**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 **7-1-2017** to **6-30-2018**

1. **Name of Labor Compliance Program (LCP):** Cutler Public Utility District

2. **LCP I.D. Number (assigned by DIR):** 2013.01166

3. **Date of Initial Approval:** April 16th 2013

4. **Contact person (include name, title, address, telephone, fax, and e-mail, if available):**
   
   **Dionicio Rodriguez, Jr.**  
   **Ph:** 559—528-3859  
   **40523 Orosi Drive**  
   **Fax:** 559-528-1919  
   **Cutler, CA 93615**

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  
   - **☑ 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)

   N/A

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**SUBMITTED BY:**

Richard Perez, Labor Compliance Manager  
August 10, 2018

Signature Name and Title Date