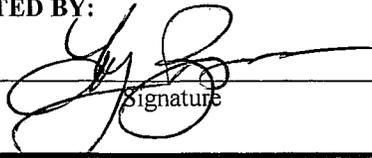


LABOR COMPLIANCE PROGRAM ANNUAL REPORT

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

Report for the reporting period 07/01/2014 to 06/30/2015
(mm/dd/yyyy) (mm/dd/yyyy)

RECEIVED
AUG 31 2015
Department of Industrial Relations
Office of the Director

1. Name of Labor Compliance Program (LCP) : Lakeside Union School District		
2. LCP I.D. Number (assigned by DIR): 2011.00935	3. Date of Initial Approval: 9/1/2011	
4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): Ty Bryson, Superintendent 1435 Old River Rd., Bakersfield, CA 93311 Office: 661/ 836-6658 Fax: 661/ 836-8059 e-mail: tbryson@lakesideusd.org		
5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period? Please check one: <input type="checkbox"/> Yes If Yes, proceed to item 6 on the next page <input checked="" type="checkbox"/> 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)		
Special Note: The district has a pending Prop. 84 Water Project; with the Kern County Superintendent of Schools LCP as a contract administrator.		
SUBMITTED BY:		
 Signature	Ty Bryson, Superintendent Name and Title	07/07/2015 Date