applicable Statement**

Under penalty of perjury, I have determined that no individuals associated with this organization meet the criteria that would require the completion of this Form A.

This Disclosure Form A is submitted on behalf of the **FIRM** listed on the first page.

Completed by: ☐ \_\_\_\_\_ \_\_\_\_\_  
Signature of Individual or Authorized Officer Date

The firm has a continuing obligation to supplement these disclosures under Sec. 50-35 of the Procurement Code.



## Form A: Financial Information & Potential Conflicts of Interest Disclosure

Disclosure of the information contained in this form is required by Section 50-35 of the Illinois Procurement Code (30 ILCS 500). Firms desiring to enter into a contract with the State of Illinois must disclose the financial information and potential conflict of interest information as specified in this Disclosure Form.

### Disclosure of Financial Information

The individual named below has an interest in the FIRM (or its Parent) in terms of ownership or distributive income share that is in excess of 5%, or an interest which has a value of more than 60% of the annual salary of the Governor.

#### FOR INDIVIDUAL

Name: Randal Newkirk  
Address: 1774 Eagle Brook Drive  
Geneva, IL 60134

- ☒ Stock with % or \$ value of ownership/distributable income share: 9.04%  
☐ Employee Stock Ownership Plan (ESOP): \_\_\_\_\_  
☐ Other (explain): \_\_\_\_\_

### Disclosure of Potential Conflicts of Interest

Firm must check "Yes" or "No" to indicate which, if any, of the following potential conflict of interest relationships apply. If the answer to any question is "Yes", please describe and attach additional pages if needed.

	Yes	No
61. <b>State employment</b> , currently or in the previous three years, including contractual employment of services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If your answer is "Yes", please answer each of the following questions, and provide description in the space(s) below to those you answer yes to.		
a) Are you currently an officer or employee of either the Capital Development Board or the Illinois State Toll Highway Authority?	<input type="checkbox"/>	<input type="checkbox"/>
b) Are you currently appointed to or employed by any agency of the State of Illinois? If you are currently appointed to or employed by any agency of the State of Illinois, and your annual salary exceeds 60% of the annual salary of the Governor, provide the name of the state agency for which you are employed and your annual salary:	<input type="checkbox"/>	<input type="checkbox"/>
c) If you are currently appointed to or employed by any agency of the State of Illinois, and your annual salary exceeds 60% of the annual salary of the Governor, are you entitled to receive (i) more than 7 ½% of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of the salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
d) If you are currently appointed to or employed by any agency of the State of Illinois, and your annual salary exceeds 60% of the annual salary of the Governor, are you and your spouse or minor children entitled to receive (i) more than 15% in the aggregate of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of two times the salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
62. <b>State employment</b> of spouse, father, mother, son, or daughter, including contractual employment services in the previous two years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If your answer is yes, please answer each of the following questions, and provide description in the space(s) below to those you answer yes to.		



	Yes	No
a) Is your spouse or any minor children currently an officer or employee of the Capital Development Board or the Illinois State Toll Highway Authority?	<input type="checkbox"/>	<input type="checkbox"/>
b) Is your spouse or any minor children currently appointed to or employed by any agency of the State of Illinois? If your spouse or minor children is/are currently appointed to or employed by any agency of the State of Illinois, and his/her annual salary exceeds 60% of the annual salary of the Governor, provide the name of your spouse and/or minor children, the name of the state agency for which he/she is employed and his/her annual salary.	<input type="checkbox"/>	<input type="checkbox"/>
c) If your spouse or any minor children is/are currently appointed to or employed by any agency of the State of Illinois, and his/her annual salary exceeds 60% of the annual salary of the Governor, are you entitled to receive (i) more than 7 ½% of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of 100% of the annual salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
d) If your spouse or any minor children are currently appointed to or employed by any agency of the State of Illinois, and his/her annual salary exceeds 60% of the annual salary of the Governor, are you and your spouse or minor children entitled to receive (i) more than 15% in the aggregate of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of two times the salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
63. <b>Elective status:</b> the holding of elective office of the State of Illinois, the government of the United States, any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois currently or in the previous three years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
64. Relationship to anyone holding elective office currently or in the previous two years: spouse, father, mother, son or daughter?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
65. <b>Appointive office:</b> the holding of 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 the expenses incurred in the discharge of that office currently or in the previous three years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
66. Relationship to anyone holding appointive office currently or in the previous two years: spouse, father, mother, son or daughter?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
67. Employment, currently or in the previous three years, as or by any registered lobbyist of the state government?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
68. Relationship to anyone who is or was a registered lobbyist in the previous two years: spouse, father, mother, son, or daughter?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
69. Compensated employment, currently or in the previous three years, by any registered election or re-election committee registered with the Secretary of State or any county clerk of the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>



70. Relationship to anyone; spouse, father, mother, son, or daughter; who was a compensated employee in the last two years by any registered election or re-election committee registered with the Secretary of State or any county clerk of the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections? Yes ☐ No ☒

71. **Communication Disclosure.** Disclose the name and address of each lobbyist and other agent of the firm or offeror who is not identified in Form A, who has communicated, is communicating, or may communicate, with any state officer or employee concerning the statement of interest, bid or offer. This disclosure is a continuing obligation and must be promptly supplemented for accuracy throughout the process and throughout the term of the contract. ***If your firm uses (lobbyist firm), lobbyists that were either hired to work on this specific SOI, bid or offer OR to assist your firm with this PTB, then answer Yes and indicate specifics, else please mark No.*** Yes ☐ No ☒

If yes, supply name and address of person(s) and firm name below and:

- a) Disclose all lobbyist costs, fees, compensation, reimbursements, or other remunerations paid, or to be paid related to this PTB Item.
- b) Agree Consultant will not bill to the State any lobbyist costs, fees, compensation, reimbursements, or other remunerations.

72. **Suspension or Debarment Disclosure.** For each of the persons identified under Form A, disclose whether any of the following has occurred within the previous 10 years: suspension or debarment from contracting with any governmental entity; professional licensure discipline; bankruptcies; adverse civil judgments and administrative findings; and criminal felony convictions. This disclosure is a continuing obligation and must be promptly supplemented for accuracy throughout the procurement process and term of the contract, if the bid or offer is successful. If yes, supply information below: Yes ☐ No ☒

Name of person(s): \_\_\_\_\_  
Nature and date of disclosure: \_\_\_\_\_

If the answers to questions 2 – 6 are "Yes" under "Qualifying Questions for Form A", check the box, sign and date below under "Applicable Statement":  
**Applicable Statement**

**This Disclosure Form A is submitted on behalf of the INDIVIDUAL named on previous page. Under penalty of perjury, I certify the contents of this disclosure to be true and accurate to the best of my knowledge.**

Completed by: ☒ Reagan Lyon 3/30/2022  
Signature of Individual or Authorized Officer Date

If the answers to questions 2 – 6 are all "No", under "Qualifying Questions for Form A", check the box, sign and date below under "Not Applicable Statement":  
**Not Applicable Statement**

**Under penalty of perjury, I have determined that no individuals associated with this organization meet the criteria that would require the completion of this Form A.**

**This Disclosure Form A is submitted on behalf of the FIRM listed on the first page.**

Completed by: ☐ \_\_\_\_\_ Date  
Signature of Individual or Authorized Officer

The firm has a continuing obligation to supplement these disclosures under Sec. 50-35 of the Procurement Code.





## Form A: Financial Information & Potential Conflicts of Interest Disclosure

Disclosure of the information contained in this form is required by Section 50-35 of the Illinois Procurement Code (30 ILCS 500). Firms desiring to enter into a contract with the State of Illinois must disclose the financial information and potential conflict of interest information as specified in this Disclosure Form.

### Disclosure of Financial Information

The individual named below has an interest in the FIRM (or its Parent) in terms of ownership or distributive income share that is in excess of 5%, or an interest which has a value of more than 60% of the annual salary of the Governor.

#### FOR INDIVIDUAL

Name: Karen Kase  
Address: 10629 North Ellendale  
Edgerton, WI 53534

- ☒ Stock with % or \$ value of ownership/distributable income share: 5.12%  
☐ Employee Stock Ownership Plan (ESOP): \_\_\_\_\_  
☐ Other (explain): \_\_\_\_\_

### Disclosure of Potential Conflicts of Interest

Firm must check "Yes" or "No" to indicate which, if any, of the following potential conflict of interest relationships apply. If the answer to any question is "Yes", please describe and attach additional pages if needed.

	Yes	No
73. <b>State employment</b> , currently or in the previous three years, including contractual employment of services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If your answer is "Yes", please answer each of the following questions, and provide description in the space(s) below to those you answer yes to.		
a) Are you currently an officer or employee of either the Capital Development Board or the Illinois State Toll Highway Authority?	<input type="checkbox"/>	<input type="checkbox"/>
b) Are you currently appointed to or employed by any agency of the State of Illinois? If you are currently appointed to or employed by any agency of the State of Illinois, and your annual salary exceeds 60% of the annual salary of the Governor, provide the name of the state agency for which you are employed and your annual salary:	<input type="checkbox"/>	<input type="checkbox"/>
c) If you are currently appointed to or employed by any agency of the State of Illinois, and your annual salary exceeds 60% of the annual salary of the Governor, are you entitled to receive (i) more than 7 ½% of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of the salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
d) If you are currently appointed to or employed by any agency of the State of Illinois, and your annual salary exceeds 60% of the annual salary of the Governor, are you and your spouse or minor children entitled to receive (i) more than 15% in the aggregate of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of two times the salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
74. <b>State employment</b> of spouse, father, mother, son, or daughter, including contractual employment services in the previous two years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If your answer is yes, please answer each of the following questions, and provide description in the space(s) below to those you answer yes to.		



	Yes	No
a) Is your spouse or any minor children currently an officer or employee of the Capital Development Board or the Illinois State Toll Highway Authority?	<input type="checkbox"/>	<input type="checkbox"/>
b) Is your spouse or any minor children currently appointed to or employed by any agency of the State of Illinois? If your spouse or minor children is/are currently appointed to or employed by any agency of the State of Illinois, and his/her annual salary exceeds 60% of the annual salary of the Governor, provide the name of your spouse and/or minor children, the name of the state agency for which he/she is employed and his/her annual salary.	<input type="checkbox"/>	<input type="checkbox"/>
c) If your spouse or any minor children is/are currently appointed to or employed by any agency of the State of Illinois, and his/her annual salary exceeds 60% of the annual salary of the Governor, are you entitled to receive (i) more than 7 ½% of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of 100% of the annual salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
d) If your spouse or any minor children are currently appointed to or employed by any agency of the State of Illinois, and his/her annual salary exceeds 60% of the annual salary of the Governor, are you and your spouse or minor children entitled to receive (i) more than 15% in the aggregate of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of two times the salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
75. <b>Elective status:</b> the holding of elective office of the State of Illinois, the government of the United States, any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois currently or in the previous three years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
76. Relationship to anyone holding elective office currently or in the previous two years: spouse, father, mother, son or daughter?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
77. <b>Appointive office:</b> the holding of 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 the expenses incurred in the discharge of that office currently or in the previous three years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
78. Relationship to anyone holding appointive office currently or in the previous two years: spouse, father, mother, son or daughter?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
79. Employment, currently or in the previous three years, as or by any registered lobbyist of the state government?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80. Relationship to anyone who is or was a registered lobbyist in the previous two years: spouse, father, mother, son, or daughter?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
81. Compensated employment, currently or in the previous three years, by any registered election or re-election committee registered with the Secretary of State or any county clerk of the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>



	Yes	No
82. Relationship to anyone; spouse, father, mother, son, or daughter; who was a compensated employee in the last two years by any registered election or re-election committee registered with the Secretary of State or any county clerk of the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
83. <b>Communication Disclosure.</b> Disclose the name and address of each lobbyist and other agent of the firm or offeror who is not identified in Form A, who has communicated, is communicating, or may communicate, with any state officer or employee concerning the statement of interest, bid or offer. This disclosure is a continuing obligation and must be promptly supplemented for accuracy throughout the process and throughout the term of the contract. <i><b>If your firm uses (lobbyist firm), lobbyists that were either hired to work on this specific SOI, bid or offer OR to assist your firm with this PTB, then answer <u>Yes</u> and indicate specifics, else please mark <u>No</u>.</b></i> If yes, supply name and address of person(s) and firm name below and: a) Disclose all lobbyist costs, fees, compensation, reimbursements, or other remunerations paid, or to be paid related to this <u>PTB Item</u> . b) Agree Consultant will not bill to the State any lobbyist costs, fees, compensation, reimbursements, or other remunerations.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
84. <b>Suspension or Debarment Disclosure.</b> For each of the persons identified under Form A, disclose whether any of the following has occurred within the previous 10 years: suspension or debarment from contracting with any governmental entity; professional licensure discipline; bankruptcies; adverse civil judgments and administrative findings; and criminal felony convictions. This disclosure is a continuing obligation and must be promptly supplemented for accuracy throughout the procurement process and term of the contract, if the bid or offer is successful. If yes, supply information below:  Name of person(s): _____ Nature and date of disclosure: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*If the answers to questions 2 – 6 are "Yes" under "Qualifying Questions for Form A", check the box, sign and date below under "Applicable Statement":*  
**Applicable Statement**

**This Disclosure Form A is submitted on behalf of the INDIVIDUAL named on previous page. Under penalty of perjury, I certify the contents of this disclosure to be true and accurate to the best of my knowledge.**

Completed by: ☒

*Requon Ligon*

Signature of Individual or Authorized Officer

3/30/2022

Date

*If the answers to questions 2 – 6 are all "No", under "Qualifying Questions for Form A", check the box, sign and date below under "Not Applicable Statement":*

**Not Applicable Statement**

**Under penalty of perjury, I have determined that no individuals associated with this organization meet the criteria that would require the completion of this Form A.**

**This Disclosure Form A is submitted on behalf of the FIRM listed on the first page.**

Completed by: ☐

Signature of Individual or Authorized Officer

Date

**The firm has a continuing obligation to supplement these disclosures under Sec. 50-35 of the Procurement Code.**



## Form A: Financial Information & Potential Conflicts of Interest Disclosure

Disclosure of the information contained in this form is required by Section 50-35 of the Illinois Procurement Code (30 ILCS 500). Firms desiring to enter into a contract with the State of Illinois must disclose the financial information and potential conflict of interest information as specified in this Disclosure Form.

### Disclosure of Financial Information

The individual named below has an interest in the FIRM (or its Parent) in terms of ownership or distributive income share that is in excess of 5%, or an interest which has a value of more than 60% of the annual salary of the Governor.

<b>FOR INDIVIDUAL</b>	
Name:	<u>Ryan Livingston</u>
Address:	<u>316 Bryan Drive</u>
	<u>Cary, IL 60013</u>
<input checked="" type="checkbox"/>	Stock with % or \$ value of ownership/distributable income share: <u>3.41% (\$218,000)</u>
<input type="checkbox"/>	Employee Stock Ownership Plan (ESOP): _____
<input type="checkbox"/>	Other (explain): _____

### Disclosure of Potential Conflicts of Interest

Firm must check "Yes" or "No" to indicate which, if any, of the following potential conflict of interest relationships apply. If the answer to any question is "Yes", please describe and attach additional pages if needed.

	Yes	No
85. <b>State employment</b> , currently or in the previous three years, including contractual employment of services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If your answer is "Yes", please answer each of the following questions, and provide description in the space(s) below to those you answer yes to.		
a) Are you currently an officer or employee of either the Capital Development Board or the Illinois State Toll Highway Authority?	<input type="checkbox"/>	<input type="checkbox"/>
b) Are you currently appointed to or employed by any agency of the State of Illinois? If you are currently appointed to or employed by any agency of the State of Illinois, and your annual salary exceeds 60% of the annual salary of the Governor, provide the name of the state agency for which you are employed and your annual salary:	<input type="checkbox"/>	<input type="checkbox"/>
c) If you are currently appointed to or employed by any agency of the State of Illinois, and your annual salary exceeds 60% of the annual salary of the Governor, are you entitled to receive (i) more than 7 ½% of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of the salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
d) If you are currently appointed to or employed by any agency of the State of Illinois, and your annual salary exceeds 60% of the annual salary of the Governor, are you and your spouse or minor children entitled to receive (i) more than 15% in the aggregate of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of two times the salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
86. <b>State employment</b> of spouse, father, mother, son, or daughter, including contractual employment services in the previous two years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If your answer is yes, please answer each of the following questions, and provide description in the space(s) below to those you answer yes to.		





	Yes	No
a) Is your spouse or any minor children currently an officer or employee of the Capital Development Board or the Illinois State Toll Highway Authority?	<input type="checkbox"/>	<input type="checkbox"/>
b) Is your spouse or any minor children currently appointed to or employed by any agency of the State of Illinois? If your spouse or minor children is/are currently appointed to or employed by any agency of the State of Illinois, and his/her annual salary exceeds 60% of the annual salary of the Governor, provide the name of your spouse and/or minor children, the name of the state agency for which he/she is employed and his/her annual salary.	<input type="checkbox"/>	<input type="checkbox"/>
c) If your spouse or any minor children is/are currently appointed to or employed by any agency of the State of Illinois, and his/her annual salary exceeds 60% of the annual salary of the Governor, are you entitled to receive (i) more than 7 ½% of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of 100% of the annual salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
d) If your spouse or any minor children are currently appointed to or employed by any agency of the State of Illinois, and his/her annual salary exceeds 60% of the annual salary of the Governor, are you and your spouse or minor children entitled to receive (i) more than 15% in the aggregate of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of two times the salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
87. <b>Elective status:</b> the holding of elective office of the State of Illinois, the government of the United States, any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois currently or in the previous three years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
88. Relationship to anyone holding elective office currently or in the previous two years: spouse, father, mother, son or daughter?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
89. <b>Appointive office:</b> the holding of 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 the expenses incurred in the discharge of that office currently or in the previous three years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
90. Relationship to anyone holding appointive office currently or in the previous two years: spouse, father, mother, son or daughter?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
91. Employment, currently or in the previous three years, as or by any registered lobbyist of the state government?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
92. Relationship to anyone who is or was a registered lobbyist in the previous two years: spouse, father, mother, son, or daughter?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
93. Compensated employment, currently or in the previous three years, by any registered election or re-election committee registered with the Secretary of State or any county clerk of the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>



