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

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

City of Orinda
City Manager/City Clerk
Date Received
Official Use Only
MAR 28 2011
RECEIVED

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
SMITH	VICTORIA	ROBINSON

1. Office, Agency, or Court

Agency Name
ORINDA CITY COUNCIL

Division, Board, Department, District, if applicable
CITY OF ORINDA

Your Position
CITY COUNCIL MEMBER

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

Agency: SEE ATTACHMENT

Position:

RECEIVED FAIR POLITICAL PRACTICES COMMISSION 11 APR 12 AM 8:34

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

- ☐ State
- ☐ Multi-County
- ☒ City of ORINDA
- ☐ Judge (Statewide Jurisdiction)
- ☐ County 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 ___/___/___

☐ **Candidate:** Election Year _____ Office sought, if different than Part 1: _____

☐ **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.

4. Schedule Summary

Check applicable schedules or "None."

► **Total number of pages including this cover page:** 4

- ☒ **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 th

Date Signed MARCH 24, 2011
(month, day, year)

Signat

1. OFFICE, AGENCY OR COURT
ATTACHMENT

1. CENTRAL CONTRA COSTA SOLID WASTE AUTHORITY
BOARD MEMBER

2. CONTRA COSTA TRANSIT AUTHORITY
ALTERNATE BOARD MEMBER

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Victoria Robinson Smith

► NAME OF BUSINESS ENTITY: Cisco Systems

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: High Technology

FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income of $0 - $500
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 09 ACQUIRED ___/___/ 09 DISPOSED

► NAME OF BUSINESS ENTITY: IBM

GENERAL DESCRIPTION OF BUSINESS ACTIVITY:

FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income of $0 - $500
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 09 ACQUIRED ___/___/ 09 DISPOSED

► NAME OF BUSINESS ENTITY: Applied Materials

GENERAL DESCRIPTION OF BUSINESS ACTIVITY:

FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income of $0 - $500
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 09 ACQUIRED ___/___/ 09 DISPOSED

► NAME OF BUSINESS ENTITY:

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

NATURE OF INVESTMENT
- [ ] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income of $0 - $500
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 09 ACQUIRED ___/___/ 09 DISPOSED

► NAME OF BUSINESS ENTITY:

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

NATURE OF INVESTMENT
- [ ] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income of $0 - $500
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 09 ACQUIRED ___/___/ 09 DISPOSED

► NAME OF BUSINESS ENTITY:

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

NATURE OF INVESTMENT
- [ ] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income of $0 - $500
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 09 ACQUIRED ___/___/ 09 DISPOSED

Comments: _____

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: Victoria Robinson Smith

1. BUSINESS ENTITY OR TRUST

Name: Law Offices of Victoria Robinson Smith

Address (Business Address Acceptable): 320 Village Square, Orinda, CA 94563

Check one: ☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Law Office

FAIR MARKET VALUE: ☒ $2,000 - $10,000 ☐ $10,001 - $100,000 ☐ $100,001 - $1,000,000 ☐ Over $1,000,000

IF APPLICABLE, LIST DATE: ACQUIRED __/__/09 DISPOSED __/__/09

NATURE OF INVESTMENT: ☒ Sole Proprietorship ☐ Partnership ☐ Other

YOUR BUSINESS POSITION: Sole owner

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

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

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

BRIAN AND ANNE GAGAN
FIDELITY NATIONAL TITLE GROUP, INC.
JULIANA FERNANDEZ FAMILY TRUST

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: ACQUIRED __/__/09 DISPOSED __/__/09

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: ACQUIRED __/__/09 DISPOSED __/__/09

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 ☐ $500 - $1,000 ☐ $1,001 - $10,000 ☐ $10,001 - $100,000 ☐ OVER $100,000

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: ACQUIRED __/__/09 DISPOSED __/__/09

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:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Victoria Robinson Smith

SCHEDULE B
Interests in Real Property
(Including Rental Income)

► STREET ADDRESS OR PRECISE LOCATION
320 Village Square
CITY
Orinda, CA 94563

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☒ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/09 ACQUIRED __/__/09 DISPOSED

NATURE OF INTEREST
- ☐ Ownership/Deed of Trust
- ☐ Easement
- ☒ Leasehold ____ Yrs. remaining
- ☒ 27 months 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.

► STREET ADDRESS OR PRECISE LOCATION

CITY

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/09 ACQUIRED __/__/09 DISPOSED

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 ____% ☐ None

TERM (Months/Years)

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 ____% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

☐ Guarantor, if applicable

Comments: