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 **07/01/2017** to **06/02/2018**

<table>
<thead>
<tr>
<th>1. Name of Labor Compliance Program (LCP):</th>
<th>Point Arena High School District</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. LCP I.D. Number (assigned by DIR):</td>
<td>2011.00852</td>
</tr>
<tr>
<td>3. Date of Initial Approval:</td>
<td>2015</td>
</tr>
</tbody>
</table>
| 4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): | Lisa Riboli, District Secretary  
P.O. Box 87  
Point Arena, CA 95468  
Phone: (707) 882-2803  
Fax: (707) 882-2848  
lriboli@mcn.org |
| 5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period? | ![Radio button choices: Yes, 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, 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:

Lisa Riboli, District Secretary  
8/31/2018