LABOR COMPLIANCE PROGRAM ANNUAL REPORT

Report for the reporting period **04/01/2009** to **03/31/2010**

1. **Name of Labor Compliance Program (LCP):** 3QC, Inc. formerly WCS/Ca, Inc.

2. **LCP I.D. Number (assigned by DIR):** 2003.00006

3. **Date of Initial Approval:** March 7, 2003

4. **Contact person (include name, title, address, telephone, fax, and e-mail, if available):**
   
   **Dane Ruddell, President & Labor Compliance Officer**
   
   7777 Greenback Lane, Suite 208
   
   Citrus Heights, Ca 95610
   
   916.676.8625, 916.676.8624 fax
   
   druddell@3qcinc.com

5. **List all Awarding Bodies covered by this report as well as any other Awarding Bodies with whom the LCP currently has a contract to provide compliance enforcement. If none, please proceed directly to item 7 and provide all requested information. Then complete the information below, and sign and submit this form to DIR, Office of the Director, Attn: LCP Special Assistant, 455 Golden Gate Avenue, 10th Floor, San Francisco, CA 94102.**

   **Community College Districts**
   
   City College of San Francisco
   
   College of the Sequoias
   
   Los Rios CCD
   
   Rancho Santiago CCD
   
   Riverside CCD
   
   San Joaquin Delta College
   
   Santa Rosa Jr. College
   
   **K-12**
   
   Anaheim City SD
   
   Anaheim UHSD
   
   Capistrano USD
   
   Castro Valley USD

   **Department of General Services**
   
   Evergreen ESD
   
   Fall River JUSD
   
   Grant JUHSD
   
   Huntington Beach HSD
   
   La Honda Pescadero USD
   
   Marin County Office of Education
   
   Mendocino USD
   
   Modesto City Schools
   
   Mount Diablo USD
   
   Sacramento City USD
   
   San Leandro USD
   
   San Mateo UHSD
   
   Santa Clara County Office of Education

   **Santa Cruz County Office of Education**
   
   Sylvan USD
   
   Western Placer USD

   **Utilities**
   
   City of Hughson
   
   City of Roseville
   
   Contra Costa County Department of Conservation and Development
   
   Contra Costa Water District

   **Delta Diablo Sanitation District**
   
   Department of Parks and Recreation
   
   Department of Water Resources

   **Diablo Water District**
| Eastern Municipal Water District-Riverside | Reclamation District 2038 | Reclamation District 307 |
| Levee District 1 | Reclamation District 2039 | Reclamation District 341 |
| Monterey County | Reclamation District 2040 | Reclamation District 524 |
| Reclamation District 1 | Reclamation District 2041 | Reclamation District 544 |
| Reclamation District 1601 | Reclamation District 2042 | Reclamation District 548 |
| Reclamation District 17 | Reclamation District 2044 | Reclamation District 563 |
| Reclamation District 2 | Reclamation District 2059 | Reclamation District 756 |
| Reclamation District 2024 | Reclamation District 2060 | Reclamation District 773 |
| Reclamation District 2025 | Reclamation District 2072 | Reclamation District 800 |
| Reclamation District 2026 | Reclamation District 2119 | Reclamation District 830 |
| Reclamation District 2028 | Reclamation District 2137 | Sacramento Suburban Water District |
| Reclamation District 2033 | Reclamation District 3 | San Diego Water Authority |
| Reclamation District 2037 | | Tuolumne Utilities District |

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):

**Online reporting for annual report.**

**SUBMITTED BY:**

[Signature]

Dane Ruddell, President & Labor Compliance Officer

April 8, 2010
6. LC § 1771.5 enforcement activities (provide all information requested, attaching as many sheets as necessary, and please complete separate forms for each Awarding Body covered in this report).

Awarding Body: ______________________

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

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Bid Advertisement Date</th>
<th>Prime Contractor</th>
<th>Contract Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>Total</td>
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</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Affected Contractor (who directly employed the worker)</th>
<th>Amount Assessed</th>
<th>Amount Recovered</th>
<th>Approval of Forfeiture Requested from Labor Commissioner?</th>
<th>Description of Violation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td>☐ Yes ☐ No</td>
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<td>Total</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Amount Assessed</th>
<th>Amount Recovered</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>Total</td>
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</tbody>
</table>
D. For any amount identified in item B for which approval of forfeiture was requested from the Labor Commissioner, please provide the following:

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Amount Assessed</th>
<th>Amount Recovered</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LC §1776(g)</td>
<td>LC §1775</td>
</tr>
<tr>
<td></td>
<td>LC §1813</td>
<td>Wages</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>Total</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Contractor</th>
<th>Nature of Violation</th>
<th>ODL Case #</th>
<th>Current Status</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

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: __________________________
7. On a separate sheet, provide a certificate of compliance with conflict of interest disclosure requirements by employees and consultants who participate in making governmental decisions (as defined under 2 CCR § 18701) along with the names of LCP personnel who are filing disclosure statements and the agencies with which those statements are being filed.

**The Form 700's are being filed with the following agencies:**

**Community College Districts**
- City College of San Francisco
- College of the Sequoias
- Los Rios CCD
- Rancho Santiago CCD
- Riverside CCD
- San Joaquin Delta College
- Santa Rosa Jr. College

**K-12**
- Anaheim City SD
- Anaheim UHSD
- Capistrano USD
- Castro Valley USD
- Department of General Services
- Evergreen ESD
- Fall River JUSD
- Grant JUHSD
- Huntington Beach HSD
- La Honda Pescadero USD
- Marin County Office of Education
- Mendocino USD
- Modesto City Schools
- Mount Diablo USD
- Sacramento City USD
- San Leandro USD

**Utilities**
- San Mateo UHSD
- Santa Clara County Office of Education
- Santa Cruz County Office of Education
- Sylvan USD
- Western Placer USD

**Reclamation Districts**
- Reclamation District 2033
- Reclamation District 2037
- Reclamation District 2038
- Reclamation District 2039
- Reclamation District 2040
- Reclamation District 2041
- Reclamation District 2042
- Reclamation District 2044
- Reclamation District 2059
- Reclamation District 2060
- Reclamation District 2072
- Reclamation District 2119
- Reclamation District 2137
- Reclamation District 3
- Reclamation District 307
- Reclamation District 341
- Reclamation District 524
- Reclamation District 563
- Reclamation District 576
- Reclamation District 773
- Reclamation District 800
- Reclamation District 830
- Sacramento Suburban Water District
- San Diego Water Authority
- Tuolumne Utilities District

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7. On a separate sheet, provide a certificate of compliance with conflict of interest disclosure requirements by employees and consultants who participate in making governmental decisions (as defined under 2 CCR § 18701) along with the names of LCP personnel who are filing disclosure statements and the agencies with which those statements are being filed.
Please type or print in ink.

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER

Cleary Cindy Patricia ( 916 ) 676-8625

MAILING ADDRESS STREET CITY STATE ZIP CODE OPTIONAL: E-MAIL ADDRESS
(Home Address Acceptable)
7777 Greenback Lane, Suite 208 Citrus Heights CA 95829 ccieary@3Qcinc.com

1. Office, Agency, or Court
Name of Office, Agency, or Court:
3QC, Inc. formerly WCS/Ca
Division, Board, District, if applicable:

Your Position:
Labor Compliance Officer

- If filing for multiple positions, list additional agency(ies)/position(s): (Attach a separate sheet if necessary.)

Agency: ____________________________
Position: ____________________________

2. Jurisdiction of Office (Check at least one box)

[X] State
☐ County of ____________________________
☐ City of ____________________________
☐ Multi-County ____________________________
☐ Other ____________________________

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: __/__/____


☐ The period covered is __/__/____, through December 31, 2009.

☐ Leaving Office Date Left: __/__/____

(Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

☐ The period covered is __/__/____, through the date of leaving office.

☐ Candidate Election Year: ____________________________

4. Schedule Summary

- Total number of pages including this cover page: 1

- Check applicable schedules or "No reportable interests."
I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached
Investments (10% or Greater Ownership)

Schedule B ☐ Yes - schedule attached
Real Property

Schedule C ☐ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes - schedule attached
Income - Gifts

Schedule E ☐ Yes - schedule attached
Income - Gifts - Travel Payments

- or -

☑ No reportable interests on any schedule

5. Verification
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed ____________________________

(month, day, year)

Signature ____________________________
(File the originally signed statement with your filing official.)
**NAME**

<table>
<thead>
<tr>
<th>LAST</th>
<th>FIRST</th>
<th>MIDDLE</th>
<th>DAYTIME TELEPHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desoto</td>
<td>Leslie</td>
<td>Jane</td>
<td>(916) 676-8625</td>
</tr>
</tbody>
</table>

**MAILING ADDRESS**

<table>
<thead>
<tr>
<th>STREET</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>OPTIONAL: E-MAIL ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>7777 Greenback Lane, Suite 208</td>
<td>Citrus Heights</td>
<td>CA</td>
<td>95829</td>
<td><a href="mailto:Idesoto@3QCinc.com">Idesoto@3QCinc.com</a></td>
</tr>
</tbody>
</table>

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:

3QC, Inc. formerly WCS/Ca Division, Board, District, if applicable:

Your Position:

Labor Compliance Officer

• If filing for multiple positions, list additional agency(ies)/position(s): (Attach a separate sheet if necessary.)

Agency: __________________________

Position: __________________________

**2. Jurisdiction of Office (Check at least one box)**

[ ] State

[ ] County of __________________________

[ ] City of __________________________

[ ] Multi-County __________________________

[ ] Other __________________________

**3. Type of Statement (Check at least one box)**

[ ] Assuming Office/Initial Date: ______/_____/______


• The period covered is ______/_____/______, through December 31, 2009.

