

**STATEMENT OF ECONOMIC INTERESTS**

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BY: PL

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Hayashi Mary

**1. Office, Agency, or Court**

Agency Name  
California State Assembly  
Division, Board, Department, District, if applicable  
Your Position  
Assemblymember

► If filing for multiple positions, list below or on an attachment.

Agency: Mental Health Services & Oversight Commission Position: Commissioner

**2. Jurisdiction of Office (Check at least one box)**

State  Judge (Statewide Jurisdiction)  
 Multi-County \_\_\_\_\_  County of \_\_\_\_\_  
 City of \_\_\_\_\_  Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

Annual: The period covered is January 1, 2010, through December 31, 2010. -or-  
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2010.  
 Assuming Office: Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)  
 The period covered is January 1, 2010, through the date of leaving office.  
 The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.  
 Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary**

Check applicable schedules or "None."  
► Total number of pages including this cover page: 5  
 Schedule A-1 - Investments - schedule attached  
 Schedule A-2 - Investments - schedule attached  
 Schedule B - Real Property - schedule attached  
 Schedule C - Income, Loans, & Business Positions - schedule attached  
 Schedule D - Income - Gifts - schedule attached  
 Schedule E - Income - Gifts - Travel Payments - schedule attached  
-or-  
 None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this is  
I certify under penalty of perjury under the laws of the State of California that  
Date Signed February 22, 2011 Signature \_\_\_\_\_  
(month, day, year)

**SCHEDULE B**  
**Interests in Real Property**  
 (Including Rental Income)

Name  
Mary Hayashi

▶ STREET ADDRESS OR PRECISE LOCATION  
18410 Buren Place  
 CITY  
Castro Valley

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED      /      / 10      DISPOSED      /      / 10

NATURE OF INTEREST  
 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining       \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499       \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
Joel Kinnamon/ rental property as of February 1, 2010 - prior owned property

▶ STREET ADDRESS OR PRECISE LOCATION  
 \_\_\_\_\_  
 CITY  
 \_\_\_\_\_

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED      /      / 10      DISPOSED      /      / 10

NATURE OF INTEREST  
 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining       \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499       \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 \_\_\_\_\_

\* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*  
 \_\_\_\_\_

ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER  
 \_\_\_\_\_

INTEREST RATE \_\_\_\_\_ TERM (Months/Years) \_\_\_\_\_  
 \_\_\_\_\_%       None

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000  
 Guarantor, if applicable

NAME OF LENDER\*  
 \_\_\_\_\_

ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER  
 \_\_\_\_\_

INTEREST RATE \_\_\_\_\_ TERM (Months/Years) \_\_\_\_\_  
 \_\_\_\_\_%       None

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000  
 Guarantor, if applicable

Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income – Gifts**

Name

MARY HAYASHI

▶ NAME OF SOURCE  
Coast Community College District  
 ADDRESS (Business Address Acceptable)  
1370 Adams Ave., Costa Mesa, CA 92626  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Community College Representatives

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 24 / 10</u>	<u>\$ 100.00</u>	<u>Board of Trustees</u>
<u> / / </u>	<u>\$</u>	<u>Dinner</u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE  
California Poultry Federation  
 ADDRESS (Business Address Acceptable)  
4640 Spyres Way, Ste. 4, Modesto, CA 95356  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Agricultural Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 9 / 10</u>	<u>\$ 223.13</u>	<u>Annual Legis. Dinner</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE  
G-TECH Corporation  
 ADDRESS (Business Address Acceptable)  
10 Memorial Blvd., 8th Floor, Providence, RI 02903  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Technology

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 22 / 10</u>	<u>\$ 71.21</u>	<u>Legislative Dinner</u>
<u>3 / 22 / 10</u>	<u>\$ 161.80</u>	<u>Legislative Dinner</u>
<u> / / </u>	<u>\$</u>	<u>(Continued below)</u>

▶ NAME OF SOURCE  
Speaker Emeritus Karen Bass  
 ADDRESS (Business Address Acceptable)  
State Capitol, 1100 L Street, Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Member of Legislature

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 22 / 10</u>	<u>\$ 75.00</u>	<u>Flowers</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE  
G-TECH Corporation  
 ADDRESS (Business Address Acceptable)  
10 Memorial Blvd., 8th Floor, Providence, RI 02903  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Technology

