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JKA

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)

1. Name of Labor Compliance Program (LCP) : Reclamation District 1607 Labor Compliance Program

2. LCP I.D. Number (assigned by DIR): 2011.00737

3. Date of Initial Approval: 9/1/2011

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

Mr. Chris Lanzafame  
PO Box 350  
Pittsburg, CA 94565

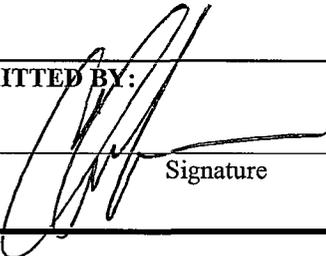
5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period?

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)

SUBMITTED BY:

  
Signature

Chris Lanzafame Secretary  
Name and Title

8-3-15  
Date

# RECLAMATION DISTRICT No. 1607

VAN SICKLE ISLAND-SOLANO COUNTY, CALIFORNIA

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July 31, 2015

Department of Industrial Relations  
Office of the Director  
Attn: LCP Special Assistant  
1515 Clay Street 17<sup>th</sup> Floor  
Oakland, CA 94612

**Subject: Annual Labor Compliance Report for July 1, 2014 through June 30, 2015**

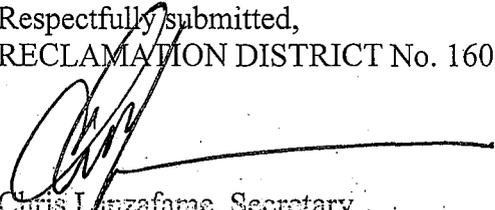
To Whom It May Concern:

Enclosed is the Annual Labor Compliance Report for July 1, 2014 through June 30, 2015, pursuant to CA Code of Regulations 16431.

Reclamation District No. 1607 has contracted with a LCP Administrator (North Valley Labor Compliance Services) for projects funded by Proposition 84.

Please be advised that the FPPC Form 700 disclosure statement has been filed for each employee with decision-making authority. Each employee with decision-making authority has completed the Ethics Orientation.

Respectfully submitted,  
RECLAMATION DISTRICT No. 1607



Chris Lanzafame, Secretary

TA/nl

4230.1/DEPARTMENT OF INDUSTRIAL RELATIONS 2015-07-31

Enclosure

cc: Ms. Carolyn Lay, North Valley Labor Compliance Services  
MBK Engineers

# Ethics Training for State Officials

## Certificate of Completion

**Date of Completion:** 07/13/2015

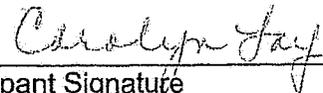
**Training Time:** 00:32 hours

This course is offered by the Attorney General and the Fair Political Practices Commission to satisfy the ethics training requirement for state officials. (Government Code section 11146 et seq.)

By signing below, I certify that I fully reviewed the content of this online course.

**carolyn Lay**

Participant Name



Participant Signature

**North Valley Labor Compliance Services**

Agency Name

*NOTE TO PARTICIPANT: Please provide a copy of this proof of participation to the custodian for such records at your agency. In addition, we recommend you make a copy of this proof of participation for your own records to retain for at least five years. If this core course is a part of your agency's ethics orientation as mandated by the law, you need to make sure that you are following your agency's procedures in completing this aspect of the orientation. Your agency may also require you to review its incompatible activities statement or other conflict-of-interest laws specific to your agency.*