



**FORM
GD1**
(Rev. 5/2013)

Hawaii State Ethics Commission Received
6/30/2015 4:25:30 PM



**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

Ferguson-Brey	Pamela	J
Last Name	First Name	M.I.
Crime Victim Compensation Commission	Executive Director	
State Agency	State Position	

CONTACT INFORMATION

Crime Victim Compensation Commission
1136 Union Mall Ste. 600
Number and Street or P.O. Box

Honolulu	HI	96813
City	State	Zip Code
587-1143	pamela.ferguson-brey@hawaii.gov	
Telephone	Extension	Email Address

GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

- Donor: Ntnl. Assoc. VOCA Assistance Administrator Date Received: 8/19-8/21/14 Conf.
Gift (Description): Airfare (HNL to Boston), hotel (4 nights) & food Value/Cost: \$2,468.79
- Donor: PEW Charitable Trusts National Summit Date Received: 11/17-11/19/14
Gift (Description): Airfare to San Diego Value/Cost: \$534.60
- Donor: PEW Charitable Trusts Date Received: 11/17-11/19/14
Gift (Description): Hotel 2 nights at Hilton San Diego Bayfront Value/Cost: \$448.15
- Donor: Ntnl. Assoc. Victim Service Prof. in Correctio Date Received: _____
Gift (Description): Conf. Fees & Victim Offender Dialog Summit Value/Cost: \$325.00
- Donor: Ntnl Assoc. Victim Service Prof. (NAVSIC) Date Received: _____
Gift (Description): 5 nights hotel Hilton Baton Rouge Value/Cost: \$540.50

Check here if additional sheets are attached

FILER

<u>Pamela J. Ferguson-Brey</u>	<u>6/30/2015</u>
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.