RECEIVED
FEB 0 2 2026

ORIGINAL DOCUMENT
PHOTOCOPY CANNOT BE
ACCEPTED TCA 2-5-102

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. Date: 02/2/2026 2.a. Candidate or Committee Name: VALERIE D. WRIGHT

2.b. If Committee, Name of Candidate: _____ 3. Election Date: 03/06/26

4. Campaign Address: 4031 POINT CHURCH ROAD
City: MEMPHIS State: TN Zip Code: 38127 Phone: 901-649-3633

5. Candidate Home Address: 4031 POINT CHURCH ROAD
City: MEMPHIS State: TN Zip Code: 38127 Phone: 901-649-3633
Candidate Email Address: valeriedwright3@gmail.com

6. Office Sought: (include district number, if applicable) MSCS Board District 3

7. Name of Political Treasurer (may be candidate): Douglas Wright II
Political Treasurer Email Address: landjeternityllc@gmail.com

8. Category or Report: (check one)

☐ First Quarter ☐ Second Quarter ☐ Third Quarter ☒ ~~Fourth Quarter~~ VW ☐ Pre-Primary ☐ Pre-General
☐ Mid-Year Supplemental ☒ Year-End Supplemental ☐ Runoff Election

9. Reporting Period: Start Date: 12/01/25 End Date: 01/15/26

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.

Valerie D. Wright 2/2/26 — Candidate Signature / Date

Douglas Wright II 2/2/2026 — Political Treasurer Signature / Date

Witness Signature 02-02-26 — Date

Witness Signature 2/2/2026 — Date

12. Summary

a.	Balance On Hand Last Report	$ Ø
b.	Total Receipts This Period	$ 745.35
c	Total Disbursements This Period	$ 745.35
d	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ Ø
e.	Total Loans Outstanding	$ 745.35
f.	Total Obligations Outstanding	$ Ø

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: VALERIE D. WRIGHT

14. Reporting Period: Start Date: 12/01/25 End Date: 01/15/26

15. Receipts:

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

c. Loans Received This Reporting Period ..... $ 745.35

d. Interest Received This Reporting Period ..... $ Ø

e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) ..... $ 745.35

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ 745.35
(Note: Effective January 16, 2023, all expenditures must be itemized.)

b. Loan Repayments Made This Period ..... $ Ø

c. Total Obligation Payments Made This Period ..... $ Ø

d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.) ..... $ 745.35

17. In-Kind Contributions:

a. Unitemized In-Kind Contributions Received This Period ..... $ Ø

b. Itemized In-Kind Contributions Received This Period ..... $ 729.00

c. Total In-Kind Contributions Received This Period ..... $ 729.00

18. Obligations:

a. Total Obligations Outstanding (must be shown in item 12.f.) ..... $ Ø

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: VALERIE D. WRIGHT
2. Reporting Period: Start Date: 12/01/25 End Date: 1/15/26
3. Total campaign contributions from preceding page (enter $0 if first page) $ Ø

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

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: $______

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: $ Ø
(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 IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: VALERIE D. WRIGHT

2. Reporting Period: Start Date: 12/01/25 End Date: 01/15/26

3. Total in-kind contributions from preceding page (enter $0 if first page) $ Ø

COMPLETE THE APPROPRIATE ITEMS FOR EACH IN-KIND CONTRIBUTION. In-kind contributions totaling more than one hundred dollars ($100) from any contributor during the period must be reported.

Business or Organization Name: _____ OR

First Name: Glenda Middle Name: Faye Last Name: Townsend

Address: 4039 S. Germantown Rd City: Memphis State: TN Zip Code: 38125

Occupation: Retired Employer: Retired

In-Kind Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)

In-Kind Contribution Value: $ 75.00 In-Kind Contribution Date: 12/6/25 Aggregate This Election: $ 75.00

Description of In-Kind Contribution: Campaign Decor for Christmas Parade on 12/6/25

Business or Organization Name: _____ OR

First Name: Douglas Middle Name: _____ Last Name: Wright II

Address: 4140 Long Creek Rd City: Memphis State: TN Zip Code: 38125

Occupation: Truck Driver Employer: UPS

In-Kind Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)

In-Kind Contribution Value: $ 20.00 In-Kind Contribution Date: 12/6/25 Aggregate This Election: $ 20.00

Description of In-Kind Contribution: Use of vehicle for Campaign Christmas Parade on 12/6/25

Business or Organization Name: _____ OR

First Name: Glenda Middle Name: Faye Last Name: Townsend

Address: 4039 S. Germantown Rd City: Memphis State: TN Zip Code: 38125

Occupation: Retired Employer: Retired

In-Kind Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)

In-Kind Contribution Value: $ 50.00 In-Kind Contribution Date: 12/13/25 Aggregate This Election: $ 50.00

Description of In-Kind Contribution: Campaign Decor for Christmas Parade on 12/13/25

Business or Organization Name: _____ OR

First Name: Douglas Middle Name: _____ Last Name: Wright II

Address: 4140 Long Creek Rd City: Memphis State: TN Zip Code: 38125

Occupation: Truck Driver Employer: UPS

In-Kind Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)

In-Kind Contribution Value: $ 20.00 In-Kind Contribution Date: 12/13/25 Aggregate This Election: $ 20.00

Description of In-Kind Contribution: _____

Total In-Kind Contributions: $ 165.00

(Carry forward to the 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 the summary on first page.)

