

# Supplement to the Annual Report of Transit Operations

<b>Transit Operation ID Number:</b>	
<b>Name of Transit Operation:</b>	

Mark the appropriate box below to indicate the month ending date of your agency's fiscal year. Report data for that period only.

June 2015

September 2015

Return this form to the California State Controller's Office. If you have any questions regarding this form please contact:

*U.S. Bureau of the Census, Robyn Harris, 1-800-242-4523*

## 1. Non-Transportation Revenues

If you reported non-transportation revenues on page 1 of the Operating Revenue section from the Transit Operators Financial Transactions Report, indicate the amount that represents interest earnings.

<b>U20:</b>	\$
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## 2. Capital Outlay Expenditures for Transit Activities

Please report capital outlay expenditures for transit activities, if applicable:

Land and Equipment (Census Code G94)	\$
Construction (Census Code F94)	\$