# 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

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<tr>
<td>1.</td>
<td>Name of Labor Compliance Program (LCP): Reclamation District 404</td>
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<td>2.</td>
<td>LCP I.D. Number (assigned by DIR): 2011: 00711</td>
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<td>3.</td>
<td>Date of Initial Approval: 9/1/11</td>
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| 4. | Contact person (include name, title, address, telephone, fax, and e-mail, if available): Dante Nomellini, Jr.
P.O. Box 1461
Stockton, CA 95201-1461
(209) 465-5883 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 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: [Signature]

Name and Title: Dante John Nomellini, Jr.

Date: 8/27/2014

LCP ANNUAL REPORT 8 CCR § 16431 -- AB all projects 2008

LCP-AR2 8 CCR § 16431 -- AB all projects 2008