LCP-AR2

LABOR COMPLIANCE PROGRAM ANNUAL REPORT

Format for Awarding Body that enforces its own Labor Compliance Program for all projects (Labor Code §1771.5(a))

Report for the reporting period 7/1/13-6/30/14

1. Name of Labor Compliance Program (LCP) : Reclamation District 2039

2. LCP I.D. Number (assigned by DIR): 2011.00690

3. Date of Initial Approval: 9/1/11

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
(209) 465-5883 phone
(209) 465-3956 fax

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, 1515 Clay Street, 17th Floor, Oakland, CA 94612

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)

SUBMITTED BY:

Signature	Name and Title	Date
	Dante John Nomellini Secretary & counsel	8-5-14