

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM JC/OH
COVER SHEET PG 1**

The JC/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # <small>(Ethics Commission Filers)</small>	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI <i>William S.</i> NICKNAME LAST SUFFIX <i>SHANE Nolen</i>	OFFICE USE ONLY Date Received: <i>AM</i> 2014 JAN 15 TARRANT COUNTY FILED STEVE RAJCHERT ELECTIONS ADMINISTRATOR Date Hand-delivered or Postmarked: <i>AM</i> Receipt # Amount Date Processed: <i>AM</i> Date Imaged:	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>SAME AS ABOVE</i> NICKNAME LAST SUFFIX		
7 CAMPAIGN TREASURER ADDRESS <small>(residence or business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>SAME AS ABOVE</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment <small>(officeholder only)</small> <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>07/01/2013</i> <i>12/31/2013</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>03/04/2014</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <i>TARRANT</i> <i>Justice of Peace</i> <i>Pct. 2</i>	

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

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

14 C/OH NAME
William Shane Nolan

15 ACCOUNT # (Ethics Commission Filers)

16 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.

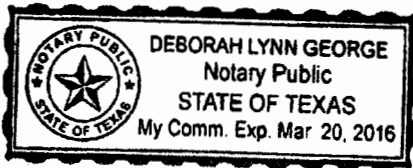
COMMITTEE TYPE	COMMITTEE NAME	FILED TARRANT COUNTY 2014 JAN 15 PM 3:48 STEVE ANTHON ELECTIONS ADMINISTRATOR
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

None

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>125.00</i>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>1957.00</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>3668.00</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>5,500.00</i>

18 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.



William Shane Nolan
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said William Shane Nolan, this the 15th day of January, 20 14, to certify which, witness my hand and seal of office.

Deborah Lynn George DEBORAH LYNN GEORGE Asst Branch mgr.
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS (JUDICIAL)**

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J): 1	
2 FILER NAME William Shane Nolan		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 11-20-13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Valle	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2727 Hilldale Arlington, TX 76016		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation MACHINIST		10 Contributor's job title SUPERVISOR	
11 Contributor's employer/law firm LOCKHEED MARTIN		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 11-20-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LES HARP	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 802 LONESOME DOVE TR. ARLINGTON, TX 76002		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation REGISTERED NURSE		Contributor's job title NURSE	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 11-20-13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LINDA BAYTS	Amount of contribution (\$) 25	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 630 W. CANTY DALLAS, TEXAS 75208		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation SELF EMPLOYED		Contributor's job title MOTIVATIONAL SPEAKER	
Contributor's employer/law firm SELF		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

FILED
 TARRANT COUNTY
 2014 JAN 15 PM 3:11
 ELECTIONS ADMINISTRATION

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS (JUDICIAL)

SCHEDULE E (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): 1
2 FILER NAME <i>William Shane Nolan</i>		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: → → → → → →		\$
5 Date of loan <i>9-15-2013</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>DIANA L. AND BILL NOLAN</i>	9 Loan Amount (\$) <i>5500</i>
6 Is lender a financial institution? <input checked="" type="radio"/> Y <input type="radio"/> N	8 Lender address; City; State; Zip Code <i>P.O. BOX 2062 WEATHERFORD, TX - 76086</i>	10 Interest rate <i>3%</i>
12 Lender's Principal Occupation <i>RETIRED BUSINESS OWNER</i>		11 Maturity date <i>2030</i>
13 Lender's Job Title <i>N/A</i>		FILED TARRANT COUNTY CLERK SEP 15 PM 3:48 2013
14 Lender's Employer/Law Firm <i>None</i>	15 Law Firm of lender's spouse (if any)	
16 If lender is child, law firm of parent(s) (if any)		
17 Description of Collateral <input checked="" type="checkbox"/> none		18 Check if personal funds were deposited into political account <input type="checkbox"/>
19 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	20 Name of guarantor 21 Guarantor address; City; State; Zip Code	22 Amount Guaranteed (\$)
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1	2 FILER NAME William Shane Nolan	3 ACCOUNT # (Ethics Commission Filers)
4 Date 12-9-2013	5 Payee name William Shane Nolan to TCGOP	
6 Amount (\$) \$1,000 ^{xx} _{xx}	7 Payee address; City; State; Zip Code 2405 GROVEL DR. FORT WORTH, TX - 76118	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CANDI'date Filing Fee	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11-18-2013	Payee name J.T.D. STRATEGIES LLC	
Amount (\$) 782.54	Payee address; City; State; Zip Code 201 MAIN ST. FORT WORTH, TX - 76102	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Campaign Advise Fees	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10-24-2013	Payee name OFFICE MAX	
Amount (\$) 74.46	Payee address; City; State; Zip Code 202 W. I-20 WEATHERFORD, TX 76086	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING + SUPPLIES	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name PRINTING AND OFFICE SUPPLIES	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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