[ ] Leaving Office Date Left: ______/_____/______ (Check one)

• The period covered is January 1, 2009, through the date of leaving office.

• The period covered is ______/_____/______, through the date of leaving office.

[ ] Candidate Election Year: __________________________

**4. Schedule Summary**

- Total number of pages including this cover page: 1

- Check applicable schedules or “No reportable interests.”

  I have disclosed interests on one or more of the attached schedules:

  Schedule A-1  YES — schedule attached

  Investments (Less than 10% Ownership)

  Schedule A-2  YES — schedule attached

  Investments (10% or Greater Ownership)

  Schedule B  YES — schedule attached

  Real Property

  Schedule C  YES — schedule attached

  Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

  Schedule D  YES — schedule attached

  Income — Gifts

  Schedule E  YES — schedule attached

  Income — Gifts — Travel Payments

- or -

• No reportable interests on any schedule

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed: April 1, 2010 (Month, day, year)

Signature: __________________________

(File the originally signed statement with your filing official.)
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A Public Document

Please type or print in ink.

<table>
<thead>
<tr>
<th>NAME (LAST)</th>
<th>(FIRST)</th>
<th>(MIDDLE)</th>
<th>DAYTIME TELEPHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ruddell</td>
<td>Dane</td>
<td>E</td>
<td>(916) 676-8625</td>
</tr>
</tbody>
</table>

MAILING ADDRESS STREET CITY STATE ZIP CODE OPTIONAL: E-MAIL ADDRESS
(7777 Greenback Lane, Suite 208 Citrus Heights CA 95829 druddell@3QCinc.com)

1. Office, Agency, or Court
Name of Office, Agency, or Court:
3QC, Inc. formerly WCS/Ca Division, Board, District, if applicable:
Your Position:
Labor Compliance Officer
If filing for multiple positions, list additional agency(ies)/position(s): (Attach a separate sheet if necessary.)
Agency: 
Position: 

2. Jurisdiction of Office (Check at least one box)
[X] State
[ ] County of
[ ] City of
[ ] Multi-County
[ ] Other

3. Type of Statement (Check at least one box)
[ ] Assuming Office/Initial Date: ______/____/____
[ ] The period covered is ______/____/____, through December 31, 2009.
[ ] Leaving Office Date Left: ______/____/____
(Check one)
[ ] The period covered is January 1, 2009, through the date of leaving office.
[ ] The period covered is ______/____/____, through the date of leaving office.
[ ] Candidate Election Year: __________

4. Schedule Summary
Total number of pages including this cover page: 1

Check applicable schedules or "No reportable interests."
I have disclosed interests on one or more of the attached schedules:
Schedule A-1 [X] Yes - schedule attached
Investments (Less than 10% Ownership)
Schedule A-2 [X] Yes - schedule attached
Investments (10% or Greater Ownership)
Schedule B [X] Yes - schedule attached
Real Property
Schedule C [X] Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)
Schedule D [X] Yes - schedule attached
Income - Gifts
Schedule E [X] Yes - schedule attached
Income - Gifts - Travel Payments

-or-

[X] No reportable interests on any schedule

5. Verification
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed April 1, 2010

Signature (File the original signed statement with your filing official.)

FPPC Form 700 (2009/2010)
FPPC Toll-Free Helpline: 866/ASK-FPPC www.fppc.ca.gov
8. Please update the following information per 8 CCR § 16426(a)(2), (3) and (5) disclosure requirement.

A. Identify the geographical areas in which the program intends to operate and the identity of any public agencies not previously identified in this report with which the program intends to contract to provide labor compliance enforcement.

**Northern, Central, and Southern California**

B. State whether the entity shares personnel, management, ownership or other close affiliation with any of the following: (1) any contractor or subcontractor that within the preceding five years has been awarded a public works contract within the geographical area in which the program operates or intends to operate or with any public agency with which the program has contracted or intends to contract to provide labor compliance enforcement; (2) any person or entity who has been the surety on such a contract; (3) any joint labor-management committee established pursuant to the Federal Labor Management Cooperation Act of 1978 (section 175a of Title 29 of the United States Code); or (4) any person or entity who has represented workers employed in the same or similar classifications as those employed for such a contract and who has been engaged in (i) an organizational campaign under the National Labor Relations Act with contractors competing for such contracts or (ii) a jurisdictional dispute with another collective bargaining representative of workers utilized for such contracts.

For each affiliation, please provide the name, address, telephone number, and principal contact person for the person or entity; please identify shared personnel, management, and ownership; and if applicable, please provide a short description of the nature and extent of any other close affiliation:

**N/A**

C. Identify the attorney or law firm available to provide legal support for the LCP, and whether the persons or firms providing that support also represent any contractor, subcontractor, surety, or worker representative referred to in the preceding item.

**Attorney/Law Firm Name (include address, contact person, and telephone number)**

**Heritage Law Group**
**Mr. Matthew Durket**
**1101 Investment Blvd., Suite 160**
**El Dorado Hills, CA 95762**
**916.939.8600**