



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date: 4/9/2026 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: 9014826134
 Candidate Email Address: judgemarcy@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): Dianne Lamar Withers
 Political Treasurer Email Address: diannewithers@keepjudgeingram.com

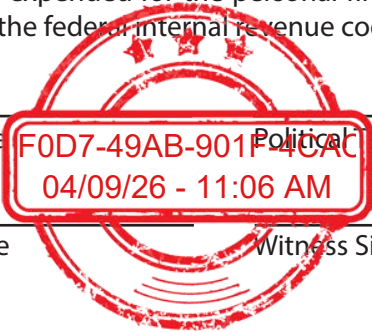
8. Category or Report: (check one)
 First Quarter Second Quarter Third Quarter Fourth Quarter Pre-Primary Pre-General
 Mid-Year Supplemental Year-End Supplemental Runoff Election

9. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026

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>956.32</u>
b. Total Receipts This Period	\$ <u>43,564.86</u>
c. Total Disbursements This Period	\$ <u>8,884.49</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>35,636.69</u>
e. Total Loans Outstanding	\$ <u>50,214.86</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: 1/16/2026 End Date: 3/31/2026

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) \$ \$1,650.00
- c. Loans Received This Reporting Period..... \$ \$41,914.86
- 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.) \$ \$43,564.86

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$8,884.49
(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.)..... \$ \$8,884.49

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: 1/16/2026 End Date: 3/31/2026
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: Asia Middle Name: Diggs Last Name: Meador
Address: 5086 N Angela St City: Memphis State: TN Zip Code: 38120
Occupation: General Counsel Employer: Meritan Inc
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$300.00 Date of Contribution: 1/28/2026 Aggregate This Election: \$ \$300.00

Business or Organization Name: _____ **OR**
First Name: Mathilde Middle Name: McLean Last Name: Crosby
Address: 6052 River Oaks City: Memphis State: TN Zip Code: 38120
Occupation: Accountant Employer: Self Employed
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$500.00 Date of Contribution: 1/28/2026 Aggregate This Election: \$ \$500.00

Business or Organization Name: _____ **OR**
First Name: Gwendolyn Middle Name: _____ Last Name: McClain
Address: 17412 Ventura City: Encino State: CA Zip Code: 71316
Occupation: Accounting Employer: Self Employed
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 2/4/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**
First Name: Rebekka Middle Name: Freeman Last Name: Terrell
Address: 140 Adams City: Memphis State: TN Zip Code: 38103
Occupation: CAO Employer: Shelby County Government
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 2/6/2026 Aggregate This Election: \$ \$100.00

Total Contributions: \$ \$1,000.00

(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Marcy Ingram
2. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$1,000.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Mitzi Middle Name: _____ Last Name: Pullard
Address: 9264 Cielo Dr City: Germantown State: TN Zip Code: 38138
Occupation: Magistrate Employer: Shelby County Government
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 2/17/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**
First Name: Lisa Middle Name: _____ Last Name: Morris
Address: PO Box 342776 City: Memphis State: TN Zip Code: 38120
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 3/1/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**
First Name: Cary Middle Name: _____ Last Name: Woods
Address: 1280 Kirby City: Memphis State: TN Zip Code: 38120
Occupation: Attorney Employer: Shelby County Government
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$100.00 Date of Contribution: 3/10/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**
First Name: Dedrick Middle Name: _____ Last Name: Brittneum
Address: 3385 Airways City: Memphis State: TN Zip Code: 38116
Occupation: Attorney Employer: Self Employed
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$150.00 Date of Contribution: 3/25/2026 Aggregate This Election: \$ \$150.00

Total Contributions: \$ \$1,450.00

(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 CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Marcy Ingram
2. Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$1,450.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Calvin Middle Name: _____ Last Name: Sandford Sr
Address: 6624 Beaverlodge Dr City: Memphis State: TN Zip Code: 38141
Occupation: Retired Employer: Retired
Contribution Received For: Primary Election General Election Runoff (Local Elections Only)
Amount of Contribution: \$ \$200.00 Date of Contribution: 2/17/2026 Aggregate This Election: \$ \$200.00

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: \$ \$1,650.00

(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: 1/16/2026 End Date: 3/31/2026
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: 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 Fees

Amount of Expenditure: \$ \$16.60 Date of Expenditure: \$ 1/16/2026

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 Fees

Amount of Expenditure: \$ \$8.30 Date of Expenditure: \$ 1/21/2026

Business or Organization Name: Telisa Franklin Media **OR**

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

Address: 2988 Old Austin Peay City: Memphis State: TN Zip Code: 38128

Purpose of Expenditure: Media

Amount of Expenditure: \$ \$120.00 Date of Expenditure: \$ 2/1/2026

Business or Organization Name: Anedot **OR**

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

Address: 1340 Poydras City: New Orleans State: LA Zip Code: 70214

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$32.60 Date of Expenditure: \$ 2/2/2026

