# 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 07/01/2016 to 06/30/2017

<table>
<thead>
<tr>
<th>1. Name of Labor Compliance Program (LCP)</th>
<th>Reclamation District 150 Labor Compliance Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. LCP I.D. Number (assigned by DIR)</td>
<td>2011.00694</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): | Mr. Warren Bogle  
37783 County Road 144  
Clarksburg, CA 95612 |
| 5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period? | 
Please check one:  
- [ ] Yes  
  If Yes, proceed to item 6 on the next page  
- [x] No  
  If No, complete the information below, sign the form and submit to DIR, Office of the Director, Attn: LCP Special Assistant,  
  1515 Clay Street, 17th Floor, Oakland, CA 94612  

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]  
Warren Bogle, President, trustee RD/50  
8/24/17