

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	STATEMENT OF ECONOMIC INTERES	TS RECEIVED
FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT	A/S ME COVER PAGE	JUN 2.0 2011
	VS WEDIA ON OUR	
Sease type or print in ink  AME OF FILER (LAST)		GOVERNORS OFFICE LEGAL AFFAIRS
Aceves	Martha	(MIDDLE)
Office, Agency, or Court	riarina	Guzman
Agency Name	overnor Deputy Secret	ury in trislation
► If filing for multiple positions, list below or on an	) attachment.	
Agency:	Position:	
Jurisdiction of Office (Check at least on	ne box)	
State	Judge (Statewide Jurisdiction	)
Multi-County	County of BULP	
City of	Other	
The period covered is 6 20 11 2010.  Assuming Office: Date	leaving office.  O The period covered is of leaving office.  Office sought, if different than Part 1:	s cover page:
☐ No	•or- one • No reportable interests on any schedule	
MALING ADDRESS STREET (Business or Agency Address Recommended - Public Document)  Flate Bath , Sac  DAYTINE TELEPHONE NUMBER	CA 95814	Str. COST
(916) 445 – 4341  I have used all reasonable diligence in preparing this herein and in any attached schedules is true and co	martha guzman - s statement. I have reviewed this statement and to the best of momplete. I acknowledge this is a public document.	Aceves e gov.ca.9
	of the State of California that the foregoing is true and con	rept.

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

Investments, Income of Business Enti	e, and Assets ties/Trusts  FAIR POLITICAL PRACTICES COMMISSION Name
(Ownership Interest is 1	0% or Greater)
BUSINESS ENTITY OR TRUST	► 1. LUSINESS ENTITY OR TRUST
Cultivo Consulting	
1108 Hawk Avenue, Sac, 95833	Namo
Address (Business Address Acceptable)	Address (husiness Address Acceptable)
Check one  Trust go to 2  Business Entity, complete the box, then go to 2	Check of le  Trust go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE     FAPPLICABLE HIST DATE	FAIR MARKET VALUE   IF APPLICABLE LIST DATE
S100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	S100,001 - \$1,000,000 ACQUIRED DISPOSED  Over \$1,000,000
NATURE OF INVESTMENT Sole Prophetorship Partnership	NATURE OF INVESTMENT
YOUR BUSINESS POSITION PACTAENT FW SOM MET	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$10.001 - \$100,000 \$500 - \$1,000	\$0 - \$499 \$10,001 - \$100,000 \$550 - \$1,000 CVER \$100,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if recessary)	⇒ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Article a separate street of necessary)
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST
Check one box  I INVESTMENT	Check one box:
D NEAF PROPERTY	LI INVESTMENT LI REAL PROPERTY
Name of Business Entity of	Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property	Street Address or Assessor's Parcel Number of Real Property
Description of Business Activity of C4y or Other Precise Location of Real Property	Description of Business Activity of City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE	FAIR MARKET VALUE IF APPLICABLE, LIST DATE
\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$1,000,000 Over \$1,000,000 Over \$1,000,000	\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$1,000,000 S100,001 - \$1,000,000 Over \$1,000,000 ACQUIRED DISPOSED
NATURE OF INTEREST Properly Ownership Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership Deed of Trust Stock Partnership
Leasehold Other	Leasehold Yes remaining Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments: HEVVS VIED	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	STATEMENT OF	ECONOMIC INTE	RESTS	REC	Received EIVEL
A PUBLIC DOCUMENT	CO	VER PAGE		FEB 1	7 2012
Please type or print in ink.					
12	(LAST)	(FIRST)		LEGAL	AFFAIRS
Aceves	Martha		$\longrightarrow$	G	- Truito
<ol> <li>Office, Agency, or Court</li> </ol>					
Agency Name					
Governor's Office					
Division, Board, Department, District, if a	applicable	Your Position			
Legislative		Deputy Legislativ	e Secretar	ry	
▶ If filing for multiple positions, list belo	w or on an attachment.				
Agency:		Position:			
2. Jurisdiction of Office (Check a	at least one box)	NIA CONI	D		
State		Judge or Court Comm	nissioner (Stat	ewide Jurisdiction)	
Multi-County		County of	-00000000000000000000000000000000000000		
City of		Other			
City of		Other	-		
3. Type of Statement (Check at lea		-	29192	20 124	
Annual: The period covered is Jan December 31, 2011.		Leaving Office: Date (Check one)			
The period covered is		O The period cover feaving office.			
Assuming Office: Date assumed		O The period cover the date of leaving	g office.		**************************************
Candidate: Election Year	Office sought, if differe	ent then Part 1			
4. Schedule Summary	HEVVC NASE		D		1
Check applicable schedules or "None.	." I V V U > Total n	umber of pages inclu	ding this co	over page:	-
Schedule A-1 - investments - sche	dule attached	Schedule C - Income, Loans, & Business Positions - schedule attach		ule attached	
Schedule A-2 - investments - sche	dule attached	Schedule D - Income - G	fis - schedule	attached	
Schedule B • Real Property - schedule	dule attached	Schedule E - Income - Gi	fts - Travel Pa	syments - schedule	attached
	-or-				
	☐ None - No reportable interests	s on any schedule			
5. Verification			ATING	70.000	
MAILING ADDRESS STREET (Business or Agency Address Recommended - Pub	lic Document)		STATE	ZIP CODE	
State Capitol	Sacrame	10007-17-11	CA	95814	
DAYTIME TELEPHONE NUMBER		MAIL ADDRESS (OPTIONAL)	200000000000000000000000000000000000000		
I have used all reasonable diligence in pr herein and in any attached schedules is	reparing this statement. I have reviewe	martha.guzman-acevor d this statement and to the b s is a public document.	THE RESERVE AND ADDRESS OF THE PARTY OF THE	and the same of th	on contained
I certify under penalty of perjury under			and correct.	5	
Date Signed 2/15/12	ei	nature		100	