	Yes	No
94. Relationship to anyone; spouse, father, mother, son, or daughter; who was a compensated employee in the last two years by any registered election or re-election committee registered with the Secretary of State or any county clerk of the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
95. <b>Communication Disclosure.</b> Disclose the name and address of each lobbyist and other agent of the firm or offeror who is not identified in Form A, who has communicated, is communicating, or may communicate, with any state officer or employee concerning the statement of interest, bid or offer. This disclosure is a continuing obligation and must be promptly supplemented for accuracy throughout the process and throughout the term of the contract. <b><i>If your firm uses (lobbyist firm), lobbyists that were either hired to work on this specific SOI, bid or offer OR to assist your firm with this PTB, then answer <u>Yes</u> and indicate specifics, else please mark <u>No</u>.</i></b> If yes, supply name and address of person(s) and firm name below and: a) Disclose all lobbyist costs, fees, compensation, reimbursements, or other remunerations paid, or to be paid related to this PTB Item. b) Agree Consultant will not bill to the State any lobbyist costs, fees, compensation, reimbursements, or other remunerations.  _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
96. <b>Suspension or Debarment Disclosure.</b> For each of the persons identified under Form A, disclose whether any of the following has occurred within the previous 10 years: suspension or debarment from contracting with any governmental entity; professional licensure discipline; bankruptcies; adverse civil judgments and administrative findings; and criminal felony convictions. This disclosure is a continuing obligation and must be promptly supplemented for accuracy throughout the procurement process and term of the contract, if the bid or offer is successful. If yes, supply information below:  Name of person(s): _____ Nature and date of disclosure: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If the answers to questions 2 – 6 are "Yes" under "Qualifying Questions for Form A", check the box, sign and date below under "Applicable Statement":  
**Applicable Statement**

**This Disclosure Form A is submitted on behalf of the INDIVIDUAL named on previous page. Under penalty of perjury, I certify the contents of this disclosure to be true and accurate to the best of my knowledge.**

Completed by: ☒ \_\_\_\_\_ 3/30/2022  

Signature of Individual or Authorized Officer Date

If the answers to questions 2 – 6 are all "No", under "Qualifying Questions for Form A", check the box, sign and date below under "Not Applicable Statement":  
**Not Applicable Statement**

**Under penalty of perjury, I have determined that no individuals associated with this organization meet the criteria that would require the completion of this Form A.**

**This Disclosure Form A is submitted on behalf of the FIRM listed on the first page.**

Completed by: ☐ \_\_\_\_\_  

Signature of Individual or Authorized Officer Date

The firm has a continuing obligation to supplement these disclosures under Sec. 50-35 of the Procurement Code.



## Form A: Financial Information & Potential Conflicts of Interest Disclosure

Disclosure of the information contained in this form is required by Section 50-35 of the Illinois Procurement Code (30 ILCS 500). Firms desiring to enter into a contract with the State of Illinois must disclose the financial information and potential conflict of interest information as specified in this Disclosure Form.

### Disclosure of Financial Information

The individual named below has an interest in the FIRM (or its Parent) in terms of ownership or distributive income share that is in excess of 5%, or an interest which has a value of more than 60% of the annual salary of the Governor.

#### FOR INDIVIDUAL

Name: Joseph Frazee

Address: 418 East Chestnut Street  
Chatham, IL 62629

- ☒ Stock with % or \$ value of ownership/distributable income share: 3.41% (\$218,000)  
☐ Employee Stock Ownership Plan (ESOP): \_\_\_\_\_  
☐ Other (explain): \_\_\_\_\_

### Disclosure of Potential Conflicts of Interest

Firm must check "Yes" or "No" to indicate which, if any, of the following potential conflict of interest relationships apply. If the answer to any question is "Yes", please describe and attach additional pages if needed.

	Yes	No
97. <b>State employment</b> , currently or in the previous three years, including contractual employment of services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If your answer is "Yes", please answer each of the following questions, and provide description in the space(s) below to those you answer yes to.		
a) Are you currently an officer or employee of either the Capital Development Board or the Illinois State Toll Highway Authority?	<input type="checkbox"/>	<input type="checkbox"/>
b) Are you currently appointed to or employed by any agency of the State of Illinois? If you are currently appointed to or employed by any agency of the State of Illinois, and your annual salary exceeds 60% of the annual salary of the Governor, provide the name of the state agency for which you are employed and your annual salary:	<input type="checkbox"/>	<input type="checkbox"/>
c) If you are currently appointed to or employed by any agency of the State of Illinois, and your annual salary exceeds 60% of the annual salary of the Governor, are you entitled to receive (i) more than 7 ½% of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of the salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
d) If you are currently appointed to or employed by any agency of the State of Illinois, and your annual salary exceeds 60% of the annual salary of the Governor, are you and your spouse or minor children entitled to receive (i) more than 15% in the aggregate of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of two times the salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
98. <b>State employment</b> of spouse, father, mother, son, or daughter, including contractual employment services in the previous two years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If your answer is yes, please answer each of the following questions, and provide description in the space(s) below to those you answer yes to.		



	Yes	No
a) Is your spouse or any minor children currently an officer or employee of the Capital Development Board or the Illinois State Toll Highway Authority?	<input type="checkbox"/>	<input type="checkbox"/>
b) Is your spouse or any minor children currently appointed to or employed by any agency of the State of Illinois? If your spouse or minor children is/are currently appointed to or employed by any agency of the State of Illinois, and his/her annual salary exceeds 60% of the annual salary of the Governor, provide the name of your spouse and/or minor children, the name of the state agency for which he/she is employed and his/her annual salary.	<input type="checkbox"/>	<input type="checkbox"/>
c) If your spouse or any minor children is/are currently appointed to or employed by any agency of the State of Illinois, and his/her annual salary exceeds 60% of the annual salary of the Governor, are you entitled to receive (i) more than 7 ½% of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of 100% of the annual salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
d) If your spouse or any minor children are currently appointed to or employed by any agency of the State of Illinois, and his/her annual salary exceeds 60% of the annual salary of the Governor, are you and your spouse or minor children entitled to receive (i) more than 15% in the aggregate of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of two times the salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
99. <b>Elective status:</b> the holding of elective office of the State of Illinois, the government of the United States, any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois currently or in the previous three years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
100. Relationship to anyone holding elective office currently or in the previous two years: spouse, father, mother, son or daughter?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
101. <b>Appointive office:</b> the holding of 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 the expenses incurred in the discharge of that office currently or in the previous three years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
102. Relationship to anyone holding appointive office currently or in the previous two years: spouse, father, mother, son or daughter?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
103. Employment, currently or in the previous three years, as or by any registered lobbyist of the state government?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
104. Relationship to anyone who is or was a registered lobbyist in the previous two years: spouse, father, mother, son, or daughter?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
105. Compensated employment, currently or in the previous three years, by any registered election or re-election committee registered with the Secretary of State or any county clerk of the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>





	Yes	No
106. Relationship to anyone; spouse, father, mother, son, or daughter; who was a compensated employee in the last two years by any registered election or re-election committee registered with the Secretary of State or any county clerk of the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

107. <b>Communication Disclosure.</b> Disclose the name and address of each lobbyist and other agent of the firm or offeror who is not identified in Form A, who has communicated, is communicating, or may communicate, with any state officer or employee concerning the statement of interest, bid or offer. This disclosure is a continuing obligation and must be promptly supplemented for accuracy throughout the process and throughout the term of the contract. <b><i>If your firm uses (lobbyist firm), lobbyists that were either hired to work on this specific SOI, bid or offer OR to assist your firm with this PTB, then answer <u>Yes</u> and indicate specifics, else please mark <u>No</u>.</i></b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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If yes, supply name and address of person(s) and firm name below and:

a) Disclose all lobbyist costs, fees, compensation, reimbursements, or other remunerations paid, or to be paid related to this PTB Item.

b) Agree Consultant will not bill to the State any lobbyist costs, fees, compensation, reimbursements, or other remunerations.

