

UNITED STATES HOUSE OF REPRESENTATIVES
2025 FINANCIAL DISCLOSURE REPORT

FORM B

For New Members, Candidates, and New Employees

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Name: Benjamin Matthew Day

Daytime Telephone: _____

LEGISLATIVE RESOURCE CENTER

2026 JUN -2 AM 11:11

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 U.S. HOUSE OF REPRESENTATIVES
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cc

FILER STATUS	☒ New Member of or Candidate for U.S. House of Representatives State: <u>GA</u> District: <u>2</u> Candidates – Date of Election: <u>Nov 3, 2026</u>	☐ Check if Amendment
	☐ New Officer or Employee Employing Office: _____ Staff Filer Type (If Applicable): Shared ☐ Principal Assistant ☐	Period Covered: January 1, _____ to _____

A \$200 penalty shall be assessed against any individual who files more than 30-days late.

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <u>or</u> b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? Yes ☒ No ☐	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? Yes ☒ No ☐
C. Did you or your spouse have “earned” income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? Yes ☒ No ☐	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? Yes ☒ No ☐
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? Yes ☒ No ☐	J. Did you receive compensation of more than \$5,000 from a single source in the current year and <u>two</u> prior years? Yes ☒ No ☐

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER “YES”

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

TRUSTS – Details regarding “Qualified Blind Trusts” approved by the Committee on Ethics and certain other “excepted trusts” need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child? Yes ☐ No ☒
EXEMPTION – Have you excluded from this report any other assets, “unearned” income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer “yes” unless you have first consulted with the Committee on Ethics. Yes ☐ No ☒

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name:

Benjamin Matthew Day

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[illegible]

Use additional sheets if more space is required.

SCHEDULE C – EARNED INCOME

Name:

Benjamin H. H. H.

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouses earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the outside earned income limit and prohibitions on types of income may apply to you after you are on House payroll. The 2025 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$33,285. The 2026 limit is \$33,855. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

Source (include date of receipt for honoraria)		Type	Amount	
			Current Year to Filing	Preceding Year
Examples:	ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
	State of Maryland	Salary	\$20,000	\$76,000
	Civil War Roundtable (Oct. 2)	Spouse Speech	\$0	\$1,000
	Ontario County Board of Education	Spouse Salary	N/A	N/A
Glaziers on Demand		Salary	N/A	N/A
Glazier Nation		Salary	\$ 54,250 ⁰⁰	\$93,500 ⁰⁰
ChoreNab		Salary	-N/A-	-N/A-
Glaziers on Demand		Spouse Salary	-N/A-	-N/A-
Glazier Nation		Spouse Salary	\$ 37,500 ⁰⁰	\$31,700 ⁰⁰
Chorenab		Spouse Salary	\$ 12,500 ⁰⁰	\$ 20,470 ⁶⁴

SCHEDULE D – LIABILITIES

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Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or your dependent children. **Mark the highest amount owed during the reporting period.** **New Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a **revolving charge account** (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent children.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
				\$10,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
	<i>Example</i> First Bank of Wilmington, DE	5/25	Mortgage on Rental Property, Dover, DE				X							
JT	AA South	3/23	Rental Property					X						
	Rocket Mortgage	1/21	Rental Property					X						
	Newtek	10/24	Glazier Nation SBA						X					
	New tek	6/23	Glaziers on Demand SBA						X					
	On Deck	5/25	Glaziers on Demand MCA				X							

SCHEDULE E – POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members and second-year candidates** report positions held in the reporting period and the current calendar year. **First-year candidates and new employees** report positions held in the current calendar year and **two** previous years.

Position	Name of Organization
Chairman of Board	Glaziers on Demand
Chairman of Board	Glazier Nation
Chairman of Board	ChoreVab

SCHEDULE D – LIABILITIES

Name: <u>Bonjani Mathay Day</u>	Page <u>6</u> of <u>9</u>
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Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or your dependent children. **Mark the highest amount owed during the reporting period.** **New Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a **revolving charge account** (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent children.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
				\$10,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
	<i>Example</i> First Bank of Wilmington, DE	5/25	Mortgage on Rental Property, Dover, DE				X							
	Kapitus	1/25	Glazier Nation MCA			X								
	LA Funding	8/25	Glaziers on Demand MCA	X										

SCHEDULE E – POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members and second-year candidates** report positions held in the reporting period and the current calendar year. **First-year candidates and new employees** report positions held in the current calendar year and **two** previous years.

Position	Name of Organization

SCHEDULE F – AGREEMENTS

Name: <u>Benjamin H. H. H.</u>	Page <u>7</u> of <u>9</u>
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Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
Nov 4	Glaziers Nation	Full Salary

SCHEDULE J – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. **Exclude:** Payments by the U.S. government and any information considered confidential because of a privileged relationship recognized by law. **Do not repeat the information listed on Schedule C.**

Source (Name and City/State)	Brief Description of Duties
<i>Example:</i> Doe Jones & Smith, Hometown, State	Accounting Services
N/A	N/A

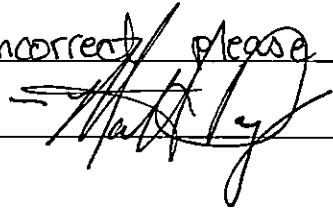
FILER NOTES
(Optional)

Name: <u>Sergio M. Ortiz</u>	Page <u>8</u> of <u>9</u>
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NOTE NUMBER	NOTES
	My Wife and myself have acquired (4) properties from our parents that are waiting to be transferred by attorneys:
	Property 1: 242 Plum Drive, Douglas, GA \$227,400 Value
	Property 2: 26 Lakeside Georgetown, GA \$101,900 Value
	Property 3: 20 Savannah Ave W Willacooche, GA \$17,319 Value
	Property 4: 1158 S St. Hwy 76 Blanchard, OK \$200,000 Value
	Property 2, 3 & 4 was negotiated when I bought my mom's company. Only \$8K is owed on property 4. Property 2 & 3 are paid off.
	Property 1: will come from my wife's mother as part of her inheritance.
	\$546,619 Assets
	\$8,000 Liabilities

FILER NOTES
(Optional)

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NOTE NUMBER	NOTES
	In the event that I win my race:
	A) My Companies / Stocks will enter a Blind Trust.
	B) My Salary will be donated to Saint Judes; Local Charities.
	C) I will forfeit any pension.
	D) My Companies will not work on any Government Contracts direct w/ any local, state or federal government unless a GC or Contractor undergoes a LEGIT BIDDING PROCESS.
	E) I will sleep in my ^{"DC"} office, shower at the gym, however flights from GA District to DC will be paid by the Budget of my Congressional Office.
	If I done any of this document incorrect/ please let me know by emailing or texting me: matt@votemattday.com 
	912-327-8077