**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 7/1/2016 to 6/30/2017

<table>
<thead>
<tr>
<th>1. Name of Labor Compliance Program (LCP):</th>
<th>Reclamation District 2028 Labor Compliance Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. LCP I.D. Number (assigned by DIR):</td>
<td>2011.00730</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): | Pamela A. Forbus  
343 E. Main Street, Ste. 815, Stockton, CA 95202  
(209) 943-5551 |
| 5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period? | ☑ No |
| Please check one: | 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,  
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: | Pamela A. Forbus, Assistant Secretary  
Aug 23, 2017 |
| Signature | Name and Title  
Date |