



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: March 31, 2022 a. Candidate or Committee Name: Juliette Eskridge
 2. b. If Committee, Name of Candidate: Juliette Eskridge 3. Election Date: May 5, 2026
 4. Campaign Address: 79 W. Brooks Road
 City: Memphis State: TN Zip Code: 38109 Phone: 901-218-3296
 5. Candidate Home Address: 79 W. Brooks Road
 City: Memphis State: TN Zip Code: 38109 Phone: 901-218-3296
 Candidate Email Address: julietteeskridge@bellsouth.net
 6. Office Sought: (include district number, if applicable) School Board District 6
 7. Name of Political Treasurer (may be candidate): Patrice J. Robinson
 Political Treasurer Email Address: inkpatrice93@yahoo.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: 01/16/2026 End Date: 03/31/2026

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.

Juliette Eskridge 3/31/2026
 Candidate Signature Date
Patrice Eskridge 4/10/26
 Witness Signature Date

Patrice J. Robinson 4-10-26
 Political Treasurer Signature Date
Patricia Eskridge 4/10/26
 Witness Signature Date

12. Summary:

a. Balance On Hand Last Report	\$ <u>-0-</u>
b. Total Receipts This Period	\$ <u>640.66</u>
c. Total Disbursements This Period	\$ <u>-0-</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>640.66</u>
e. Total Loans Outstanding	\$ <u>100.00</u>
f. Total Obligations Outstanding	\$ <u>-0-</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Juliette Eskridge

14. Reporting Period: Start Date: 01/16/2026 End Date: 03/31/2026

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ 0
(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) \$ 0
- c. Loans Received This Reporting Period \$ 100.00
- d. Interest Received This Reporting Period \$ 0
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) \$ 0

16. Disbursements:

- a. Total Expenditures (other than loan payments) \$ 0
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period \$ 0
- c. Total Obligation Payments Made This Period \$ 0
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.) \$ 0

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ 0
- b. Itemized In-Kind Contributions Received This Period \$ 0
- c. Total In-Kind Contributions Received This Period \$ 0

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) \$ 0

ITEMIZED STATEMENT OF LOANS - CANDIDATE

- Candidate or Committee Name: Juliette EsKridge
- Reporting Period: Start Date: 1/16/2026 End Date: 3/31/2026
- 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: Friends to Elect Juliette EsKridge OR

First Name: Juliette Middle Name: _____ Last Name: EsKridge

Address: 19 W. Brooks Road City: Memphis State: TN Zip Code: 38109

Outstanding Loan Balance (Beginning) \$ 0

Loans Received \$ 0

Loan Payments \$ 0

Outstanding Loan (End)..... \$ 0

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

Date of Loan: N/A

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) \$ _____

Loans Received \$ _____

Loan Payments \$ _____

Outstanding Loan (End)..... \$ _____

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: _____

2. Reporting Period: Start Date: _____ End Date: _____

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

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: _____ 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: \$ _____

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: \$ _____

(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 CONTRIBUTIONS - CANDIDATE

- 1. Candidate or Committee Name: Friends to Elect Juliette Es Kridge
- 2. Reporting Period: Start Date: _____ End Date: _____
- 3. Total campaign contributions from preceding page (enter \$0 if first page) \$ 640.66

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: Friends to Elect Juliette Es Kridge OR

First Name: Valerie Middle Name: _____ Last Name: Maty News

Address: 4450 Dorff City: Memphis State: TN Zip Code: 38114

Occupation: Director Employer: Shelby County Govt

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

Amount of Contribution: \$ 300.00 Date of Contribution: 03/24/2026 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: \$ _____

(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: _____

2. Reporting Period: Start Date: _____ End Date: _____

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

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: _____ Middle Name: _____ Last Name: _____

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

Occupation: _____ Employer: _____

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

In-Kind Contribution Value: \$ _____ In-Kind Contribution Date: _____ Aggregate This Election: \$ _____

Description of In-Kind Contribution: _____

Business or Organization Name: _____ **OR**

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

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

Occupation: _____ Employer: _____

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

In-Kind Contribution Value: \$ _____ In-Kind Contribution Date: _____ Aggregate This Election: \$ _____

Description of In-Kind Contribution: _____

Business or Organization Name: _____ **OR**

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

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

Occupation: _____ Employer: _____

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

In-Kind Contribution Value: \$ _____ In-Kind Contribution Date: _____ Aggregate This Election: \$ _____

Description of In-Kind Contribution: _____

Business or Organization Name: _____ **OR**

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

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

Occupation: _____ Employer: _____

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

In-Kind Contribution Value: \$ _____ In-Kind Contribution Date: _____ Aggregate This Election: \$ _____

Description of In-Kind Contribution: _____

Total In-Kind Contributions: \$ _____

(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.)

Truist
Account Transaction History

AIF Name JULIETTE ESKRIDGE
DBA FRIENDS TO ELECT JULIETTE ESKRIDGE

03/31/2026

Page 1

79 W BROOKS RD
MEMPHIS TN 38109-7901

Account # 1430002278594

Posting Date	Effective Date	Debit Credit	Tran Code	Description	Reference #	Check/ Serial #	Amount	Ending Balance
03/13/2026	03/13/2026	C	3500	2252501301 ANEDOT SV9T XXXX Friends to Elect Julie ACH CREDIT	2005687517	0	\$23.70	\$123.70
03/17/2026	03/17/2026	C	3500	2252501301 ANEDOT SV9T XXXX Friends to Elect Julie ACH CREDIT	6005815940	0	\$23.70	\$147.40
03/25/2026	03/25/2026	C	3500	2252501301 ANEDOT SV9T XXXX Friends to Elect Julie ACH CREDIT	4007723586	0	\$119.40	\$266.80
03/27/2026	03/27/2026	C	3500	2252501301 ANEDOT SV9T XXXX Friends to Elect Julie ACH CREDIT	6005544763	0	\$373.86	\$640.66

Please be aware that the Ending Balance only reflects items posted. It **does not** include holds or unavailable deposit funds that may reduce the available balance used to pay items.
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It's easy to bank with us online.
Register for online banking
at Truist.com.

PD 03/31/2026 12:37
CD 03/31/2026 503 2743516 0009

Balance	
Account Number	XXXXXX8594
Posted Balance	\$640.66
Available Balance	\$640.66

All deposits are subject to verification
and collection from the issuing bank.

Building a better banking experience for
you.

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844.4TRUIST(844.487.8475).

