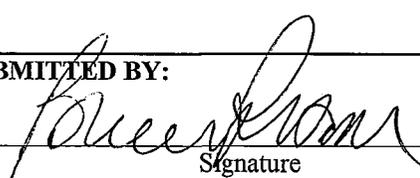
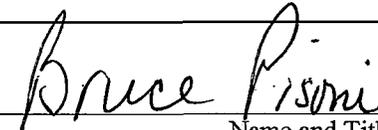
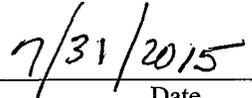


LABOR COMPLIANCE PROGRAM ANNUAL REPORT

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 3 Labor Compliance Program		
2. LCP I.D. Number (assigned by DIR): 2011.00691	3. Date of Initial Approval: 9/1/2011	
4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): Mr. Bruce Pisoni PO Box 984 Walnut Grove, CA 95690		
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:  Signature	 Name and Title	 Date

Ethics Training for State Officials

Certificate of Completion

Date of Completion: 07/13/2015

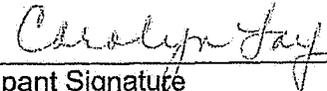
Training Time: 00:32 hours

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.