



OFFICE OF THE GOVERNOR

April 7, 2014

Mr. Brian Hews  
Hews Media Group  
13047 E. Artesia Blvd., Ste C-102  
Cerritos, CA 90703

RE: Public Records Act Request

Dear Mr. Hews:

This letter responds to the request we received, on April 4, 2014, for "All FPPC Form 700 Statements of Financial Interest of Martha Guzman-Aceves, a designated employee within the Governor's Office, including her Assuming Office Statement and all Annual Statements filed during the tenure of her appointment, for calendar year 2011, 2012 and 2013".

Attached we are providing you Ms. Guzman-Aceves's Assuming Office Statement, and the Annual Statements filed for calendar years 2011, 2012 and 2013. In recognition of personal privacy concerns, we will not disclose information that is personal, including individuals' home addresses and signatures. (Gov. Code, §§ 6254, subd. (c), 6254.3, 6255.)

Please contact me if you have any questions.

Sincerely,

DANIEL J. POWELL  
Deputy Legal Affairs Secretary

# 2011 "ASSUMING OFFICE" FORM 700

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
A PUBLIC DOCUMENT

## STATEMENT OF ECONOMIC INTERESTS

### COVER PAGE

**RECEIVED**

JUN 20 2011

GOVERNORS OFFICE  
LEGAL AFFAIRS

Please type or print in ink.

NAME OF FILER (LAST) Aceves (FIRST) Martha (MIDDLE) Guzman

#### 1. Office, Agency, or Court

Agency Name Office of the Governor Deputy Secretary in Legislation  
Division, Board, Department, District, if applicable Your Position

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

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

#### 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- ☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
The period covered is 6/20/11 through December 31, 2010. (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.  
☐ Assuming Office: Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ 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: \_\_\_\_\_  
☐ Schedule A-1 - Investments - schedule attached ☐ Schedule C - Income, Loans, & Business Positions - schedule attached  
☒ Schedule A-2 - Investments - schedule attached ☐ Schedule D - Income - Gifts - schedule attached  
☐ Schedule B - Real Property - schedule attached ☐ Schedule E - Income - Gifts - Travel Payments - schedule attached  
-or-  
☐ None - No reportable interests on any schedule

#### 5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) STREET CITY STATE ZIP CODE  
State Capitol, Sac, CA 95814  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
(916) 445-4341 martha.guzman-aceves@gov.ca.gov

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 6/20/11 Signature \_\_\_\_\_  
(month, day, year)

# 2011 ASSUMING OFFICE 700'S SHOWING ONLY CULTIVO CONSULTING GUZMAN ACEVES OMITTED TWO OTHER COMPANIES SHE CONTROLS

## SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts (Ownership Interest Is 10% or Greater)

CALIFORNIA FORM **700**  
FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_

### 1. BUSINESS ENTITY OR TRUST

Name Cultivo Consulting

Address (Business Address Acceptable)  
1108 Hawk Avenue, Sac, 95833

Check one

☐ Trust go to 2 ☐ Business Entity, complete the box, then go to 2

#### GENERAL DESCRIPTION OF BUSINESS ACTIVITY

##### FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/10  
ACQUIRED

\_\_\_\_/\_\_\_\_/10  
DISPOSED

##### NATURE OF INVESTMENT

☐ Sole Proprietorship ☒ Partnership ☐ Other

YOUR BUSINESS POSITION partner

### 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☒ \$0 - \$499 ☐ \$10,001 - \$100,000  
☐ \$500 - \$1,000 ☐ OVER \$100,000  
☐ \$1,001 - \$10,000

### 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

### 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or

Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or  
City or Other Precise Location of Real Property

##### FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/10  
ACQUIRED

\_\_\_\_/\_\_\_\_/10  
DISPOSED

##### NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold

Yrs. remaining

☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

### 1. BUSINESS ENTITY OR TRUST

Name \_\_\_\_\_

Address (Business Address Acceptable)

Check one

☐ Trust go to 2 ☐ Business Entity, complete the box, then go to 2

#### GENERAL DESCRIPTION OF BUSINESS ACTIVITY

##### FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/10  
ACQUIRED

\_\_\_\_/\_\_\_\_/10  
DISPOSED

##### NATURE OF INVESTMENT

☐ Sole Proprietorship ☐ Partnership ☐ Other

YOUR BUSINESS POSITION \_\_\_\_\_

### 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☐ \$0 - \$499 ☐ \$10,001 - \$100,000  
☐ \$500 - \$1,000 ☐ OVER \$100,000  
☐ \$1,001 - \$10,000

### 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

### 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or

Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or  
City or Other Precise Location of Real Property

##### FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/10  
ACQUIRED

\_\_\_\_/\_\_\_\_/10  
DISPOSED

##### NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold

Yrs. remaining

☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

Comments:

FPPC Form 700 (2010/2011) Sch. A-2

FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov



# 2012 FORM 700 OMITTING ALL COMPANIES

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
A PUBLIC DOCUMENT

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Received  
**RECEIVED**  
FEB 17 2012

GOVERNOR'S OFFICE  
LEGAL AFFAIRS  
G

Please type or print in ink.

NAME OF FILER (LAST) (FIRST)  
Aceves Martha

### 1. Office, Agency, or Court

Agency Name

Governor's Office

Division, Board, Department, District, if applicable

Legislative

Your Position

Deputy Legislative Secretary

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

Agency:

Position:

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

☒ State

☐ Judge or Court Commissioner (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, 2011, through December 31, 2011.

