CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. Date: 7/30/2026 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: josephpday@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: 7/1/2026 End Date: 7/27/2026

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.

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07/30/26 - 8:44 PM

Candidate Signature	Date	Political Treasurer Signature	Date
Witness Signature	Date	Witness Signature	Date

12. Summary:

a.	Balance On Hand Last Report	$ $957.44
b.	Total Receipts This Period	$ $7,470.00
c.	Total Disbursements This Period	$ $5,399.75
d.	Balance On Hand (12.a. plus 12.b. minus 12.c.)	$ $3,027.69
e.	Total Loans Outstanding	$ $0.00
f.	Total Obligations Outstanding	$ $0.00

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Joseph Day

14. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026

15. Receipts:

a. Unitemized Contributions ($100 or less from each source this period) ..... $ $370.00
(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) ..... $ $7,100.00

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.) ..... $ $7,470.00

16. Disbursements:

a. Total Expenditures (other than loan payments) ..... $ $5,399.75
(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.) ..... $ $5,399.75

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: 7/1/2026 End Date: 7/27/2026

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: Hayden Middle Name: _____ Last Name: Guest

Address: 206 Kortney Marie Pl City: Mount Juliet State: TN Zip Code: 37122

Occupation: Clerk Employer: Metro Davidson County

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

Amount of Contribution: $ $1,000.0 Date of Contribution: 7/8/2026 Aggregate This Election: $ $1,000.0

Business or Organization Name: _____ **OR**

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

Address: 115 Hardingwoods Pl 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: $ $1,000.0 Date of Contribution: 7/12/2026 Aggregate This Election: $ $1,500.0

Business or Organization Name: _____ **OR**

First Name: Reginald Middle Name: _____ Last Name: Howard

Address: 400 Ewing Drive City: Nashville State: TN Zip Code: 37207

Occupation: Developer Employer: Rhow

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

Amount of Contribution: $ $250.00 Date of Contribution: 7/14/2026 Aggregate This Election: $ $250.00

Business or Organization Name: _____ **OR**

First Name: Morgan Middle Name: _____ Last Name: Taylor

Address: 1913 Streamfield Ct City: Antioch State: TN Zip Code: 37013

Occupation: Unknown Employer: Unknown

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

Amount of Contribution: $ $200.00 Date of Contribution: 7/14/2026 Aggregate This Election: $ $200.00

Total Contributions: $ $2,450.00

(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: Joseph Day

2. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $2,450.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Zachary Middle Name: _____ Last Name: Young

Address: 93 French Street City: Goodlettsville State: TN Zip Code: 37072

Occupation: Real Estate Agent Employer: Wilson Group Real Estate

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

Amount of Contribution: $ $150.00 Date of Contribution: 7/14/2026 Aggregate This Election: $ $150.00

Business or Organization Name: _____ **OR**

First Name: Crystal Middle Name: _____ Last Name: Cole

Address: 2113 McGavock Pk City: Nashville State: TN Zip Code: 37216

Occupation: Attorney Employer: Self

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

Amount of Contribution: $ $500.00 Date of Contribution: 7/14/2026 Aggregate This Election: $ $500.00

Business or Organization Name: _____ **OR**

First Name: Navada Middle Name: _____ Last Name: Davis

Address: 2357 Benay Road City: Nashville State: TN Zip Code: 37214

Occupation: Consultant Employer: CRB and Associates

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

Amount of Contribution: $ $1,000.0 Date of Contribution: 7/15/2026 Aggregate This Election: $ $1,000.0

Business or Organization Name: _____ **OR**

First Name: Daniel Middle Name: _____ Last Name: King

Address: 7000 Riverwalk Blvd City: Murfreesboro State: TN Zip Code: 37130

Occupation: Chief Clerk Employer: General Sessions Circuit Court Clerk

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

Amount of Contribution: $ $250.00 Date of Contribution: 7/15/2026 Aggregate This Election: $ $250.00

Total Contributions: $ $4,350.00

(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: 7/1/2026 End Date: 7/27/2026

3. Total campaign contributions from preceding page (enter $0 if first page) $ $4,350.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Taryn Middle Name: _____ Last Name: Sloss

Address: 717 Crestmark Dr City: Mount Juliet State: TN Zip Code: 37122

Occupation: Unknown Employer: Unknown

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

Amount of Contribution: $$1,000.0 Date of Contribution: 7/16/2026 Aggregate This Election: $ $2,900.0

Business or Organization Name: _____ **OR**

First Name: Julius Middle Name: _____ Last Name: Sloss

Address: 717 Crestmark Dr City: Mount Juliet State: TN Zip Code: 37122

Occupation: Unknown Employer: Unknown

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

Amount of Contribution: $$1,000.0 Date of Contribution: 7/16/2026 Aggregate This Election: $ $1,900.0