108. <b>Suspension or Debarment Disclosure.</b> For each of the persons identified under Form A, disclose whether any of the following has occurred within the previous 10 years: suspension or debarment from contracting with any governmental entity; professional licensure discipline; bankruptcies; adverse civil judgments and administrative findings; and criminal felony convictions. This disclosure is a continuing obligation and must be promptly supplemented for accuracy throughout the procurement process and term of the contract, if the bid or offer is successful. If yes, supply information below:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Name of person(s): \_\_\_\_\_

Nature and date of disclosure: \_\_\_\_\_

*If the answers to questions 2 - 6 are "Yes" under "Qualifying Questions for Form A", check the box, sign and date below under "Applicable Statement":*

**Applicable Statement**

**This Disclosure Form A is submitted on behalf of the INDIVIDUAL named on previous page. Under penalty of perjury, I certify the contents of this disclosure to be true and accurate to the best of my knowledge.**

Completed by: ☒

*Requon Lyon*

Signature of Individual or Authorized Officer

3/30/2022

Date

*If the answers to questions 2 - 6 are all "No", under "Qualifying Questions for Form A", check the box, sign and date below under "Not Applicable Statement":*

**Not Applicable Statement**

**Under penalty of perjury, I have determined that no individuals associated with this organization meet the criteria that would require the completion of this Form A.**

**This Disclosure Form A is submitted on behalf of the FIRM listed on the first page.**

Completed by: ☐

Signature of Individual or Authorized Officer

Date

**The firm has a continuing obligation to supplement these disclosures under Sec. 50-35 of the Procurement Code.**



## Form A: Financial Information & Potential Conflicts of Interest Disclosure

Disclosure of the information contained in this form is required by Section 50-35 of the Illinois Procurement Code (30 ILCS 500). Firms desiring to enter into a contract with the State of Illinois must disclose the financial information and potential conflict of interest information as specified in this Disclosure Form.

### Disclosure of Financial Information

The individual named below has an interest in the FIRM (or its Parent) in terms of ownership or distributive income share that is in excess of 5%, or an interest which has a value of more than 60% of the annual salary of the Governor.

#### FOR INDIVIDUAL

Name: Steve Stack  
Address: 2349 Cottonwood Drive  
Elgin, IL 60123

- ☒ Stock with % or \$ value of ownership/distributable income share: 2.82% (\$179,850)  
☐ Employee Stock Ownership Plan (ESOP): \_\_\_\_\_  
☐ Other (explain): \_\_\_\_\_

### Disclosure of Potential Conflicts of Interest

Firm must check "Yes" or "No" to indicate which, if any, of the following potential conflict of interest relationships apply. If the answer to any question is "Yes", please describe and attach additional pages if needed.

	Yes	No
109. <b>State employment</b> , currently or in the previous three years, including contractual employment of services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If your answer is "Yes", please answer each of the following questions, and provide description in the space(s) below to those you answer yes to.		
a) Are you currently an officer or employee of either the Capital Development Board or the Illinois State Toll Highway Authority?	<input type="checkbox"/>	<input type="checkbox"/>
b) Are you currently appointed to or employed by any agency of the State of Illinois? If you are currently appointed to or employed by any agency of the State of Illinois, and your annual salary exceeds 60% of the annual salary of the Governor, provide the name of the state agency for which you are employed and your annual salary:	<input type="checkbox"/>	<input type="checkbox"/>
c) If you are currently appointed to or employed by any agency of the State of Illinois, and your annual salary exceeds 60% of the annual salary of the Governor, are you entitled to receive (i) more than 7 ½% of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of the salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
d) If you are currently appointed to or employed by any agency of the State of Illinois, and your annual salary exceeds 60% of the annual salary of the Governor, are you and your spouse or minor children entitled to receive (i) more than 15% in the aggregate of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of two times the salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
110. <b>State employment</b> of spouse, father, mother, son, or daughter, including contractual employment services in the previous two years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If your answer is yes, please answer each of the following questions, and provide description in the space(s) below to those you answer yes to.		



	Yes	No
a) Is your spouse or any minor children currently an officer or employee of the Capital Development Board or the Illinois State Toll Highway Authority?	<input type="checkbox"/>	<input type="checkbox"/>
b) Is your spouse or any minor children currently appointed to or employed by any agency of the State of Illinois? If your spouse or minor children is/are currently appointed to or employed by any agency of the State of Illinois, and his/her annual salary exceeds 60% of the annual salary of the Governor, provide the name of your spouse and/or minor children, the name of the state agency for which he/she is employed and his/her annual salary.	<input type="checkbox"/>	<input type="checkbox"/>
c) If your spouse or any minor children is/are currently appointed to or employed by any agency of the State of Illinois, and his/her annual salary exceeds 60% of the annual salary of the Governor, are you entitled to receive (i) more than 7 ½% of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of 100% of the annual salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
d) If your spouse or any minor children are currently appointed to or employed by any agency of the State of Illinois, and his/her annual salary exceeds 60% of the annual salary of the Governor, are you and your spouse or minor children entitled to receive (i) more than 15% in the aggregate of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of two times the salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
111. <b>Elective status:</b> the holding of elective office of the State of Illinois, the government of the United States, any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois currently or in the previous three years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
112. Relationship to anyone holding elective office currently or in the previous two years: spouse, father, mother, son or daughter?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
113. <b>Appointive office:</b> the holding of 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 the expenses incurred in the discharge of that office currently or in the previous three years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
114. Relationship to anyone holding appointive office currently or in the previous two years: spouse, father, mother, son or daughter?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
115. Employment, currently or in the previous three years, as or by any registered lobbyist of the state government?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
116. Relationship to anyone who is or was a registered lobbyist in the previous two years: spouse, father, mother, son, or daughter?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
117. Compensated employment, currently or in the previous three years, by any registered election or re-election committee registered with the Secretary of State or any county clerk of the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>



118. Relationship to anyone; spouse, father, mother, son, or daughter; who was a compensated employee in the last two years by any registered election or re-election committee registered with the Secretary of State or any county clerk of the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections? Yes ☐ No ☒

119. **Communication Disclosure.** Disclose the name and address of each lobbyist and other agent of the firm or offeror who is not identified in Form A, who has communicated, is communicating, or may communicate, with any state officer or employee concerning the statement of interest, bid or offer. This disclosure is a continuing obligation and must be promptly supplemented for accuracy throughout the process and throughout the term of the contract. ***If your firm uses (lobbyist firm), lobbyists that were either hired to work on this specific SOI, bid or offer OR to assist your firm with this PTB, then answer Yes and indicate specifics, else please mark No.*** Yes ☐ No ☒

If yes, supply name and address of person(s) and firm name below and:

- a) Disclose all lobbyist costs, fees, compensation, reimbursements, or other remunerations paid, or to be paid related to this PTB Item.
- b) Agree Consultant will not bill to the State any lobbyist costs, fees, compensation, reimbursements, or other remunerations.

120. **Suspension or Debarment Disclosure.** For each of the persons identified under Form A, disclose whether any of the following has occurred within the previous 10 years: suspension or debarment from contracting with any governmental entity; professional licensure discipline; bankruptcies; adverse civil judgments and administrative findings; and criminal felony convictions. This disclosure is a continuing obligation and must be promptly supplemented for accuracy throughout the procurement process and term of the contract, if the bid or offer is successful. If yes, supply information below: Yes ☐ No ☒

Name of person(s): \_\_\_\_\_  
Nature and date of disclosure: \_\_\_\_\_

If the answers to questions 2 - 6 are "Yes" under "Qualifying Questions for Form A", check the box, sign and date below under "Applicable Statement":  
**Applicable Statement**

This Disclosure Form A is submitted on behalf of the **INDIVIDUAL** named on previous page. Under penalty of perjury, I certify the contents of this disclosure to be true and accurate to the best of my knowledge.

Completed by: ☒ Reagan Lyon 3/30/2022  
Signature of Individual or Authorized Officer Date

If the answers to questions 2 - 6 are all "No", under "Qualifying Questions for Form A", check the box, sign and date below under "Not Applicable Statement":  
**Not Applicable Statement**

Under penalty of perjury, I have determined that no individuals associated with this organization meet the criteria that would require the completion of this Form A.

This Disclosure Form A is submitted on behalf of the **FIRM** listed on the first page.

Completed by: ☐ \_\_\_\_\_ Date  
Signature of Individual or Authorized Officer

The firm has a continuing obligation to supplement these disclosures under Sec. 50-35 of the Procurement Code.





## Form A: Financial Information & Potential Conflicts of Interest Disclosure

Disclosure of the information contained in this form is required by Section 50-35 of the Illinois Procurement Code (30 ILCS 500). Firms desiring to enter into a contract with the State of Illinois must disclose the financial information and potential conflict of interest information as specified in this Disclosure Form.

### Disclosure of Financial Information

The individual named below has an interest in the FIRM (or its Parent) in terms of ownership or distributive income share that is in excess of 5%, or an interest which has a value of more than 60% of the annual salary of the Governor.

#### FOR INDIVIDUAL

Name: Nicholas Halan  
Address: 1129 Waterford Cut  
Crystal Lake, IL 60014

- ☒ Stock with % or \$ value of ownership/distributable income share: 2.56% (\$163,500)  
☐ Employee Stock Ownership Plan (ESOP): \_\_\_\_\_  
☐ Other (explain): \_\_\_\_\_

### Disclosure of Potential Conflicts of Interest

Firm must check "Yes" or "No" to indicate which, if any, of the following potential conflict of interest relationships apply. If the answer to any question is "Yes", please describe and attach additional pages if needed.

