



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 4/28/2026 2.a. Candidate or Committee Name: Joseph Day
- 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 5/5/2026
4. Campaign Address: PO Box 1601
City: Goodlettsville State: TN Zip Code: 37070 Phone: _____
5. Candidate Home Address: 188 Ivy Hill Ln
City: Goodlettsville State: TN Zip Code: 37072 Phone: _____
Candidate Email Address: josephday@gmail.com
6. Office Sought: (include district number, if applicable) Circuit Court Clerk
7. Name of Political Treasurer (may be candidate): Eric Ruffin
Political Treasurer Email Address: eruffin@ruffinpc.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: 4/1/2026 End Date: 4/28/2026
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>\$2,189.73</u>
b. Total Receipts This Period	\$ <u>\$4,308.00</u>
c. Total Disbursements This Period	\$ <u>\$4,941.73</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>\$1,556.00</u>
e. Total Loans Outstanding	\$ <u>\$0.00</u>
f. Total Obligations Outstanding	\$ <u>\$0.00</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Joseph Day

14. Reporting Period: Start Date: 4/1/2026 End Date: 4/28/2026

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ \$100.00
(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) \$ \$4,208.00
- c. Loans Received This Reporting Period..... \$ _____
- 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.) \$ \$4,308.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$4,941.73
(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.)..... \$ \$4,941.73

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: Joseph Day
2. Reporting Period: Start Date: 4/1/2026 End Date: 4/28/2026
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: Buffalo Pac **OR**

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

Address: 1900 Church Street Suite 200 City: Nashville State: TN Zip Code: 37205

Occupation: Owner Employer: Buffalo Pac

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

Amount of Contribution: \$ \$2 000 0 Date of Contribution: 4/9/2026 Aggregate This Election: \$ \$2 000 0

Business or Organization Name: _____ **OR**

First Name: William Middle Name: _____ Last Name: Purcell

Address: PO Box 60331 City: Nashville State: TN Zip Code: 37206

Occupation: Attorney Employer: FBTGibbons

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

Amount of Contribution: \$ \$200 00 Date of Contribution: 4/2/2026 Aggregate This Election: \$ \$200 00

Business or Organization Name: _____ **OR**

First Name: Mark Middle Name: T Last Name: Smith

Address: 825 E Main St. City: Gallatin State: TN Zip Code: 37066

Occupation: Attorney Employer: Self

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

Amount of Contribution: \$ \$150 00 Date of Contribution: 4/6/2026 Aggregate This Election: \$ \$150 00

Business or Organization Name: _____ **OR**

First Name: W Middle Name: Curtis Last Name: Patton

Address: 6666 Brookmont Terrace City: Nashville State: TN Zip Code: 37205

Occupation: Not Employed Employer: Not Employed

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

Amount of Contribution: \$ \$500 00 Date of Contribution: 4/13/2026 Aggregate This Election: \$ \$500 00

Total Contributions: \$ \$2,850.00

(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: Joseph Day
2. Reporting Period: Start Date: 4/1/2026 End Date: 4/28/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$2,850.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Fred Middle Name: _____ Last Name: Parker

Address: 4213 Mountain Grove Rd City: Glen Allen State: VA Zip Code: 23060

Occupation: Not Employed Employer: Not Employed

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 4/14/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**

First Name: Autumn Middle Name: _____ Last Name: Prather

Address: 505 Cato Ridge Dr City: Nashville State: TN Zip Code: 37218

Occupation: Community Activist Employer: Self

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

Amount of Contribution: \$ \$100.00 Date of Contribution: 4/14/2026 Aggregate This Election: \$ \$100.00

Business or Organization Name: _____ **OR**

First Name: John Middle Name: _____ Last Name: Cade

Address: 1239 General George Patton Road City: Nashville State: TN Zip Code: 37221

Occupation: Not Employed Employer: Not Employed

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

Amount of Contribution: \$ \$150.00 Date of Contribution: 4/15/2026 Aggregate This Election: \$ \$150.00

Business or Organization Name: _____ **OR**

First Name: Worrick Middle Name: _____ Last Name: Robinson

Address: 115 Hardingwoods Place City: NASHVILLE State: TN Zip Code: 37205

Occupation: Attorney Employer: WGR Law PLLC

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

Amount of Contribution: \$ \$500.00 Date of Contribution: 4/15/2026 Aggregate This Election: \$ \$500.00

Total Contributions: \$ \$3,700.00

(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: Joseph Day
2. Reporting Period: Start Date: 4/1/2026 End Date: 4/28/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$3,700.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Harvey Middle Name: _____ Last Name: Hoskins

