



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

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.