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__

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1. Name of Labor Compliance Program (LCP):
   Reclamation District 800

2. LCP I.D. Number (assigned by DIR):
   2011.01052

3. Date of Initial Approval:
   09/01/2011

4. Contact person (include name, title, address, telephone, fax, and e-mail, if available):
   Jeffrey D. Conway
   P.O. 262
   Byron, CA 94514
   Phone: 209-946-6968

Administrated by: Contractor Compliance and Monitoring, Inc.
635 Mariners Island Blvd. #200
San Mateo, CA 94404
Phone: (650) 522-4403 Fax: (650) 522-4402

5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period?
   [ ] Yes
   [ ] No

   If Yes, proceed to item 6 on the next page

   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)

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SUBMITTED BY:

Jeffrey D. Conway, District Manager

Signature

Name and Title

Date 8/10/15

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