**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 **07/01/2015** to **06/30/2016**

<table>
<thead>
<tr>
<th>1. Name of Labor Compliance Program (LCP):</th>
<th>Lodi Unified School District</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. LCP I.D. Number (assigned by DIR):</td>
<td>2011.00988</td>
</tr>
<tr>
<td>3. Date of Initial Approval:</td>
<td>9/1/2011</td>
</tr>
</tbody>
</table>
| 4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): | Steve Miller  
1305 E. Vine Street  
Lodi, CA 95240  
Phone: 209-331-7225  
Fax: N/A |
| 5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period? | ![Select Yes or No]  
- 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,  
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 and Title: Kate Kuyper  
Date: 8/30/16
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Name and Title

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