-or-

The period covered is 7 / 1 / 2011 through December 31, 2011.

☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

☐ The period covered is January 1, 2011, through the date of leaving office.

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_ through the date of leaving office.

☐ Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ 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: 1

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

### 5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)

State Capitol

Sacramento

CA

95814

DAYTIME TELEPHONE NUMBER

E-MAIL ADDRESS (OPTIONAL)

martha.guzman-aceves@gov.ca.gov

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 2/15/12  
(month day year)

Signature

[Redacted Signature]

# 2013 FORM 700 OMITTING ALL COMPANIES

## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

### STATEMENT OF ECONOMIC INTERESTS

#### COVER PAGE

RECEIVED  
DATE RECEIVED  
OFFICE USE ONLY

MAR 20 2013

Please type or print in ink.

NAME OF FILER (LAST) (FIRST)  
Aceves Martha Guzman  
GOVERNOR'S OFFICE  
LEGAL AFFAIRS

#### 1. Office, Agency, or Court

Agency Name

Governor's Office

Division, Board, Department, District, if applicable

Legislative

Your Position

Deputy Legislative Secretary

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

Agency

Position

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

☒ State

☐ Judge or Court Commissioner (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, 2012, through December 31, 2012.

☐ Leaving Office: Date Left / / (Check one)

-or-

The period covered is / / through December 31, 2012.

☐ The period covered is January 1, 2012, through the date of leaving office.

☐ Assuming Office: Date assumed / /

☐ The period covered is / / through the date of leaving office.

☐ Candidate: Election year and office sought, if different than Part 1:

#### 4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 1

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income: Loans & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☒ None - No reportable interests on any schedule

#### 5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
State Capitol Sacramento CA 95814  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)  
( 916 ) 445-4341 martha.guzman-aceves@gov.ca.gov

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that

Date Signed 03/19/2013

Signature

# 2014 FORM 700 OMITTING ALL COMPANIES

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
A PUBLIC DOCUMENT

## STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received  
2014 Mar 21

MAR 21 2014

Please type or print in ink

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Aceves Martha Guzman

### 1. Office, Agency, or Court

Agency Name: (Do not use acronyms)

Office of the Governor

Division, Board, Department, District, if applicable

Legislative Department

Your Position

Deputy Legislative Secretary

► If filing for multiple positions, list below or on an attachment: (Do not use acronyms)

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

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

☒ State

☐ Judge or Court Commissioner (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, 2013, through December 31, 2013.

☐ Leaving Office: Date Left \_\_\_\_\_  
(Check one)

-or-

The period covered is \_\_\_\_\_ through  
December 31, 2013.

☐ The period covered is January 1, 2013, through the date of  
leaving office.

☐ Assuming Office: Date assumed \_\_\_\_\_

☐ The period covered is \_\_\_\_\_ through  
the date of leaving office.

☐ Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

### 4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 1

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

### 5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document)  
STREET CITY STATE ZIP CODE  
Sacramento CA 95814

DAYTIME TELEPHONE NUMBER

( 916 ) 445-4341

E-MAIL ADDRESS (OPTIONAL)

martha.guzman-aceves@gov.ca.gov

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the

Date Signed 03/21/2014  
(month, day, year)

Signature

[Redacted Signature]

FPPC Form 700 (2013/2014)

FPPC Advice Email: advice@fppc.ca.gov

FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov



# 2013 FORM 700 SCHEDULE E OMITTING PAYMENT FROM AN INDEPENDENT EXPENDITURE ORGANIZATION

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

CALIFORNIA FORM **700**  
FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)  
CA Foundation on the Environment & the Economy  
ADDRESS (Business Address Acceptable)  
PEIR 35, Suite 202  
CITY AND STATE  
San Francisco, CA 94133  
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☒ 501 (c)(3)  
DATE(S) 10/29/13 - 10/30/13 AMT \$ 695.35  
(If gift)  
TYPE OF PAYMENT (must check one) ☐ Gift ☐ Income  
☐ Made a Speech/Participated in a Panel  
☒ Other - Provide Description  
hotel, food, beverages for Roundtable Conference on Water

▶ NAME OF SOURCE (Not an Acronym)  
\_\_\_\_\_  
ADDRESS (Business Address Acceptable)  
\_\_\_\_\_  
CITY AND STATE  
\_\_\_\_\_  
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)  
DATE(S) \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT \$ \_\_\_\_  
(If gift)  
TYPE OF PAYMENT (must check one) ☐ Gift ☐ Income  
☐ Made a Speech/Participated in a Panel  
☐ Other - Provide Description \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)  
\_\_\_\_\_  
ADDRESS (Business Address Acceptable)  
\_\_\_\_\_  
CITY AND STATE  
\_\_\_\_\_  
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)  
DATE(S) \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT \$ \_\_\_\_  
(If gift)  
TYPE OF PAYMENT (must check one) ☐ Gift ☐ Income  
☐ Made a Speech/Participated in a Panel  
☐ Other - Provide Description \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)  
\_\_\_\_\_  
ADDRESS (Business Address Acceptable)  
\_\_\_\_\_  
CITY AND STATE  
\_\_\_\_\_  
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)  
DATE(S) \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT \$ \_\_\_\_  
(If gift)  
TYPE OF PAYMENT (must check one) ☐ Gift ☐ Income  
☐ Made a Speech/Participated in a Panel  
☐ Other - Provide Description \_\_\_\_\_

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