

25 Van Ness Avenue, STE 220 San Francisco, CA 94102-6053 ethics.commission@sfgov.org 415-252-3100 | sfethics.org

## <u>Audit Questionnaire – Candidate Committee</u>

This questionnaire is designed to gather key information about your committee's campaign activities to facilitate the audit process. Completing it thoroughly and accurately will contribute to the efficiency of the audit process. Please enter the information requested, sign and date the completed questionnaire, and submit through the Commission's Online Records Portal, along with all other required audit records. If you require additional space for any question, please use the "Additional Notes" field on page 5 and refer to the question number.

Committee Name, FPPC ID #:			
Committee Information			
1. List the names of all individuals who served as treasurer during the audit period:			
2. Who maintained the Committee's records? Briefly explain the accounting and recordkeeping procedures used:			
3. How were campaign statements and filings prepared? Who prepared and approved filed campaign statements?			
Bank Accounts			

4. Provide the following information for all of the committee's financial accounts (e.g. checking, savings, other investment accounts):

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

San Francisco Ethics Commission

5.	List the names of all individuals authorized to sign on the Committee's financial accounts:
Со	ntributions
6.	How did the committee raise contributions? Check all that apply:
	☐ Cash ☐ Check ☐ Online/Credit Card ☐ Wire Transfer ☐ Non-monetary, e.g. goods or services (describe): ☐ Other (describe):
7.	Explain how the committee processed and recorded contributions from the time received to the time deposited, including who performed any recording, deposits, or reviews:
8.	In preparing campaign statements, how did the Committee determine the reported receipt date for contributions? Check the box below:
	☐ Deposit date ☐ Contributor check date ☐ Date received by the committee ☐ Other (describe):
9.	What types of records did the committee maintain for contributions received? Check all that apply:
	☐ Contributor database       ☐ Contributor information cards       ☐ Correspondence         ☐ Check copies       ☐ Credit card receipts       ☐ Deposit slips/receipts       ☐ Deposit batch list         ☐ Other (explain):       ☐ Other (explain):
	How were contribution records organized?
	☐ Date Deposited ☐ Date Received ☐ Other (explain):

10.	How did the committee value	e nonmonetary contributions	? Who valued nonmoneta	ry contributions?
11.	What was the committee's p	rocess for ensuring complian	ce with contribution limits	and contribution bans?
12.	How did the committee ident	tify and report contributions	requiring 24-hour disclosu	re?
Exp	penditures			
13.	How did the committee pay f	or expenditures? Check all th	nat apply:	
	<ul><li>☐ Checks</li><li>☐ Credit/bank card</li><li>☐ Other (explain):</li></ul>	☐ Wire transfer ☐ Petty cash account	☐ Online/electronic transf	er
14.	What records did the Commi	ttee maintain for expenditur	es? Check all that apply:	
	<ul><li>☐ Canceled checks</li><li>☐ Check register</li><li>☐ Other (explain):</li></ul>	☐ Contracts ☐ Invoices, receipts, billing sta	☐ Transaction listing tements	<ul><li>☐ Expense reports</li><li>☐ Credit card statements</li></ul>
15.	How were expenditures appr	oved for payment? Who app	roved expenditures?	

16.	What procedures were used to ensure that campaign funds were disbursed properly and only for campaign-related purposes?
17.	How did the Committee track accrued expenses/unpaid bills to ensure timely reporting and payment?
18.	Did the committee maintain copies of distributed communications (e.g. mass mailings, emails, tv/radio ads) and related invoices?
19.	What records did the committee maintain for sub-vendor payments?
20.	Did the candidate use personal funds to pay for any expenses? If so, explain:

Additional Notes				
21. Are there any additional circumst should be considered for the audi		currences not a	ddressed in this questio	onnaire that
Questionnaire completed by:			Title:	
Phone Number:	Email Address:			-
Signature:		Date:		