

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2025 Municipal Election



Name of Candidate MICHAEL BOHLKE
Address 13 SOUTHERN OAKS RD City/State/Zip LONG BEACH 39560
Telephone (Work) 228-860-3005 (Home) _____ (Fax) _____
Contact Name _____ Email Address MTBOHLKE@AOL.COM
Office Sought ALDERMAN WARD 5 Political Party (if any) REPUBLICAN

Check here if above information is different from previous report

TYPE OF REPORT

- Tuesday, March 25, 2025 (January 1, 2025 through March 23, 2025) Primary Pre-Election Report
- _____ Tuesday, April 15, 2025 (March 24, 2025 through April 13, 2025)..... Primary Pre-Runoff Election Report
- _____ Tuesday, May 27, 2025 (January 1, 2025 through May 25, 2025)..... General Pre-Election Report
- _____ Friday, January 30, 2026 (January 1, 2025 through December 31, 2025)..... Annual Report
- Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) *For candidates who filed the Primary Pre-Election Report, the reporting period for the General Pre-Election Report due Tuesday May 27, 2025 is March 24, 2025 through May 25, 2025.
- (2) Pre-Election Reports are mandatory, even if no contributions were received or expenditures made during this period. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during this period. Unopposed candidates are not required to file Pre-Election Reports.
- (3) Annual Reports are mandatory, unless a candidate has filed a Termination Report prior to December 31, 2025.
- (4) File with your Municipal Clerk's Office. The Municipal Clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Reports may be hand delivered, mailed, faxed, or e-mailed.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized	+	Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions \$	500. ⁰⁰	+	\$	500. ⁰⁰	\$ 500. ⁰⁰
Total amount of disbursements \$	1317. ⁰⁰	+	\$	1317. ⁰⁰	\$ 1317. ⁰⁰
Total amount of cash on hand			\$	0	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

Authority: Miss. Code Ann. §23-15-801, et. seq.

Penalties: A candidate who fails to file, or fails to timely file, required reports in accordance with the statutory deadline cannot be certified as elected to office unless and until he files all reports due as of the date of certification. No candidate who is elected to office shall receive any salary or other remuneration for the office unless and until he files all reports required by statute. Miss. Code Ann. § 23-15-811 (1972).

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED CONTRIBUTIONS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MIKE HEFLIN	2/20/25	\$ 500.00
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required) NATIONWIDE INSURANCE	___/___/___	\$
Occupation (Required) BROKER	Aggregate year-to-date	\$ 500.00
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	___/___/___	\$
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	___/___/___	\$
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	___/___/___	\$
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee MIKE BOUTHE
 Reporting period PRIMARY & TERMINATION through MARCH 25, 2025

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated Prior to January 1, 2018 or On or After January 1, 2018

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>SIGNS FIRST</u>	<u>2 13 25</u>	\$ <u>535.00</u>
Mailing Address		
City, State, Zip Code	<u>2 7 25</u>	\$ <u>275.00</u>
Purpose of Disbursement (Optional) <u>SIGNS</u>	Aggregate Year-to-date	\$ <u>810.00</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>LONG BEACH CARNIVAL ASSC.</u>	<u>2 10 25</u>	\$ <u>175.00</u>
Mailing Address		
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>FULL PAGE AD</u>	Aggregate Year-to-date	\$ <u>175.00</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>HARRISON COUNTY</u>	<u>2 13 25</u>	\$ <u>24.00</u>
Mailing Address		
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>VOTER CD RECORD SEARCH</u>	Aggregate Year-to-date	\$ <u>24.00</u>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>LONG BEACH MARKET & DELI</u>	<u>2 13 25</u>	\$ <u>308.12</u>
Mailing Address <u>PINEVILLE RD</u>		
City, State, Zip Code <u>LB MS 39560</u>	<u>2 13 25</u>	\$ <u>37.89</u>
Purpose of Disbursement (Optional) <u>MEET & GREET PARTY</u>	Aggregate Year-to-date	\$ <u>346.01</u>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$