

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS **FORM JC/OH COVER SHEET PG 2**

15 C/OH NAME JAMES WAYNE GENT **16 ACCOUNT # (Ethics Commission Filers)**

17 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political expenditures 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. **

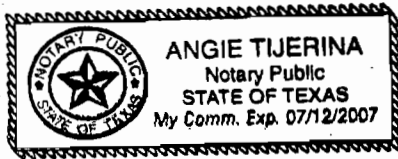
<input type="checkbox"/> GENERAL	COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> SPECIFIC		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>200</u>
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1,000</u>
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>1200</u>
	4.	TOTAL POLITICAL EXPENDITURES	\$ <u>950</u> 1200
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>349.78</u>
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>6801.57</u>

19 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.



Wayne Gent
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Wayne Gent, this the 9th day of July, 2007, to certify which, witness my hand and seal of office.

Angie Tijerina Angie Tijerina Notary Public
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):	
2 FILER NAME JAMES WAYNE GENT		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) S. ROBERTSON	7 Amount of contribution (\$) \$1,000	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 9670 Ranch Road 12 WIMBERLY, TEXAS 78674		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation DEVELOPER		10 Contributor's job title OWNER	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Contributor's principal occupation		Contributor's job title	
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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Contributor's principal occupation		Contributor's job title	
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)			
<p>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME <i>JAMES WAYNE GENT</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>5/24/07</i>	5 Payee name <i>WAYNE GENT</i>	7 Amount (\$) <i>\$250</i>
6 Payee address; City; State; Zip Code		
8 Purpose of payment (See instructions regarding type of information required.) <i>Pynt on loan</i> (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>6/18/07</i>	Payee name <i>WAYNE GENT</i>	Amount (\$) <i>\$200</i>
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) <i>Pynt on loan</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date <i>6/25/07</i>	Payee name <i>WAYNE GENT</i>	Amount (\$) <i>\$500</i>
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) <i>Pynt on loan</i> (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount (\$)
Payee address; City; State; Zip Code		
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

OUTSTANDING LOANS	SCHEDULE L
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The Instruction Guide explains how to complete this form.	1 Total pages Schedule L:
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2 FILER NAME <i>JAMES WAYNE GENT</i>	3 ACCOUNT # (Ethics Commission filers)
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LENDER INFORMATION	4 Name of lender <i>WAYNE GENT</i> 5 Lender address: _____ State: _____ Zip Code _____
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GUARANTOR INFORMATION <input type="checkbox"/> not applicable	6 Name of guarantor 7 Guarantor address: _____ City: _____ State: _____ Zip Code _____
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LENDER INFORMATION	Name of lender Lender address: _____ City: _____ State: _____ Zip Code _____
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GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address: _____ City: _____ State: _____ Zip Code _____
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LENDER INFORMATION	Name of lender Lender address: _____ City: _____ State: _____ Zip Code _____
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GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address: _____ City: _____ State: _____ Zip Code _____
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LENDER INFORMATION	Name of lender Lender address: _____ City: _____ State: _____ Zip Code _____
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GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address: _____ City: _____ State: _____ Zip Code _____
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED