



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 10/12/2026 2.a. Candidate or Committee Name: Marcy Ingram
- 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/6/2026
4. Campaign Address: PO Box 122
City: Collierville State: TN Zip Code: 38017 Phone: 9014826134
5. Candidate Home Address: 210 Seabiscuit Dr
City: Collierville State: TN Zip Code: 38120 Phone: 9014826136
Candidate Email Address: judgemarcygram@keepjudgeingram.com
6. Office Sought: (include district number, if applicable) Gen. Sess. Civil Ct. Judge, Div. 2
7. Name of Political Treasurer (may be candidate): Diane Lamar Withers
Political Treasurer Email Address: diannewithers@keepjudgeingram.com
8. Category or Report: (check one)
☐ First Quarter ☐ Second Quarter ☒ Third Quarter ☐ Fourth Quarter ☐ Pre-Primary ☐ Pre-General
☐ Mid-Year Supplemental ☐ Year-End Supplemental ☐ Runoff Election
9. Reporting Period: Start Date: 7/28/2026 End Date: 9/30/2026
10. Detailed Disclosure: (Check one)
☐ This campaign is exempt from detailed disclosures because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12.d., 12.e., and 12.f.)
☒ 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.
11. 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.

Candidate Signature	Date	Political Treasurer Signature	Date
Witness Signature	Date	Witness Signature	Date

12. Summary:

a. Balance On Hand Last Report	\$ <u>\$1,785.23</u>
b. Total Receipts This Period	\$ <u>\$11,300.00</u>
c. Total Disbursements This Period	\$ <u>\$11,832.90</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>\$1,252.33</u>
e. Total Loans Outstanding	\$ <u>\$81,208.72</u>
f. Total Obligations Outstanding	\$ <u>\$0.00</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Marcy Ingram

14. Reporting Period: Start Date: 7/28/2026 End Date: 9/30/2026

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ _____
(Note: Effective January 16, 2023, Unitemized Contributions are capped at \$2,000. See *Instructions* for more information.)
- b. Itemized Contributions (over \$100 from each source this period) \$ \$100.00
- c. Loans Received This Reporting Period..... \$ \$11,200.00
- d. Interest Received This Reporting Period \$ _____
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) \$ \$11,300.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$11,832.90
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period \$ _____
- c. Total Obligation Payments Made This Period..... \$ _____
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)..... \$ \$11,832.90

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ _____
- b. Itemized In-Kind Contributions Received This Period \$ _____
- c. Total In-Kind Contributions Received This Period \$ _____

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) \$ _____

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Marcy Ingram
2. Reporting Period: Start Date: 7/28/2026 End Date: 9/30/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$0.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Precious Middle Name: _____ Last Name: Coleman
Address: 1331 Union Ave Ste 1000 City: Memphis State: TN Zip Code: 38104
Occupation: Attorney Employer: Self Employed
Contribution Received For: Primary Election ☒ General Election ☐ Runoff (Local Elections Only) ☐
Amount of Contribution: \$ \$100.00 Date of Contribution: 7/31/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election ☐ General Election ☐ Runoff (Local Elections Only) ☐
Amount of Contribution: \$ _____ Date of Contribution: _____ Aggregate This Election: \$ _____

Business or Organization Name: _____ **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election ☐ General Election ☐ Runoff (Local Elections Only) ☐
Amount of Contribution: \$ _____ Date of Contribution: _____ Aggregate This Election: \$ _____

Business or Organization Name: _____ **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election ☐ General Election ☐ Runoff (Local Elections Only) ☐
Amount of Contribution: \$ _____ Date of Contribution: _____ Aggregate This Election: \$ _____

Total Contributions: \$ \$100.00

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Marcy Ingram
2. Reporting Period: Start Date: 7/28/2026 End Date: 9/30/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$0.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. **All expenditures must be itemized.** If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: _____ **OR**
First Name: Carolyn Middle Name: _____ Last Name: Nichols
Address: 256 Elder Rd City: Memphis State: TN Zip Code: 38109
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$900.00 Date of Expenditure: \$ 8/1/2026

