

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID	2 Total pages filed: 9	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>MR</i>	FIRST Ryan	MI <i>D</i>	OFFICE OF HEALTH RECEIVED Date Received <b>APR 04 2024</b> <i>JD</i>
	NICKNAME	LAST Moorman	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; [REDACTED] Heath, TX 75032		ZIP CODE	Date Hand-delivered or Date Postmarked <b>04-04-2024</b>
	Receipt #		Amount	Date Processed <b>04-04-2024</b>
	Date Processed		Date Imaged	
	Date Imaged		<b>04-04-2024</b>	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>MR</i>	FIRST <i>Robert</i>	MI <i>A</i>	Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
	NICKNAME	LAST <i>Paulson</i>	SUFFIX <i>III</i>	
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); [REDACTED]		APT / SUITE #;	CITY; STATE; ZIP CODE <i>Rockwall TX 75087</i>
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
[REDACTED]				
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month	Day	Year	THROUGH
01/19/2024		03/25/2024		
10 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month	Day	Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
05/04/2024				
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) Heath City Council Place 3	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

2 of 9

<b>13 C / OH NAME</b> Moorman, Ryan	<b>14 Filer ID</b>
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**15 NOTICE FROM POLITICAL COMMITTEE(S)**  
 Additional Pages

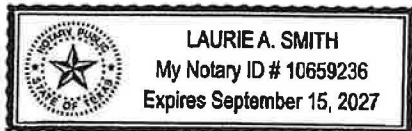
This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

<input checked="" type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE TYPE</b> <b>COMMITTEE NAME</b> Ryan Moorman For Health <b>COMMITTEE ADDRESS</b> [REDACTED] Rockwall, TX 75082 <b>COMMITTEE CAMPAIGN TREASURER NAME</b> Robert Paulsen <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b> 2135 Clubview Dr. Rockwall, TX 75087
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<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	5,150.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	120.02
	4. TOTAL POLITICAL EXPENDITURES	\$	5,669.35
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	361.70
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	5,000.00

**17 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



*[Handwritten Signature]*  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to, and subscribed before me, by the said RYAN MOORMAN, this the 3rd day of April, 2024, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*      LAURIE A. SMITH      NOTARY PUBLIC  
 \_\_\_\_\_  
 Signature of officer administering      Printed name of officer administering      Title of officer administering oath

**SUBTOTALS - C/OH**

<b>18 FILER NAME</b> Moorman, Ryan	<b>19 Filer ID</b>
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<b>20 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
<b>NAME OF SCHEDULE</b>		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,150.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 5,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 5,669.35
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
Sch: 1/2 Rpt: 4/9

2 FILER NAME  
Moorman, Ryan

3 Filer ID

4 Date  
03/20/2024

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Anderson, Sam

7 Amount of Contribution (\$)  
\$500.00

6 Contributor address; City; State; Zip Code  
3218 Interstate 30  
#100  
Rockwall, TX 75032

8 Principal occupation / Job title (See Instructions)  
Real Estate & Construction

9 Employer (See Instructions)  
WCA Construction

Date  
03/21/2024

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Arrington, Sherri

Amount of Contribution (\$)  
\$500.00

Contributor address; City; State; Zip Code  
359 Ridgemont Drive  
  
Forney, TX 75126

Principal occupation / Job title (See Instructions)  
Podiatry

Employer (See Instructions)  
Dr. Will Arrington

Date  
03/21/2024

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Bivens, Matt

Amount of Contribution (\$)  
\$1,000.00

Contributor address; City; State; Zip Code  
359 Covered Bridge Drive  
  
Fort Worth, TX 76108

Principal occupation / Job title (See Instructions)  
General Manager

Employer (See Instructions)  
Harris Packaging Corp

Date  
03/22/2024

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Bivens, Rita

Amount of Contribution (\$)  
\$100.00

Contributor address; City; State; Zip Code  
1829 Morrish Lane  
  
Heath, TX 75032

Principal occupation / Job title (See Instructions)  
Retired

Employer (See Instructions)  
Retired

Date  
03/21/2024

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Gordon, Joshua

Amount of Contribution (\$)  
\$800.00

Contributor address; City; State; Zip Code  
4106 Ellinger Dr  
  
Heath, TX 75126

Principal occupation / Job title (See Instructions)  
Salesman

Employer (See Instructions)  
Fortiline Waterworks

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
Sch: 2/2 Rpt: 5/9

2 FILER NAME  
Moorman, Ryan

3 Filer ID

4 Date  
03/14/2024

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Knox, Chris

7 Amount of Contribution (\$)  
\$250.00

6 Contributor address; City; State; Zip Code  
4 Sunset Trl  
Heath, TX 75032

8 Principal occupation / Job title (See Instructions)  
Owner

9 Employer (See Instructions)  
Knox Auto Brokerage

Date  
03/19/2024

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Mayfield, Steve

Amount of Contribution (\$)  
\$500.00

Contributor address; City; State; Zip Code  
4111 Athletic Club Dr  
Dallas, TX 75228

Principal occupation / Job title (See Instructions)  
Sales

Employer (See Instructions)  
Vulcan Materials

Date  
03/19/2024

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Moorman, Dan

Amount of Contribution (\$)  
\$200.00

Contributor address; City; State; Zip Code  
911 Lakeshore Drive  
Mesquite, TX 75149

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
03/20/2024

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Parker, Rade

Amount of Contribution (\$)  
\$1,000.00

Contributor address; City; State; Zip Code  
1001 McDonald Road  
Rockwall, TX 75032

Principal occupation / Job title (See Instructions)  
Equipment Sales

Employer (See Instructions)  
Iron Hub

Date  
03/21/2024

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Porter, Jade

Amount of Contribution (\$)  
\$300.00

Contributor address; City; State; Zip Code  
3 Cove Creek Ct  
Rockwall, TX 75032

Principal occupation / Job title (See Instructions)  
Sales

Employer (See Instructions)  
K&S Insurance

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:  
Sch: 1/1 Rpt: 6/9

2 FILER NAME  
Moorman, Ryan

3 Filer ID

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan  
01/26/2024

7 Name of lender  out-of-state PAC (ID#: \_\_\_\_\_)  
Moorman, Ryan

9 Loan Amount (\$)  
\$5,000.00

6 Is lender a financial institution?  
No

8 Lender address; City; State; Zip Code  
[REDACTED]  
Heath, TX 75032

10 Interest Rate

11 Maturity Date

12 Principal occupation / Job title (See Instructions)  
Owner

13 Employer (See Instructions)  
R.D. Moorman, Inc.

14 Description of Collateral  
 None

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION  
 not applicable

17 Name of guarantor  
.....  
18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed (\$)

20 Principal occupation

21 Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/3 Rpt: 7/9	<b>2</b> FILER NAME Moorman, Ryan	<b>3</b> Filer ID
<b>4</b> Date 03/21/2024	<b>5</b> Payee name Anedot	
<b>6</b> Amount (\$) \$20.30	<b>7</b> Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, TX 70112	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Online Donation Collection Fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 03/20/2024	Payee name Anedot	
Amount (\$) \$40.30	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, TX 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Online Donation Collection Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 03/19/2024	Payee name Anedot	
Amount (\$) \$8.30	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, TX 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Online Donation Collection Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/3 Rpt: 8/9	<b>2</b> FILER NAME Moorman, Ryan	<b>3</b> Filer ID
<b>4</b> Date 03/25/2024	<b>5</b> Payee name Cake4One	
<b>6</b> Amount (\$) \$330.00	<b>7</b> Payee address; City; State; Zip Code 1727 N Beckley Ave  Dallas, TX 75203	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Donor Thank You Cakes
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/20/2024	Payee name Checkmate Embroidery	
Amount (\$) \$108.25	Payee address; City; State; Zip Code 1290 Industrial Blvd  Rockwall, TX 75087	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Collateral Materials, Apparel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/23/2024	Payee name Checkmate Embroidery	
Amount (\$) \$1,133.77	Payee address; City; State; Zip Code 1290 Industrial Blvd  Rockwall, TX 75087	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Collateral Materials, Apparel.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/3 Rpt: 9/9	<b>2</b> FILER NAME Moorman, Ryan	<b>3</b> Filer ID
<b>4</b> Date 03/04/2024	<b>5</b> Payee name Checkmate Embroidery	
<b>6</b> Amount (\$) \$776.28	<b>7</b> Payee address; City; State; Zip Code 1290 Industrial Blvd  Rockwall, TX 75087	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Collateral Materials, Apparel
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 03/15/2024	Payee name Murphy Nasica & Associates	
Amount (\$) \$1,889.50	Payee address; City; State; Zip Code PO Box 1648  Austin, TX 78767	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign General Digital and Voter Engagement Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held
Date 03/25/2024	Payee name Pablos Restaurant and Cantina	
Amount (\$) \$1,242.63	Payee address; City; State; Zip Code 213 Hubbard Drive  Heath, TX 75032	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Fundraiser Event Venue and Refreshments
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held