HAWAII STATE ETHICS COMMISSION
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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 July 2)

NAME: Susan C. Jackson

STATE POSITION: Deputy Director of Health

STATE AGENCY: State Department of Health

STATE TELEPHONE NO.: 586-4412

STATE MAILING ADDRESS:
POB 3378
HNL HI 96801

1 DONOR	2 DESCRIPTION OF GIFT	3 DATE REC'D	4 GIFT VALUE	5 AGG. VALUE
	None to report			

1 DONOR	2 DESCRIPTION OF GIFT	3 DATE REC'D	4 GIFT VALUE	5 AGG. VALUE

____ Check here if you have attached additional sheets.

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

SIGNATURE **DATE**

1 DONOR	2 DESCRIPTION OF GIFT	3 DATE REC'D	4 GIFT VALUE	5 AGG. VALUE
	Nothing to report			
	'07 JUN 15 [illegible] :48			
	STATE [illegible]			

_____ Check here if you have attached additional sheets.

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

Signature Block

JUN 14 2007

SIGNATURE

DATE

GD1 03/2005

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