Business or Organization Name: _____ **OR**
First Name: Linda Middle Name: _____ Last Name: Beard
Address: 627 S Main St City: Memphis State: TN Zip Code: 38103
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$900.00 Date of Expenditure: \$ 8/1/2026

Business or Organization Name: _____ **OR**
First Name: Francis Middle Name: _____ Last Name: Elkins
Address: 8552 Blue Creek Circle Apt 106 City: Millington State: TN Zip Code: 38053
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$900.00 Date of Expenditure: \$ 8/1/2026

Business or Organization Name: _____ **OR**
First Name: Harold Middle Name: _____ Last Name: Lee
Address: 1089 Peabody Ave #201 City: Memphis State: TN Zip Code: 38104
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$700.00 Date of Expenditure: \$ 8/1/2026

Business or Organization Name: _____ **OR**
First Name: Toddrick Middle Name: _____ Last Name: Edwards
Address: 3756 Skylar Dr City: Memphis State: TN Zip Code: 38109
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$750.00 Date of Expenditure: \$ 8/1/2026

Total Expenditures: \$ \$4,150.00

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Marcy Ingram
2. Reporting Period: Start Date: 7/28/2026 End Date: 9/30/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$4,150.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. **All expenditures must be itemized.** If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: _____ **OR**
First Name: Alicia Middle Name: _____ Last Name: Curry
Address: 3895 Lowin Cove City: Memphis State: TN Zip Code: 38128
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$750.00 Date of Expenditure: \$ 8/1/2026

Business or Organization Name: _____ **OR**
First Name: Leroy Middle Name: _____ Last Name: Gatlin
Address: 3756 Skylark Dr City: Memphis State: TN Zip Code: 38109
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$900.00 Date of Expenditure: \$ 8/1/2026

Business or Organization Name: _____ **OR**
First Name: Dakiarrionna Middle Name: _____ Last Name: Laury
Address: 5139 Corkwood Dr City: Memphis State: TN Zip Code: 38127
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$900.00 Date of Expenditure: \$ 8/1/2026

Business or Organization Name: _____ **OR**
First Name: Bessie Middle Name: _____ Last Name: Davis
Address: 4385 Newton Dr City: Memphis State: TN Zip Code: 38109
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$900.00 Date of Expenditure: \$ 8/1/2026

Business or Organization Name: _____ **OR**
First Name: Andrea Middle Name: _____ Last Name: Irvins
Address: 1016 Linwood Rd City: Memphis State: TN Zip Code: 38116
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$900.00 Date of Expenditure: \$ 8/1/2026

Total Expenditures: \$ \$8,500.00

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Marcy Ingram
2. Reporting Period: Start Date: 7/28/2026 End Date: 9/30/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$8,500.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. **All expenditures must be itemized.** If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: _____ **OR**
First Name: Francis Middle Name: _____ Last Name: Elkins
Address: 8552 Blue Creek Circle Apt 106 City: Millington State: TN Zip Code: 38053
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$200.00 Date of Expenditure: \$ 8/6/2026

Business or Organization Name: _____ **OR**
First Name: Carolyn Middle Name: _____ Last Name: Nichols
Address: 256 Elder Rd City: Memphis State: TN Zip Code: 38109
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$200.00 Date of Expenditure: \$ 8/6/2026

Business or Organization Name: _____ **OR**
First Name: Andrea Middle Name: _____ Last Name: Irvin
Address: 1016 Linwood Rd City: Memphis State: TN Zip Code: 38116
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$300.00 Date of Expenditure: \$ 8/6/2026

Business or Organization Name: _____ **OR**
First Name: Harold Middle Name: _____ Last Name: Lee
Address: 3756 Skylark Dr City: Memphis State: TN Zip Code: 38109
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$200.00 Date of Expenditure: \$ 8/6/2026

