JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to co	mplete this form.	1 Filer ID (Ethics Commi 00070992		2 Total pages	s filed: 19
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		
OFFICEHOLDER NAME	The Honorable	Emily A.			Date Received	EUSEUNLY
					ELECTRON	ICALLY FILED
				CULLIN	01/15/2024	
	NICKNAME	LAST Miskel		SUFFIX	01/10/2024	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; A	PT / SUITE #; CIT	ΓY;	ZIP CODE	Date Hand-delivere	ed or Date Postmarked
MAILING ADDRESS	REDACTED PER 2	54 0212 COV/T			Receipt #	Amount
	REDACTED PER 2	54.0515, GOV I (JODE			
Change of Address					Date Processed	·
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER NAME	Mr.	Marlin J.				
	NICKNAME	LAST			SUFFIX	
	Ike	Vanden Eykel				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO	PO BOX PLEASE);	AP ⁻	T / SUITE #; CITY;	S	STATE; ZIP CODE
ADDRESS	REDACTED PER 2	54.0313. GOV'T (CODE			
(Residence or Business)						
7 CAMPAIGN	AREA CODE PH	ONE NUMBER	EXTENSION			
TREASURER PHONE	(214) 871-2727					
8 REPORT TYPE	X January 15	30th day before	e election	Runoff		campaign treasurer officeholder only)
	July 15	8th day before	election	Exceeded modified	-	Attach C/OH-FR)
				reporting limit		
9 PERIOD COVERED	Month Day Yea			Month Day	Year	
COVERED	07/01/2023	TI	HROUGH	12/31/202	3	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Yea	ır 🛛 🗙 F	Primary	Runoff	Other	
	03/05/2024		General	Special		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
	Court Of Appeals, Justi	ce Place 13 Distri	ct 5 Dallas	Court Of Appeals		e 13 District 5
		GO ⁻	TO PAGE 2			
Forms provided by Te	exas Ethics Commission	www.e	thics.state.tx.u	S	V	ersion V3.5.1.0bfcfb6

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 19

I

13 C / OH NAME	Miskel, Emily A. (The	Honorable)	14 Filer ID 00070992	(Ethics Commission Filers)						
15 NOTICE FROM POLITICAL COMMITTEE(S)	the candidate's or offic	committees to support the eholder's knowledge or otice of such expenditures.								
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	COMMITTEE NAME							
		COMMITTEE ADDRESS								
		COMMITTEE CAMPAIGN TREASURER NAME								
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS							
16 CONTRIBUTION TOTALS	\$ 0.00									
				\$ 16,600.00						
EXPENDITURE	(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES									
TOTALS				\$ 0.00						
		ICAL EXPENDITURES		\$ 7,379.07						
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 65,798.15						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	S OF THE LAST DAY	\$ 0.00						
17 AFFIDAVIT										
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.	ty of perjury, that the ac all information required	companying report is to be reported by me						
		The Hon	orable Emily A. Misk	el						
			f Candidate or Officeho							
AFFIX NOTARY STAMP / SEAL ABOVE										
Sworn to and subs	cribed before me, by the s	aid	, this the	day						
of	, 20, to ce	ertify which, witness my hand and seal of office.								
Signature of offic	Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath									
Forms provided by Te	xas Ethics Commission	www.ethics.state.tx.us		Version V3.5.1.0bfcfb67						

FORM JC/OH COVER SHEET PG 3

3 of 19 Ethics Commission Filers)

18 FILER NAME Miskel, Emily A. (The Honorable)	thics Commission Filers)		
20 SCHEDULE SUBTOTALS	070992		
NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1. X SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDIC	CIAL)	\$	16,600.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBU	TIONS	\$	
3. SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4. SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CON	ITRIBUTIONS	\$	7,379.07
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL C	CONTRIBUTIONS	\$	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUN	DS	\$	
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/O	н \$	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL C	ONTRIBUTIONS	\$	
12. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONT TO FILER	RIBUTIONS RETURI	NED \$	3,047.90

SUBTOTALS - JC/OH

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instrue	ction Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 1/2 Rpt: 4/19					
2 FILER NAME		3 Filer ID (Ethics Commission Filers)					
Miskel, Emily	A. (The Honorable)		00070992				
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)				
11/29/2023	Baker Botts Amicus Fund PAC		\$5,000.00				
	6 Contributor address; City; State; Zip Code						
	Houston, TX 77002						
8 Contributor's F	Principal Occupation	9 Contributor's Job Title					
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)				
12 If contributor is	s a child, law firm of parent(s) (if any)						
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)				
11/14/2023	Holland & Knight Texas PAC		\$1,000.00				
	Contributor address; City; State; Zip Code						
	Dallas, TX 75201						
Contributor's F	Principal Occupation	Contributor's Job Title					
Contributor's e	mployer/law firm	Law firm of contributor's sp	bouse (if any)				
If contributor is	s a child, law firm of parent(s) (if any)						
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)				
09/03/2023	McEwan, Robert		\$100.00				
	Contributor address; City; State; Zip Code						
	Trank Olive TV 70000						
	Trophy Club, TX 76262						
	Principal Occupation	Contributor's Job Title Attorney					
Attorney							
KoonsFuller	employer/law firm	Law firm of contributor's sp	oouse (if any)				
If contributor is a child, law firm of parent(s) (if any)							
Forms provided	hy Texas Ethics Commission www.ethic	s state tx us	Version V3.5.1.0bfcfb67				

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 2/2 Rpt: 5/19			
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
Miskel, Emily	y A. (The Honorable)	00070992			
4 Date 08/26/2023	5 Full name of contributor out-of-state PAC (ID#: Stanton LLP)	7 Amount of Contribution (\$) \$5,000.00		
	6 Contributor address; City; State; Zip Code				
	Dallas, TX 75225				
8 Contributor's F	Principal Occupation	9 Contributor's Job Title			
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	ouse (if any)		
12 If contributor is	s a child, law firm of parent(s) (if any)	I			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)		
10/18/2023	Stokes, Macey		\$500.00		
	Contributor address; City; State; Zip Code				
	Houston, TX 77006				
Contributor's F	Principal Occupation	Contributor's Job Title			
Attorney		Attorney			
	employer/law firm	Law firm of contributor's sp	ouse (if any)		
Baker Botts					
If contributor is	s a child, law firm of parent(s) (if any)				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)		
08/04/2023	Texans for Lawsuit Reform PAC		\$5,000.00		
	Contributor address; City; State; Zip Code				
	Austin, TX 78701				
Contributor's F	Principal Occupation	Contributor's Job Title			
Contributor's e	employer/law firm	Law firm of contributor's sp	ouse (if any)		
If contributor is					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	xpense Vages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Sch: 1/13 Rpt: 6/19		Miskel, Emily A. (The Honorable)				00070992	
4	Date	5	Payee name			I		
	10/17/2023		5th Court of Appeals Employee Fund					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode			
	\$120.00		600 Commerce St.					
			Suite 200					
			Dallas, TX 75202					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche		(b) Description			
-	OF		Food/Beverage Expense	edule)		outs	ide of Texas. Complete Schedule T.	
	EXPENDITURE		· · · · · · · · · · · · · · · · · · ·		Check if Austir	ı, TX	, officeholder living expense	
					Donation to e	emp	bloyee kitchen fund	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ight		Office held	
	Date		Payee name					
	08/17/2023		Arts District Mansion					
	Amount (\$)		Payee address; City; State;	Zip Co	ode			
	\$16.50	0 2101 Ross Ave.						
			Dallas, TX 75201					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Event Expense	edule)	Check if Austir	ı, TX	ide of Texas. Complete Schedule T. , officeholder living expense ciation lunch meeting	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held	
	Date		Payee name					
	09/14/2023		Arts District Mansion					
	Amount (\$)		Payee address; City; State;	Zip Co	ode			
	\$20.50		2101 Ross Ave.					
			Dallas, TX 75201					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	outs	ide of Texas. Complete Schedule T.	
	EXPENDITURE		Event Expense		Check if Austir	ı, TX	, officeholder living expense tion lunch meeting	
	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	ght		Office held	
	expenditure to benefit C/OF	Н						

