

# 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.

September 2015

June 2016

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, Michael Osman, 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)	\$