



STATE OF CALIFORNIA  
POLITICAL REFORM AUDIT PROGRAM  
**FRANCHISE TAX BOARD**  
PO BOX 651  
SACRAMENTO CA 95812-0651

## Measure Committee 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?

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

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

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

Retain a copy for your records.