	Yes	No
121. <b>State employment</b> , currently or in the previous three years, including contractual employment of services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If your answer is "Yes", please answer each of the following questions, and provide description in the space(s) below to those you answer yes to.		
a) Are you currently an officer or employee of either the Capital Development Board or the Illinois State Toll Highway Authority?	<input type="checkbox"/>	<input type="checkbox"/>
b) Are you currently appointed to or employed by any agency of the State of Illinois? If you are currently appointed to or employed by any agency of the State of Illinois, and your annual salary exceeds 60% of the annual salary of the Governor, provide the name of the state agency for which you are employed and your annual salary:	<input type="checkbox"/>	<input type="checkbox"/>
c) If you are currently appointed to or employed by any agency of the State of Illinois, and your annual salary exceeds 60% of the annual salary of the Governor, are you entitled to receive (i) more than 7 ½% of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of the salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
d) If you are currently appointed to or employed by any agency of the State of Illinois, and your annual salary exceeds 60% of the annual salary of the Governor, are you and your spouse or minor children entitled to receive (i) more than 15% in the aggregate of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of two times the salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
122. <b>State employment</b> of spouse, father, mother, son, or daughter, including contractual employment services in the previous two years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If your answer is yes, please answer each of the following questions, and provide description in the space(s) below to those you answer yes to.



	Yes	No
a) Is your spouse or any minor children currently an officer or employee of the Capital Development Board or the Illinois State Toll Highway Authority?	<input type="checkbox"/>	<input type="checkbox"/>
b) Is your spouse or any minor children currently appointed to or employed by any agency of the State of Illinois? If your spouse or minor children is/are currently appointed to or employed by any agency of the State of Illinois, and his/her annual salary exceeds 60% of the annual salary of the Governor, provide the name of your spouse and/or minor children, the name of the state agency for which he/she is employed and his/her annual salary.	<input type="checkbox"/>	<input type="checkbox"/>
c) If your spouse or any minor children is/are currently appointed to or employed by any agency of the State of Illinois, and his/her annual salary exceeds 60% of the annual salary of the Governor, are you entitled to receive (i) more than 7 ½% of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of 100% of the annual salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
d) If your spouse or any minor children are currently appointed to or employed by any agency of the State of Illinois, and his/her annual salary exceeds 60% of the annual salary of the Governor, are you and your spouse or minor children entitled to receive (i) more than 15% in the aggregate of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of two times the salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
123. <b>Elective status:</b> the holding of elective office of the State of Illinois, the government of the United States, any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois currently or in the previous three years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
124. Relationship to anyone holding elective office currently or in the previous two years: spouse, father, mother, son or daughter?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
125. <b>Appointive office:</b> the holding of 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 the expenses incurred in the discharge of that office currently or in the previous three years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
126. Relationship to anyone holding appointive office currently or in the previous two years: spouse, father, mother, son or daughter?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
127. Employment, currently or in the previous three years, as or by any registered lobbyist of the state government?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
128. Relationship to anyone who is or was a registered lobbyist in the previous two years: spouse, father, mother, son, or daughter?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
129. Compensated employment, currently or in the previous three years, by any registered election or re-election committee registered with the Secretary of State or any county clerk of the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>



	<b>Yes</b>	<b>No</b>
130. Relationship to anyone; spouse, father, mother, son, or daughter; who was a compensated employee in the last two years by any registered election or re-election committee registered with the Secretary of State or any county clerk of the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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131. **Communication Disclosure.** Disclose the name and address of each lobbyist and other agent of the firm or offeror who is not identified in Form A, who has communicated, is communicating, or may communicate, with any state officer or employee concerning the statement of interest, bid or offer. This disclosure is a continuing obligation and must be promptly supplemented for accuracy throughout the process and throughout the term of the contract. ***If your firm uses (lobbyist firm), lobbyists that were either hired to work on this specific SOI, bid or offer OR to assist your firm with this PTB, then answer Yes and indicate specifics, else please mark No.***

If yes, supply name and address of person(s) and firm name below and:

a) Disclose all lobbyist costs, fees, compensation, reimbursements, or other remunerations paid, or to be paid related to this PTB Item.

b) Agree Consultant will not bill to the State any lobbyist costs, fees, compensation, reimbursements, or other remunerations.

	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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132. **Suspension or Debarment Disclosure.** For each of the persons identified under Form A, disclose whether any of the following has occurred within the previous 10 years: suspension or debarment from contracting with any governmental entity; professional licensure discipline; bankruptcies; adverse civil judgments and administrative findings; and criminal felony convictions. This disclosure is a continuing obligation and must be promptly supplemented for accuracy throughout the procurement process and term of the contract, if the bid or offer is successful. If yes, supply information below:

Name of person(s): \_\_\_\_\_

Nature and date of disclosure: \_\_\_\_\_

*If the answers to questions 2 – 6 are "Yes" under "Qualifying Questions for Form A", check the box, sign and date below under "Applicable Statement":*

**Applicable Statement**

**This Disclosure Form A is submitted on behalf of the INDIVIDUAL named on previous page. Under penalty of perjury, I certify the contents of this disclosure to be true and accurate to the best of my knowledge.**

Completed by: <input checked="" type="checkbox"/> _____	3/30/2022
Signature of Individual or Authorized Officer	Date

*If the answers to questions 2 – 6 are all "No", under "Qualifying Questions for Form A", check the box, sign and date below under "Not Applicable Statement":*

**Not Applicable Statement**

**Under penalty of perjury, I have determined that no individuals associated with this organization meet the criteria that would require the completion of this Form A.**

**This Disclosure Form A is submitted on behalf of the FIRM listed on the first page.**

Completed by: <input type="checkbox"/> _____	Date
Signature of Individual or Authorized Officer	Date

**The firm has a continuing obligation to supplement these disclosures under Sec. 50-35 of the Procurement Code.**



## Form A: Financial Information & Potential Conflicts of Interest Disclosure

Disclosure of the information contained in this form is required by Section 50-35 of the Illinois Procurement Code (30 ILCS 500). Firms desiring to enter into a contract with the State of Illinois must disclose the financial information and potential conflict of interest information as specified in this Disclosure Form.

### Disclosure of Financial Information

The individual named below has an interest in the FIRM (or its Parent) in terms of ownership or distributive income share that is in excess of 5%, or an interest which has a value of more than 60% of the annual salary of the Governor.

#### FOR INDIVIDUAL

Name: Brian Schuh  
Address: 472 Co. Rd. 1650 N.  
West Salem, IL 62476

- ☒ Stock with % or \$ value of ownership/distributable income share: 2.56% (\$163,500)  
☐ Employee Stock Ownership Plan (ESOP): \_\_\_\_\_  
☐ Other (explain): \_\_\_\_\_

### Disclosure of Potential Conflicts of Interest

Firm must check "Yes" or "No" to indicate which, if any, of the following potential conflict of interest relationships apply. If the answer to any question is "Yes", please describe and attach additional pages if needed.

	Yes	No
133. <b>State employment</b> , currently or in the previous three years, including contractual employment of services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If your answer is "Yes", please answer each of the following questions, and provide description in the space(s) below to those you answer yes to.		
a) Are you currently an officer or employee of either the Capital Development Board or the Illinois State Toll Highway Authority?	<input type="checkbox"/>	<input type="checkbox"/>
b) Are you currently appointed to or employed by any agency of the State of Illinois? If you are currently appointed to or employed by any agency of the State of Illinois, and your annual salary exceeds 60% of the annual salary of the Governor, provide the name of the state agency for which you are employed and your annual salary:	<input type="checkbox"/>	<input type="checkbox"/>
c) If you are currently appointed to or employed by any agency of the State of Illinois, and your annual salary exceeds 60% of the annual salary of the Governor, are you entitled to receive (i) more than 7 ½% of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of the salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
d) If you are currently appointed to or employed by any agency of the State of Illinois, and your annual salary exceeds 60% of the annual salary of the Governor, are you and your spouse or minor children entitled to receive (i) more than 15% in the aggregate of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of two times the salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
134. <b>State employment</b> of spouse, father, mother, son, or daughter, including contractual employment services in the previous two years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If your answer is yes, please answer each of the following questions, and provide description in the space(s) below to those you answer yes to.		





	Yes	No
a) Is your spouse or any minor children currently an officer or employee of the Capital Development Board or the Illinois State Toll Highway Authority?	<input type="checkbox"/>	<input type="checkbox"/>
b) Is your spouse or any minor children currently appointed to or employed by any agency of the State of Illinois? If your spouse or minor children is/are currently appointed to or employed by any agency of the State of Illinois, and his/her annual salary exceeds 60% of the annual salary of the Governor, provide the name of your spouse and/or minor children, the name of the state agency for which he/she is employed and his/her annual salary.	<input type="checkbox"/>	<input type="checkbox"/>
c) If your spouse or any minor children is/are currently appointed to or employed by any agency of the State of Illinois, and his/her annual salary exceeds 60% of the annual salary of the Governor, are you entitled to receive (i) more than 7 1/2% of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of 100% of the annual salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
d) If your spouse or any minor children are currently appointed to or employed by any agency of the State of Illinois, and his/her annual salary exceeds 60% of the annual salary of the Governor, are you and your spouse or minor children entitled to receive (i) more than 15% in the aggregate of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of two times the salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
135. <b>Elective status:</b> the holding of elective office of the State of Illinois, the government of the United States, any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois currently or in the previous three years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
136. Relationship to anyone holding elective office currently or in the previous two years: spouse, father, mother, son or daughter?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
137. <b>Appointive office:</b> the holding of 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 the expenses incurred in the discharge of that office currently or in the previous three years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
138. Relationship to anyone holding appointive office currently or in the previous two years: spouse, father, mother, son or daughter?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
139. Employment, currently or in the previous three years, as or by any registered lobbyist of the state government?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
140. Relationship to anyone who is or was a registered lobbyist in the previous two years: spouse, father, mother, son, or daughter?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
141. Compensated employment, currently or in the previous three years, by any registered election or re-election committee registered with the Secretary of State or any county clerk of the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>