Business or Organization Name: _____ **OR**

First Name: Gale Middle Name: _____ Last Name: Robinson

Address: 2525 Baker Rd City: Goolettsville State: TN Zip Code: 37072

Occupation: Unknown Employer: Unknown

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

Amount of Contribution: $$500.00 Date of Contribution: 7/20/2026 Aggregate This Election: $ $500.00

Business or Organization Name: _____ **OR**

First Name: David Middle Name: _____ Last Name: King

Address: 1300 Division St Ste 102 City: Nashville State: TN Zip Code: 37203

Occupation: Unknown Employer: Unknown

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

Amount of Contribution: $$250.00 Date of Contribution: 7/17/2026 Aggregate This Election: $ $250.00

Total Contributions: $ $7,100.00

(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: 7/1/2026 End Date: 7/27/2026

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: The Contributor Inc **OR**

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

Address: Unknown City: Unknown State: TN Zip Code: 12345

Purpose of Expenditure: Advertising

Amount of Expenditure: $ $45.00 Date of Expenditure: $ 7/3/2026

Business or Organization Name: ActBue **OR**

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

Address: PO Box 441146 City: Somerville State: MA Zip Code: 12144

Purpose of Expenditure: Charitable Contribution

Amount of Expenditure: $ $100.00 Date of Expenditure: $ 7/8/2026

Business or Organization Name: BJS.com **OR**

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

Address: Unknown City: Unknown State: TN Zip Code: 12345

Purpose of Expenditure: Campaign Event Supplies

Amount of Expenditure: $ $985.13 Date of Expenditure: $ 7/20/2026

Business or Organization Name: BJS.com **OR**

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

Address: Unknown City: Unknown State: TN Zip Code: 12345

Purpose of Expenditure: Campaign Event Supplies

Amount of Expenditure: $ $76.80 Date of Expenditure: $ 7/20/2026

Business or Organization Name: Dawn for Nashville **OR**

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

Address: Unknown City: Unknown State: TN Zip Code: 12345

Purpose of Expenditure: Charitable Contribution

Amount of Expenditure: $ $100.00 Date of Expenditure: $ 7/22/2026

Total Expenditures: $ $1,306.93

(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: 7/1/2026 End Date: 7/27/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $1,306.93

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: Walton Business Solutions **OR**

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

Address: Unknown City: Unknown State: TN Zip Code: 12345

Purpose of Expenditure: Consultant

Amount of Expenditure: $ $3,961.67 Date of Expenditure: $ 7/23/2026

Business or Organization Name: ActBue **OR**

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

Address: PO Box 441146 City: Somerville State: MA Zip Code: 12144

Purpose of Expenditure: Credit Card Processing Fees

Amount of Expenditure: $ $22.23 Date of Expenditure: $ 7/10/2026

Business or Organization Name: ActBue **OR**

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

Address: PO Box 441146 City: Somerville State: MA Zip Code: 12144

Purpose of Expenditure: Credit Card Processing Fees

Amount of Expenditure: $ $22.23 Date of Expenditure: $ 7/15/2026

Business or Organization Name: ActBue **OR**

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

Address: PO Box 441146 City: Somerville State: MA Zip Code: 12144

Purpose of Expenditure: Credit Card Processing Fees

Amount of Expenditure: $ $34.64 Date of Expenditure: $ 7/16/2026

Business or Organization Name: ActBue **OR**

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

Address: PO Box 441146 City: Somerville State: MA Zip Code: 12144

Purpose of Expenditure: Service Fees

Amount of Expenditure: $ $15.00 Date of Expenditure: $ 7/10/2026

Total Expenditures: $ $5,362.70

(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: 7/1/2026 End Date: 7/27/2026

3. Total campaign expenditures from preceding page (enter $0 if first page) $ $5,362.70

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: ActBue **OR**
First Name: ______ Middle Name: ______ Last Name: ______
Address: PO Box 441146 City: Somerville State: MA Zip Code: 12144
Purpose of Expenditure: Service Fees
Amount of Expenditure: $ $15.00 Date of Expenditure: $ 7/15/2026

Business or Organization Name: ActBue **OR**
First Name: ______ Middle Name: ______ Last Name: ______
Address: PO Box 441146 City: Somerville State: MA Zip Code: 12144
Purpose of Expenditure: Service Fees
Amount of Expenditure: $ $22.05 Date of Expenditure: $ 7/16/2026

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: $ $5,399.75
(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.)