**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 July 1, 2013 - June 30, 2014

1. **Name of Labor Compliance Program (LCP):** Reclamation District 2 Labor Compliance Program

2. **LCP I.D. Number (assigned by DIR):** 2011.00722

3. **Date of Initial Approval:** 9/1/2011

4. **Contact person (include name, title, address, telephone, fax, and e-mail, if available):**

   Mr. Al Warren Hoslett
   343 E. Main Street Suite 815
   Stockton, CA 95202

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

   Please check one:  
   - ☑ Yes  
   - ☐ No  

   If Yes, proceed to item 6 on the next page

   If No, complete the information below, sign the form and submit to DIR, Office of the Director, Attn: LCP Special Assistant, 1515 Clay Street 17th Floor, Oakland, CA 94612

   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:**

Signature: [Signature]

Name and Title: [Assistant Secretary]

Date: 8/26/2014

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