#### 2013 FORM 700 OMITTING ALL COMPANIES

CALIFORNIA FORM 700		F ECONOMIC INTER	RESTS	RECEIVED
A PUBLIC DOCUMENT  Please type or print in ink.	NS MEDIA	OVER PAGE		MAR 2 0 2013
NAME OF FILER	(LAST)	(FIRST)		GOVERNMENTS OFFICE
Aceves	Martha		G	LEGAL AFFAIRS
1. Office, Agency, or Court				
Agency Name				
Governor's Office				
Division, Board, Department, District.	if applicable	Your Position		
Legislative		Deputy Legislative	e Secretar	у
▶ If filing for multiple positions, list b	elow or on an attachment			
Agency		Position		
ryenty		Pepinon		
2. Jurisdiction of Office (Chec	k at least one box)			
✓ State		☐ Judge or Court Comm	issioner (Stat	tewide Jurisdiction)
Multi-County	HWS MED	County of		
City of		Other		
	A SECOND CONTRACTOR OF THE PROPERTY OF THE PRO	Leaving Office: Dat (Check one)  The period covers leaving office.		1, 2012, through the date of
December 31, 2012.  Assuming Office: Date assume	nd			through
Candidate: Election year	and office sought, if	different than Part 1:		
4. Schedule Summary				1
Check applicable schedules or "No	ne." ► Tota	I number of pages include	ding this c	cover page:
Schedule A-1 - Investments - s  Schedule A-2 - Investments - s  Schedule B - Real Property - s	chedule attached	Schedule D - Income - G	ffs - scheduk	ss Positions – schedule attached e attached l'ayments – schedule attached
5. Verification	A Control of the Cont			
WAR ING ADDRESS STREET	D. C. Promotel		STATE	ZIP CODE
Business or Agency Address Recommended State Capitol	Sacrament	to	A	95814
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS (OPTIONAL)		
( 916 ) 445-4341		martha.guzman-aceve		The second secon
herein and in any attached schedule	in preparing this statement. I have revises is true and complete. I acknowledge	this is a public document.	est of my kno	sweage the information contained
I certify under penalty of perjury t	under the laws of the State of California	THE WALL		·公司中国第二条
Date Signed 03/19/2013		Signature		

## 2014 FORM 700 OMITTING ALL COMPANIES

Please type or print in inli NAME OF FILER Aceves	(LAST)		
Aceves	ILITA I		AND TO
		(FIRST) Martha	Guzman (MIDDLE)
. Office, Agency, or Court		11101110	Guzillari
Agency Name (Do not use acronym	el .		
Office of the Governor	J.		
Division Board Department District	d applicable	Your Position	
Legislative Department		Deputy Legislativ	e Secretary
<ul> <li>If filing for multiple positions. list to</li> </ul>	Alban de un sa antariament		o occidity
Firming our material postuloris, list b	eiow or on an attachment	(SG) not use acronyma (	
Agency		Position	
2. Jurisdiction of Office (Chec			
State		Judge of Court Conn	nissioner (Statewide Jurisdiction)
Multi-County		County of	
City of		Other	
December 31, 2013.  Assuming Office: Date assume  Candidate: Election year		the date of leaving	ed is through ag office.
I. Schedule Summary		Total number of pages inclu	ding this cover page: 1
Check applicable schedules or "No			
Schedule A-1 - Investments - so		The state of the s	ns. & Business Positions - schedule attache
Schedule A-2 • Investments − so Schedule B • Real Property − so		Schedule D - Income - Gr	ns - schedule attached fix - Travel Payments - schedule attached
	-01	- CANADA CONTRACTOR AND	
. Verification			
MALUNG ADDRESS STREET (Business or Agency Address Responsesser)	Flore Dicortects		STATE TAKECEE
Total Burney Co.	Sa	Cramento C	A 95814
916 ) 445-4341		martha.guzman-aceve	s@gov ca gov
	preparing this statement. It is true and complete. If ac	I have reviewed this statement and to the b	est of my knowledge the information container
I certify under penalty of perjury u	nder the laws of the State	of California that the	

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

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

CALIFORNIA FORM	700
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.

ANX OF SOURCE (Not an Acronym)  A Foundation on the Environment & the Economy	➤ NAME OF SOURCE (Not an Acronym)
DDRESS (Business Address Acceptable) PEIR 35, Suite 202	ADDRESS (Business Address Acceptable)
TY AND STATE san Francisco, CA 94133	CITY AND STATE
USINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3
ATE(S) 10,29,13 10,30,13 AMT 5 695.35	DATE(S)
PE OF PAYMENT (must check one) Gift Incopie	TYPE OF PAYMENT (must check one) Gift Income
Made a Speech/Participated in a Panel	☐ Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
otel, food, beverages for Roundtable Conference on Vater	
AME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
DDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
TY AND STATE	CITY AND STATE
SINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
TE(S): J J AMT S MED	DATE(S) (II git) AMT S
PE OF PAYMENT (must check one) Gift Income	TYPE OF PAYMENT (must check one) Gift Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
omments:	
omments:	

FPPC Form 700 (2013/2014) Sch. E

FPPC Advice Email: advice@fppc.ca.gov

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