# 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

<table>
<thead>
<tr>
<th>1. Name of Labor Compliance Program (LCP):</th>
<th>Reclamation District 2090</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. LCP I.D. Number (assigned by DIR):</td>
<td>00725</td>
</tr>
<tr>
<td>3. Date of Initial Approval:</td>
<td>9/01/11</td>
</tr>
</tbody>
</table>
| 4. Contact person (include name, title, address, telephone, fax, and e-mail, if available): | Al Warren Hoslett  
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  
☑ 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:**

[Signature]  
Pamela A. Fergus  
Assistant Secretary  
[Date]  
8/28/2018