CAMPAIGN TREASURER'S REPORT SUMMARY

RECEIVED

(1) Omarr C. Nickerson

Nar [redacted]

(2)

Address (number and street)

El Portal, FL 33138

City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY
SEP 01 2026
Office of The Village Clerk
Village of El Portal
Y. Jacobi

(3) ID Number:

(4) Check appropriate box(es):

☑ Candidate Office Sought: Mayor

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ **Check here if PC or ECO has disbanded**

☐ **Check here if PTY has disbanded**

☐ **Check here if no other IE or EC reports will be filed**

(5) Report Identifiers

Cover Period: From 7 / 31 / 26 To 8 / 31 / 26 Report Type: 26M08

☐ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ 100.00
Loans	$
Total Monetary	$ 100.00
In-Kind	$

(7) Expenditures This Report

Monetary Expenditures	$ 35.90
Transfers to Office Account	$
Total Monetary	$ 35.90

(8) Other Distributions

$

(9) TOTAL Monetary Contributions To Date

$ 100.00

(10) TOTAL Monetary Expenditures To Date

$ 35.90

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Omarr C. Nickerson

☐ Individual (only for IE or electioneering comm.) ☐ Treasurer ☐ Deputy Treasurer

X

Signature

(Type name) Omarr C. Nickerson

☑ Candidate ☐ Chairperson (only for PC and PTY)

X

Signature

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Omarr C. Nickerson (2) I.D. Number _____

(3) Cover Period 7 / 31 / 26 through 8 / 31 / 26 (4) Page 1 of 1

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
8, 6, 26 / 1	Nickerson, [redacted]			CAS Cash	N		
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Omarr C. Nickerson (2) I.D. Number

(3) Cover Period 7,31,26 through 8,31,26 (4) Page 1 of 1

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
8/6/26 / 1	Village of El Portal (for the State of Florida) 500 NE 87th St. El Portal, FL 33138	Election Qualifying Fee	CAN		
8/6/26 / 2	Miami-Dade County Supervisor of Elections 2700 N.W 87th Ave Doral, FL 33172	Returned Signed Petition Forms	CAN		
/ /					
/ /					
/ /					
/ /					
/ /					

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DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES