### LABOR COMPLIANCE PROGRAM ANNUAL REPORT

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

<table>
<thead>
<tr>
<th>Report for the reporting period:</th>
<th>07/01/14</th>
<th>06/30/15</th>
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</thead>
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1. Name of Labor Compliance Program (LCP):

**ANTELOPE VALLEY COMMUNITY COLLEGE DISTRICT**

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

   **2011.00812**

3. Date of Initial Approval:

   **September 1, 2011**

4. Contact Person

   Name: Doug Jensen
   
   Address: 3041 Avenue K, Lancaster, CA 93536
   
   Phone: (661) 722-6300 ext. 6526
   
   Fax: N/A
   
   Email: djensen@avc.edu

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

   Yes ___ If yes, proceed to item 6 on the next page
   
   No _X_ If No, complete the information below, sign the form and submit to:
   
   DIR, Office of the Director
   
   Attn: LCP Special Assistant
   
   455 Golden Gate Avenue, 10th Floor
   
   San Francisco CA 94102

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/Title: [Name/Title]**  
**Date: [8/14/15]**

LCP ANNUAL REPORT 8 CCR 16431 -- AB limited