Address: 711 Huckleberry Trail City: NASHVILLE State: TN Zip Code: 37221

Occupation: CPA Employer: Self

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

Amount of Contribution: \$ \$250.00 Date of Contribution: 4/16/2026 Aggregate This Election: \$ \$350.00

Business or Organization Name: _____ **OR**

First Name: Harold Middle Name: _____ Last Name: Love

Address: 2516 Buchanan Street City: Nashville State: TN Zip Code: 37208

Occupation: Legislator Employer: State of Tennessee

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

Amount of Contribution: \$ \$150.00 Date of Contribution: 4/16/2026 Aggregate This Election: \$ \$150.00

Business or Organization Name: The Law Office of Martin Sir **OR**

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

Address: 424 Church St City: NASHVILLE State: TN Zip Code: 37219

Occupation: Attorney Employer: Self

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

Amount of Contribution: \$ \$108.00 Date of Contribution: 4/21/2026 Aggregate This Election: \$ \$108.00

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: \$ _____

Total Contributions: \$ \$4,208.00

(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: Joseph Day
2. Reporting Period: Start Date: 4/1/2026 End Date: 4/28/2026
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: Google Ads OR

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

Address: 1600 Amphitheatre Parkway City: Mountain View State: CA Zip Code: 94043

Purpose of Expenditure: Advertising

Amount of Expenditure: \$ \$53.34 Date of Expenditure: \$ 4/2/2026

Business or Organization Name: _____ OR

First Name: William Middle Name: _____ Last Name: Jenkins

Address: Unknown City: Unknown State: TN Zip Code: 37216

Purpose of Expenditure: Consulting Fees

Amount of Expenditure: \$ \$900.00 Date of Expenditure: \$ 4/5/2026

Business or Organization Name: Printing Etc OR

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

Address: 1100 Menzler Road City: Nashville State: TN Zip Code: 37210

Purpose of Expenditure: Printing and Copying

Amount of Expenditure: \$ \$227.15 Date of Expenditure: \$ 4/9/2026

Business or Organization Name: American Press Inc OR

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

Address: 3990 Dickerson Pike City: NASHVILLE State: TN Zip Code: 37207

Purpose of Expenditure: Printing

Amount of Expenditure: \$ \$535.03 Date of Expenditure: \$ 4/10/2026

Business or Organization Name: Results Media OR

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

Address: 3033 Lakeshore Drive City: Old Hickory State: TN Zip Code: 37138

Purpose of Expenditure: Advertising

Amount of Expenditure: \$ \$2,000.00 Date of Expenditure: \$ 4/14/2026

Total Expenditures: \$ \$3,715.52

(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: Joseph Day
2. Reporting Period: Start Date: 4/1/2026 End Date: 4/28/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$3,715.52

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: Lester Middle Name: _____ Last Name: Rucker
Address: 501 Lanier Drive City: Madison State: TN Zip Code: 37115
Purpose of Expenditure: Event Food/Drinks
Amount of Expenditure: \$ \$275.00 Date of Expenditure: \$ 4/18/2026

Business or Organization Name: MailChimp **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 675 Ponce De Leon Ave Northeast City: Atlanta State: GA Zip Code: 30308
Purpose of Expenditure: Advertising
Amount of Expenditure: \$ \$148.16 Date of Expenditure: \$ 4/20/2026

Business or Organization Name: C-Wiz Entertainment & Marketing **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 5302 Buena Vista Pike City: NASHVILLE State: TN Zip Code: 37218
Purpose of Expenditure: Advertising
Amount of Expenditure: \$ \$500.00 Date of Expenditure: \$ 4/21/2026

Business or Organization Name: ActBlue **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: PO Box 441146 City: Somerville State: MA Zip Code: 02144
Purpose of Expenditure: Charitable Contribution
Amount of Expenditure: \$ \$100.00 Date of Expenditure: \$ 4/22/2026

Business or Organization Name: Facebook **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: 1 Hacker Way City: Menlo Park State: CA Zip Code: 94025
Purpose of Expenditure: Advertising
Amount of Expenditure: \$ \$145.71 Date of Expenditure: \$ 4/28/2026

Total Expenditures: \$ \$4,884.39

(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: Joseph Day
2. Reporting Period: Start Date: 4/1/2026 End Date: 4/28/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$4,884.39

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: Pinnacle Bank **OR**

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

Address: 21 Platform Way S Suite 2300 City: NASHVILLE State: TN Zip Code: 37203

Purpose of Expenditure: Bank Fees

Amount of Expenditure: \$ \$34.84 Date of Expenditure: \$ 4/28/2026

Business or Organization Name: ActBlue **OR**

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

Address: PO Box 441146 City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Service Fees

Amount of Expenditure: \$ \$22.50 Date of Expenditure: \$ 4/28/2026

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: \$ _____

Total Expenditures: \$ \$4,941.73

(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.)