# LABOR COMPLIANCE PROGRAM ANNUAL REPORT

*Format for Awarding Body that enforces its own Labor Compliance Program for all projects (Labor Code §1771.5(a))*

Report for the reporting period 7/1/13-6/30/14

<table>
<thead>
<tr>
<th>1. Name of Labor Compliance Program (LCP)</th>
<th>Reclamation District 2040</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. LCP I.D. Number (assigned by DIR):</td>
<td>2011: 00708</td>
</tr>
<tr>
<td>3. Date of Initial Approval:</td>
<td>9/1/11</td>
</tr>
</tbody>
</table>
| 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  
(209) 465-5833 phone  
(209) 465-3956 fax |
| 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)

**SUBMITTED BY:**

Signature: [Signature]  
Name and Title: Dante John Nomellini  
Date: 6-5-14