



## Candidate Audit Questionnaire

Enter the information requested, sign and date the completed questionnaire, and provide it to the auditor handling your case. Use a separate sheet of paper if you require additional space.

**Secretary of State Identification Number:**

**Committee Name:**

**Audit Period** (enter the dates from the Franchise Tax Board contact letter you received):

### General Committee Information

1. List the names of all individuals who served as treasurer during the audit period:

2. Who maintained the committee's records?

3. Who prepared the filed campaign statements?

### Contributions

4. How did the committee raise contributions? Check all that apply:

Mail    Loans    Telephone    Text    Website/Internet    Email    Credit card

Fundraisers (describe):

Other (describe):

5. Explain how the committee processed and recorded contributions from the time received to the time deposited:

6. When the committee prepared the campaign statements, what date did the committee use as the contributions' date-of-receipt? Check the box below:

- Deposit date     Contributor check date     Date received by the committee  
 Other (describe):

7. What records did the committee maintain for contributions received? Check all that apply:

- Copies of contributor checks (check the box below that indicates how you maintain the files):  
 Date deposited     Date received  
 Other (describe):

- Duplicate deposit slips     Contributor database     Cash receipts journal     Deposit batch slips  
 Contributor reply cards     Contributor remittance envelopes     Credit card receipts  
 Other (explain):

8. How did the committee value nonmonetary contributions?

9. Who valued the nonmonetary contributions?

10. Did the committee maintain copies of notices sent to major contributors?

Yes  No If you answered No, explain:

**Bank Accounts**

11. Provide the following information for all of the committee's financial accounts (including checking, savings, and other investment accounts.):

Type of Account	Account Number	Name and Address of Financial Institution	Date Opened	Date Closed

12. Provide the names of individuals authorized to sign on the committee's financial accounts:

**Expenditures**

13. Who approved expenditures?

14. What records did the committee maintain for expenditures? Check all that apply:

- Canceled checks  Contracts  Transaction listing  Expense reports  Check register
- Invoices, receipts, and billing statements  Credit card statements
- Other (explain):

15. How did the committee identify and report contributions requiring 24-hour disclosure?

16. How did the committee identify and report contributions requiring Ballot Measure Reports?

17. Did the committee maintain copies of mass mailings and related invoices?

18. What records did the committee maintain for subvendor payments?

19. How did the committee determine accrued expenses?

20. Did the candidate use personal funds to pay for any expenses?

Yes  No If so, please list them below:

Questionnaire completed by: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Retain a copy for your records.