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: VALERIE D. WRIGHT

2. Reporting Period: Start Date: 12/01/25 End Date: 01/15/26

3. Total in-kind contributions from preceding page (enter $0 if first page) $ 165.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH IN-KIND CONTRIBUTION. In-kind contributions totaling more than one hundred dollars ($100) from any contributor during the period must be reported.

Business or Organization Name: _____ OR

First Name: VALERIE Middle Name: DALE Last Name: WRIGHT

Address: 4031 Point Church Rd City: Memphis State: TN Zip Code: 38127

Occupation: Disabled Employer: Disabled

In-Kind Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)

In-Kind Contribution Value: $400.00 In-Kind Contribution Date: 12/13/25 Aggregate This Election: $400.00

Description of In-Kind Contribution: 400 children's books for distribution Campaign Christmas Parade 12/13/25

Business or Organization Name: _____ OR

First Name: Glenda Middle Name: Faye Last Name: Townsend

Address: 4039 S. Germantown Rd City: Memphis State: TN Zip Code: 38125

Occupation: Retired Employer: Retired

In-Kind Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)

In-Kind Contribution Value: $125.00 In-Kind Contribution Date: 12/21/25 Aggregate This Election: $125.00

Description of In-Kind Contribution: Campaign Stickers

Business or Organization Name: _____ OR

First Name: Linda Middle Name: Kay Last Name: Cameron

Address: 6687 Ross Manor Dr. City: Memphis State: TN Zip Code: 38141

Occupation: Retired Employer: Retired

In-Kind Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)

In-Kind Contribution Value: $15.00 In-Kind Contribution Date: 1/4/26 Aggregate This Election: $15.00

Description of In-Kind Contribution: Business envelopes for Campaign

---

Business or Organization Name: _____ OR

First Name: Marilyn Middle Name: _____ Last Name: Livesay

Address: 3601 West Deerwood Ave City: Memphis State: TN Zip Code: 38111

Occupation: Student Employer: University of Memphis

In-Kind Contribution Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)

In-Kind Contribution Value: $24.00 In-Kind Contribution Date: 1/6/26 Aggregate This Election: $24.00

Description of In-Kind Contribution: Business envelopes for Campaign

---

Total In-Kind Contributions: $ 729.00

(Carry forward to the 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 the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: VALERIE D. Wright

2. Reporting Period: Start Date: 12/1/25 End Date: 01/15/26

3. Total campaign expenditures from preceding page (enter $0 if first page) $ Ø

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: Regions Bank **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3577 Hacks Cross City: Memphis State: TN Zip Code: 38125
Purpose of Expenditure: Deposit to open Campaign Bank Account
Amount of Expenditure: $ 100.00 Date of Expenditure: $ 12/01/25

Business or Organization Name: Office Depot / Office Max **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2863 Wolf Creek Pkwy City: Bartlett State: TN Zip Code: 38133
Purpose of Expenditure: 2 Campaign Yard Signs
Amount of Expenditure: $ 87.78 Date of Expenditure: $ 12/1/25

Business or Organization Name: Office Depot / Office Max **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 2863 Wolf Creek Pkwy City: Bartlett State: TN Zip Code: 38133
Purpose of Expenditure: Legal Note Pad for Campaign
Amount of Expenditure: $ 13.76 Date of Expenditure: $ 12/1/25

Business or Organization Name: Wayne's Candy Company **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 164 E. Carolina Ave City: Memphis State: TN Zip Code: 38126
Purpose of Expenditure: Candy for distribution for Campaign Christmas Parade on 12/6/25
Amount of Expenditure: $ 151.68 Date of Expenditure: $ 12/4/25

Business or Organization Name: Kroger Fueling Station **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 3680 Austin Peay Hwy City: Memphis State: TN Zip Code: 38128
Purpose of Expenditure: Gasoline Usage for vehicle for Christmas Parade on 12/6/25
Amount of Expenditure: $ 20.00 Date of Expenditure: $ 12/6/25

Total Expenditures: $ 372.62
(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: VALERIE D. WRIGHT

2. Reporting Period: Start Date: 12/01/25 End Date: 01/15/26

3. Total campaign expenditures from preceding page (enter $0 if first page) $ 372.62

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: Frayser CDC (Christmas Parade) **OR**
First Name: Mary Middle Name: Last Name: Shipp
Address: 3684 N. Watkins City: Memphis State: TN Zip Code: 38127
Purpose of Expenditure: Frayser Christmas Parade Fee for Campaign
Amount of Expenditure: $ 25.00 Date of Expenditure: $ 12/6/25

