**LCP-AR1**

**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 **07/01/2011** to **06/30/2012**

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1. Name of Labor Compliance Program (LCP):
   
   **MC SWAIN UNION ELEMENTARY SCHOOL DISTRICT**

2. LCP I.D. Number (assigned by DIR):
   
   **2003-00329**

3. Date of Initial Approval:
   
   **08-21-2003**

4. Contact person (include name, title, address, telephone, fax, and e-mail, if available):
   
   **STAN MOLLART, SUPERINTENDENT**
   
   926 SCOTT ROAD
   
   MERCED, CA 93341
   
   (209) 354-2700
   
   (209) 723-2267

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

   □ 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)

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**SUBMITTED BY:**

*SIGNED*

**STAN MOLLART, SUPERINTENDENT**

**AUGUST 21, 2012**

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*LCP ANNUAL REPORT 8 CCR § 16431 -- AB limited 2008*