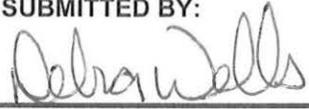
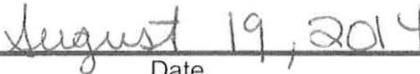


# LABOR COMPLIANCE PROGRAM ANNUAL REPORT

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

Report for the reporting period: 07/01/13 06/30/14

1. Name of Labor Compliance Program (LCP): <b>PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT</b>		
2. LCP I.D. Number (assigned by DIR): <b>2011.00848</b>		
3. Date of Initial Approval: <b>9/1/2011</b>		
4. Contact Person Name: <b>DEBBIE WELLS</b> Address: <b>375 Via Almar, Palos Verdes Estates, CA 90274</b> Phone: <b>(310) 378-9966 ext.430</b> Fax: <b>N/A</b> Email: <b>wellsd@pvpusd.k12.ca.us</b>		
5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period?  Yes <input type="checkbox"/> If yes, proceed to item 6 on the next page  No <input checked="" type="checkbox"/> If No, complete the information below, sign the form and submit to:  <b>DIR, Office of the Director</b> <b>Attn: LCP Special Assistant</b> <b>455 Golden Gate Avenue, 10th Floor</b> <b>San Francisco CA 94102</b>		
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)?		
<b>SUBMITTED BY:</b>  Signature	 Name / Title	 Date