Business or Organization Name: Dollar Tree #395 **OR**
First Name: Middle Name: Last Name:
Address: 6035 Stage Road City: Bartlett State: TN Zip Code: 38134
Purpose of Expenditure: Christmas Decor for Campaign Christmas Parade on 12/13/25
Amount of Expenditure: $ 17.19 Date of Expenditure: $ 12/7/25

Business or Organization Name: Wayne's Candy Company **OR**
First Name: Middle Name: Last Name:
Address: 164 S. Carolina Ave City: Memphis State: TN Zip Code: 38126
Purpose of Expenditure: Candy for distribution for Campaign Christmas Parade on 12/13/25
Amount of Expenditure: $ 95.64 Date of Expenditure: $ 12/9/25

Business or Organization Name: Dollar Tree #395 **OR**
First Name: Middle Name: Last Name:
Address: 6035 Stage Road City: Bartlett State: TN Zip Code: 38134
Purpose of Expenditure: Distribution Items for Campaign Christmas Parade on 12/13/25
Amount of Expenditure: $ 38.96 Date of Expenditure: $ 12/9/25

Business or Organization Name: Dollar Tree #379 **OR**
First Name: Middle Name: Last Name:
Address: 3476 Plaza Ave City: Memphis State: TN Zip Code: 38111
Purpose of Expenditure: Candy Loot Bags and Christmas Decor for Campaign Parade on 12/13/25
Amount of Expenditure: $ 58.44 Date of Expenditure: $ 12/11/25

Total Expenditures: $ 607.85
(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: Valerie D. Wright

2. Reporting Period: Start Date: 12/1/25 End Date: 1/15/26

3. Total campaign expenditures from preceding page (enter $0 if first page) $ 607.85

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: Dollar Tree #423 **OR**

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

Address: 3842 Austin Peay Hwy City: Memphis State: TN Zip Code: 38128

Purpose of Expenditure: Parade Snacks and Decor for Christmas Parade on 12/13/25

Amount of Expenditure: $ 22.50 Date of Expenditure: $ 12/12/25

Business or Organization Name: Kroger Fueling Station **OR**

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

Address: 3860 Austin Peay Hwy City: Memphis State: TN Zip Code: 38128

Purpose of Expenditure: Gasoline Usage for vehicle for Christmas Parade on 12/13/25

Amount of Expenditure: $ 20.00 Date of Expenditure: $ 12/13/25

Business or Organization Name: Telisa Franklin Christmas Parade (Raleigh) **OR**

First Name: Telisa Middle Name: _____ Last Name: Franklin

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

Purpose of Expenditure: Raleigh Christmas Parade fee for Campaign

Amount of Expenditure: $ 25.00 Date of Expenditure: $ 12/13/25

Business or Organization Name: dba Howard Tech Solutions **OR**

First Name: Glen Middle Name: _____ Last Name: Howard

Address: 155 Wind Breeze City: Memphis State: TN Zip Code: 38109

Purpose of Expenditure: Website Creator for wright4ourchildren.org

Amount of Expenditure: $ 50.00 Date of Expenditure: $ 1/11/26

Business or Organization Name: Regions Bank **OR**

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

Address: 2595 Frayser Blvd City: Memphis State: TN Zip Code: 38127

Purpose of Expenditure: Deposit to Campaign Account to cover monthly fees

Amount of Expenditure: $ 20.00 Date of Expenditure: $ 1/15/26

Total Expenditures: $ 745.35

(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: Valerie D. Wright
2. Reporting Period: Start Date: 12/1/25 End Date: 01/15/26
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: Valerie Middle Name: Dale Last Name: Wright
Address: 4031 Point Church Rd City: Memphis State: TN Zip Code: 38127
Outstanding Loan Balance (Beginning) .... $ Ø
Loans Received .... $ 745.35
Loan Payments .... $ Ø
Outstanding Loan (End) .... $ 745.35
Loan Received For: ☐ Primary Election ☒ General Election ☐ Runoff (Local Elections Only)
Date of Loan: 1/15/26

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) .... $ Ø
Loans Received .... $ 745.35
Loan Payments .... $ Ø
Outstanding Loan (End) .... $ 745.35

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: Valerie D. Wright
2. Reporting Period: Start Date: 12/1/25 End Date: 1/15/26
3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period.

Business Name: ______
First Name: ______ Middle Name: ______
Last Name: ______
Address: ______
City: ______
State: ______ Zip Code: ______

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

Business Name: ______
First Name: ______ Middle Name: ______
Last Name: ______
Address: ______
City: ______
State: ______ Zip Code: ______

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

Business Name: ______
First Name: ______ Middle Name: ______
Last Name: ______
Address: ______
City: ______
State: ______ Zip Code: ______

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

Business Name: ______
First Name: ______ Middle Name: ______
Last Name: ______
Address: ______
City: ______
State: ______ Zip Code: ______

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

TOTALS

(Carry forward to the next page if additional pages of this form are used. If this is the last page of obligations, the Total from "Outstanding Balance - (Period End)" column must also be shown on the summary on first page.)

Outstanding Balance (Period Beginning)	Debt Incurred	Payments This Period	Outstanding Balance (Period End)
$	$	$	$

SS-1127 (Rev. 1/2023)