

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 #
(Ethics Commission filers)

2 Total pages filed:

19 fol

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS (MR) FIRST MI
JAMES WAYNE
NICKNAME LAST SUFFIX
GENT

OFFICE USE ONLY

Date Received

FILED FOR RECORD
KAUFMAN CO. TEXAS
2006 OCT 16 PM 12:08
LAURA HUGHES
COUNTY CLERK
BY: DEPUTY

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
PO Box 566
Kaufman, TX 75142

Date Hand Delivered or Date Postmarked

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(972) 932 3180

Receipt #

Amount

6 CAMPAIGN TREASURER NAME

MS / MRS (MR) FIRST MI
WAYNE
NICKNAME LAST SUFFIX
GENT

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
PO Box 566
Kaufman, TX 75142

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(972) 932 3180

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
7 / 1 / 06 THROUGH 9 / 28 / 06

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
11 / 7 / 06 Primary Runoff General Special

12 OFFICE

OFFICE HELD (if any)
County Judge

13 OFFICE SOUGHT (if known)

County Judge

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

additional pages

GO TO PAGE 2

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

15 C/OH NAME 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. **

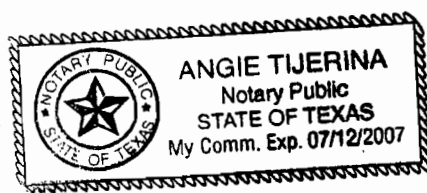
<input type="checkbox"/> GENERAL	COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> SPECIFIC		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 220
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4535
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2103.33
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3002.03
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,000

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Wayne Gent
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Wayne Gent, this the 10th day of October, 2006, to certify which, witness my hand and seal of office.

Angie Tijerina
Signature of officer administering oath

Angie Tijerina
Print name of officer administering oath

Notary Public
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

WAYNE GENT

3 ACCOUNT # (Ethics Commission files)

4 Date

8/29/06

5 Full name of contributor

 out-of-state PAC (ID#)

Houston SMITH

7 Amount of contribution (\$)

\$500

8 In-kind contribution description (if applicable)

6 Contributor address; City, State, Zip Code

5840 Winding Woods Trail
Dallas, Texas 75227

9 Contributor's principal occupation

ATTORNEY

10 Contributor's job title

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

9/9/06

Full name of contributor

 out-of-state PAC (ID#)

Rick Harrison

Amount of contribution (\$)

\$500

In-kind contribution description (if applicable)

Contributor address; City, State, Zip Code

PO Box 863
Korner, Texas 75126

Contributor's principal occupation

ATTORNEY

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

9/16/06

Full name of contributor

 out-of-state PAC (ID#)

K&M Pub. R. E. Pub. in Texas PAC

Amount of contribution (\$)

1840

In-kind contribution description (if applicable)

Contributor address; City, State, Zip Code

PO Box 1104
K&M, Texas 75142

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)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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

WAYNE GENT

3 ACCOUNT # (Ethics Commission files)

4 Date

9/18/06

5 Full name of contributor out-of-state PAC (ID#)

DOM TIPTON

7 Amount of contribution (\$)

\$300

8 In-kind contribution description (if applicable)

6 Contributor address; City, State, Zip Code

6925 FM 2515

Kaufman, Texas 75142

9 Contributor's principal occupation

ENGINEER

10 Contributor's job title

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

9/23/06

Full name of contributor out-of-state PAC (ID#)

GLORIA REYNOLDS

Amount of contribution (\$)

\$500

In-kind contribution description (if applicable)

Contributor address; City, State, Zip Code

1548 ELIKA COURT

LEWISVILLE, TEXAS 75077

Contributor's principal occupation

Home Maker

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

9/23/06

Full name of contributor out-of-state PAC (ID#)

DR. LARRY N. EGGETT

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Contributor address; City, State, Zip Code