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6 / 17 / 10</u>	<u>\$ 30.60</u>	<u>Lunch for Speaker</u>
<u> / / </u>	<u>\$</u>	<u>John Perez</u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE  
Personal Insurance Federation of California  
 ADDRESS (Business Address Acceptable)  
1201 K Street., Ste. 1220, Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Business Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 23 / 10</u>	<u>\$ 76.80</u>	<u>Legislative Dinner</u>
<u>6 / 15 / 10</u>	<u>\$ 27.61</u>	<u>Legislative Lunch</u>
<u> / / </u>	<u>\$</u>	<u></u>

Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income – Gifts**

Name  
 MARY HAYASHI

▶ NAME OF SOURCE  
California Nurses Organization  
 ADDRESS (Business Address Acceptable)  
1225 8th Street, Ste. 500, Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Public Health Nurses Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4 / 12 / 10</u>	<u>\$ 85.00</u>	<u>Flowers</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE  
Intuit  
 ADDRESS (Business Address Acceptable)  
5960 S. Land Park Dr. #123 Sacramento, CA 95822  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Technology

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9 / 2 / 10</u>	<u>\$ 69.94</u>	<u>Legislative Dinner</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE  
California Building Industry Association  
 ADDRESS (Business Address Acceptable)  
1201 K Street, Ste. 1200, Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Construction Business Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5 / 5 / 10</u>	<u>\$ 36.92</u>	<u>Annual Legislative</u>
<u> / / </u>	<u>\$</u>	<u>Reception</u>
<u>5 / 5 / 10</u>	<u>\$ 79.55</u>	<u>Annual Legis. Dinner</u>

▶ NAME OF SOURCE  
California Democratic Party  
 ADDRESS (Business Address Acceptable)  
1401 21st Street, Ste. 200, Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Democratic Party Event

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 5 / 10</u>	<u>\$ 84.80</u>	<u>Assembly Speaker</u>
<u> / / </u>	<u>\$</u>	<u>Swearing-in Ceremony</u>
<u> / / </u>	<u>\$</u>	<u>Legislative Reception</u>

▶ NAME OF SOURCE  
CA Assn. of Licensed Security Agents Guards Assn.  
 ADDRESS (Business Address Acceptable)  
500 S. Main Street, Ste. 500, Orange, CA 92868  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Licensed Security Agents & Guards Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5 / 18 / 10</u>	<u>\$ 65.50</u>	<u>Legislative Dinner</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE  
John A. Perez for Assembly  
 ADDRESS (Business Address Acceptable)  
777 S. Figueroa St., Ste.4050, Los Angeles, CA 90017  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Member of Legislature

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 6 / 10</u>	<u>\$ 110.00</u>	<u>Leather Portfolio</u>
<u> / / </u>	<u>\$</u>	<u>Swearing-in Gift</u>
<u> / / </u>	<u>\$</u>	<u></u>

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

Name  
 MARY HAYASHI

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.**

▶ NAME OF SOURCE  
Institute for Korean-American Studies  
 ADDRESS (Business Address Acceptable)  
965 Clover Court  
 CITY AND STATE  
Blue Bell, PA 19422  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Korean American Education Organization  
 DATE(S): 8 / 13 / 10 - 8 / 15 / 10 AMT: \$ 1,277.23  
*(If applicable)*  
 TYPE OF PAYMENT: (must check one)  Gift  Income  
 DESCRIPTION: Travel expenses as Symposium Speaker

▶ NAME OF SOURCE  
California Dental Association  
 ADDRESS (Business Address Acceptable)  
1201 K Street, 14th Floor  
 CITY AND STATE  
Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Professional Health Organization  
 DATE(S): 11 / 12 / 10 - / / AMT: \$ 960.63  
*(If applicable)*  
 TYPE OF PAYMENT: (must check one)  Gift  Income  
 DESCRIPTION: Travel expenses as Speaker at Annual House of Delegates Conference

▶ NAME OF SOURCE  
Assn. of CA Life & Health Ins. Companies  
 ADDRESS (Business Address Acceptable)  
1201 K Street, Ste. 1820  
 CITY AND STATE  
Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Business Association  
 DATE(S): 9 / 22 / 10 - 9 / 23 / 10 AMT: \$ 951.63  
*(If applicable)*  
 TYPE OF PAYMENT: (must check one)  Gift  Income  
 DESCRIPTION: Travel expenses as Speaker at Annual Legislative Conference

▶ NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 CITY AND STATE  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 \_\_\_\_\_  
 DATE(S):  / / - / / AMT: \$ \_\_\_\_\_  
*(If applicable)*  
 TYPE OF PAYMENT: (must check one)  Gift  Income  
 DESCRIPTION: \_\_\_\_\_

Comments: \_\_\_\_\_