

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 07/01/2014 to 06/30/2015  
(mm/dd/yyyy) (mm/dd/yyyy)

1. Name of Labor Compliance Program (LCP): Reclamation District <del>XXXX</del> <sup>2029</sup> Labor Compliance Program		3. Date of Initial Approval: 9/1/2011
2. LCP I.D. Number (assigned by DIR): 2011.00698 <del>200500466</del>		
4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): Alan Richard Coon 421 S El Dorado Street, Ste E Stockton CA 95203		
5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period? Please check one: <input type="checkbox"/> Yes If Yes, proceed to item 6 on the next page <input checked="" type="checkbox"/> No 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:		
	Alan R Coon Secretary	
Signature	Name and Title	Date

# Ethics Training for State Officials

## Certificate of Completion

Date of Completion: 07/13/2015

Training Time: 00:32 hours

This course is offered by the Attorney General and the Fair Political Practices Commission to satisfy the ethics training requirement for state officials. (Government Code section 11146 et seq.)

By signing below, I certify that I fully reviewed the content of this online course.

**carolyn Lay**

Participant Name



Participant Signature

**North Valley Labor Compliance Services**

Agency Name

*NOTE TO PARTICIPANT: Please provide a copy of this proof of participation to the custodian for such records at your agency. In addition, we recommend you make a copy of this proof of participation for your own records to retain for at least five years. If this core course is a part of your agency's ethics orientation as mandated by the law, you need to make sure that you are following your agency's procedures in completing this aspect of the orientation. Your agency may also require you to review its incompatible activities statement or other conflict-of-interest laws specific to your agency.*

RECLAMATION DISTRICT NO. 2029

421 So. EL DORADO STREET  
SUITE E

ALAN RICHARD COON, SECRETARY.

STOCKTON, CALIFORNIA 95203  
Telephone (209) 946-9675  
Facsimile (209) 946-9723

July 31, 2015

Department of Industrial Relations  
Office of the Director  
Attn: LCP Special Assistant  
1515 Clay Street 17<sup>th</sup> Floor  
Oakland, CA 94612

Re: Reclamation District No. 2029

Dear Director:

Enclosed is the Annual Labor Compliance Report for July 1, 2014 through June 30, 2015 for Reclamation District No. 2029, pursuant to CA Code of Regulations 16431.

**Contract Person for the District**

Alan Richard Coon  
421 So. El Dorado Street, Suite E, Stockton, CA 95203  
Telephone: (209) 946-9675  
Fax: (209) 946-9693  
Email: [arcoo@arcooanlaw.com](mailto:arcoo@arcooanlaw.com)

Reclamation District No. 2029 has contracted with LCP Administrator for projects with signed contracts prior to January 1, 2012 and any Proposition 84 projects.

Reclamation District No. 2029 had those construction projects as outlined in our attached Annual Report.

Please be advised that the FPPC Form 700 disclosure statement has been filed for each employee with decision-making authority. Each employee with decision-making authority has completed the Ethics Orientation.

Sincerely,



ALAN RICHARD COON  
Secretary  
ARC:ded