7201 PM 1388

Kaufman, Texas 75142

Contributor's principal occupation

RANCHER

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)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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 WAYNE GENT		3 ACCOUNT # (Ethics Commission file):	
4 Date 9/23/00	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARY DELLER	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
6 Contributor address; City, State, Zip Code PO Box 302 KEMP, TEXAS 75143			
9 Contributor's principal occupation HOME MAKER		10 Contributor's job title	
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 9/23/00	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JOCK D. Woodrum	Amount of contribution (\$) \$250	In-kind contribution description (if applicable)
Contributor address; City, State, Zip Code PO Box 594 MCKINNEY, TEXAS 75147			
Contributor's principal occupation RETIRED		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 9/23/00	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TOM SHOW	Amount of contribution (\$) \$200	In-kind contribution description (if applicable)
Contributor address; City, State, Zip Code PO Box 727 TERRELL, TEXAS 75160			
Contributor's principal occupation ATTORNEY		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)			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**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 WAYNE GENT		3 ACCOUNT # (Ethics Commission file#)	
4 Date 9/23/00	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LARRY TIGERT	7 Amount of contribution (\$) \$75	8 In-kind contribution description (if applicable)
6 Contributor address; City, State, Zip Code 5799 Madoka Lane Kaufman, TX 75142			
9 Contributor's principal occupation RETIRED		10 Contributor's job title	
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 9/23/00	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JAMES BYRNES	Amount of contribution (\$) \$50	In-kind contribution description (if applicable)
Contributor address; City, State, Zip Code 740 MARTIN LANE WYOMING, TEXAS 75159			
Contributor's principal occupation HOME MAKER		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# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City, State, Zip Code		
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)			

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

PLEGGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B (J)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B(J):

2 FILER NAME

WAYNE GENT

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date

6 Full name of pledgor out-of-state PAC (ID#: _____)

8 Amount of pledge (\$)

9 In-kind description (if applicable)

7 Pledgor address; City; State; Zip Code

10 Pledgor's principal occupation

11 Pledgor's job title

12 Pledgor's employer/law firm

13 Law firm of pledgor's spouse (if any)

14 If pledgor is a child, law firm of parent(s) (if any)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

Pledgor's principal occupation

Pledgor's job title

Pledgor's employer/law firm

Law firm of pledgor's spouse (if any)

If pledgor is a child, law firm of parent(s) (if any)

Date

Full name of pledgor out-of-state PAC (ID#: _____)

Amount of pledge (\$)

In-kind description (if applicable)

Pledgor address; City; State; Zip Code

Pledgor's principal occupation

Pledgor's job title

Pledgor's employer/law firm

Law firm of pledgor's spouse (if any)

If pledgor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS FORM 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):

2 FILER NAME

WAYNE GENT

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

7 Name of lender

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Lender's Principal Occupation

13 Lender's Job Title

14 Lender's Employer/Law Firm

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

none

18 GUARANTOR INFORMATION

19 Name of guarantor

21 Amount Guaranteed (\$)

not applicable

20 Guarantor address; City; State; Zip Code

22 Guarantor's Principal Occupation

23 Guarantor's Job Title

24 Guarantor's Employer/Law Firm

25 Law Firm of guarantor's spouse (if any)

26 If guarantor is child, law firm of parent(s) (if any)

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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

WAYNE GEART

3 ACCOUNT # (Ethics Commission files)

4 Date
9/28/06

5 Payee name
PHILLIPS PETROLEUM
6 Payee address; City; State; Zip Code

7 Amount (\$)
\$95.38

8 Purpose of payment (See instructions regarding type of information required.)

FUEL

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date
9/28/06

Payee name
TERRILL Chamber
6 Payee address; City; State; Zip Code
TERRILL, TESS

Amount (\$)
\$70.00

Purpose of payment (See instructions regarding type of information required.)

Banquet - autumn

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date
9/30/06

Payee name
ACE
6 Payee address; City; State; Zip Code
Kaufman, TEXAS

Amount (\$)
\$21.60

Purpose of payment (See instructions regarding type of information required.)

