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 7-1-17 thru 6-30-18

1. Name of Labor Compliance Program (LCP) : Reclamation District 2

2. LCP I.D. Number (assigned by DIR): 00722

3. Date of Initial Approval: 9/01/11

4. Contact person (include name, title, address, telephone, fax, and e-mail, if available):
   Al Warren Haslett
   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?
   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

SUBMITTED BY:

Pamela A. Fabbus  Pamela A. Fabbus  Assistant Secretary  8/28/2018
Signature  Name and Title  Date