

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

|   |  |   |  |
|---|--|---|--|
| <b>The GPAC Instruction Guide explains how to complete this form.</b>                         |  | <b>1</b> Filer ID<br>(Ethics Commission Filers)<br>00084946 | <b>2</b> Total pages filed:<br>4                                       |
| <b>3</b> COMMITTEE NAME<br>Corazon de la Frontera PAC   |  | <b>OFFICE USE ONLY</b>                                      |  |
|   |  | Date Received<br>ELECTRONICALLY FILED<br>02/03/2025         |  |
| <b>4</b> COMMITTEE ADDRESS<br><br><input type="checkbox"/> Change of Address                  | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>7344 Golden Sage Dr.<br><br>El Paso, TX 79911                  | Date Hand-delivered or Date Postmarked                      |  |
|   |  | Receipt #   | Amount   |
|   |  | Date Processed  |  |
|   |  | Date Imaged   |  |
| <b>5</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR FIRST MI<br>Joe  |   |  |
|   | NICKNAME LAST SUFFIX<br>Moody  |   |  |
| <b>6</b> CAMPAIGN TREASURER STREET ADDRESS<br><small>(Residence or Business)</small>          | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>7344 Golden Sage Dr.<br><br>El Paso, TX 79911 |   |  |
| <b>7</b> CAMPAIGN TREASURER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>7344 Golden Sage Dr.<br><br>El Paso, TX 79911                  |   |  |
| <b>8</b> CAMPAIGN TREASURER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br>(915) 227-7741   |   |  |
| <b>9</b> REPORT TYPE  | <input checked="" type="checkbox"/> January 15   | <input type="checkbox"/> 30th day before election           | <input type="checkbox"/> Dissolution (Attach PAC-DR)                   |
|   | <input type="checkbox"/> July 15   | <input type="checkbox"/> 8th day before election            | <input type="checkbox"/> 10th day after campaign treasurer termination |
|   | <input type="checkbox"/> Runoff  |   |  |
| <b>10</b> PERIOD COVERED  | Month Day Year<br>07/01/2024   | THROUGH   | Month Day Year<br>12/31/2024   |
| <b>11</b> ELECTION  | ELECTION DATE<br>Month Day Year<br>11/05/2024  | <input type="checkbox"/> Primary                            | <input type="checkbox"/> Runoff  |
|   |  | <input checked="" type="checkbox"/> General                 | <input type="checkbox"/> Special                                       |

**GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

|  |   |
|--|---|
| <b>12 COMMITTEE NAME</b><br>Corazon de la Frontera PAC | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00084946 |
|--|---|

|   |  |   |
|---|--|---|
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported Lauren Ashley Simmons State Representative |
|   |  | B. Opposed  |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported  |
|   |  | B. Opposed  |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) |   |

|                                |  |             |
|--------------------------------|--|-------------|
| <b>15 CONTRIBUTION TOTALS</b>  | <b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> | \$ 0.00     |
|                                | <input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold                                 |             |
|                                | <b>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</b>  | \$ 0.00     |
| <b>EXPENDITURE TOTALS</b>      | <b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>  | \$ 0.00     |
|                                | <b>4. TOTAL POLITICAL EXPENDITURES</b>   | \$ 1,500.00 |
| <b>CONTRIBUTION BALANCE</b>    | <b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>  | \$ 2,671.52 |
| <b>OUTSTANDING LOAN TOTALS</b> | <b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>   | \$ 0.00     |

**16 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.

Joe Moody  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# SUBTOTALS - GPAC

| <b>17 COMMITTEE NAME</b><br>Corazon de la Frontera PAC   |  | <b>18 Filer ID</b> (Ethics Commission Filers)<br>00084946 |
|--|--|---|
| <b>19 SCHEDULE SUBTOTALS</b>   |  | SUBTOTAL AMOUNT   |
| NAME OF SCHEDULE   |  |   |
| 1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  |  | \$  |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                              |  | \$  |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  |  | \$  |
| 4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION               |  | \$  |
| 5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION |  | \$  |
| 6. <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                     |  | \$  |
| 7. <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                 |  | \$  |
| 8. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION                 |  | \$  |
| 9. <input type="checkbox"/> SCHEDULE E: LOANS  |  | \$  |
| 10. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS             |  | \$ 1,500.00   |
| 11. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  |  | \$  |
| 12. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                       |  | \$  |
| 13. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD   |  | \$  |
| 14. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                     |  | \$  |
| 15. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER      |  | \$  |

# 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:<br>Sch: 1/1 Rpt: 4/4 | <b>2</b> FILER NAME<br>Corazon de la Frontera PAC | <b>3</b> Filer ID (Ethics Commission Filers)<br>00084946 |
|--|---|--|

|                             |   |
|-----------------------------|---|
| <b>4</b> Date<br>09/10/2024 | <b>5</b> Payee name<br>Agave Democratic Infrastructure Fund |
|-----------------------------|---|

|   |   |
|---|---|
| <b>6</b> Amount (\$)<br>\$1,000.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 50317<br><br>Austin, TX 78763 |
|---|---|

|                                 |  |  |
|---------------------------------|--|--|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Polling Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>House District Polling |
|---------------------------------|--|--|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                                       |
|--------------------|---------------------------------------|
| Date<br>11/08/2024 | Payee name<br>Lauren Simmons Campaign |
|--------------------|---------------------------------------|

|  |   |
|--|---|
| Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>PO Box 56386<br><br>Houston, TX 77256 |
|--|---|

|                               |   |  |
|-------------------------------|---|--|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Political Contribution |
|-------------------------------|---|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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