TILES

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name
6 Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The instruction GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME WAYNE GENT		3 ACCOUNT # (Ethics Commission files)
4 Date 8/24/06	5 Payee name Young Republican Club 6 Payee address; City, State, Zip Code 114 W Mulberry Kaufman, Texas 75142	7 Amount (\$) \$100
8 Purpose of payment (See instructions regarding type of information required.) Donation	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held	
Date 9/8/06	Payee name HOME DEPOT Payee address; City, State, Zip Code JERRILL, TEXAS	Amount (\$) \$37.76
Purpose of payment (See instructions regarding type of information required.)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 9/8/06	Payee name WAYNE GENT Payee address; City, State, Zip Code PO Box 560 Kaufman, Texas 75142	Amount (\$) \$1,000
Purpose of payment (See instructions regarding type of information required.) Loan Payment		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 9/9/06	Payee name IEB HEENSELING Payee address; City, State, Zip Code Congress Washington, D.C.	Amount (\$) \$50.00
Purpose of payment (See instructions regarding type of information required.) Donation		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME WAYNE GEAT		3 ACCOUNT # (Ethics Commission files)
4 Date 9/13/06	5 Payee name WALMART 6 Payee address; City, State; Zip Code JERRELL, TEXAS	7 Amount (\$) 25.44
8 Purpose of payment (See instructions regarding type of information required.) ENVELOPES		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 9/14/06	Payee name U.S. POSTAL SERVICE Payee address; City, State; Zip Code Kaufman, TEXAS	Amount (\$) 39.00
Purpose of payment (See instructions regarding type of information required.) STAMPS		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 9/18/06	Payee name Kaufman Chamber Payee address; City, State; Zip Code Kaufman, TEXAS 75142	Amount (\$) \$160
Purpose of payment (See instructions regarding type of information required.) Donation		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 9/22/06	Payee name WALMART Payee address; City, State; Zip Code JERRELL, TEXAS	Amount (\$) 107.72
Purpose of payment (See instructions regarding type of information required.) Breakfast Supplies		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

WAYNE GENT

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

7 Amount (\$)

9/22/06

WALMART

\$ 77.68

6 Payee address; City, State, Zip Code

JERRILL, TEXAS

8 Purpose of payment (See instructions regarding type of information required.)

BREAKFAST SUPPLIES

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

9/28/06

Kaufman HERALD

\$ 123.75

Payee address; City, State, Zip Code

Kaufman, TEXAS 75142

Purpose of payment (See instructions regarding type of information required.)

Ads

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

9/28/06

MET Publishing

\$ 120.00

Payee address; City, State, Zip Code

JERRILL, TEXAS

Purpose of payment (See instructions regarding type of information required.)

Ads

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

9/28/06

PINA (FUEL)

\$ 75.00

Payee address; City, State, Zip Code

Purpose of payment (See instructions regarding type of information required.)

FUEL

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule G:

2 FILER NAME

WAYNE GENT

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

WAYNE GLENT

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount (\$)

6 Business address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount (\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule I:

2 FILER NAME

WAYNE GENT

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule K:

2 FILER NAME

WAYNE GRAY

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name	8 Amount (\$)
	6 Payor address; City; State; Zip Code	
	7 Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address; City; State; Zip Code	
	Reason for credit	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

OUTSTANDING LOANS

SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule L:

2 FILER NAME

WAYNE GENT

3 ACCOUNT # (Ethics Commission filers)

LENDER INFORMATION

4 Name of lender

WAYNE GENT

5 Lender address; City; State; Zip Code

PO Box 56, Kaufman, Texas 75142

GUARANTOR INFORMATION

6 Name of guarantor

not applicable

7 Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

ASSETS VALUED AT \$500 OR MORE

SCHEDULE M

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule M:

2 FILER NAME

WAYNE GENT

3 ACCOUNT # (Ethics Commission filers)

4 Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

**** Complete only if "Report Type" on page 1 is marked "Final Report" ****

1 C/OH NAME

2 ACCOUNT # (Ethics Commission filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

**** Complete A & B below only if you are not an officeholder. ****

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

**** Complete this section only if you are an officeholder ****

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder