

**GENERAL-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT**

**FORM GPAC
COVER SHEET PG 1**

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00089716	2 Total pages filed: 8			
3 COMMITTEE NAME Take Back The House PAC		OFFICE USE ONLY <p>Date Received ELECTRONICALLY FILED 01/15/2026</p> <p>Date Hand-delivered or Date Postmarked</p> <p>Receipt # <input type="text"/> Amount <input type="text"/></p> <p>Date Processed</p> <p>Date Imaged</p>				
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 6443 McKinney, TX 75071					
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Joshua			MI		
	NICKNAME LAST Frick			SUFFIX		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 7803 Hillsdale Drive Sachse, TX 75048			APT / SUITE #;	CITY;	STATE;
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; 7803 Hillsdale Drive Sachse, TX 75048	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE (469) 475-7209	PHONE NUMBER	EXTENSION			
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15	<input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff	<input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> 10th day after campaign treasurer termination			
10 PERIOD COVERED	Month Day Year 07/01/2025	Month Day Year THROUGH	Month Day Year 12/31/2025			
11 ELECTION	ELECTION DATE Month Day Year 03/03/2026	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	ELECTION TYPE <input type="checkbox"/> Runoff <input type="checkbox"/> Special	<input type="checkbox"/> Other		

GO TO PAGE 2

**GENERAL-PURPOSE COMMITTEE REPORT:
PURPOSE AND TOTALS**

**FORM GPAC
COVER SHEET PG 2**

12 COMMITTEE NAME Take Back The House PAC		13 FILER ID (Ethics Commission Filers) 00089716
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Mr. Jeff Forrester State Representative B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 255.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 239.72
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 61.28
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
16 AFFIDAVIT		
<p>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.</p> <p style="text-align: right;">_____ Joshua Frick _____ Signature of Campaign Treasurer</p>		
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

**GENERAL-PURPOSE COMMITTEE REPORT:
PURPOSE****FORM GPAC
ADDENDUM**

Page 3 of 8

12 COMMITTEE NAME Take Back The House PAC		13 Filer ID (Ethics Commission Filers) 00089716
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Mr. Matt Thorsen State Representative B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
4 of 8

17 COMMITTEE NAME Take Back The House PAC	18 Filer ID (Ethics Commission Filers) 00089716
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 255.00	
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 \$ 239.72	
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 \$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/1 Rpt: 5/8
2 FILER NAME Take Back The House PAC		3 Filer ID (Ethics Commission Filers) 00089716
4 Date 08/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bennett, Jennifer (Mrs.)	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Plano, TX 75075	
8 Principal occupation / Job title (See Instructions) Political Consultant		9 Employer (See Instructions) Foxhole Strategies, LLC
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frick, Joshua (Mr.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Plano, TX 75074	
Principal occupation / Job title (See Instructions) Political Consultant		Employer (See Instructions) Foxhole Strategies, LLC
Date 10/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kazmierski, Adam (Mr.)	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Princeton, TX 75407	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/3 Rpt: 6/8	2 FILER NAME Take Back The House PAC	3 Filer ID (Ethics Commission Filers) 00089716
4 Date 10/05/2025	5 Payee name Anedot Inc.	
6 Amount (\$) \$1.50	7 Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112	
<input type="checkbox"/> Expenditure from corporate funds	(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 Service Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/23/2025	Payee name Aristotle International, Inc.	
Amount (\$) \$173.07	Payee address; City; State; Zip Code 205 Pennsylvania Ave., SE Washington D.C., DC 20003	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Data Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/05/2025	Payee name Black Rifle Coffee Company	
Amount (\$) \$5.15	Payee address; City; State; Zip Code 901 N. Central Expy Suite 100 Plano, TX 75075	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Coffee purchase to test debit card
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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/3 Rpt: 7/8	2 FILER NAME Take Back The House PAC	3 Filer ID (Ethics Commission Filers) 00089716
4 Date 07/28/2025	5 Payee name Prosperity Bank	
6 Amount (\$) \$10.00	7 Payee address; City; 2501 E. Plano Pkwy Plano, TX 75074	
8 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 Service Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Prosperity Bank	Office sought Office held
Date 08/28/2025	Payee name Prosperity Bank	
Amount (\$) \$10.00	Payee address; City; 2501 E. Plano Pkwy Plano, TX 75074	
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 Service Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Prosperity Bank	Office sought Office held
Date 09/28/2025	Payee name Prosperity Bank	
Amount (\$) \$10.00	Payee address; City; 2501 E. Plano Pkwy Plano, TX 75074	
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 Service Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Prosperity Bank	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/3 Rpt: 8/8	2 FILER NAME Take Back The House PAC	3 Filer ID (Ethics Commission Filers) 00089716
4 Date 10/28/2025	5 Payee name Prosperity Bank	
6 Amount (\$) \$10.00	7 Payee address; City; 2501 E. Plano Pkwy Plano, TX 75074	
8 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 Service Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Prosperity Bank	Office sought Office held
Date 11/30/2025	Payee name Prosperity Bank	
Amount (\$) \$10.00	Payee address; City; 2501 E. Plano Pkwy Plano, TX 75074	
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 Service Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Prosperity Bank	Office sought Office held
Date 12/28/2025	Payee name Prosperity Bank	
Amount (\$) \$10.00	Payee address; City; 2501 E. Plano Pkwy Plano, TX 75074	
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 Service Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Prosperity Bank	Office sought Office held