

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:

13 jo

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI

JAMES WAYNE
GENT
NICKNAME LAST SUFFIX

OFFICE USE ONLY

FILED FOR RECORD
AUFMAN CO. TEXAS
AURA A. HUGHES
COUNTY CLERK

OCT 31 11 A 3:09

Date Received

Date Hand-delivered or Date Postmarked

Receipt # Amount

Date Processed

Date Imaged

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

PO Box 566
KAUFMAN, TEXAS 75142

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(972) 932 3180

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI

WAYNE
GENT
NICKNAME LAST SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

PO Box 566
KAUFMAN, TEXAS 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

9 / 29 / 06 THROUGH 10 / 28 / 2006

11 ELECTION

ELECTION DATE: Month Day Year
11 / 7 / 06

ELECTION TYPE:
 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

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. **

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

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

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 4550

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

9284.22

~~\$ 12,754.60~~
9284.22

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 1158.29

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 6,515

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 30th day of October, 20 06, to certify which, witness my hand and seal of office.

Cassi Prestidge
Signature of officer administering oath

Cassi Prestidge
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

JAMES WAYNE GENT

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/8/00

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

DARR ELL GROOMS

7 Amount of contribution (\$)

\$250

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*10 BOX 909
FORNEY, TEXAS 75126*

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

10/12/00

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

MARY DELLER

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*PO BOX 302
KEMP, TEXAS 75143*

Contributor's principal occupation

HOUSEWIFE

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

11/2/00

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

DAVID HEARS

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*405 JOHNSON ST
TERRILL, 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

JAMES WAYNE GENT

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/12/06

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

JENNY C. PARKS

6 Contributor address; City; State; Zip Code

PO BOX 5533

GUN BARRELLITY, TEXAS

7 Amount of contribution (\$)

\$ 100

8 In-kind contribution description (if applicable)

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

10/12/06

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

GLORIA REYNOLDS

Contributor address; City; State; Zip Code

1548 ELIKA COURT

LEWISVILLE, TEXAS 75077

Amount of contribution (\$)

\$ 100

In-kind contribution description (if applicable)

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

10/12/06

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

KITTY HUFF

Contributor address; City; State; Zip Code

102 W. MARBLE ST 216

TERRELL, TEXAS 75160

Amount of contribution (\$)

\$ 500

In-kind contribution description (if applicable)

Contributor's principal occupation

DEPT. LEGAL

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

JAMES WAYNE GENT

3 ACCOUNT # (Ethics Commission files)

4 Date

10/16/06

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

LINDA COLE

7 Amount of contribution (\$)

\$50

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

4636 W 5TH ST
CRANDALL, TEXAS 75114

9 Contributor's principal occupation

Housewife

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

10/16/06

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

PUT PARM

Amount of contribution (\$)

\$100

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

4055 INTERNATIONAL PLAZA
PT WORTH, TEXAS 75109

Contributor's principal occupation

PARM & INVESTMENTS

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

10/14/06

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

CLAY CRAWFORD

Amount of contribution (\$)

\$500

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

4024 MARQUETTE
HOUSTON, TEXAS 77005

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 **JAMES WAYNE GENT** 3 ACCOUNT # (Ethics Commission files)

4 Date 10/14/00	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (IDE) FLOYD SMITH	7 Amount of contribution (\$) \$100	8 In-kind contribution description (if applicable)
	6 Contributor address; City, State; Zip Code 4371 S. FM 148 Kaufman, Texas 75142		

9 Contributor's principal occupation **FORMER** 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 10/10/00	Full name of contributor <input type="checkbox"/> out-of-state PAC (IDE) Kaufman Co. Republican Mens Pac	Amount of contribution (\$) \$350	In-kind contribution description (if applicable)
	Contributor address; City, State; Zip Code PO Box 221 JERRILL, Texas 75160		

Contributor's principal occupation **PAC** 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 10/13/00	Full name of contributor <input type="checkbox"/> out-of-state PAC (IDE) JAMES K. WILSON	Amount of contribution (\$) \$500	In-kind contribution description (if applicable)
	Contributor address; City, State; Zip Code 708 SOKULE DEATON, Texas 76225		

Contributor's principal occupation **CONSULTANT** 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 JAMES WAYNE GENT		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/16/06	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NATHAN STARR	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) \$1800 BILLBOARD
6 Contributor address; City; State; Zip Code 15651 E Hwy 80 SUNNYVALE, TEX 75182		9 Contributor's principal occupation SELLING GOD & STONE	
11 Contributor's employer/law firm		10 Contributor's job title	
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#: _____)	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)			

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.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

JAMES WAYNE GENT

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/1

5 Payee name

LOWES

7 Amount (\$)

\$ 37.76

6 Payee address; City; State; Zip Code

GUNBARRELL CITY

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

TIES

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

Date

10/2

Payee name

Kaufman HERALD

Amount (\$)

\$ 147

Payee address; City; State; Zip Code

Kaufman, TIES

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

905

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

Date

10/3

Payee name

VALGRO

Amount (\$)

\$ 51

Payee address; City; State; Zip Code

JERRILL, TIES

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

Date

10/3

Payee name

JERRILL TRIBUTE

Amount (\$)

\$ 150

Payee address; City; State; Zip Code

JERRILL, TRIBUTE

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

ad

** 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

JAMES WAYNE GENT

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/7

5 Payee name

SCURRY FIRE DEPT

6 Payee address; City; State; Zip Code

SCURRY, TEXAS

7 Amount (\$)

20

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

10/9

Payee name

MET PUBLISHING

Payee address; City; State; Zip Code

JERRELL, TEXAS

Amount (\$)

300

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

Ad

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

Date

10/13

Payee name

WAYNE GENT

Payee address; City; State; Zip Code

PO Box 566
Kaufman, TEXAS

Amount (\$)

200

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

Pymt on loan

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

Date

10/13

Payee name

WALMART

Payee address; City; State; Zip Code

JERRELL, TEXAS

Amount (\$)

59.89

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

Paper 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

JAMES WAYNE GRAY

3 ACCOUNT # (Ethics Commission filers)

4 Date
10/13

5 Payee name
HOME DEPOT

7 Amount (\$)
\$9.44

6 Payee address; City; State; Zip Code
TERRELL, TEXAS

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

TIES

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

Date

Payee name

Amount (\$)

10/16

MAILING SERVICE CO

\$4732.19

Payee address; City; State; Zip Code

1108 QUAKER ST.
DALLAS, TEXAS 75207

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

MAILER

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

Date

Payee name

Amount (\$)

10/20

O'NEAL BUSINESS FORMS

\$1715.39

Payee address; City; State; Zip Code

1150 MISSISSIPPI
DALLAS, TEXAS 75207

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

Payee name

Amount (\$)

10/17

TERRELL TRIBUNE

\$540

Payee address; City; State; Zip Code

TERRELL, TEXAS

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

AOS

** 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 <i>JAMES WAYNE GENT</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>10/17</i>	5 Payee name <i>FORNEY MESSENGER</i>	7 Amount (\$) <i>\$ 532</i>
6 Payee address; City; State; Zip Code <i>FORNEY, TEXAS</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>ADS</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>10/20</i>	Payee name <i>R&R SCREEN PROCESS</i>	Amount (\$) <i>\$ 63.75</i>
Payee address; City; State; Zip Code <i>Kemp, TEXAS</i>		
Purpose of payment (See instructions regarding type of information required.) <i>MAG SIGNS</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>10/22</i>	Payee name <i>VALEMO</i>	Amount (\$) <i>237.04</i>
Payee address; City; State; Zip Code <i>TERRELL, TEXAS</i>		
Purpose of payment (See instructions regarding type of information required.) <i>FUEL</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>10/22</i>	Payee name <i>FINA</i>	Amount (\$) <i>\$ 74.67</i>
Payee address; City; State; Zip Code <i>MOBANK</i>		
Purpose of payment (See instructions regarding type of information required.) <i>FUEL</i>		-- 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 <i>JAMES WAYNE GENT</i>		3 ACCOUNT # (Ethics Commission filers)
4 Date <i>10/20</i>	5 Payee name <i>Mobank MONITOR</i>	7 Amount (\$) <i>\$ 300</i>
6 Payee address; City; State; Zip Code <i>Mobank, TEXAS</i>		
8 Purpose of payment (See instructions regarding type of information required.) <i>Ads</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>10/20</i>	Payee name <i>U.S. POSTAL SERVICE</i>	Amount (\$) <i>\$ 39</i>
Payee address; City; State; Zip Code <i>Kaufman, TEXAS</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Postage</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <i>10/28</i>	Payee name <i>COMBINE FIRE DEPT</i>	Amount (\$) <i>75.00</i>
Payee address; City; State; Zip Code <i>COMBINE, TEXAS</i>		
Purpose of payment (See instructions regarding type of information required.) <i>Donation</i>		-- 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.)		-- 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

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule L:

2 FILER NAME

JAMES WAYNE GEAT

3 ACCOUNT # (Ethics Commission filers)

LENDER INFORMATION

4 Name of lender

WAYNE GEAT

5 Lender address; City; State; Zip Code

PO Box 506, Kaufman, TX 75149

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