

Please type or print in ink.

NAME OF FILER (LAST) Smith (FIRST) Teresa (MIDDLE) Eugenie
 APR 06 2011

1. Office, Agency, or Court
 Agency Name City of Orange
 Division, Board, Department, District, if applicable _____
 DEBRA BOWEN
 Secretary of State
 Mayor Pro Tem - City Council
 Your Position

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

Agency: _____ Position: _____

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

<input type="checkbox"/> State	<input type="checkbox"/> Judge (Statewide Jurisdiction)
<input type="checkbox"/> Multi-County _____	<input type="checkbox"/> County of _____
<input checked="" type="checkbox"/> City of <u>Orange</u>	<input type="checkbox"/> Other _____

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

<input checked="" type="checkbox"/> Annual: The period covered is January 1, 2010, through December 31, 2010. -or- The period covered is _____, through December 31, 2010.	<input type="checkbox"/> Leaving Office: Date Left _____ (Check one)
<input type="checkbox"/> Assuming Office: Date _____	<input type="checkbox"/> The period covered is January 1, 2010, through the date of leaving office.
<input type="checkbox"/> Candidate: Election Year _____ Office sought, if different than Part 1: _____	<input type="checkbox"/> The period covered is _____, through the date of leaving office.

4. Schedule Summary
 Check applicable schedules or "None."
 Total number of pages including this cover page: _____

<input type="checkbox"/> Schedule A-1 - Investments - schedule attached	<input type="checkbox"/> Schedule C - Income, Loans, & Business Positions - schedule attached
<input type="checkbox"/> Schedule A-2 - Investments - schedule attached	<input type="checkbox"/> Schedule D - Income - Gifts - schedule attached
<input checked="" type="checkbox"/> Schedule B - Real Property - schedule attached	<input type="checkbox"/> Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-
 None - No reportable interests on any schedule

I have used all reasonable diligence in preparing this statement. I have reviewed herein and in any attached schedules is true and complete. I acknowledge this I certify under penalty of perjury under the laws of the State of California t

Date Signed 3/19/11
 (month, day, year)

Signature _____

