

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>4/25/2022</u>	2.a. NAME OF CANDIDATE OR COMMITTEE <u>Maerne Briggs Bernard</u>
2.b. IF COMMITTEE, NAME OF CANDIDATE <u>N/A</u>	3. ELECTION DATE <u>5-3-2022</u>
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>3388 Emerald St.</u> <u>Mphs</u> <u>TN</u> <u>38115</u> <u>9018592381</u>	
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone _____	
5. OFFICE SOUGHT (include district number, if applicable) <u>S.C. Criminal Court Clerk</u>	6. NAME OF POLITICAL TREASURER (may be candidate) <u>Karen B. Jones</u>
7. CATEGORY OR REPORT (Check one) <input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER <input checked="" type="checkbox"/> PRE-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL	
8.a. BEGINNING DATE OF REPORTING PERIOD <u>4-1-2022</u>	8.b. ENDING DATE OF REPORTING PERIOD <u>4-23-2022</u>
9. (Check one) a. <input type="checkbox"/> This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.) b. <input checked="" type="checkbox"/> This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period.	
10. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code.	
<u>Maerne Briggs Bernard</u> signature of candidate	<u>4/25/2022</u> date
<u>Karen Jones</u> signature of political treasurer	<u>04/25/2022</u> date
11. WITNESS SIGNATURE <u>[Signature]</u> signature of witness	<u>4-25-22</u> date
<u>[Signature]</u> signature of witness	<u>4-25-22</u> date
12. SUMMARY	
a. BALANCE ON HAND LAST REPORT	\$ <u>1056.81</u>
b. TOTAL RECEIPTS THIS PERIOD	\$ <u>2121.00</u>
c. TOTAL DISBURSEMENTS THIS PERIOD	\$ <u>2474.01</u>
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	\$ <u>703.80</u>
e. TOTAL LOANS OUTSTANDING	\$ <u>492.50</u>
f. TOTAL OBLIGATIONS OUTSTANDING	\$ <u>0</u>



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) Maerle Briggs Bernard	14. REPORT COVERING THE PERIOD	
	FROM: <u>4-1-22</u>	TO: <u>4-23-22</u>

RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period) \$ 311.00

b. Itemized Contributions (over \$100 from each source this period) \$ 1810.00

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) \$ 2121.00

16. LOANS RECEIVED THIS REPORTING PERIOD \$ —

17. INTEREST RECEIVED THIS REPORTING PERIOD \$ —

18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) \$ 2121.00

DISBURSEMENTS

19. EXPENDITURES (other than loan payments)

a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline)

_____	\$	—
_____	\$	—
_____	\$	—
_____	\$	—
_____	\$	—
_____	\$	—
_____	\$	—
_____	\$	—
_____	\$	—
_____	\$	—

Total of Expenditures (\$100 or less each payee) \$ —

b. Itemized Expenditures (Over \$100 each payee this period) \$ 2474.01

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) \$ 2474.01

20. LOAN REPAYMENTS MADE THIS PERIOD \$ 0

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) \$ 2474.01

22. IN-KIND CONTRIBUTIONS

a. Unitemized in-kind contributions (\$100 or less from each source this period) \$ 0

b. Itemized in-kind contributions (over \$100 from each source this period) \$ 0

c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.) \$ 0

23. OBLIGATIONS

a. Unitemized Obligations Outstanding (\$100 or less each) \$ 0

b. Itemized Obligations Outstanding (Over \$100 each) \$ 0

c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown in item 12.f.) \$ 0



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Maerne Briggs Bernard				2. REPORT COVERING THE PERIOD FROM: 4-1-22 TO: 4-23-22		
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount 0	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)						
First Name Rick		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name Harrell				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		\$ 200.⁰⁰
Address 148 Heritage Lake Dr.				<input type="checkbox"/> Runoff (Local Elections Only)		
City Mphs		State Tn	Zip Code 38109	Date of Contribution 4-1-22		Aggregate This Election
Occupation Behavioral Health Therapist						
Employer RH Counseling / Consulting						
First Name Cedric		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name Briggs				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		\$ 200.⁰⁰
Address 9646 Champlain Dr.				<input type="checkbox"/> Runoff (Local Elections Only)		
City Olive Branch		State MS	Zip Code 38654	Date of Contribution 4-2-22		Aggregate This Election
Occupation Finisher / Assembler						
Employer Smith + Nephew						
First Name Shirley		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name Kyles				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		\$ 500.⁰⁰
Address 153 Country Pl				<input type="checkbox"/> Runoff (Local Elections Only)		
City Cordova		State Tn	Zip Code 38018	Date of Contribution 4-2-22		Aggregate This Election
Occupation Nurse						
Employer Cigna Express						
First Name Brenda		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name Woods				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		\$ 160.⁰⁰
Address P.O. Box 21				<input type="checkbox"/> Runoff (Local Elections Only)		
City Bolivar		State TN	Zip Code 38008	Date of Contribution 4-2-22		Aggregate This Election
Occupation Legal Assistant						
Employer Steve Hale Law Firm						
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)					\$ 1060.⁰⁰	

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Maerne Briggs Bernard				2. REPORT COVERING THE PERIOD FROM: 4-1-22 TO: 4-23-22			
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount \$1060.00		
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)							
First Name		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name Campbell's Learning Academy		Address 4933 Fairley Rd		<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		\$500.00	
City Mphs		State Tn	Zip Code 38109	Date of Contribution 4-6-22		Aggregate This Election	
Occupation Owner		Employer Self					
First Name Michael		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name Campbell		Address 600 Hawks Peaks Rd.		<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		\$250.00	
City Collierville		State Tn	Zip Code 38017	Date of Contribution 4-9-22		Aggregate This Election	
Occupation Attorney		Employer Campbell/Mogy Law Firm					
First Name		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name		Address		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
City		State	Zip Code	Date of Contribution		Aggregate This Election	
Occupation		Employer					
First Name		Middle Name		Contribution Received For:		Amount of Contribution	
Last Name/Organization Name		Address		<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election			
City		State	Zip Code	Date of Contribution		Aggregate This Election	
Occupation		Employer					
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b. of summary.)					\$1810.00		



