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, 2011 to June 30, 2012

1. Name of Labor Compliance Program (LCP): Reclamation District No. 2119

2. LCP I.D. Number (assigned by DIR): 2011.00707

3. Date of Initial Approval: 09/01/11

4. Contact person (include name, title, address, telephone, fax, and e-mail, if available):
   Dante Nomellini, Sr.
   P.O. Box 1461
   Stockton, CA 95201-1461

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) Create consistency in the field of Labor Compliance by providing seminars and training.

SUBMITTED BY:

[Signature]
Dante John Nomellini, Secretary & Counsel  8-14-12

Name and Title  Date
### Project Name | Amount Assessed | Amount Recovered | Explanation
---|---|---|---
N/a | N/a | N/a | N/a

#### Total

**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>LC § 1776(g)</td>
<td>LC § 1775</td>
<td>LC § 1813</td>
</tr>
<tr>
<td>LC § 1776(g)</td>
<td>LC § 1775</td>
<td>LC § 1813</td>
</tr>
</tbody>
</table>

**Total**

**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>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Please check one:  
- [ ] Yes  
- [x] 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  
- [x] No  

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