



STATE OF ARIZONA  
COMMITTEE CAMPAIGN  
FINANCE REPORT

COMMITTEE ID NUMBER

REC'D MOCD ELECTIONS  
JUL 8 2026 PM2:12

COMMITTEE INFORMATION (required):

Committee Information: Committee Name: Committee to Elect Jeff Ryder

CANDIDATE INFORMATION (only if filing as a candidate committee):

Office Sought: ☒ County Office: Supervisor District 4 ☐ Special District Office: District 4  
☐ City/Town Office: \_\_\_\_\_ ☐ School Board District: \_\_\_\_\_

Cumulative Report:

☐ Check here if this is the candidate committee's first, cumulative report for the election cycle. Also select appropriate Reporting Period below.

Cumulative reporting period start date (which supersedes the start date for the Reporting Period selected below): \_\_\_\_\_

REPORTING PERIOD (check one):

| REPORTING PERIOD                                                                                                                      | REPORT DUE                             |
|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> 2026 March PAC Pre-Election Report (Election in Qtr): January 1, 2026 to February 21, 2026                   | February 22, 2026 to February 23, 2026 |
| <input type="checkbox"/> 2026 Post-Primary Election Report (Local March Candidates): January 1, 2026 to March 10, 2026                | March 11, 2026 to March 25, 2026       |
| <input type="checkbox"/> 2026 March PAC Post-Election (Q1) Report (Election in Qtr): February 22, 2026 to March 31, 2026              | April 1, 2026 to April 15, 2026        |
| <input type="checkbox"/> 2026 Quarter 1 Report (Local March Candidates): March 11, 2026 to March 31, 2026                             | April 1, 2026 to April 15, 2026        |
| <input type="checkbox"/> 2026 Quarter 1 Report: January 1, 2026 to March 31, 2026                                                     | April 1, 2026 to April 15, 2026        |
| <input type="checkbox"/> 2026 May PAC Pre-Election Report (Election in Qtr): April 1, 2026 to May 2, 2026                             | May 3, 2026 to May 4, 2026             |
| <input type="checkbox"/> 2026 May PAC Post-Election (Q2) Report (Election in Qtr): May 3, 2026 to June 30, 2026                       | July 1, 2026 to July 15, 2026          |
| <input checked="" type="checkbox"/> 2026 Quarter 2 Report: April 1, 2026 to June 30, 2026                                             | July 1, 2026 to July 15, 2026          |
| <input type="checkbox"/> 2026 July PAC Pre-Election Report (Election in Qtr): July 1, 2026 to July 4, 2026                            | July 5, 2026 to July 6, 2026           |
| <input type="checkbox"/> 2026 July Post-Primary Election Report (State/Local July Candidates): July 1, 2026 to July 21, 2026          | July 22, 2026 to August 5, 2026        |
| <input type="checkbox"/> 2026 July PAC Post-Election (Q3) Report (Election in Qtr): July 5, 2026 to September 30, 2026                | October 1, 2026 to October 15, 2026    |
| <input type="checkbox"/> 2026 Quarter 3 Report (State/Local July Candidates): July 22, 2026 to September 30, 2026                     | October 1, 2026 to October 15, 2026    |
| <input type="checkbox"/> 2026 Quarter 3 Report: July 1, 2026 to September 30, 2026                                                    | October 1, 2026 to October 15, 2026    |
| <input type="checkbox"/> 2026 November PAC Pre-Election Report: October 1, 2026 to October 17, 2026                                   | October 18, 2026 to October 19, 2026   |
| <input type="checkbox"/> 2026 November Post-Primary Election Report (Local Nov Candidates)**: Oct. 1, 2026 to Nov. 3, 2026            | November 4, 2026 to November 18, 2026  |
| <input type="checkbox"/> 2026 November PAC Post-Election (Q4) Report: October 18, 2026 to December 31, 2026                           | January 1, 2027 to January 15, 2027    |
| <input type="checkbox"/> 2026 Quarter 4 Report (Local Nov Candidates)**: November 4, 2026 to December 31, 2026                        | January 1, 2027 to January 15, 2027    |
| <input type="checkbox"/> 2026 Quarter 4 Report: October 1, 2026 to December 31, 2026                                                  | January 1, 2027 to January 15, 2027    |
| <input type="checkbox"/> 2026 Annual (Cumulative) Report (Local Candidates)*: January 1, 2026 to December 31, 2026                    | January 1, 2027 to January 15, 2027    |
| <input type="checkbox"/> Final Campaign Finance Report Prior to Committee Termination:<br>End of Previous Period through Today's Date | Same Date of Termination               |

\*Excluding local candidates who reported in their general election year.

\*\*Applies to charter cities that allow candidate primary elections on November election date.