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						portation E I in District I Out of Dis	raising Expense quipment & Related Expense trict category not listed above)
1	Total pages Schedule F1:	FILER NAME				3 Filer	ID	(Ethics Commission Filers)
	Sch: 2/13 Rpt: 7/19		(The Honorable)				70992	· · · ·
4	Date 09/25/2023	Payee name Arts District Man	sion					
6	Amount (\$) \$20.50	Payee address; 2101 Ross Ave. Dallas, TX 75202		e; Zip Code				
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Appellate sections joint meeting					expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officehol	der name	Office sought		(Office he	ld
	Date	Payee name						
	12/04/2023	Austin Parking N	leter					
	Amount (\$) \$2.25	Payee address; 807 Brazos St. Austin, TX 78702		e; Zip Code				
	PURPOSE OF EXPENDITURE	Category _{(See Cate} Travel Out of Dis	gories listed at the top of this scl strict	hedule) (b	Description Check if travel Check if Austin Parking to file	, TX, officeh	older living	
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officehol	der name	Office sought		(Office he	ld
	Date	Payee name						
	09/11/2023	Collin County Le	ague of Women Vote	rs				
	Amount (\$) \$35.00	Payee address; PO Box 866592	City; State	; Zip Code				
		Plano, TX 75086	;					
	PURPOSE OF EXPENDITURE	Category _{(See Cate} Event Expense	gories listed at the top of this scl	hedule) (b	Description Check if travel Check if Austin Check if Austin Ticket to Art o	, TX, officeh	older living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officehol	der name	Office sought		(Office he	ld

