**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 __07/01/2013__ to __06/30/2014__

<table>
<thead>
<tr>
<th>1. Name of Labor Compliance Program (LCP):</th>
<th>Hughson Unified School District</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. LCP I.D. Number (assigned by DIR):</td>
<td>2004.00458</td>
</tr>
<tr>
<td>3. Date of Initial Approval:</td>
<td>1/7/2005</td>
</tr>
</tbody>
</table>
| 4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): | Cindy Whiteman- Chief Business Official  
6815 Hughson Avenue  
Hughson, CA 95326  
Phone: (209) 883-4428 x3  
Fax: (209) 883-4639 |
| 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) | |
| SUBMITTED BY: | Cindy Whiteman  
Signature  
Cindy Whiteman (BO)  
Name and Title  
8/18/14  
Date |