FINANCIAL SUMMARY (required):

| Activity                                                                                                                                                                                                                              | Cash Activity This Reporting Period | Election Cycle to Date |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------|
| (a) Committee value at the beginning of this reporting period (i.e. ending balance from the previous reporting period)                                                                                                                | 0                                   |                        |
| (b) + Total receipts (from "Summary of Receipts," line 13 (cash column) for this reporting period)                                                                                                                                    | 700                                 |                        |
| (c) - Total disbursements (from "Summary of Disbursements," line 16 (cash column) for this reporting period)                                                                                                                          | 0                                   |                        |
| (d) = Balance at close of reporting period                                                                                                                                                                                            | 700                                 |                        |
| <input type="checkbox"/> Check here if filing <u>no</u> financial activity during the reporting period. Lines (a)-(d) must still be completed, but only this cover page and the following signed certification page need to be filed. |                                     |                        |

Committees with financial activity must file the cover page, summary of receipts, summary of disbursements, and any schedules that contain financial activity.



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Under A.R.S. § 16-926(B)(5), a campaign finance report must be certified by the committee treasurer under penalty of perjury that the contents of the report are true and correct.

By filing this report, you certify that, under penalty of perjury, you have examined the contents of this report, and the contents are true and correct.

Jeff Ryder

Printed Name of Committee Treasurer

A handwritten signature in black ink, appearing to read "Jeff Ryder", written over a horizontal line.

Signature of Committee Treasurer

7/5/2026

Date



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SUMMARY OF RECEIPTS (Schedule A):

| Receipts                                                                                          | Cash | Equity |
|---------------------------------------------------------------------------------------------------|------|--------|
| 1. Monetary Contributions Received                                                                |      |        |
| (a) In-State Individuals - More than \$100                                                        | 300  |        |
| (b) In-State Individuals - \$100 or Less (Aggregate)                                              | 300  |        |
| (c) Out-of-State Individuals                                                                      | 100  |        |
| (d) Candidate Committees                                                                          |      |        |
| (e) Political Action Committees                                                                   |      |        |
| (f) Political Parties                                                                             |      |        |
| (g) Partnerships                                                                                  |      |        |
| (h) Corporations & Limited Liability Companies (PACs & Political Parties Only)                    |      |        |
| (i) Labor Organizations (PACs & Political Parties Only)                                           |      |        |
| (j) Candidate's Personal Monies (Candidate Committees Only)                                       |      |        |
| (k) Monetary Contributions Subtotal (add 1(a) through 1(j))                                       |      |        |
| (l) Refunds Given Back to Contributors                                                            |      |        |
| (m) Net Monetary Contributions (subtract 1(l) from 1(k))                                          |      |        |
| 2. Loans                                                                                          |      |        |
| (a) Loans Received                                                                                |      |        |
| (b) Forgiveness on Loans Received                                                                 |      |        |
| (c) Repayment on Loans Made                                                                       |      |        |
| (d) Interest Accrued on Loans Made                                                                |      |        |
| (e) Loans Subtotal (cash: add 2(a), 2(c) & 2(d))                                                  |      |        |
| 3. Rebates and Refunds Received                                                                   |      |        |
| 4. Interest Accrued on Committee Monies                                                           |      |        |
| 5. In-Kind Contributions Received                                                                 |      |        |
| (a) In-State Individuals - More than \$100                                                        |      |        |
| (b) In-State Individuals - \$100 or Less (Aggregate)                                              |      |        |
| (c) Out-of-State Individuals                                                                      |      |        |
| (d) Candidate Committees                                                                          |      |        |
| (e) Political Action Committees                                                                   |      |        |
| (f) Political Parties                                                                             |      |        |
| (g) Partnerships                                                                                  |      |        |
| (h) Corporations & Limited Liability Companies (PACs & Political Parties Only)                    |      |        |
| (i) Labor Organizations (PACs & Political Parties Only)                                           |      |        |
| (j) Candidate's Personal Assets or Property (Candidate Committees Only)                           |      |        |
| (k) In-Kind Contributions Subtotal (equity: add 5(a) through 5(j))                                |      |        |
| 6. In-Kind Donations Received (Non-Contributions) (Political Parties Only)                        |      |        |
| 7. Extensions of Credit                                                                           |      |        |
| (a) Extensions of Credit Received                                                                 |      |        |
| (b) Payments on Extensions of Credit Received                                                     |      |        |
| (c) Net Extensions of Credit (subtract 7(b) from 7(a))                                            |      |        |
| 8. Joint Fundraising / Shared Expense Payments Received                                           |      |        |
| 9. Payments Received for Goods / Services                                                         |      |        |
| 10. Outstanding Accounts Receivable / Debts Owed to Committee                                     |      |        |
| 11. Transfer In Surplus Monies / Transfer Out Debt (use cash and/or equity as applicable)         |      |        |
| 12. Miscellaneous Receipts (use cash and/or equity as applicable)                                 |      |        |
| 13. Total Receipts (cash: add 1(m), 2(e), 3-4, 8-9, 11-12; equity: add 2(b), 5(k), 6-7(c), 10-12) | 700  |        |



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SUMMARY OF DISBURSEMENTS (Schedule B):

| Disbursements                                                                                    | Cash | Equity |
|--------------------------------------------------------------------------------------------------|------|--------|
| 1. Disbursements for Operating Expenses                                                          |      |        |
| 2. Contributions Made                                                                            |      |        |
| (a) Candidate Committees                                                                         |      |        |
| (b) Political Action Committees                                                                  |      |        |
| (c) Political Parties                                                                            |      |        |
| (d) Partnerships                                                                                 |      |        |
| (e) Corporations & Limited Liability Companies (PAC & Political Parties Only)                    |      |        |
| (f) Labor Organizations (PAC & Political Parties Only)                                           |      |        |
| (g) Monetary Contributions Subtotal (add 2(a) through 2(f))                                      |      |        |
| (h) Contribution Refunds Provided to the Reporting Committee                                     |      |        |
| (i) Monetary Contributions Total (subtract 2(h) from 2(g))                                       |      |        |
| 3. Loans                                                                                         |      |        |
| (a) Loans Made                                                                                   |      |        |
| (b) Loan Guarantees Made                                                                         |      |        |
| (c) Forgiveness on Loans Made                                                                    |      |        |
| (d) Repayment of Loans Received                                                                  |      |        |
| (e) Accrued Interest on Loans Received                                                           |      |        |
| (f) Total Loans (cash: add 3(a), 3(d) & 3(e); equity: add 3(b) & 3(c))                           |      |        |
| 4. Rebates and Refunds Made (Non-Contributions)                                                  |      |        |
| 5. Value of In-Kind Contributions Provided                                                       |      |        |
| (a) Candidate Committees                                                                         |      |        |
| (b) Political Action Committees                                                                  |      |        |
| (c) Political Parties                                                                            |      |        |
| (d) Partnerships                                                                                 |      |        |
| (e) Corporations & Limited Liability Companies (PAC & Political Parties Only)                    |      |        |
| (f) Labor Organizations (PAC & Political Parties Only)                                           |      |        |
| (g) Contributions Subtotal (add 5(a) through 5(f))                                               |      |        |
| 6. Independent Expenditures Made                                                                 |      |        |
| 7. Ballot Measure Expenditures Made                                                              |      |        |
| 8. Recall Expenditures Made                                                                      |      |        |
| 9. Support Provided to Party Nominees (Political Parties Only)                                   |      |        |
| 10. Joint Fundraising / Shared Expense Payments Made                                             |      |        |
| 11. Reimbursements Made                                                                          |      |        |
| 12. Outstanding Accounts Payable / Debts Owed by Committee                                       |      |        |
| 13. Transfer Out Surplus Monies / Transfer In Debt (use cash and/or equity as applicable)        |      |        |
| 14. Miscellaneous Disbursements                                                                  |      |        |
| 15. Aggregate of Disbursements - \$250 or Less                                                   |      |        |
| 16. Total Disbursements (cash: add 1, 2(i), 3(f), 6-11 & 13-15; equity: add 3(f), 5(g), & 12-15) | 0    |        |



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MONETARY CONTRIBUTIONS RECEIVED FROM IN-STATE INDIVIDUALS - MORE THAN \$100 DURING ELECTION CYCLE:\*

SCHEDULE A(1)(a)

| Individual Contributor Information                                                                                         |                                          |             |                            | Amount Received | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------|----------------------------|-----------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                          | Name<br>Nancy Tisher                     |             | Date Contribution Received | 300             |                                         |                                       |
|                                                                                                                            | Street Address<br>899 Mustang Springs Rd |             |                            |                 |                                         |                                       |
|                                                                                                                            | City<br>Kingman                          | State<br>AZ | ZIP<br>86401               |                 |                                         |                                       |
|                                                                                                                            | Occupation<br>Retired                    | Employer    |                            |                 |                                         |                                       |
| 2                                                                                                                          | Name                                     |             | Date Contribution Received |                 |                                         |                                       |
|                                                                                                                            | Street Address                           |             |                            |                 |                                         |                                       |
|                                                                                                                            | City                                     | State       | ZIP                        |                 |                                         |                                       |
|                                                                                                                            | Occupation                               | Employer    |                            |                 |                                         |                                       |
| 3                                                                                                                          | Name                                     |             | Date Contribution Received |                 |                                         |                                       |
|                                                                                                                            | Street Address                           |             |                            |                 |                                         |                                       |
|                                                                                                                            | City                                     | State       | ZIP                        |                 |                                         |                                       |
|                                                                                                                            | Occupation                               | Employer    |                            |                 |                                         |                                       |
| 4                                                                                                                          | Name                                     |             | Date Contribution Received |                 |                                         |                                       |
|                                                                                                                            | Street Address                           |             |                            |                 |                                         |                                       |
|                                                                                                                            | City                                     | State       | ZIP                        |                 |                                         |                                       |
|                                                                                                                            | Occupation                               | Employer    |                            |                 |                                         |                                       |
| 5                                                                                                                          | Name                                     |             | Date Contribution Received |                 |                                         |                                       |
|                                                                                                                            | Street Address                           |             |                            |                 |                                         |                                       |
|                                                                                                                            | City                                     | State       | ZIP                        |                 |                                         |                                       |
|                                                                                                                            | Occupation                               | Employer    |                            |                 |                                         |                                       |
| Enter total only if last page of schedule<br>(transfer the total received this period to "Summary of Receipts," line 1(a)) |                                          |             |                            |                 |                                         |                                       |

\*If in-state individual contributions of \$100 or less are listed on Schedule A(1)(b), do not include them on Schedule A(1)(a).

Schedule A(1)(a), page \_\_\_\_ of \_\_\_\_



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MONETARY CONTRIBUTIONS RECEIVED FROM IN-STATE INDIVIDUALS - \$100 OR LESS (AGGREGATE):\*

SCHEDULE A(1)(b)

|                                                                                                                            | Cumulative Amount this Reporting<br>Period | Cumulative Amount this Election<br>Cycle |
|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------|
| Cumulative Contributions from In-State Individuals - \$100 or Less                                                         | 300                                        |                                          |
| Enter total only if last page of schedule<br>(transfer the total received this period to "Summary of Receipts," line 1(b)) |                                            |                                          |

\*If in-state individual contributions of more than \$100 are listed on Schedule A(1)(a), do not include them.



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MONETARY CONTRIBUTIONS RECEIVED FROM OUT-OF-STATE INDIVIDUALS

SCHEDULE A(1)(c)

| Individual Contributor Information                                                                                         |                               |             |                                          | Amount Received | Cumulative Amount this Reporting Period | Cumulative Amount this Election Cycle |
|----------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------|------------------------------------------|-----------------|-----------------------------------------|---------------------------------------|
| 1                                                                                                                          | Name<br>Louise Hernsted       |             | Date Contribution Received<br>06/08/2026 | 100             |                                         |                                       |
|                                                                                                                            | Street Address<br>PO Box 1826 |             |                                          |                 |                                         |                                       |
|                                                                                                                            | City<br>Beaverton             | State<br>Or | ZIP<br>97075                             |                 |                                         |                                       |
|                                                                                                                            | Occupation<br>Retired         | Employer    |                                          |                 |                                         |                                       |
| 2                                                                                                                          | Name                          |             | Date Contribution Received               |                 |                                         |                                       |
|                                                                                                                            | Street Address                |             |                                          |                 |                                         |                                       |
|                                                                                                                            | City                          | State       | ZIP<br>97075                             |                 |                                         |                                       |
|                                                                                                                            | Occupation                    | Employer    |                                          |                 |                                         |                                       |
| 3                                                                                                                          | Name                          |             | Date Contribution Received               |                 |                                         |                                       |
|                                                                                                                            | Street Address                |             |                                          |                 |                                         |                                       |
|                                                                                                                            | City                          | State       | ZIP                                      |                 |                                         |                                       |
|                                                                                                                            | Occupation                    | Employer    |                                          |                 |                                         |                                       |
| 4                                                                                                                          | Name                          |             | Date Contribution Received               |                 |                                         |                                       |
|                                                                                                                            | Street Address                |             |                                          |                 |                                         |                                       |
|                                                                                                                            | City                          | State       | ZIP                                      |                 |                                         |                                       |
|                                                                                                                            | Occupation                    | Employer    |                                          |                 |                                         |                                       |
| 5                                                                                                                          | Name                          |             | Date Contribution Received               |                 |                                         |                                       |
|                                                                                                                            | Street Address                |             |                                          |                 |                                         |                                       |
|                                                                                                                            | City                          | State       | ZIP                                      |                 |                                         |                                       |
|                                                                                                                            | Occupation                    | Employer    |                                          |                 |                                         |                                       |
| Enter total only if last page of schedule<br>(transfer the total received this period to "Summary of Receipts," line 1(c)) |                               |             |                                          |                 |                                         |                                       |

Schedule A(1)(c), page \_\_\_\_ of \_\_\_\_