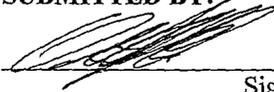


LABOR COMPLIANCE PROGRAM ANNUAL REPORT

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

Report for the reporting period July 1, 2012- June 30, 2013

| | | |
|---|--|-----------------|
| 1. Name of Labor Compliance Program (LCP) : Reclamation District 2039 Labor Compliance Program | | |
| 2. LCP I.D. Number (assigned by DIR): 2011.00690 | 3. Date of Initial Approval: 9/1/2011 | |
| 4. Contact person (include name, title, address, telephone, fax, and e-mail, if available) Mr. Dante Nomellini 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: <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, 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 | Dante John Nomellini Secretary & Counsel Name and Title | 7-25-13 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 Advertisement Date | Prime Contractor | Contract Amount |
|----------------|------------------------|---------------------|-----------------|
| Invoice # 1158 | 8/18/11 | Asta Construction | \$318,340.15 |
| Invoice # 52 | n/a | Dino & Son Ditching | \$10,909.92 |
| Invoice # 113 | n/a | Dino & Son Ditching | \$7,078.35 |
| Invoice # 5411 | n/a | Della Nina | \$24,600.00 |
| Total | | | \$360,928.42 |

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 |
|--------------|---|-----------------|------------------|---|--------------------------|
| N/a | N/a | N/a | N/a | <input type="checkbox"/> Yes <input type="checkbox"/> No | N/a |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Total | | | | | |

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

LCP-AR1

| 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:

| Project Name | Amount Assessed | | | | | Amount Recovered | | | | |
|--------------|-----------------|-----------|-----------|-------|-------|------------------|-----------|-----------|-------|-------|
| | LC §1776(g) | LC § 1775 | LC § 1813 | Wages | Total | LC § 1776(g) | LC § 1775 | LC § 1813 | Wages | Total |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total | | | | | | | | | | |

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

| Project Name | Contractor | Nature of Violation | ODL Case # | Current Status |
|--------------|------------|---------------------|------------|----------------|
| | | | | |
| | | | | |
| | | | | |

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: _____

Internet Course Certificate of Completion

**ETHICS ORIENTATION
FOR
STATE OFFICIALS**

I am aware of, and have attempted to comply with, the procedures established by my agency for making this Internet training a part of my agency's ethics orientation. I have carefully read all of the instructional materials that were provided in this accessible, non-interactive Internet course.

Name

Laura L. Devany

Agency

North Valley Labor Compliance Services

Position

Labor Compliance Consultant

Date course completed

02/21/13

Date

2/21/13

Signature

Carolyn Jay

My signature on this certificate signifies that I have read and completed the foregoing and that all of the statements and information set forth above are true.

Print

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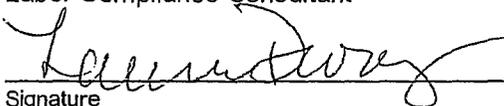
02/21/13

Position

Labor Compliance Consultant

Date

2/21/13



Signature

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Print