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 Fees

Amount of Expenditure: \$ \$4.30 Date of Expenditure: \$ 2/9/2026

Total Expenditures: \$ \$181.80

(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: 1/16/2026 End Date: 3/31/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$181.80

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 Fees

Amount of Expenditure: \$ \$4.30 Date of Expenditure: \$ 2/10/2026

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 Fees

Amount of Expenditure: \$ \$4.30 Date of Expenditure: \$ 2/19/2026

Business or Organization Name: Republican Party of Shelby County OR

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

Address: 1661 Aaron Brenner Dr Ste 300 City: Memphis State: TN Zip Code: 38120

Purpose of Expenditure: Advertising

Amount of Expenditure: \$ \$300.00 Date of Expenditure: \$ 2/24/2026

Business or Organization Name: Republican Party of Shelby County OR

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

Address: 1661 Aaron Brenner Dr Ste 300 City: Memphis State: TN Zip Code: 38120

Purpose of Expenditure: Lincoln Day Dinner

Amount of Expenditure: \$ \$300.00 Date of Expenditure: \$ 2/24/2026

Business or Organization Name: Direct FX OR

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

Address: 8811 Highway 51 N City: Southaven State: MS Zip Code: 38671

Purpose of Expenditure: Advertising

Amount of Expenditure: \$ \$299.38 Date of Expenditure: \$ 2/26/2026

Total Expenditures: \$ \$1,089.78

(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: 1/16/2026 End Date: 3/31/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$1,089.78

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: First Horizon Bank **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: PO Box 84 City: Memphis State: TN Zip Code: 38101
Purpose of Expenditure: Bank Fees
Amount of Expenditure: \$ \$3.00 Date of Expenditure: \$ 2/27/2026

Business or Organization Name: Your Shirts Ink'd **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 5948 Mt Moriah Rd City: Memphis State: TN Zip Code: 38115
Purpose of Expenditure: Advertising
Amount of Expenditure: \$ \$794.86 Date of Expenditure: \$ 2/27/2026

Business or Organization Name: DirectFX **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 8811 Highway 51 N City: Southaven State: MS Zip Code: 38671
Purpose of Expenditure: Advertising
Amount of Expenditure: \$ \$20.00 Date of Expenditure: \$ 3/16/2026

Business or Organization Name: DirectFX **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 8811 Highway 51 N City: Southaven State: MS Zip Code: 38671
Purpose of Expenditure: Advertising
Amount of Expenditure: \$ \$65.85 Date of Expenditure: \$ 3/16/2026

Business or Organization Name: VistaPrint **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 95 Hayden Ave City: Lexington State: MA Zip Code: 02421
Purpose of Expenditure: Printing
Amount of Expenditure: \$ \$566.00 Date of Expenditure: \$ 3/16/2026

Total Expenditures: \$ \$2,539.49

(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: 1/16/2026 End Date: 3/31/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$2,539.49

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: Telisa Franklin Media **OR**

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

Address: 3810 Park Ave City: Memphis State: TN Zip Code: 38111

Purpose of Expenditure: Advertising

Amount of Expenditure: \$ \$500.00 Date of Expenditure: \$ 3/23/2026

Business or Organization Name: Marketality **OR**

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

Address: 100 Powell Place #1482 City: Nashville State: TN Zip Code: 37204

Purpose of Expenditure: Media

Amount of Expenditure: \$ \$5,000.00 Date of Expenditure: \$ 1/22/2026

Business or Organization Name: Marketality **OR**

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

Address: 100 Powell Place #1482 City: Nashville State: TN Zip Code: 37204

Purpose of Expenditure: Media

Amount of Expenditure: \$ \$470.00 Date of Expenditure: \$ 2/17/2026

Business or Organization Name: Marketality **OR**

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

Address: 100 Powell Place #1482 City: Nashville State: TN Zip Code: 37204

Purpose of Expenditure: Signs

Amount of Expenditure: \$ \$175.00 Date of Expenditure: \$ 3/24/2026

Business or Organization Name: Ballots and Brews **OR**

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

Address: 2783 Broad Ave City: Memphis State: TN Zip Code: 38112

Purpose of Expenditure: Registration Fee

Amount of Expenditure: \$ \$200.00 Date of Expenditure: \$ 3/29/2026

Total Expenditures: \$ \$8,884.49

(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: 1/16/2026 End Date: 3/31/2026
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: 210 Seabiscuit Dr City: Collierville State: TN Zip Code: 38017

Outstanding Loan Balance (Beginning) \$ \$8,300.00

Loans Received \$ \$41,914.86

Loan Payments \$ \$0.00

Outstanding Loan (End) \$ \$50,214.86

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

Date of Loan: 1/26/2026

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) \$ \$8,300.00

Loans Received \$ \$41,914.86

Loan Payments \$ \$0.00

Outstanding Loan (End) \$ \$50,214.86