

# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

**For State and Local Candidates  
 For Single-Candidate Committees**

RECEIVED APR 11 2022

1. DATE OF REPORT <u>4/10/22</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>(901)8592381</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>Shelby Cty. Criminal Court Clerk</u>	6. NAME OF POLITICAL TREASURER (may be candidate) <u>Karen B. Jones</u>
7. CATEGORY OR REPORT (Check one) <input checked="" type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER <input 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>1/14/22</u>	8.b. ENDING DATE OF REPORTING PERIOD <u>3-31-22</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>4/10/22</u> date
<u>Karen B. Jones</u> signature of political treasurer	<u>4/10/2022</u> date
11. WITNESS SIGNATURE	
<u>Jenna Burch</u> signature of witness	<u>4/10/22</u> date
<u>Jenna Burch</u> signature of witness	<u>4/10/22</u> date
12. SUMMARY	
a. BALANCE ON HAND LAST REPORT .....	\$ <u>0</u>
b. TOTAL RECEIPTS THIS PERIOD .....	\$ <u>5813.74</u>
c. TOTAL DISBURSEMENTS THIS PERIOD .....	\$ <u>4756.93</u>
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) .....	\$ <u>1056.81</u>
e. TOTAL LOANS OUTSTANDING .....	\$ <u>492.50</u>
f. TOTAL OBLIGATIONS OUTSTANDING .....	\$ <u>0</u>





**ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE**

1. NAME OF CANDIDATE OR COMMITTEE <b>Maerne Briggs Bernard</b>				2. REPORT COVERING THE PERIOD FROM: <b>1/16/22</b> TO: <b>3/31/22</b>	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount <b>0</b>	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)					
First Name <b>Jennings</b>		Middle Name		Contribution Received For:	
Last Name/Organization Name <b>Bernard</b>				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address <b>3388 Emerald St.</b>				<input type="checkbox"/> Runoff (Local Elections Only)	
City <b>Mphs</b>		State <b>TN</b>	Zip Code <b>38115</b>	Date of Contribution <b>1-24-22</b>	
Occupation <b>Retired</b>				Aggregate This Election	
Employer					
Amount of Contribution <b>\$ 700</b>					
First Name <b>Janis + Jeff</b>		Middle Name		Contribution Received For:	
Last Name/Organization Name <b>Dunavant</b>				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address <b>98 S. Walnut Bend</b>				<input type="checkbox"/> Runoff (Local Elections Only)	
City <b>Cordova</b>		State <b>TN</b>	Zip Code <b>38018</b>	Date of Contribution <b>1-31-22</b>	
Occupation <b>Retired</b>				Aggregate This Election	
Employer					
Amount of Contribution <b>1,000.00</b>					
First Name <b>Jack</b>		Middle Name		Contribution Received For:	
Last Name/Organization Name <b>Ruleman, Jr</b>				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address <b>1449 Whiting St.</b>				<input type="checkbox"/> Runoff (Local Elections Only)	
City <b>Mphs</b>		State <b>TN</b>	Zip Code <b>38117</b>	Date of Contribution <b>2-2-22</b>	
Occupation <b>Retired</b>				Aggregate This Election	
Employer					
Amount of Contribution <b>\$ 500.</b>					
First Name <b>David</b>		Middle Name <b>Nehemiah</b>		Contribution Received For:	
Last Name/Organization Name <b>Jones</b>				<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address <b>7316 Mallory Circle</b>				<input type="checkbox"/> Runoff (Local Elections Only)	
City <b>Alexandria</b>		State <b>VA</b>	Zip Code	Date of Contribution <b>2-6-22</b>	
Occupation <b>Aircraft Mechanic</b>				Aggregate This Election	
Employer <b>STS Aviation, Reagan Int'l Airport</b>					
Amount of Contribution <b>485.00</b>					
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.)				<b>2685.00</b>	

**ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE**

1. NAME OF CANDIDATE OR COMMITTEE <b>Maerne Briggs Bernard</b>			2. REPORT COVERING THE PERIOD FROM: <b>1/16/22</b> TO: <b>3/31/22</b>	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)				Amount <b>2685.06</b>
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)				
First Name <b>Cedric</b>	Middle Name	Contribution Received For: <input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		Amount of Contribution <b>\$ 140</b>
Last Name/Organization Name <b>Briggs</b>		Date of Contribution <b>2-14-22</b>		Aggregate This Election
Address <b>9646 Champlain Dr</b>		City <b>Olive Branch</b> State <b>MS</b> Zip Code <b>38654</b>		
Occupation <b>Finisher / Assembler</b>		Employer <b>Smith + Nephew</b>		
First Name <b>Phyllis</b>	Middle Name	Contribution Received For: <input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		Amount of Contribution <b>\$ 200</b>
Last Name/Organization Name <b>Sheppard</b>		Date of Contribution <b>2-25-22</b>		Aggregate This Election
Address <b>1961 Young Ave</b>		City <b>Mphs</b> State <b>TN</b> Zip Code <b>38104</b>		
Occupation <b>Retired</b>		Employer		
First Name <b>Richard</b>	Middle Name	Contribution Received For: <input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		Amount of Contribution <b>\$ 197</b>
Last Name/Organization Name <b>Harrelli</b>		Date of Contribution <b>3-9-22</b>		Aggregate This Election
Address <b>148 Heritage Lake Dr</b>		City <b>Mphs</b> State <b>TN</b> Zip Code <b>38109</b>		
Occupation <b>Behavioral Health Therapist</b>		Employer <b>RH Counseling + Consulting</b>		
First Name <b>Marsean</b>	Middle Name	Contribution Received For: <input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)		Amount of Contribution <b>\$ 250</b>
Last Name/Organization Name <b>Bernard</b>		Date of Contribution <b>3-20-22</b>		Aggregate This Election
Address <b>470 Wolfview Cv</b>		City <b>Cordova</b> State <b>TN</b> Zip Code <b>38018</b>		
Occupation <b>Territory Manager</b>		Employer <b>Boston Scientific</b>		
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.)				<b>\$ 787</b>

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**ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE**

1. NAME OF CANDIDATE OR COMMITTEE <b>Maerne Briggs Bernard</b>			2. REPORT COVERING THE PERIOD FROM: <b>1/14/22</b> TO: <b>3/31/22</b>	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <b>\$787</b>	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)				
First Name <b>Aiteena</b>	Middle Name	Contribution Received For: <input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election  <input type="checkbox"/> Runoff (Local Elections Only)		Amount of Contribution  <b>\$200</b>
Last Name/Organization Name <b>Edwards</b>				
Address <b>259 W. Fay</b>				
City <b>Mphs</b>	State <b>TN</b>	Zip Code <b>38109</b>	Date of Contribution  <b>3-19-22</b>	Aggregate This Election
Occupation <b>Retired</b>				
Employer				
First Name	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election  <input type="checkbox"/> Runoff (Local Elections Only)		Amount of Contribution
Last Name/Organization Name				
Address				
City	State	Zip Code	Date of Contribution	Aggregate This Election
Occupation				
Employer				
First Name	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election  <input type="checkbox"/> Runoff (Local Elections Only)		Amount of Contribution
Last Name/Organization Name				
Address				
City	State	Zip Code	Date of Contribution	Aggregate This Election
Occupation				
Employer				
First Name	Middle Name	Contribution Received For: <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election  <input type="checkbox"/> Runoff (Local Elections Only)		Amount of Contribution
Last Name/Organization Name				
Address				
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.)				<b>\$3672.06</b>

**ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE**

1. NAME OF CANDIDATE OR COMMITTEE <b>Maerne Briggs Bernard</b>				2. REPORT COVERING THE PERIOD FROM: <b>1/16/22</b> TO: <b>3/31/22</b>			
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount <b>0</b>		
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				<input type="checkbox"/> Runoff (Local Elections Only)			
City				State		Zip Code	
Occupation				Employer		Date of In-Kind Contribution	
						Aggregate this Election	
Description of In-Kind Contribution							
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				<input type="checkbox"/> Runoff (Local Elections Only)			
City				State		Zip Code	
Occupation				Employer		Date of In-Kind Contribution	
						Aggregate this Election	
Description of In-Kind Contribution							
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				<input type="checkbox"/> Runoff (Local Elections Only)			
City				State		Zip Code	
Occupation				Employer		Date of In-Kind Contribution	
						Aggregate this Election	
Description of In-Kind Contribution							
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				<input type="checkbox"/> Runoff (Local Elections Only)			
City				State		Zip Code	
Occupation				Employer		Date of In-Kind Contribution	
						Aggregate this Election	
Description of In-Kind Contribution							
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				<input type="checkbox"/> Runoff (Local Elections Only)			
City				State		Zip Code	
Occupation				Employer		Date of In-Kind Contribution	
						Aggregate this Election	
Description of In-Kind Contribution							
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS					Amount		
(Carry forward to item 3. of next page if additional pages of this form are used.)					<b>0</b>		
(If this is the last page of in-kind contributions, this amount must be shown in item 22b. of summary.)							

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**ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE**

1. NAME OF CANDIDATE OR COMMITTEE <i>Maerne Briggs Bernard</i>			2. REPORT COVERING THE PERIOD FROM: <i>1/14/22</i> TO: <i>3/31/22</i>	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount <i>0</i>	
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 <i>The Theddous Matthews Show</i>		<i>Media Advertising</i>		<i>\$3000</i>
Address <i>5837 Scottsdale</i>				
City <i>Mphs</i>	State <i>TN</i>			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name <i>Mid South Solutions</i>		<i>Printing</i>		<i>\$1097.50</i>
Address <i>2209 Whitten Rd.</i>				
City <i>Mphs</i>	State <i>TN</i>			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name <i>Diamond Printing</i>		<i>Printing</i>		<i>\$601.43</i>
Address <i>611 N. Third St.</i>				
City <i>Mphs</i>	State <i>TN</i>			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				
Address				
City	State			
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.)				<i>\$4698.93</i>

**ITEMIZED STATEMENT OF LOANS - CANDIDATE**

1. NAME OF CANDIDATE OR COMMITTEE <i>Maerne Briggs Bernard</i>				2. REPORT COVERING THE PERIOD					
				FROM: <i>1/16/22</i>		TO: <i>3/31/22</i>			
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 <i>Bennie</i>		Middle Name		Outstanding Loan Balance (Beginning of Period) <i>0</i>		Loans Received <i>492.50</i>	Loan Payments <i>0</i>	Outstanding Loan Balance (End of Period) <i>492.50</i>	
Last Name/Organization Name <i>Cobb</i>									
Address <i>10749 Chapel Hill Rd.</i>				Loan Received For:			Date of Loan		
City <i>Lakeland</i>		State <i>TN</i>	Zip Code <i>38002</i>		<input checked="" type="checkbox"/> Primary Election <input type="checkbox"/> General Election		<i>2-8-22</i>		
				<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	Zip Code		City		State	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	Zip Code		City		State	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	Zip Code		City		State	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	Zip Code		City		State	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	Zip Code		City		State	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) <i>0</i>		Loans Received <i>492.50</i>	Loan Payments <i>0</i>	Outstanding Loan Balance (End of Period) <i>492.50</i>	



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**ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE**

1. NAME OF CANDIDATE OR COMMITTEE			2. REPORT COVERING THE PERIOD			
Maeme Kniggs Bernard			FROM: 1/14/22		TO: 3/31/22	
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						
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.)			0	0	0	0