Business or Organization Name: _____ **OR**
First Name: Paula Middle Name: _____ Last Name: Edwards
Address: 3756 Skylark Dr City: Memphis State: TN Zip Code: 38109
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$200.00 Date of Expenditure: \$ 8/6/2026

Total Expenditures: \$ \$9,600.00

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Marcy Ingram
2. Reporting Period: Start Date: 7/28/2026 End Date: 9/30/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$9,600.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. **All expenditures must be itemized.** If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: _____ **OR**
First Name: Tony Middle Name: _____ Last Name: Edwards
Address: 3756 Skylark Dr City: Memphis State: TN Zip Code: 38109
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$200.00 Date of Expenditure: \$ 8/6/2026

Business or Organization Name: Political Systems & Solutions **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 248 Silverage Ave City: Memphis State: TN Zip Code: 38109
Purpose of Expenditure: Advertising
Amount of Expenditure: \$ \$500.00 Date of Expenditure: \$ 8/6/2026

Business or Organization Name: _____ **OR**
First Name: TL Middle Name: _____ Last Name: Harris
Address: 3821 S Galloway Dr City: Memphis State: TN Zip Code: 38111
Purpose of Expenditure: Campaign Worker
Amount of Expenditure: \$ \$900.00 Date of Expenditure: \$ 8/6/2026

Business or Organization Name: Watkins Uiberall PLLC **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1661 Aaron Brenner Dr Ste 300 City: Memphis State: TN Zip Code: 38120
Purpose of Expenditure: Accounting
Amount of Expenditure: \$ \$600.00 Date of Expenditure: \$ 8/13/2026

Business or Organization Name: Anedot **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1340 Poydras St Ste 1770 City: New Orleans State: LA Zip Code: 70112
Purpose of Expenditure: Service Fee
Amount of Expenditure: \$ \$28.60 Date of Expenditure: \$ 7/28/2026

Total Expenditures: \$ \$11,828.60

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Marcy Ingram
2. Reporting Period: Start Date: 7/28/2026 End Date: 9/30/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$11,828.60

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. **All expenditures must be itemized.** If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Anedot **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1340 Poydras St Ste 1770 City: New Orleans State: LA Zip Code: 70112
Purpose of Expenditure: Service Fee
Amount of Expenditure: \$ \$4.30 Date of Expenditure: \$ 7/31/2026

Business or Organization Name: _____ **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ _____ Date of Expenditure: \$ _____

Business or Organization Name: _____ **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ _____ Date of Expenditure: \$ _____

Business or Organization Name: _____ **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ _____ Date of Expenditure: \$ _____

Business or Organization Name: _____ **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ _____ Date of Expenditure: \$ _____

Total Expenditures: \$ \$11,832.90

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name: Marcy Ingram
2. Reporting Period: Start Date: 7/28/2026 End Date: 9/30/2026
3. Complete the appropriate items for each loan totaling more than one hundred dollars (\$100).

Complete the following for the source of each loan received and/or outstanding during the period.

Business or Organization Name: _____ **OR**

First Name: Marcy Middle Name: _____ Last Name: Ingram

Address: PO Box 122 City: Collierville State: TN Zip Code: 38017

Outstanding Loan Balance (Beginning) \$ \$70,008.72

Loans Received \$ \$11,200.00

Loan Payments \$ \$0.00

Outstanding Loan (End) \$ \$81,208.72

Loan Received For: Primary Election ☒ General Election ☐ Runoff (Local Elections Only) ☐

Date of Loan: 8/8/2026

List all endorsers or guarantors for above loan (If more space is needed, please attach additional pages.)

Business or Organization Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Totals for all loans (Complete this page for each outstanding loan during the period. Complete this section only on last page of loans.)

Total loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.)

Balance (Beginning) \$ \$70,008.72

Loans Received \$ \$11,200.00

Loan Payments \$ \$0.00

Outstanding Loan (End) \$ \$81,208.72