



# 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 June 30)

NAME: <i>Susan Chesterfield Jackson</i>	STATE POSITION: <i>Deputy Director</i>
STATE AGENCY: <i>Department of Health</i>	STATE TEL. NO.: <i>586-4412</i>
STATE MAILING ADDRESS: <i>1250 Punchbowl St., 3rd Flr Honolulu HI 96813</i>	

1 DONOR	2 DESCRIPTION OF GIFT	3 DATE REC'D	4 GIFT VALUE	5 AGG. VALUE
<i>∅</i>	<i>∅</i>	<i>∅</i>	<i>∅</i>	<i>∅</i>

