



**FORM
ORG**
(Rev. 3/2015)

Hawaii State Ethics Commission Received
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**HAWAII STATE ETHICS COMMISSION
ORGANIZATION'S EXPENDITURES AND CONTRIBUTIONS REPORT**

REPORT YEAR: 2016 Amended Statement
 For Lobbying Reporting Period: January 1 - last day of February March 1 - April 30 May 1 - December 31

ORGANIZATION INFORMATION

International Fund for Animal Welfare, Inc.
 Organization Name
 290 Summer Street

Diane Warren Flynn
 Contact Person

Mailing Address (Number and Street or P.O. Box)

Yarmouth Port

MA

02675

City

State

Zip Code

(508) 744-2133

dflynn@ifaw.org

Telephone

Extension

Email Address

PART I. TOTAL EXPENDITURES

		Total Amount
1	Preparation & Distribution of Lobbying Materials.....	1 <u>54.00</u>
2	Media Advertising.....	2 _____
3	Compensation Paid to Lobbyists (Attached Additional Sheets As Needed) <i>List the names of all lobbyists and compensation paid to lobbyists during the statement period</i>	
	Lobbyist Name	Compensation Paid
A.	<u>Jeffrey Flocken</u>	A. <u>1043.17</u>
B.	<u>Peter LaFontaine</u>	B. <u>1278.13</u>
C.	<u>Mark Hofberg</u>	C. <u>718.75</u>
D.	_____	D. _____
E.	_____	E. _____
F.	_____	F. _____
G.	Total from Additional Attached Sheet(s).....	G. _____
	Add lines A through G.....	Total Compensation Paid ► <u>3,040.05</u>
4	Fees Paid to Consultants or Services.....	4 <u>4100</u>
5	Entertainment & Events.....	5 _____
6	Receptions, Meals, Food, & Beverages.....	6 _____
7	Gifts.....	7 _____
8	Loans.....	8 _____
9	Other Disbursements.....	9 <u>2663.93</u>
	Add lines 1 through 9.....	Total Expenditures ► <u>9,857.98</u>

Travel Expense Report (TER) Form General Instructions

The TER form has been designed with protection of certain data fields and formulas. This protection prevents these fields from being selected or updated. Certain data fields are also linked across worksheets for more efficient data entry.

Summary worksheet (first tab)

The following information must be completed on the summary tab and will automatically link to each supplemental worksheet:

- Employee name
- Dates of travel
- Currency of reimbursement
- Date submitted
- Reference code

The following additional information must be completed on the summary tab:

- Employee title and department
- Purpose of trip
- Destination

Airfare paid directly by IFAW must be manually recorded in the "Charges billed directly to IFAW" section of the form. The following information must be recorded:

- Cost center name
- Entity code
- Cost center code
- Project code
- Airfare amount

The remainder of the information for the summary tab will link from the Cost center supplemental worksheets.

Cost center supplemental worksheets

There are six supplemental worksheets provided, and each will accommodate 24 items. Please complete a supplemental worksheet for each unique cost center and project code combination. You may also start a new worksheet if you have more than 24 items for a particular cost center/project code.

The following information must be completed on each supplemental worksheet and will automatically link to the summary tab in the "Employee reimbursement" section:

- Cost center name
- Entity code & cost center number
- Project code

For each expense item, the following information must be completed:

- Item #
- Transaction date
- Business purpose & description
- Currency
- Currency amount
- Exchange rate

There is a formula provided that will calculate the reimbursement amount for each transaction. This amount must be manually recorded to the appropriate natural account(s). The total reimbursement amount for an item in column G must equal the total in column Q.

If an item is coded to a natural account not provided in the form, please add to the "Other" column and note the natural account in the column title. Please also record this information on the summary tab of the form as it does not automatically link.



Travel Expense Report (TER)

Employee name Peter LaFontaine
Employee title and department Campaigns Officer - US
Purpose of trip Anti-wildlife trafficking lobbying activities
Destination(s) Honolulu, Hawaii
Dates of travel Feb. 2-6, 2016
Currency of reimbursement USD

Date submitted 12-Feb-16
Reference code _____

Employee reimbursement: (cash, personal credit card, non-direct billed IFAW corporate credit card)

*** Please list details on Supplemental Worksheet ***

Cost center name	Entity code (3 digits)	Cost center code (9 digits)	Project code (if applicable)	Airfare 5401	Lodging & meals 5404	Other travel / incidentals 5405	Telephone 5501	Other:	Other:	Other:	Other:	Other:	TOTAL
40ELIT002	010	#REF!	000000	1,214.99	1,042.94	156.00	-	-	-	-	-	-	2,413.93
				-	-	-	-	-	-	-	-	-	-
				-	-	-	-	-	-	-	-	-	-
				-	-	-	-	-	-	-	-	-	-
				-	-	-	-	-	-	-	-	-	-
				-	-	-	-	-	-	-	-	-	-

Total expenditures 1,214.99 1,042.94 156.00 - - - - - 2,413.93
 Less: travel advances _____
 Other adjustments (describe): _____
Amount due to (from) employee 2,413.93
2,413.93

Charges billed directly to IFAW: (airfare, etc.)

Please list details manually below

Cost center name	Entity code (3 digits)	Cost center code (9 digits)	Project code (if applicable)	Airfare 5401	Lodging & meals 5404	Other travel 5405							TOTAL
													-
													-
													-
													-
													-

Total charges billed directly - - - - - - - - - - - - - -

Total expenses (reimbursements and charges billed directly) 1,214.99 1,042.94 156.00 2,413.93

_____ 12-Feb-16
 Employee signature Date
 _____ 12-Feb-16
 Supervisor signature Date

 Budget Mgr/DOA signature (if not same as Supervisor) Date

 Finance reviewer signature Date

Finance Dept Use Only:	
Date received	
Set of Books entered	
Period entered	
Batch name	
Payment date	
Pay document no.	
AP Supervisor approval	
Release 1	
Release 2	

Bank Name	
Bank Address	
Bank Address	
Transit /S.W.I.F.T. No.	
Bank Branch No.	
ABA, IBAN, Sort code	
Payee Account Number	

