Carol Woo

From: tng
Sent: Mo
To: cw
Subject: RE

Good morning

The report has lease submit it as soon as you can to complete the

If you have any

Tling Ngo
State Controlle
Tel: 916-327-8

From: Carol W
Sent: Wednes
To: Ngo, Tling
Subject: RDA

Tling,

I sent the RDA ease confirm via e-mail that your received it please. Lemoc
Thank You!

Carol J Wood
City of Lemoor
119 Fox Street
Lemoore, CA 9
Phone: (559) 9
Fax: (559) 924-
e-mail cwood@

RDA

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Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$2.30
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $6.49 12/29/2010

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LEMOORE CA 93245 DEC 29 2010

Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

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1. Article Addressed to:

State Controller's Office
Division of Acct & Rpt
Local Gov't Rpt Section
P.O. Box 942850
Sacramento, CA 94250

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X ☐ Agent ☐ Addressee
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STATE CONTROLLER'S OFFICE
DIV. OF ACCOUNTING & REPORTING

3. Service Type
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4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7010 0780 0000 4972 2388

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

CITIES FINANCIAL TRANSACTIONS REPORT

COVER PAGE

City of Lemoore

Fiscal Year 2010 **ID Number** 11981644800

Certification:

I hereby certify, to the best of my knowledge and belief, that the report forms fairly reflect the financial transactions of the city in accordance with the requirements as prescribed by the California State Controller.

Signature

Finance Director
Title

Nancy Cota
Name (Please Print)

October 15, 2010
Date

Per Government Code section 53891, this report is due within 90 days after the end of the fiscal year. If filed in electronic format, the report is due within 110 days after the end of the fiscal year.

To file electronically:

1. Complete all forms as necessary.
2. Transmit the completed output file using a File Transfer Protocol (FTP) program or via diskette.
3. Sign this cover page and mail to either address.

Report will not be considered filed until receipt of this signed cover page.

To file a paper report:

1. Complete all forms as necessary.
2. Sign this cover page, and mail completed report to either address.

Mailing Address:

State Controller's Office
Division of Accounting and
Local Government Reportir
P. O. Box 942850
Sacramento, CA 94250

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

State Controller's Office
Div of Accounting&Reporting
LGRS
P.O. Box 942850
Sacramento, CA 94250

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery 10/17

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
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☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label) 7010 0780 0000 4972 2609

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

ANNUAL STREET REPORT

COVER PAGE

City of Lemoore

Fiscal Year: **2010** ID Number: **17981644800**

City Fiscal Officer Certification:

I hereby certify, to the best of my knowledge and belief, that the amounts stated herein fairly present a statement of all monies available, and the expenditures therefrom, for street or road purposes in accordance with the requirements as prescribed by the California State Controller pursuant to Sections 2151-5 of the Streets and Highways Code.

City Fiscal Officer:

Signature

Financial Director
Title

Nancy Cota
Name (Please Print)

August 17, 2010
Date

Per Streets and Highways Code section 2151, this report is due on or before October 1.

To file electronically:

1. Complete all forms as necessary.
2. Transmit the completed output file using a File Transfer Protocol (FTP) program or via diskette.
3. Sign this cover page and mail to either address below.

Report will not be considered filed until receipt of this signed cover page.

To file a paper report:

1. Complete all forms as necessary.
2. Sign this cover page, and mail completed report to either address below.

Pkg Sent 8-17-10 4:50pm

Mailing address:

State Controller's Office
Division of Audits
Special Audits Bureau
Annual Street and Road Report
P. O. Box 942850
Sacramento, CA 94250-5874

Express mail address:

State Controller's Office
Division of Audits
Special Audits Bureau
Annual Street and Road Report
300 Capitol Mall, Suite 518
Sacramento, CA 95814

UNITED STATES POSTAL SERVICE.

Date: 09/10/2010

CAROL WOOD:

The following is in response to your 09/10/2010 request for delivery information on your Certified Mail(TM) item number 7007 2560 0001 6522 3057. The delivery record shows that this item was delivered on 08/20/2010 at 05:18 AM in SACRAMENTO, CA 94250 to C CALLAWAY. The scanned image of the recipient information is provided below.

Signature of Recipient: Cameron Callaway

Address of Recipient: Controller

Thank you for selecting the Postal Service for your mailing needs. If you require additional assistance, please contact your local Post Office or postal representative.

Sincerely,

United States Postal Service

SENDER: COMPLETE THIS SECTION

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

State Controller's Office
Annual Street& Road Rpt

P.O. Box 942850
Sacramento, CA 94250-5874

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☒ Addressee

B. Received by (Printed Name): Lisa Tam
C. Date of Delivery: 9/13/10

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
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4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7007 2560 0001 6522 3057

SPECIAL DISTRICTS FINANCIAL TRANSACTIONS REPORT

COVER PAGE

Lemoore Financing Authority

SCO Reporting Year **2010** ID Number: **12501603800**

Submitted by the Reporting Entity

Fiscal Year Ended 6/30/10 (MM/DD/YY)

Signature

Finance Director
Title

Nancy Cota
Name (Please Print)

8/18/2010
Date

Per Government Code section 53891, this report is due within 90 days after the end of the fiscal year. If filed in electronic format, the report is due within 110 days after the end of the fiscal year.

Per Government Code section 26909, a copy of the independent audit is to be filed with the Controller within 12 months after the close of the fiscal year.

SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:
State Controller's Office
Local Govt Reporting
P.O. Box 942850
Sacramento, CA 94250

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Wesley Keller ☐ Agent ☒ Addressee

B. Received by (Printed Name) W. Keller C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

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AUG 24 2010
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LOCAL GOVT REPORTING

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☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7008 2810 0001 2689 9155

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

ency must sign
address below.

porting
Section
Sacramento, CA 95816

SPECIAL DISTRICTS FINANCIAL TRANSACTIONS REPORT

COVER PAGE

Cross Valley Rail Corridor Joint Powers Authority

SCO Reporting Year **2010** ID Number: **12501600500**

Submitted by the Reporting Entity

Fiscal Year Ended 06/30/10 (MM/DD/YY)

Signature

Finance Director
Title

Nancy Cota
Name (Please Print)

August 18, 2010
Date

Per Government Code section 53891, this report is due within 90 days after the end of the fiscal year. If filed in electronic format, the report is due within 110 days after the end of the fiscal year.

Per Government Code section 26909, a copy of the independent audit is to be filed with the Controller within 12 months after the close of the fiscal year.

To File Electronically:

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1. Article Addressed to:

State Controller's Office
Local Govt Reporting Sect
P.O. Box 942850
Sacramento, CA 94250

Cross Valley

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 8/23

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7007 2560 0001 6522 3064

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