



FORM  
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(Rev. 5/2013)

Hawaii State Ethics Commission Received  
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# HAWAII STATE ETHICS COMMISSION GIFTS DISCLOSURE STATEMENT

(This report covers the period from June 1 of the preceding calendar year through June 1 of this year and is due by June 30)

**FILER**

Williams	Carleton	L
Last Name	First Name	M.I.
State of Hawaii, Board of Public Accountancy	Board Member	
State Agency	State Position	

**CONTACT INFORMATION**

700 Bishop Street, Suite 1040

Number and Street or P.O. Box

Honolulu	HI	96813
City	State	Zip Code
531-1040	116	cwilliams@cwassociatescpas.com
Telephone	Extension	Email Address

**GIFT INFORMATION** (LIST EACH GIFT SEPARATELY)

- Donor: NASBA Date Received: 6/30/2014  
Gift (Description): Travel Reimbursement for National Meeting Value/Cost: \$1,905.91
- Donor: NASBA Date Received: 6/5/2014-6/6/2014  
Gift (Description): Scholarship to Regional Meeting Value/Cost: \$450.00(?)
- Donor: NASBA Date Received: 6/4/2014  
Gift (Description): Scholarship to New Board Member Orientation Value/Cost: \$250.00(?)
- Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_
- Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_

Check here if additional sheets are attached

**FILER**

Carleton L. Williams	6/30/2015
Print Name of Filer (First M.I. Last)	Date (m/d/yyyy)

**CERTIFICATION:** By checking this box, you signify and affirm that you are the person whose name appears as the "Filer" above and the information contained in the form is true, correct and complete to the best of your knowledge and belief. You further certify that you understand that there are statutory penalties for failing to report the information required by Hawaii law.