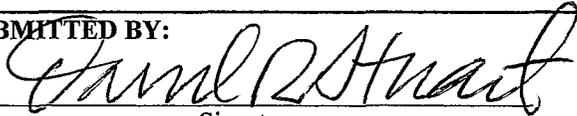


LABOR COMPLIANCE PROGRAM ANNUAL REPORT

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

Report for the reporting period July 1, 2014- June 30, 2015

1. Name of Labor Compliance Program (LCP) : San Joaquin County Historical Society and Museum		
2. LCP I.D. Number (assigned by DIR): 2012.01134	3. Date of Initial Approval: 12/20/12	
4. Contact person (include name, title, address, telephone, fax, and e-mail, if available) Mr. David Stuart P.O. Box 30 Lodi, CA 95241		
5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period?  Please check one: <input checked="" type="checkbox"/> Yes    If Yes, proceed to item 6 on the next page  <input type="checkbox"/> 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		
David R. Stuart, Executive Director Name and Title		August 2, 2015 Date

**LCP-AR1**

6. LC § 1771.5 enforcement activities (provide all information requested, attaching as many sheets as necessary).

A. List projects handled by LCP within the past 12 months.

Project Name	Bid Ad Date	Prime Contractor	Contract Amount
Windmill Installation	9/27/14	Diamond Crane Company	\$24,805.00
<b>Total</b>			<b>\$24,805.00</b>

B. Summary of all wages and penalties assessed and/or recovered.

Project Name	Affected Contractor (who directly employed the worker)	Amount Assessed	Amount Recovered	Approval of Forfeiture Requested from Labor Commissioner?	Description of Violation
None to report				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Total</b>					

C. For any amount identified in item B for which approval of forfeiture not requested from the Labor Commissioner, please explain below.

Project Name	Amount Assessed	Amount Recovered	Explanation
None to report			

D. For any amount identified in item B for which approval of forfeiture was requested from the Labor Commissioner, please provide the following:

Project Name	Amount Assessed					Amount Recovered				
	LC §1776(g)	LC § 1775	LC § 1813	Wages	Total	LC § 1776(g)	LC § 1775	LC § 1813	Wages	Total
N/A										
Total										

E. Identify cases that are or were the subject of LC § 1742 proceedings.

Project Name	Contractor	Nature of Violation	ODL Case #	Current Status
N/A				

F. Did you refer any contractor to the Labor Commissioner for debarment per LC § 1777.1?

Please check one:  Yes  No

If yes, identify affected contractor(s) or subcontractor(s) and date(s) of referral: \_\_\_\_\_

G. Did you refer any apprenticeship violation to the Division of Apprenticeship Standards (DAS)?

Please check one:  Yes  No

If yes, identify affected contractor(s) or subcontractor(s) and date(s) of referral: \_\_\_\_\_

# 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.*



## San Joaquin County Historical Society & Museum

INCORPORATED

11793 NORTH MICKE GROVE ROAD  
P.O. BOX 30 - LODI, CALIFORNIA 95241-0030  
LODI (209) 331-2055 STOCKTON (209) 953-3460  
FAX (209) 331-2057

August 2, 2015

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

Colleagues:

Enclosed is the Annual Labor Compliance Report for July 1, 2014 through June 30, 2015, pursuant to California Code of Regulations 16431. I am the contact person and my contact information is in the letterhead and below.

The San Joaquin County Historical Society, Inc., 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.

Sincerely,

David R. Stuart  
Executive Director  
davidstuart@sanjoaquinhistory.org  
www.SanJoaquinHistory.org  
encl