LCP-AR1

LABOR COMPLIANCE PROGRAM ANNUAL REPORT

Format for Awarding Body that enforces its own Labor Compliance Program for some but not all projects

Report for the reporting period July 1, 2012 to June 30, 2013

1. Name of Labor Compliance Program (LCP) : Reclamation District No. 2119

2. LCP I.D. Number (assigned by DIR): 2011.00707

3. Date of Initial Approval: 09/01/11

4. Contact person (include name, title, address, telephone, fax, and e-mail, if available):

Dante Nomellini, Sr.

P.O. Box 1461

Stockton, CA 95201-1461

5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period?

Please check one: ☐ Yes If Yes, proceed to item 6 on the next page

☒ No If No, complete the information below, sign the form and submit to DIR, Office of the Director, Attn: LCP Special Assistant, 455 Golden Gate Avenue, 10th Floor, San Francisco CA 94102

What suggestions do you have for the Department of Industrial Relations to better assist you with your program in the coming year? (attach additional sheets if necessary) Create consistency in the field of Labor Compliance by providing seminars and training.

SUBMITTED BY:

Signature

Dante John Nomellini Secretary + counsel

Name and Title

July 30, 2013

Date

Ethics Training H

Internet Course Certificate of Completion

ETHICS ORIENTATION FOR STATE OFFICIALS

I am aware of, and have attempted to comply with, the procedures established by my agency for making this Internet training a part of my agency's ethics orientation. I have carefully read all of the instructional materials that were provided in this accessible, non-interactive Internet course.

Name
Laura L. Devany

Agency
North Valley Labor Compliance Services

Position
Labor Compliance Consultant

Date course completed
02/21/13

Signature Carolyn Lay

Date 2/21/13

My signature on this certificate signifies that I have read and completed the foregoing and that all of the statements and information set forth above are true.

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