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Maerne Briggs Bernard</i>				2. REPORT COVERING THE PERIOD FROM: <i>4-1-22</i> TO: <i>4-23-22</i>		
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount <i>0</i>	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period)						
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				Date of In-Kind Contribution		Aggregate this Election
City		State	Zip Code		Description of In-Kind Contribution	
Occupation	Employer					
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				Date of In-Kind Contribution		Aggregate this Election
City		State	Zip Code		Description of In-Kind Contribution	
Occupation	Employer					
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				Date of In-Kind Contribution		Aggregate this Election
City		State	Zip Code		Description of In-Kind Contribution	
Occupation	Employer					
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				Date of In-Kind Contribution		Aggregate this Election
City		State	Zip Code		Description of In-Kind Contribution	
Occupation	Employer					
First Name		Middle Name		In-Kind Contribution Received For:		Value of In-Kind Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				Date of In-Kind Contribution		Aggregate this Election
City		State	Zip Code		Description of In-Kind Contribution	
Occupation	Employer					
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of in-kind contributions, this amount must be shown in item 22b. of summary.)					<i>0</i>	

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Maerne Briggs Bernard			2. REPORT COVERING THE PERIOD	
			FROM: 4-1-22	TO: 4-23-22
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount 0
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)				
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name A Plus Media		Printing		\$115.⁰⁰
Address 4728 Spottswood Ave.				
City Mphs	State Tn			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Fast Signs		Printing Banner		\$269.⁴⁸
Address 834 Mt. Moriah				
City Mphs	State Tn			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Fast Signs		Printing		\$274.³⁸
Address 834 Mt. Moriah				
City Mphs	State Tn			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Bolt Printing + Embroidery		Printing T-shirts		\$366.³⁸
Address 20 Old Grays Bridge Rd.				
City Brookfield	State Ct			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Diamond Printing		Printing Signs		\$600.⁰⁰
Address 611 N. Third St.				
City Mphs	State Tn			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Home Depot		Stakes / U-Post (signs)		\$77.⁰⁴
Address 3469 Riverdale Rd.				
City Mphs	State Tn			
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)				\$1702.26

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Macrne Briggs Bernard			2. REPORT COVERING THE PERIOD		
			FROM: 4-1-22	TO: 4-23-22	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount \$ 1702.26	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)					
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name Diamond Printing				Printing signs	\$ 717.00
Address 611 N. Third St.					
City Mphs	State Tn	Zip Code 38101			
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name FedEx Office				Printing (mlb)	\$ 54.75
Address 4691 Poplar Ave					
City Mphs	State Tn	Zip Code 38117			
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
5. TOTAL ITEMIZED EXPENDITURES					
(Carry forward to item 3. of next page if additional pages of this form are used.)					
(If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)					2474.01

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <div style="font-size: 1.2em; font-family: cursive;">Maerne Briggs Bernard</div>	2. REPORT COVERING THE PERIOD FROM: 4-1-22 TO: 4-23-22
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3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)

Complete the Following for the Source of the Loan

First Name Bennie	Middle Name	Outstanding Loan Balance (Beginning of Period) \$492.50	Loans Received —	Loan Payments —	Outstanding Loan Balance (End of Period) \$492.50
Last Name/Organization Name Cobb		Address 10749 Chapel Hill Rd			Date of Loan 2-8-22
City Lakeland	State In	Zip Code 38009	Loan Received For: <input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		

List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)

First Name	Middle Name	First Name	Middle Name
Last Name/Organization Name		Last Name/Organization Name	
Address		Address	
City	State	City	State
Zip Code		Zip Code	
Amount Guaranteed Outstanding		Amount Guaranteed Outstanding	

First Name	Middle Name	First Name	Middle Name
Last Name/Organization Name		Last Name/Organization Name	
Address		Address	
City	State	City	State
Zip Code		Zip Code	
Amount Guaranteed Outstanding		Amount Guaranteed Outstanding	

First Name	Middle Name	First Name	Middle Name
Last Name/Organization Name		Last Name/Organization Name	
Address		Address	
City	State	City	State
Zip Code		Zip Code	
Amount Guaranteed Outstanding		Amount Guaranteed Outstanding	

First Name	Middle Name	First Name	Middle Name
Last Name/Organization Name		Last Name/Organization Name	
Address		Address	
City	State	City	State
Zip Code		Zip Code	
Amount Guaranteed Outstanding		Amount Guaranteed Outstanding	

4. Totals for all Loans (complete on last page of itemized loans) (Total loans received should also be shown in item 16. on summary page.) (Total loan payments should also be shown in item 20. on summary page.) (Total outstanding loan balance should also be shown in item 12.e. on front page.)	Outstanding Loan Balance (Beginning of Period) \$492.50	Loans Received —	Loan Payments —	Outstanding Loan Balance (End of Period) \$492.50
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ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE			2. REPORT COVERING THE PERIOD			
<p style="font-size: 1.2em; margin: 0;"><i>Maerne Briggs Bernard</i></p>			FROM: <i>4-1-22</i>		TO: <i>4-23-22</i>	
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)			Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle Name					
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Name					
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Name					
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Name					
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
4. TOTALS (Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)			<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>