CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: 2

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR _____ FIRST ADRIAN _____ MI D	**OFFICE USE ONLY**
	NICKNAME _____ LAST SMITH _____ SUFFIX	Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
5404 BLACKMORE AVE FORT WORTH TX 76107

CSO REC'D
APR 25 '25 PM3:25

5 CANDIDATE/ OFFICEHOLDER PHONE
AREA CODE PHONE NUMBER EXTENSION
(972) 987-7649

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME
MS / MRS / MR _____ FIRST NIKKI _____ MI T
NICKNAME _____ LAST WATKINS _____ SUFFIX

Receipt # | Amount $

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
3617 FALCON DRIVE FOREST HILL TX 76119

8 CAMPAIGN TREASURER PHONE
AREA CODE PHONE NUMBER EXTENSION
( )

9 REPORT TYPE

- [ ] January 15
- [ ] 30th day before election
- [ ] Runoff
- [ ] 15th day after campaign treasurer appointment (Officeholder Only)
- [ ] July 15
- [✓] 8th day before election
- [ ] Exceeded Modified Reporting Limit
- [ ] Final Report (Attach C/OH - FR)

10 PERIOD COVERED
Month 02 / Day 05 / Year 2025 THROUGH Month 04 / Day 25 / Year 2025

11 ELECTION
ELECTION DATE
Month 05 / Day 03 / Year 25

ELECTION TYPE
- [ ] Primary
- [ ] Runoff
- [ ] Other Description
- [✓] General
- [ ] Special

12 OFFICE
OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)
FORT WORTH CITY COUNCIL DISTRICT 6

14 NOTICE FROM POLITICAL COMMITTEE(S)

Additional Pages

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

- [ ] GENERAL
- [ ] SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

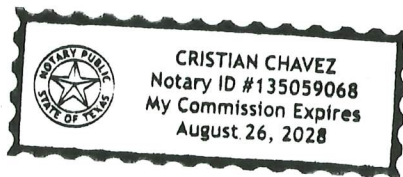# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME ADRIAN DEVINE SMITH

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 0
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 0
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 0
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 0
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 0
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

_____
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

CRISTIAN CHAVEZ
Notary ID #135059068
My Commission Expires
August 26, 2028

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _Adrian Smith_ this the _25_ day of _April_,

20 _25_, to certify which, witness my hand and seal of office.

| _____ | _Cristian Chavez_ | _Notary_ |
| Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath |

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20 _____.
(month) (year)

_____
Signature of Candidate/Officeholder (Declarant)