	Yes	No
142. Relationship to anyone; spouse, father, mother, son, or daughter; who was a compensated employee in the last two years by any registered election or re-election committee registered with the Secretary of State or any county clerk of the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
143. <b>Communication Disclosure.</b> Disclose the name and address of each lobbyist and other agent of the firm or offeror who is not identified in Form A, who has communicated, is communicating, or may communicate, with any state officer or employee concerning the statement of interest, bid or offer. This disclosure is a continuing obligation and must be promptly supplemented for accuracy throughout the process and throughout the term of the contract. <b><i>If your firm uses (lobbyist firm), lobbyists that were either hired to work on this specific SOI, bid or offer OR to assist your firm with this PTB, then answer <u>Yes</u> and indicate specifics, else please mark <u>No</u>.</i></b> If yes, supply name and address of person(s) and firm name below and: a) Disclose all lobbyist costs, fees, compensation, reimbursements, or other remunerations paid, or to be paid related to this <u>PTB Item</u> . b) Agree Consultant will not bill to the State any lobbyist costs, fees, compensation, reimbursements, or other remunerations.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
144. <b>Suspension or Debarment Disclosure.</b> For each of the persons identified under Form A, disclose whether any of the following has occurred within the previous 10 years: suspension or debarment from contracting with any governmental entity; professional licensure discipline; bankruptcies; adverse civil judgments and administrative findings; and criminal felony convictions. This disclosure is a continuing obligation and must be promptly supplemented for accuracy throughout the procurement process and term of the contract, if the bid or offer is successful. If yes, supply information below:  Name of person(s): _____ Nature and date of disclosure: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If the answers to questions 2 – 6 are "Yes" under "Qualifying Questions for Form A", check the box, sign and date below under "Applicable Statement":  
**Applicable Statement**

<p><b>This Disclosure Form A is submitted on behalf of the INDIVIDUAL named on previous page. Under penalty of perjury, I certify the contents of this disclosure to be true and accurate to the best of my knowledge.</b></p>		
Completed by: <input checked="" type="checkbox"/>	 Signature of Individual or Authorized Officer	3/30/2022 Date

If the answers to questions 2 - 6 are all "No", under "Qualifying Questions for Form A", check the box, sign and date below under "Not Applicable Statement":  
**Not Applicable Statement**

<p><b>Under penalty of perjury, I have determined that no individuals associated with this organization meet the criteria that would require the completion of this Form A.</b></p>		
<p><b>This Disclosure Form A is submitted on behalf of the FIRM listed on the first page.</b></p>		
Completed by: <input type="checkbox"/>	_____ Signature of Individual or Authorized Officer	_____ Date

**The firm has a continuing obligation to supplement these disclosures under Sec. 50-35 of the Procurement Code.**



## Form A: Financial Information & Potential Conflicts of Interest Disclosure

Disclosure of the information contained in this form is required by Section 50-35 of the Illinois Procurement Code (30 ILCS 500). Firms desiring to enter into a contract with the State of Illinois must disclose the financial information and potential conflict of interest information as specified in this Disclosure Form.

### Disclosure of Financial Information

The individual named below has an interest in the FIRM (or its Parent) in terms of ownership or distributive income share that is in excess of 5%, or an interest which has a value of more than 60% of the annual salary of the Governor.

#### FOR INDIVIDUAL

Name: Bradley Schroeder

Address: 206 South 3rd

Grayville, IL 62844

- ☒ Stock with % or \$ value of ownership/distributable income share: 2.22% (\$141,700)
- ☐ Employee Stock Ownership Plan (ESOP): \_\_\_\_\_
- ☐ Other (explain): \_\_\_\_\_

### Disclosure of Potential Conflicts of Interest

Firm must check "Yes" or "No" to indicate which, if any, of the following potential conflict of interest relationships apply. If the answer to any question is "Yes", please describe and attach additional pages if needed.

	Yes	No
145. <b>State employment</b> , currently or in the previous three years, including contractual employment of services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If your answer is "Yes", please answer each of the following questions, and provide description in the space(s) below to those you answer yes to.		
a) Are you currently an officer or employee of either the Capital Development Board or the Illinois State Toll Highway Authority?	<input type="checkbox"/>	<input type="checkbox"/>
b) Are you currently appointed to or employed by any agency of the State of Illinois? If you are currently appointed to or employed by any agency of the State of Illinois, and your annual salary exceeds 60% of the annual salary of the Governor, provide the name of the state agency for which you are employed and your annual salary:	<input type="checkbox"/>	<input type="checkbox"/>
c) If you are currently appointed to or employed by any agency of the State of Illinois, and your annual salary exceeds 60% of the annual salary of the Governor, are you entitled to receive (i) more than 7 ½% of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of the salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
d) If you are currently appointed to or employed by any agency of the State of Illinois, and your annual salary exceeds 60% of the annual salary of the Governor, are you and your spouse or minor children entitled to receive (i) more than 15% in the aggregate of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of two times the salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
146. <b>State employment</b> of spouse, father, mother, son, or daughter, including contractual employment services in the previous two years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If your answer is yes, please answer each of the following questions, and provide description in the space(s) below to those you answer yes to.		



	Yes	No
a) Is your spouse or any minor children currently an officer or employee of the Capital Development Board or the Illinois State Toll Highway Authority?	<input type="checkbox"/>	<input type="checkbox"/>
b) Is your spouse or any minor children currently appointed to or employed by any agency of the State of Illinois? If your spouse or minor children is/are currently appointed to or employed by any agency of the State of Illinois, and his/her annual salary exceeds 60% of the annual salary of the Governor, provide the name of your spouse and/or minor children, the name of the state agency for which he/she is employed and his/her annual salary.	<input type="checkbox"/>	<input type="checkbox"/>
c) If your spouse or any minor children is/are currently appointed to or employed by any agency of the State of Illinois, and his/her annual salary exceeds 60% of the annual salary of the Governor, are you entitled to receive (i) more than 7 ½% of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of 100% of the annual salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
d) If your spouse or any minor children are currently appointed to or employed by any agency of the State of Illinois, and his/her annual salary exceeds 60% of the annual salary of the Governor, are you and your spouse or minor children entitled to receive (i) more than 15% in the aggregate of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of two times the salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
147. <b>Elective status:</b> the holding of elective office of the State of Illinois, the government of the United States, any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois currently or in the previous three years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
148. Relationship to anyone holding elective office currently or in the previous two years: spouse, father, mother, son or daughter?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
149. <b>Appointive office:</b> the holding of 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 the expenses incurred in the discharge of that office currently or in the previous three years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
150. Relationship to anyone holding appointive office currently or in the previous two years: spouse, father, mother, son or daughter?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
151. Employment, currently or in the previous three years, as or by any registered lobbyist of the state government?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
152. Relationship to anyone who is or was a registered lobbyist in the previous two years: spouse, father, mother, son, or daughter?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
153. Compensated employment, currently or in the previous three years, by any registered election or re-election committee registered with the Secretary of State or any county clerk of the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>



	Yes	No
154. Relationship to anyone; spouse, father, mother, son, or daughter; who was a compensated employee in the last two years by any registered election or re-election committee registered with the Secretary of State or any county clerk of the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

155. <b>Communication Disclosure.</b> Disclose the name and address of each lobbyist and other agent of the firm or offeror who is not identified in Form A, who has communicated, is communicating, or may communicate, with any state officer or employee concerning the statement of interest, bid or offer. This disclosure is a continuing obligation and must be promptly supplemented for accuracy throughout the process and throughout the term of the contract. <i>If your firm uses (lobbyist firm), lobbyists that were either hired to work on this specific SOI, bid or offer OR to assist your firm with this PTB, then answer <u>Yes</u> and indicate specifics, else please mark <u>No</u>.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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If yes, supply name and address of person(s) and firm name below and:

a) Disclose all lobbyist costs, fees, compensation, reimbursements, or other remunerations paid, or to be paid related to this PTB Item.

b) Agree Consultant will not bill to the State any lobbyist costs, fees, compensation, reimbursements, or other remunerations.

156. <b>Suspension or Debarment Disclosure.</b> For each of the persons identified under Form A, disclose whether any of the following has occurred within the previous 10 years: suspension or debarment from contracting with any governmental entity; professional licensure discipline; bankruptcies; adverse civil judgments and administrative findings; and criminal felony convictions. This disclosure is a continuing obligation and must be promptly supplemented for accuracy throughout the procurement process and term of the contract, if the bid or offer is successful. If yes, supply information below:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Name of person(s): \_\_\_\_\_

Nature and date of disclosure: \_\_\_\_\_

*If the answers to questions 2 – 6 are "Yes" under "Qualifying Questions for Form A", check the box, sign and date below under "Applicable Statement":*

**Applicable Statement**

**This Disclosure Form A is submitted on behalf of the INDIVIDUAL named on previous page. Under penalty of perjury, I certify the contents of this disclosure to be true and accurate to the best of my knowledge.**

Completed by: ☒

  
Signature of Individual or Authorized Officer

3/30/2022  
Date

*If the answers to questions 2 - 6 are all "No", under "Qualifying Questions for Form A", check the box, sign and date below under "Not Applicable Statement":*

**Not Applicable Statement**

**Under penalty of perjury, I have determined that no individuals associated with this organization meet the criteria that would require the completion of this Form A.**

**This Disclosure Form A is submitted on behalf of the FIRM listed on the first page.**

Completed by: ☐

\_\_\_\_\_  
Signature of Individual or Authorized Officer

\_\_\_\_\_  
Date

**The firm has a continuing obligation to supplement these disclosures under Sec. 50-35 of the Procurement Code.**





## Form A: Financial Information & Potential Conflicts of Interest Disclosure

Disclosure of the information contained in this form is required by Section 50-35 of the Illinois Procurement Code (30 ILCS 500). Firms desiring to enter into a contract with the State of Illinois must disclose the financial information and potential conflict of interest information as specified in this Disclosure Form.

### Disclosure of Financial Information

The individual named below has an interest in the FIRM (or its Parent) in terms of ownership or distributive income share that is in excess of 5%, or an interest which has a value of more than 60% of the annual salary of the Governor.

<b>FOR INDIVIDUAL</b>	
Name:	<u>Nicholas Piekarski</u>
Address:	<u>3542 Matisse Drivr</u>
	<u>St. Charles, IL 60175</u>
<input checked="" type="checkbox"/>	Stock with % or \$ value of ownership/distributable income share: <u>1.79% (\$114,450)</u>
<input type="checkbox"/>	Employee Stock Ownership Plan (ESOP): _____
<input type="checkbox"/>	Other (explain): _____

### Disclosure of Potential Conflicts of Interest

Firm must check "Yes" or "No" to indicate which, if any, of the following potential conflict of interest relationships apply. If the answer to any question is "Yes", please describe and attach additional pages if needed.

	Yes	No
157. <b>State employment</b> , currently or in the previous three years, including contractual employment of services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If your answer is "Yes", please answer each of the following questions, and provide description in the space(s) below to those you answer yes to.		
a) Are you currently an officer or employee of either the Capital Development Board or the Illinois State Toll Highway Authority?	<input type="checkbox"/>	<input type="checkbox"/>
b) Are you currently appointed to or employed by any agency of the State of Illinois? If you are currently appointed to or employed by any agency of the State of Illinois, and your annual salary exceeds 60% of the annual salary of the Governor, provide the name of the state agency for which you are employed and your annual salary:	<input type="checkbox"/>	<input type="checkbox"/>
c) If you are currently appointed to or employed by any agency of the State of Illinois, and your annual salary exceeds 60% of the annual salary of the Governor, are you entitled to receive (i) more than 7 ½% of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of the salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
d) If you are currently appointed to or employed by any agency of the State of Illinois, and your annual salary exceeds 60% of the annual salary of the Governor, are you and your spouse or minor children entitled to receive (i) more than 15% in the aggregate of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of two times the salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
158. <b>State employment</b> of spouse, father, mother, son, or daughter, including contractual employment services in the previous two years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If your answer is yes, please answer each of the following questions, and provide description in the space(s) below to those you answer yes to.		




	Yes	No
a) Is your spouse or any minor children currently an officer or employee of the Capital Development Board or the Illinois State Toll Highway Authority?	<input type="checkbox"/>	<input type="checkbox"/>
b) Is your spouse or any minor children currently appointed to or employed by any agency of the State of Illinois? If your spouse or minor children is/are currently appointed to or employed by any agency of the State of Illinois, and his/her annual salary exceeds 60% of the annual salary of the Governor, provide the name of your spouse and/or minor children, the name of the state agency for which he/she is employed and his/her annual salary.	<input type="checkbox"/>	<input type="checkbox"/>
c) If your spouse or any minor children is/are currently appointed to or employed by any agency of the State of Illinois, and his/her annual salary exceeds 60% of the annual salary of the Governor, are you entitled to receive (i) more than 7 1/2% of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of 100% of the annual salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
d) If your spouse or any minor children are currently appointed to or employed by any agency of the State of Illinois, and his/her annual salary exceeds 60% of the annual salary of the Governor, are you and your spouse or minor children entitled to receive (i) more than 15% in the aggregate of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of two times the salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
159. <b>Elective status:</b> the holding of elective office of the State of Illinois, the government of the United States, any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois currently or in the previous three years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
160. Relationship to anyone holding elective office currently or in the previous two years: spouse, father, mother, son or daughter?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
161. <b>Appointive office:</b> the holding of 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 the expenses incurred in the discharge of that office currently or in the previous three years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
162. Relationship to anyone holding appointive office currently or in the previous two years: spouse, father, mother, son or daughter?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
163. Employment, currently or in the previous three years, as or by any registered lobbyist of the state government?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
164. Relationship to anyone who is or was a registered lobbyist in the previous two years: spouse, father, mother, son, or daughter?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
165. Compensated employment, currently or in the previous three years, by any registered election or re-election committee registered with the Secretary of State or any county clerk of the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>



	Yes	No
166. Relationship to anyone; spouse, father, mother, son, or daughter; who was a compensated employee in the last two years by any registered election or re-election committee registered with the Secretary of State or any county clerk of the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
167. <b>Communication Disclosure.</b> Disclose the name and address of each lobbyist and other agent of the firm or offeror who is not identified in Form A, who has communicated, is communicating, or may communicate, with any state officer or employee concerning the statement of interest, bid or offer. This disclosure is a continuing obligation and must be promptly supplemented for accuracy throughout the process and throughout the term of the contract. <b><i>If your firm uses (lobbyist firm), lobbyists that were either hired to work on this specific SOI, bid or offer OR to assist your firm with this PTB, then answer <u>Yes</u> and indicate specifics, else please mark <u>No</u>.</i></b> If yes, supply name and address of person(s) and firm name below and: a) Disclose all lobbyist costs, fees, compensation, reimbursements, or other remunerations paid, or to be paid related to this <u>PTB Item</u> . b) Agree Consultant will not bill to the State any lobbyist costs, fees, compensation, reimbursements, or other remunerations.  _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
168. <b>Suspension or Debarment Disclosure.</b> For each of the persons identified under Form A, disclose whether any of the following has occurred within the previous 10 years: suspension or debarment from contracting with any governmental entity; professional licensure discipline; bankruptcies; adverse civil judgments and administrative findings; and criminal felony convictions. This disclosure is a continuing obligation and must be promptly supplemented for accuracy throughout the procurement process and term of the contract, if the bid or offer is successful. If yes, supply information below:  Name of person(s): _____ Nature and date of disclosure: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If the answers to questions 2 – 6 are "Yes" under "Qualifying Questions for Form A", check the box, sign and date below under "Applicable Statement":  
**Applicable Statement**

This Disclosure Form A is submitted on behalf of the <b>INDIVIDUAL</b> named on previous page. Under penalty of perjury, I certify the contents of this disclosure to be true and accurate to the best of my knowledge.		
Completed by: <input checked="" type="checkbox"/>	 _____ Signature of Individual or Authorized Officer	3/30/2022 _____ Date

If the answers to questions 2 – 6 are all "No", under "Qualifying Questions for Form A", check the box, sign and date below under "Not Applicable Statement":  
**Not Applicable Statement**

Under penalty of perjury, I have determined that no individuals associated with this organization meet the criteria that would require the completion of this Form A.		
This Disclosure Form A is submitted on behalf of the <b>FIRM</b> listed on the first page.		
Completed by: <input type="checkbox"/>	_____ Signature of Individual or Authorized Officer	_____ Date

The firm has a continuing obligation to supplement these disclosures under Sec. 50-35 of the Procurement Code.



## Form A: Financial Information & Potential Conflicts of Interest Disclosure

Disclosure of the information contained in this form is required by Section 50-35 of the Illinois Procurement Code (30 ILCS 500). Firms desiring to enter into a contract with the State of Illinois must disclose the financial information and potential conflict of interest information as specified in this Disclosure Form.

### Disclosure of Financial Information

The individual named below has an interest in the FIRM (or its Parent) in terms of ownership or distributive income share that is in excess of 5%, or an interest which has a value of more than 60% of the annual salary of the Governor.

#### FOR INDIVIDUAL

Name: Ian Nilausen

Address: 42W612 Steeplechase  
St. Charles, IL 60175

- ☒ Stock with % or \$ value of ownership/distributable income share: 1.71% (\$109,000)  
☐ Employee Stock Ownership Plan (ESOP): \_\_\_\_\_  
☐ Other (explain): \_\_\_\_\_

### Disclosure of Potential Conflicts of Interest

Firm must check "Yes" or "No" to indicate which, if any, of the following potential conflict of interest relationships apply. If the answer to any question is "Yes", please describe and attach additional pages if needed.

