



CAMPAIGN AUDIT QUESTIONNAIRE

Please be as thorough as possible in completing this questionnaire. Your responses here will contribute to the efficiency of the audit process. This questionnaire is formatted as a "form fill" document. Information can be entered into the empty fields.

COMMITTEE INFORMATION

Committee Name, FPPC ID #:	
Committee Treasurer:	
Candidate / Principal Officers:	
Office Sought / Measure Name:	
Election Date:	

CONTACT PERSON FOR THE AUDIT

Name / Title:	
Address:	
Telephone Number:	
Email Address:	

Custodian & Location of Records:	
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Important Note: Committees must maintain original source documentation for all accounts, records, bills and receipts, and activity reported in disclosure statements for a period of at least 4 years from when the statement is filed. Therefore, original documents and records should not be sent to the Ethics Commission.

To best accommodate audits, the Ethics Commission requests that documents and records be submitted electronically either by email or through a web-based file sharing system.

GENERAL INFORMATION

1. Please describe the Committee's organizational structure.

2. Who maintained the Committee's records? Briefly explain the accounting and recordkeeping procedures used and how campaign statements and filings were prepared/approved.

3. Was your Committee primarily formed to support/oppose candidates or ballot measures at any time during the preceding 18-months?

Yes No

If "Yes", please complete the table below. If additional space is needed, additional pages or documents may be submitted.

Candidate Name (Office) / Ballot Measure	Jurisdiction	Election Date

4. How/when did the Committee determine its filer type and filing jurisdiction?

5a. Did the Committee have any sponsors or top contributors? How were sponsors/top contributors determined?

BANK ACCOUNTS

1. For all of the Committee's financial accounts (e.g. checking, savings, money market) please provide the following information. If additional space is needed, additional pages or documents may be submitted.

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

2. Please list the names of all individuals authorized to sign on the Committee's financial accounts:

CAMPAIGN OFFICE

1a. Did the Committee maintain a campaign/field office?

Yes No

If "Yes", please complete the table below. If additional space is needed, additional pages or documents may be submitted.

Address	Duration of use	Did the Committee pay rent for the space or was it donated?	
		Amount paid / period	Fair Market Value

1b. If the Committee did not pay rent or paid an amount below the fair market value for the space used, please explain:

2a. Did the Committee pay for utilities at its campaign office(s) (e.g., telephone, electricity, internet service) either directly or through an intermediary (e.g. property manager/owner, consultant).

Yes No

2b. If "No", please explain:

3a. Did the Committee purchase, rent, or receive as a donation any equipment or physical assets (e.g. office furniture, computers, printers, cell phones)?

Yes No

3b. If "Yes", explain what the Committee did with the equipment after the campaign.

CONTRIBUTIONS

1a. What types of contributions did the Committee receive? Check all that apply:

Cash Check Online/Credit Card Wire Transfer

Other (describe):

Non-monetary, e.g. goods or services (describe):

1b. How was the value of non-monetary contributions determined?

Note: Documentation related to non-monetary contributions must be included with your campaign records.

2. How did the Committee ensure compliance with applicable contribution limits and/or contribution bans?

3a. What types of records did the Committee maintain for contributions? Check all that apply:

- Contributor database Contributor information cards Correspondence
 Check copies Credit card receipts Deposit slips/receipts Deposit batch list
 Other (explain):

3b. How were contribution records organized?

- Date Deposited Date Received
 Other (explain):

4. In preparing campaign statements, how did the Committee determine the reported receipt date for contributions?

5a. Did the committee have any “major contributors”, non-committee entities that donated \$5,000 or more in a calendar year?

- Yes No

5b. If “Yes”, describe the records maintained for “Notice of Filing Obligations” sent to major contributors.

6a. Did the Committee receive any loans?

- Yes No

6b. If “Yes”, describe the documentation maintained for each loan.

Note: *Records relating to all loan agreements should be included with your campaign records.*

7a. Did the Committee, its agents, or its sponsors conduct any fundraising activities or events?

- Yes No

7b. If “Yes”, describe the types of events and what records or documents were maintained for fundraising activities.

8a. Has the Committee maintained records and documents to support each contribution reported by the Committee?

- Yes No

8b. If “No”, please explain what documentation may be missing and why.

EXPENDITURES

1. How did the Committee pay for expenditures? Check all that apply:

- Checks Wire Transfer Online/electronic transfer
 Credit/bank card Petty cash account
 Other (explain):

2. 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):

3. How were expenditures determined and approved for payment?

4. How did the Committee track accrued expenses/unpaid bills to ensure timely reporting and payment?

5. What procedures were used to ensure that campaign funds were disbursed properly and only for campaign-related purposes?

6a. Has the Committee maintained a copy of an invoice, receipt or other document to support each expenditure reported by the Committee?

- Yes No

6b. If “No”, please explain what documentation may be missing and why.

7. Did the Committee distribute any communications (e.g. mass mailings, phone banks, emails, tv/radio ads)?

- Yes No

If “Yes”, please complete the table below. If additional space is needed, additional pages or documents may be submitted.

Note: Please submit copies of all communications distributed e.g. copies of mailings, transcripts of calls, digital copies of ads.

Type of Communication (e.g. mailing, TV/Radio ad, website)	Description / Name of Communication	Date of Communication	Copy of Communication Maintained?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL NOTES

Are there any additional circumstances, issues or other occurrences not addressed in this questionnaire that should be considered for the audit?