HAWAII STATE ETHICS COMMISSION
1001 Bishop Street, Pacific Tower 970
P.O. Box 616, Honolulu, Hawaii 96809
Telephone: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

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 on June 30)

NAME: Rebecca S. Williams

STATE POSITION: Member - Board of Public Acctg

STATE AGENCY: PCCA - Board of Public Accounting

STATE TEL. NO.: 808 262 7225

STATE MAILING ADDRESS: 71 South Kalaheo Avenue
Kailua, HI 96734

1 DONOR	2 DESCRIPTION OF GIFT	3 DATE REC'D	4 GIFT VALUE	5 AGG. VALUE
National Association of State Boards of Accountancy, Inc.	Full Scholarship (reimbursement of all expenses) to attend meeting in La Jolla, California 6/16/04 - 6/18/04. See detail attached.	6/04	1406.03	1406.03

RECEIVED BY U.S. MAIL

1 DONOR	2 DESCRIPTION OF GIFT	3 DATE REC'D	4 GIFT VALUE	5 AGG. VALUE
	RECEIVED			
	'05 MAY 24 A10:37			
	STATE OF HAWAII STATE ETHICS COMMISSION			

____ Check here if you have attached additional sheets.

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement.

Signature Block

5/23/05

SIGNATURE **DATE**

gd1.wpd

National Association of State Boards of Accountancy, Inc.
150 Fourth Avenue North, 7th Floor, Nashville, TN 37219-2417
Reimbursable Travel and Entertainment Expense Report

Please read instructions below before completing. **Submit completed form to NASBA Controller.**

City	La Jolla	La Jolla	La Jolla					
Day of Week	Tues	Th	Sat					**Totals**
Date	6/15	6/17	6/19					
Air/Rail Transportation	601.67							601.67
Lodging (hotels, motels, etc.)			702.80					702.80
Local Transportation (Taxi, Bus, Van, Car, etc.)	$13	$18	$13					44.00
Tolls and Parking								
Rental Vehicle								
Personal Vehicle @ $.365								
Telephone								
Gratuities (other than servers)								
Personal Meals:								
Breakfast			4.83					4.83
Lunch								
Dinner	$22.39	30.34						52.73
Other								
Entertainment Expense (Details on Other Side)								
Other Expense (Provide Details Below)								

Details:

Total Expenses	1406.03
Less Cash Advanced	—
Due From (To) NASBA	1406.03

Name of Traveler: Rebecca Williams Date: 6/22/04
Address: 71 S. Kalaheo Ave.
New Address?
Yes (No) City: Kailua State: HI Zip: 96734
Purpose of Trip: NASBA New Member - western Region Mtg

Certification of Traveler:

I hereby certify that the above expenses are ordinary and necessary and that I have no source o

Signature of Traveler: Signature Block

Instructions

Must be typed or in ink.
List each expenditure each day individually.
Include tips for servers in cost of meals.
Receipt required for every expenditure of $75 or more.
Reverse side MUST be completed for ALL entertainment expenses regardless of amount.
Include only travel & entertainment expenses. Use appropriate form(s) for other expenses.

Approved by:

Account Nos.:	Amount