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursen Fees Office Overhead/Rental Exper Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form	Ise Transportation Equipment & Related Expense Travel in District Travel Out of District or OTHER (enter a category not listed above)
-	Tatal same Oshadula Et.		
1	Total pages Schedule F1: Sch: 3/13 Rpt: 8/19	HER NAME Miskel, Emily A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00070992
4	Date	Payee name	·
	07/05/2023	CubeSmart	
6	Amount (\$) \$121.13	Payee address; City; State; Zip Code 525 N Ave. Plano, TX 75074	
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Descriptio	n
	OF EXPENDITURE	Office Overhead/Rental Expense	ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense or signs, campaign supplies, and equipment
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	08/03/2023	CubeSmart	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$71.25	525 N Ave. Plano, TX 75074	
	PURPOSE OF EXPENDITURE		n ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense or signs, campaign supplies, and equipment
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	09/05/2023	CubeSmart	
	Amount (\$) \$71.25	Payee address;City;State;Zip Code525 N Ave.	
		Plano, TX 75074	
	PURPOSE OF EXPENDITURE		n ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense or signs, campaign supplies, and equipment
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)
1	Sch: 4/13 Rpt: 9/19	Miskel, Emily A. (The Honorable)	00070992
4	Date	Payee name	
	10/04/2023	CubeSmart	
6	Amount (\$) \$71.25	Payee address; City; State; Zip Code 525 N Ave. Plano, TX 75074	
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	I outside of Texas. Complete Schedule T. in, TX, officeholder living expense signs, campaign supplies, and equipment
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	11/06/2023	CubeSmart	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$71.25	525 N Ave. Plano, TX 75074	
	PURPOSE OF EXPENDITURE		I outside of Texas. Complete Schedule T. in, TX, officeholder living expense signs, campaign supplies, and equipment
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	12/04/2023	CubeSmart	
	Amount (\$) \$71.25	Payee address;City;State;Zip Code525 N Ave.	
		Plano, TX 75074	
	PURPOSE OF EXPENDITURE		I outside of Texas. Complete Schedule T. in, TX, officeholder living expense signs, campaign supplies, and equipment
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	Fees Office Food/Beverage Expense Pollin Gift/Awards/Memorials Expense Printi	e Overhe ng Expen ting Expe ries/Wag	nse es/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 5/13 Rpt: 10/19		Miskel, Emily A. (The Honorable)				00070992
4	Date	5	Payee name				
	08/24/2023		Dallas Bar Association				
6	Amount (\$)	7	Payee address; City; State; Zip	Code	9		
	\$250.00		2101 Ross Ave.				
			Dallas, TX 75201				
8	PURPOSE	<u> </u>		(h			
ľ	OF	(4)	Category (See Categories listed at the top of this schedule) Event Expense	(Description Check if travel	outsi	de of Texas. Complete Schedule T.
	EXPENDITURE						officeholder living expense
					Registration f	ee	for Dallas Bench Bar Conference
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name Office	sough	t		Office held
	Date		Payee name				
	09/20/2023		Dodie's Cajun Diner				
	Amount (\$)	\vdash	Payee address; City; State; Zip	Code	3		
	\$26.62		2067 Summer Lee Dr.	0000			
	Ψ20.02						
			Suite 115				
			Rockwall, TX 75032				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b) Description		
	EXPENDITURE		Event Expense				de of Texas. Complete Schedule T. officeholder living expense
							lican Women social
	Complete ONLY if direct		candidate/Officeholder name Office	sough	t		Office held
	expenditure to benefit C/OI	Н					
	Date		Payee name				
	07/10/2023		DreamHost				
	Amount (\$)		Payee address; City; State; Zip	Code)		
	\$35.98		417 Associated Rd				
			PMB #257				
			Brea, CA 92821				
-	PURPOSE	(a)		11-) Description		
	OF	(a)	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	10		outsi	de of Texas. Complete Schedule T.
	EXPENDITURE		Onice Overneau/Rentai Expense				officeholder living expense
					Website dom		
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		candidate/Officeholder name Office	sough	t		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Rep Office Ove Polling Ex Printing E Salaries/M	ayme erhea pense xpens Vages	nt/Reimbursement d/Rental Expense e se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 6/13 Rpt: 11/19		Miskel, Emily A. (The Honorable)					00070992
4	Date	5	Payee name					
	07/10/2023		DreamHost					
6	Amount (\$)	7	Payee address; City; State	; Zip Co	ode			
	\$17.99		417 Associated Rd					
			PMB #257					
			Brea, CA 92821					
_	DUDDOCE	(-)			(1-)			
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(D)	Description	outsi	de of Texas. Complete Schedule T.
	EXPENDITURE		Office Overhead/Rental Expense					officeholder living expense
						Website dom	ain	names
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF							Office held
	Date		Payee name					
	08/24/2023		DreamHost					
	Amount (\$)		Payee address; City; State	; Zip Co	ode			
	\$155.88		417 Associated Rd	•				
			PMB #257					
			Brea, CA 92821					
					<i>a</i> >			
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(D)	Description	outsi	de of Texas. Complete Schedule T.
	EXPENDITURE		Office Overhead/Rental Expense					officeholder living expense
						Website host	ing	
	Complete ONLY if direct	(Candidate/Officeholder name	Office sou	ı ıght			Office held
	expenditure to benefit C/OI	H			0			
-	Date		Payee name					
	07/27/2023		Federalist Society					
					, do			
	Amount (\$) \$200.00			; Zip Co	Jue			
	\$200.00		1776 I St. NW					
			Suite 300					
			Washington, DC 20006					
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b)	Description		
	OF EXPENDITURE		Event Expense					de of Texas. Complete Schedule T.
								officeholder living expense for Texas Chapters Conference
						regionation	CC	ior reads chapters confidence
_		Ļ	Condidate/Officebolder nome	Office as				Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	iynt			Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense By - Gift/Awards/Memorials Expense Committee Legal Services 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)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 7/13 Rpt: 12/19		Miskel, Emily A. (The Honorable	00070992					
4	Date	5	Payee name						
	08/16/2023		Federalist Society						
6 Amount (\$) 7 Payee address; City; State; Zip Code									
	\$25.00		1776 I St. NW						
			Suite 300						
	Washington, DC 20006								
8	PURPOSE	(a)		of this sales	adula)	b) Description			
-	OF	(,	Category (See Categories listed at the top Fees	of this sche	edule)		outs	ide of Texas. Complete Schedule T.	
	EXPENDITURE							, officeholder living expense	
						Membership	fee		
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH									
	Date		Payee name						
	07/31/2023	Four Seasons Houston							
	Amount (\$)		Payee address; City;	State;	Zip Coc	e			
	\$347.90 1300 Lamar St.								
	Houston, TX 77010								
	PURPOSE	(a)	Category (See Categories listed at the top	of this sche	edule)	b) Description			
	OF EXPENDITURE		Event Expense					ide of Texas. Complete Schedule T.	
								, officeholder living expense Chapters Conference	
							as	Chapters Conference	
_	Complete ONLY if direct		Candidate/Officeholder name	0	office soug	ht		Office held	
	expenditure to benefit C/OI			0	ince soug				
-	Date		Payee name						
	07/03/2023		Google GSuite						
	Amount (\$)		Payee address; City;	State:	Zip Coc	e			
	\$3.20		1600 Amphitheatre Pkwy.	o tato,	p 000	•			
Mountain View, CA 94043									
	PURPOSE OF	(a)	Category (See Categories listed at the top		edule)	b) Description		ide of Taura Consultan Only is in T	
	EXPENDITURE		Office Overhead/Rental Expens	e				ide of Texas. Complete Schedule T. , officeholder living expense	
								e software suite	
-	Complete ONLY if direct	L(Candidate/Officeholder name	0	office soug	ht		Office held	
	expenditure to benefit C/OI	H			0				

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
-	Sch: 8/13 Rpt: 13/19	Miskel, Emily A. (The Honorable)	00070992						
4	Date 08/03/2023	5 Payee name Google GSuite							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
Ū	\$3.20	1600 Amphitheatre Pkwy.							
		Mountain View, CA 94043							
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense CE SOftware Suite						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	09/01/2023	Google GSuite							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$6.19	1600 Amphitheatre Pkwy. Mountain View, CA 94043							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Ce software suite						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	10/02/2023	Google GSuite							
	Amount (\$) \$6.40	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy.							
		Mountain View, CA 94043							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Ce software suite						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 9/13 Rpt: 14/19	Miskel, Emily A. (The Honorable)	00070992						
4	Date 11/02/2023	5 Payee name Google GSuite							
6	Amount (\$) \$6.40	 Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy. Mountain View, CA 94043 							
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Email and office software suite 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	12/15/2023	Google GSuite							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$6.40	1600 Amphitheatre Pkwy. Mountain View, CA 94043							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Ce software suite						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	11/07/2023	International Academy of Family Lawyers							
	Amount (\$) \$80.00	Payee address; City; State; Zip Code 7201 Wisconsin Ave.							
		Suite 675 Bethesda, MD 20814							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense EE						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Co Credit Card Payment			Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T by - Gift/Awards/Memorials Expense Printing Expense T						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule E1:	Total pages Schedule F1: 2 FILER NAME						3	Filer ID	(Ethics Commission Filers)	
1	Sch: 10/13 Rpt: 15/19	Miskel, Emily A. (The Honora									
4	Date	5	Payee name								
	09/15/2023		LastPass								
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	de					
	\$38.38		320 Summer St								
			Boston, MA 02210								
8	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Office Overhead/Rental Expe		,			outsi	de of Texas. Comp	lete Schedule T.	
	EXPENDITORE								officeholder living	expense	
							Internet secu	rity	service		
_									011		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	(Office sou	gnt			Office hel	la	
	Date		Payee name								
	12/05/2023		Nothing Bundt Cakes								
	Amount (\$)		Payee address; City;	State	; Zip Co	de					
	\$56.00		2110 Eldorado Pkwy								
	#104										
			McKinney, TX 75070								
_	PURPOSE	(a)	Category (See Categories listed at the	ton of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage Expense		icuaic)		·	outsi	de of Texas. Comp	lete Schedule T.	
	EXPENDITORE		- .						officeholder living		
							Refreshment	s to	or Collin Cour	nty District Judge event	
	Complete ONIL V if direct		Condidate/Officeholder name		Office cour	wht			Office hel	14	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	(Office sou	yni			Office hel	lu	
	Date		Payee name								
	12/08/2023		Prosperity Bank								
	Amount (\$)		Payee address; City;	State	; Zip Co	de					
	\$5.50		1201 14th St								
			Plano, TX 75074								
	PURPOSE OF	(a)	Category (See Categories listed at the	top of this sch	nedule)	(b)	Description				
	EXPENDITURE		Accounting/Banking						de of Texas. Comp officeholder living		
							Fee for cashi			expense	
								5, 5			
-	Complete ONLY if direct	L(Candidate/Officeholder name	(Office sou	aht			Office hel	ld	
	expenditure to benefit C/OI										
-											

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAME	Filer ID (Ethics Commission Filers)						
-	Sch: 11/13 Rpt: 16/19	Miskel, Emily A. (The Honorable)	00070992						
4	Date 12/08/2023	5 Payee name Prosperity Bank							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$2,500.00	1201 14th St							
		Plano, TX 75074							
8	PURPOSE OF EXPENDITURE	Check if Austin, T	tside of Texas. Complete Schedule T. 'X, officeholder living expense k for ballot filing fee						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	09/07/2023	Raise the Money, Inc.							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$5.15	P.O. Box 26466 Little Rock, AR 72221							
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. 'X, officeholder living expense Incessing fee						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	10/23/2023	Raise the Money, Inc.							
	Amount (\$) \$24.75	Payee address; City; State; Zip Code P.O. Box 26466							
		Little Rock, AR 72221							
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense ccessing fee						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event E: Fees Food/Be Gift/Awa nmittee Legal Se	Event Expense Loan Repayment/Reimbursement Si Fees Office Overhead/Rental Expense Tr Food/Beverage Expense Polling Expense Tr Gift/Awards/Memorials Expense Printing Expense Tr				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commissio	on Filers)
	Sch: 12/13 Rpt: 17/19		Miskel, Emily A. (The Honorable	e)				00070992		
4	Date	5	Payee name								
	11/30/2023		Republican Party								
6	Amount (\$)	7	Payee address;	City;	State; Z	Zip Cod	e				
	\$2,500.00		807 Brazos St.								
			Austin , TX 78701	_							
8	PURPOSE	(a)	Category (See Categ	ories listed at the top o	of this schedu	ıle) (b) Description				
	OF EXPENDITURE		Fees						ide of Texas. Com		
									, officeholder living	expense	
							Ballot filing fe	e			
_	Complete ONIL V if direct		Condidate (Office hald	or nomo	Offi		.		Office by		
9	9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH										
	Date		Payee name								
	07/05/2023		Task Rabbit								
	Amount (\$)		Payee address;	City;	State; Z	Zip Cod	9				
	\$138.84		237 Kearny St.			•					
	\$100101		#9003								
			San Francisco, C	A 94108							
	PURPOSE OF	(a)	Category (See Categ			ıle) (b) Description				
	EXPENDITURE		Office Overhead/I	Rental Expense	е				ide of Texas. Com , officeholder living		
										ove campaign e	auinment
							into storage	uon		ve oumpaign e	quipinent
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officehold	er name	Offi	ce soug	nt		Office he	eld	
	Date		Payee name								
	07/03/2023		Texas Academy of	of Family Law S	Specialist	ts					
-	Amount (\$)		Payee address;	City;	State; Z	Zip Cod	9				
	\$195.00		640 Taylor St.								
			Suite 2200								
				\$102							
Fort Worth, TX 76102											
	PURPOSE OF	(a)	Category (See Categ	ories listed at the top of	of this schedu	ıle) (b) Description	outoi	ide of Texas. Com	nlata Sabadula T	
	EXPENDITURE		Event Expense						, officeholder living		
							Ticket for an				
									3		
-	Complete ONLY if direct	L(Candidate/Officehold	er name	Offic	ce soug	nt		Office he	eld	
	expenditure to benefit C/OI				Cilli		-		2		

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense / - Gift/Awards/Memorials Expense	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)
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
Sch: 13/13 Rpt: 18/19	Miskel, Emily A. (The Honorable)		00070992
4 Date	5 Payee name		
12/01/2023	UPS Store		
6 Amount (\$) \$50.00	7 Payee address; City; State; 1121 E. Spring Creek Pkwy. #110 Plano, TX 75074	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched Fees	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense Illot petition signatures
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		fice sought	Office held
Date	Payee name		
12/01/2023	UPS Store		
Amount (\$) \$2.16	Payee address; City; State; 1121 E. Spring Creek Pkwy. #110 Plano, TX 75074	Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched Printing Expense	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense n Copies
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		fice sought	Office held

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

2 FILER NAME 3 Filer ID (Ethics Commission 00070992) 4 Date 5 Name of person from whom amount is received 8 Amount (\$) 09/12/2023 Federalist Society 8 Amount (\$)	on Filers)									
4 Date 5 Name of person from whom amount is received 8 Amount (\$)										
00/12/2022 Endoralist Society										
09/12/2023 reueralist society	\$200.00									
6 Address of person from whom amount is received; City; State; Zip Code										
Washington, DC 20066										
7 Purpose for which amount is received Check if political contribution returned to fil	er									
Refund for canceled conference										
Date Name of person from whom amount is received Amount (\$)										
08/18/2023 Four Seasons Houston	\$347.90									
Address of person from whom amount is received; City; State; Zip Code	I									
	I									
	I									
Houston, TX 77010										
Purpose for which amount is received Check if political contribution returned to fil	er									
Refund for canceled conference hotel										
Date Name of person from whom amount is received Amount (\$)										
12/27/2023 Prosperity Bank	\$2,500.00									
Address of person from whom amount is received; City; State; Zip Code										
Plano, TX 75074										
Purpose for which amount is received Check if political contribution returned to fil	lor									
Return of unused cashier's check for ballot filing fee	CI									