	Yes	No
169. <b>State employment</b> , currently or in the previous three years, including contractual employment of services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If your answer is "Yes", please answer each of the following questions, and provide description in the space(s) below to those you answer yes to.		
a) Are you currently an officer or employee of either the Capital Development Board or the Illinois State Toll Highway Authority?	<input type="checkbox"/>	<input type="checkbox"/>
b) Are you currently appointed to or employed by any agency of the State of Illinois? If you are currently appointed to or employed by any agency of the State of Illinois, and your annual salary exceeds 60% of the annual salary of the Governor, provide the name of the state agency for which you are employed and your annual salary:	<input type="checkbox"/>	<input type="checkbox"/>
c) If you are currently appointed to or employed by any agency of the State of Illinois, and your annual salary exceeds 60% of the annual salary of the Governor, are you entitled to receive (i) more than 7 ½% of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of the salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
d) If you are currently appointed to or employed by any agency of the State of Illinois, and your annual salary exceeds 60% of the annual salary of the Governor, are you and your spouse or minor children entitled to receive (i) more than 15% in the aggregate of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of two times the salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
170. <b>State employment</b> of spouse, father, mother, son, or daughter, including contractual employment services in the previous two years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If your answer is yes, please answer each of the following questions, and provide description in the space(s) below to those you answer yes to.		



	Yes	No
a) Is your spouse or any minor children currently an officer or employee of the Capital Development Board or the Illinois State Toll Highway Authority?	<input type="checkbox"/>	<input type="checkbox"/>
b) Is your spouse or any minor children currently appointed to or employed by any agency of the State of Illinois? If your spouse or minor children is/are currently appointed to or employed by any agency of the State of Illinois, and his/her annual salary exceeds 60% of the annual salary of the Governor, provide the name of your spouse and/or minor children, the name of the state agency for which he/she is employed and his/her annual salary.	<input type="checkbox"/>	<input type="checkbox"/>
c) If your spouse or any minor children is/are currently appointed to or employed by any agency of the State of Illinois, and his/her annual salary exceeds 60% of the annual salary of the Governor, are you entitled to receive (i) more than 7 ½% of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of 100% of the annual salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
d) If your spouse or any minor children are currently appointed to or employed by any agency of the State of Illinois, and his/her annual salary exceeds 60% of the annual salary of the Governor, are you and your spouse or minor children entitled to receive (i) more than 15% in the aggregate of the total distributable income of your firm, partnership, association or corporation, or (ii) an amount in excess of two times the salary of the Governor?	<input type="checkbox"/>	<input type="checkbox"/>
171. <b>Elective status:</b> the holding of elective office of the State of Illinois, the government of the United States, any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois currently or in the previous three years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
172. Relationship to anyone holding elective office currently or in the previous two years: spouse, father, mother, son or daughter?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
173. <b>Appointive office:</b> the holding of 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 the expenses incurred in the discharge of that office currently or in the previous three years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
174. Relationship to anyone holding appointive office currently or in the previous two years: spouse, father, mother, son or daughter?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
175. Employment, currently or in the previous three years, as or by any registered lobbyist of the state government?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
176. Relationship to anyone who is or was a registered lobbyist in the previous two years: spouse, father, mother, son, or daughter?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
177. Compensated employment, currently or in the previous three years, by any registered election or re-election committee registered with the Secretary of State or any county clerk of the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>





	Yes	No
178. Relationship to anyone; spouse, father, mother, son, or daughter; who was a compensated employee in the last two years by any registered election or re-election committee registered with the Secretary of State or any county clerk of the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
179. <b>Communication Disclosure.</b> Disclose the name and address of each lobbyist and other agent of the firm or offeror who is not identified in Form A, who has communicated, is communicating, or may communicate, with any state officer or employee concerning the statement of interest, bid or offer. This disclosure is a continuing obligation and must be promptly supplemented for accuracy throughout the process and throughout the term of the contract. <i>If your firm uses (lobbyist firm), lobbyists that were either hired to work on this specific SOI, bid or offer OR to assist your firm with this PTB, then answer <u>Yes</u> and indicate specifics, else please mark <u>No</u>.</i> If yes, supply name and address of person(s) and firm name below and: a) Disclose all lobbyist costs, fees, compensation, reimbursements, or other remunerations paid, or to be paid related to this PTB Item. b) Agree Consultant will not bill to the State any lobbyist costs, fees, compensation, reimbursements, or other remunerations.  _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
180. <b>Suspension or Debarment Disclosure.</b> For each of the persons identified under Form A, disclose whether any of the following has occurred within the previous 10 years: suspension or debarment from contracting with any governmental entity; professional licensure discipline; bankruptcies; adverse civil judgments and administrative findings; and criminal felony convictions. This disclosure is a continuing obligation and must be promptly supplemented for accuracy throughout the procurement process and term of the contract, if the bid or offer is successful. If yes, supply information below:  Name of person(s): _____ Nature and date of disclosure: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If the answers to questions 2 – 6 are "Yes" under "Qualifying Questions for Form A", check the box, sign and date below under "Applicable Statement":  
**Applicable Statement**

This Disclosure Form A is submitted on behalf of the <b>INDIVIDUAL</b> named on previous page. Under penalty of perjury, I certify the contents of this disclosure to be true and accurate to the best of my knowledge.		
Completed by: <input checked="" type="checkbox"/>	 _____ Signature of Individual or Authorized Officer	_____ 3/30/2022 Date

If the answers to questions 2 - 6 are all "No", under "Qualifying Questions for Form A", check the box, sign and date below under "Not Applicable Statement":  
**Not Applicable Statement**

Under penalty of perjury, I have determined that no individuals associated with this organization meet the criteria that would require the completion of this Form A.		
This Disclosure Form A is submitted on behalf of the <b>FIRM</b> listed on the first page.		
Completed by: <input type="checkbox"/>	_____ Signature of Individual or Authorized Officer	_____ Date

The firm has a continuing obligation to supplement these disclosures under Sec. 50-35 of the Procurement Code.



## Form B: Other Contracts & Procurement-Related Information Disclosure

Disclosure of the information contained in this form is required by Section 50-35 of the Illinois Procurement Code (30 ILCS 500). This information shall become part of the publicly available contract file. This Form B must be completed for Statements of Interest in excess of \$50,000, and for all open-ended contracts. This Form B must also be completed for subconsultant agreements with an annual value of more than \$50,000 from subconsultants identified in Section 20-120 in the Illinois Procurement Code and for all open-ended subconsultant agreements.

### Disclosure of Other Contracts and Procurement-Related Information

Answer the following question.

**Yes** **No**

1. Does the firm have any pending contracts (including leases), statements of interest, bids, proposals, or other ongoing procurement relationship with IDOT or any other State of Illinois agency? ☒ ☐

If your answer is "No", the firm only needs to complete the signature box and date on the bottom of this page.

If your answer is "Yes", identify each such relationship by showing the agency name, PTB/PSB if applicable, Project name and the role of your firm as either a Prime or Sub (attach additional pages as necessary).

AGENCY	PTB/PSB	PROJECT NAME	ROLE (PRIME/ SUB FIRM)
see attached			

Add A Row

**This Disclosure Form B is submitted on behalf of the INDIVIDUAL named on previous pages. Under penalty of perjury, I certify the contents of this disclosure to be true and accurate to the best of my knowledge.**

Completed by: ☒

  
Signature of Individual or Authorized Representative

3/30/2022

Date

## Other Contracts & Procurement-Related Information Disclosure

Agency	PTB/PSB	Project Name	Role (Prime or Sub)
ISTHA	PSB 14-3 Item 11 I-14-4646	Land Acquisition and Surveying Services Upon Request-Systemwide	Prime
ISTHA	PSB 17-3 Item 24 I-17-4682	Elgin O'Hare Western Access Construction Management Services Upon Request	Prime
ISTHA	PSB 18-2 Item 9 RR-18-4378	Systemwide Construction Management Services Upon Request	Sub
ISTHA	PSB 21-3 Item 3 I-21-4812 (Pending)	Tri-State Tollway, Design Services Upon Request; On-call and as-needed Phase II Engineering Services	Sub
IDOT	PTB 185 Item 3 D-91-004-18	Various Traffic Signal Projects	Prime
IDOT	PTB 161 Item 10 D-91-624-11	Various SCAT Projects	Prime
IDOT	PTB 184 Item 1 D-91-239-17	Various Bridge Inspection Projects	Sub
IDOT	PTB 169 Item 21 P-91-005-14	Various Phase I Projects	Prime
IDOT	PTB 190 Item 38 BI-37-001-19	Bridge Ratings and Other Phase I/II Engineering for Structure Projects Statewide	Prime
IDOT	PTB 194 Item 48 D-97-048-20	Various Phase I/II Projects	Prime
IDOT	PTB 199 Item 1 D-91-083-21	Various Phase II Land Survey Projects	Prime
IDOT	PTB 199 Item 16 D-91-078-21	IL 56 Phase II Engineering	Sub
IDOT	PTB 199 Item 42 BI-37-004-21	Various/Various Statewide Structural Engineering	Sub
IDOT	PTB 201 Item 37 P-97-008-21	Various Phase I/II Projects	Prime