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

1. Name of Labor Compliance Program (LCP): Reclamation District 307

2. LCP I.D. Number (assigned by DIR): 2011.00703

3. Date of Initial Approval: 9/1/11

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

   Reclamation District #307
   Peter G. Dwyer, Jr.
   PO Box 518
   Clarksburg, Ca 95612
   Phone: 916-371-2351

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

   Please check one:  
   □ 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,
   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]

Peter G. Dwyer, Jr.  Secretary/Trustee

Name and Title

8-31-14

Date