

**LOCAL GOVERNMENT OFFICER  
CONFLICTS DISCLOSURE STATEMENT**

6142

FORM CIS

(Instructions for completing and filing this form are provided on the back.)

This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with chapter 176, Local Government Code.

**OFFICE USE ONLY**

Date Received

2006 JAN 20 PM 12:37  
CLERK  
TRAVIS COUNTY TEXAS  
RECORD

1 Name of Local Government Officer

RON DAVIS

2 Office Held

TRAVIS COUNTY COMMISSIONER PRECINCT 1

3 Name of person described by Sections 176.002(a) and 176.003(a), Local Government Code

FIRST SOUTHWEST COMPANY

4 Description of the nature and extent of employment or business relationship with person named in item 3

MY SON IS EMPLOYED BY FIRST SOUTHWEST COMPANY

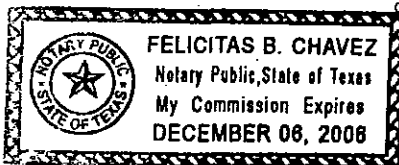
5 List gifts if aggregate value of the gifts received from person named in item 3 exceed \$250

- Date Gift Received \_\_\_\_\_ Description of Gift \_\_\_\_\_  Did Not Accept Gift
- Date Gift Received \_\_\_\_\_ Description of Gift \_\_\_\_\_  Did Not Accept Gift
- Date Gift Received \_\_\_\_\_ Description of Gift \_\_\_\_\_  Did Not Accept Gift

(attach additional forms as necessary)

6 AFFIDAVIT

I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to a family member (as defined by Section 176.001(2), Local Government Code) of a government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(b), Local Government Code.



*Ron Davis*  
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ron Davis this the 19th day of January, 2006, to certify which, witness my hand and seal of office.

*Felicitas B. Chavez*  
Signature of officer administering oath

Felicitas B. Chavez  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

**LOCAL GOVERNMENT OFFICER  
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Date Received

1 Name of Local Government Officer

RON DAVIS

2 Office Held

TRAVIS COUNTY COMMISSIONER PRECINCT 1

3 Name of person described by Sections 176.002(a) and 176.003(a), Local Government Code

J.P. Morgan Chase Bank

4 Description of the nature and extent of employment or business relationship with person named in item 3

Accounts

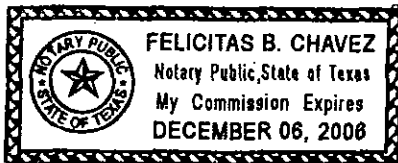
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*Ron Davis*  
\_\_\_\_\_  
Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ron Davis this the 19<sup>th</sup> day of January, 2006, to certify which, witness my hand and seal of office.

*Felicitas B. Chavez* Felicitas B. Chavez Notary Public  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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	Date Received _____
1 Name of Local Government Officer  RON DAVIS	
2 Office Held  TRAVIS COUNTY COMMISSIONER PRECINCT 1	

3 Name of person described by Sections 176.002(a) and 176.003(a), Local Government Code  
  
 TRAVIS COUNTY CREDIT UNION

4 Description of the nature and extent of employment or business relationship with person named in item 3  
  
 ACCOUNT

5 List gifts if aggregate value of the gifts received from person named in item 3 exceed \$250

Date Gift Received \_\_\_\_\_ Description of Gift \_\_\_\_\_  Did Not Accept Gift

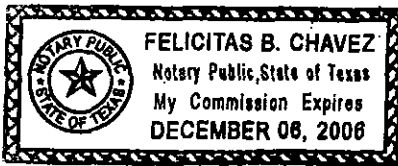
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 Signature of Local Government Officer

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*Felicitas B. Chavez*      Felicitas B. Chavez      Notary Public  
 Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

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1 Name of Local Government Officer  
 RON DAVIS

2 Office Held  
 TRAVIS COUNTY COMMISSIONER PRECINCT 1

3 Name of person described by Sections 176.002(a) and 176.003(a), Local Government Code  
 DAUGHTERS OF CHARITY HEALTH SERVICES OF AUSTIN d/b/a SETON HEALTHCARE NETWORK

4 Description of the nature and extent of employment or business relationship with person named in item 3  
 MY WIFE IS EMPLOYED BY THE DAUGHTERS OF CHARITY HEALTH SERVICES OF AUSTIN d/b/a SETON HEALTHCARE NETWORK

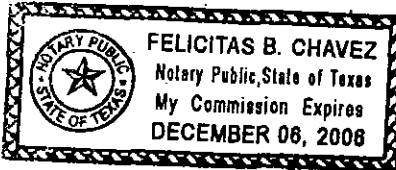
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Date Gift Received _____	Description of Gift _____	<input type="checkbox"/> Did Not Accept Gift
Date Gift Received _____	Description of Gift _____	<input type="checkbox"/> Did Not Accept Gift
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*Ron Davis*  
 \_\_\_\_\_  
 Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ron Davis, this the 19th day of January, 2006, to certify which, witness my hand and seal of office.

*Felicitas B. Chavez*      Felicitas B. Chavez      Notary Public  
 Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath