≡ = PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES Report Status Filer Type Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule I. If yes, complete and attach Schedule II. 3 < Member of the U.S. Annual (May 15) House of Representatives JEFFREY L. FLAKE (Full Name) Amendment State: District: 06 A ¥8 <u>\$</u> < Termination Z 중 ö ζ. < Officer Or Employee VIII. current calendar year? ≤ ≦ For use by Members, officers, and employees reimbursements for travel in the reporting period (worth more than \$350 Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise Did you hold any reportable positions on or before the date of filing in the Did you, your spouse, or a dependent child receive any reportable travel or If yes, complete and attach Schedule VII. from one source)? If yes, complete and attach Schedule VI Termination Date: **Employing Office** (Daytime Telephone) 202.225.2635 Page 1 of HAND DELIVERED anyone who files A \$200 penalty shall more than 30 days be assessed against FEGISLATIVE DESCRIPTE DINNIN 2012 HAY 10 (Office Use Only) 8 8 8 ZC < < ş Ş 중 11:33 33 <

FORM A

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EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

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schedule attached for each "Yes" response.

Each question in this part must be answered and the appropriate

Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?

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ause they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics *9 you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child

Exemptions-

Trusts

If yes, complete and attach Schedule V.

Did you, your spouse, or a dependent child have any reportable liability

(more than \$10,000) during the reporting period?

If yes, complete and attach Schedule IV.

reportable asset in a transaction exceeding \$1,000 during the reporting Did you, your spouse, or dependent child purchase, sell, or exchange any

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Did you have any reportable agreement or arrangement with an outside

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If yes, complete and attach Schedule IX

If yes, complete and attach Schedule VIII.

If yes, complete and attach Schedule III. more than \$1,000 at the end of the period?

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M Name JEFFREY L. FLAKE Page 2 of 6

		Idaliso or and the			0
	BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
ASS	Asset and/or income Source dentity (a) each asset held for investment or production of income with a fair market	Year-End Value of Asset	Type of Income Check all columns that apply.	Amount of Income For retirement accounts that do	Transaction
reportable asse "unearmed" inc	reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.	At close of reporting year. If you use a valuation	do not allow you to choose specific investments or that represents tax-deferred income	investments or that generate tax- deferred income (such as 401(k)	sales (S), or exchanges (E)
Provide comple	Provide complete names of stocks and mutual funds (do not use ticker symbols.)	meriod other than rain	(such as 401(k) plans or IRAs), you may check the "None"	"None" column. For all other assets, indicate the category of	reporting year.
For all IRAs and	For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e.,plans in which you have the power, even if not exercised, to select the specific	If an asset was sold and is included only because it is	column. Dividends, interest, and capital gains, even if	income by checking the appropriate box below.	
reporting threshy only the name of reporting period.	reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.	generated income, the value should be "None."	as income. Check "None" if the asset generated no income during the reporting period.	pains, even if reinvested, must be gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or represented.	
For rental or ot	For rental or other real property held for investment, provide a complete address.			•	
For an ownership it state the name of the location in Block A.	For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.				
Exclude: Your (unless there w \$5,000 or less in, or income d Savings Plan.	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.				
If you so choos spouse (SP) or optional colum	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left.				
JT	326 West 4620 North Provo, UT 84604	\$250,001 - \$500,000	RENT	\$9,500	
JT	APPLE	\$15,001 - \$50,000	CAPITAL GAINS	\$21,511	S(part)

SCHEDULE IV - TRANSACTIONS

Name JEFFREY L. FLAKE

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out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below. Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$2007	Date	Amount of Transaction
ΤĽ	APPLE	S(part)	Yes	01-14-11	\$1,001 - \$15,000
JT	APPLE	S(part)	Yes	02-02-11	\$1,001 - \$15,000
4	APPLE	S(part)	Yes	05-09-11	\$1,001 - \$15,000
JT	APPLE	S(part)	Yes	06-02-11	\$1,001 - \$15,000
JT	APPLE	S(part)	Yes	07-05-11	\$1,001 - \$15,000
JT	APPLE	S(part)	Yes	08-12-11	\$1,001 - \$15,000
JT	APPLE	S(part)	Yes	12-19-11	\$1,001 - \$15,000

SCHEDULE V - LIABILITIES

Name JEFFREY L. FLAKE

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. NOTE: Pending legislation may require Members to report mortgates on personal residences.

JT	JΤ	SP, DC, JT
Countrywide (Bank of America)	CITIMORTGAGE, Inc.	Creditor
1999	August 2005	Date Liability Incurred
Mortgage, Mesa, AZ 85205	Mortgage on 326 West 4620 North, Provo, UT 84604	Type of Liability
\$500,001 - \$1,000,000	\$250,001 - \$500,000	Amount of Liability

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name JEFFREY L. FLAKE Page 5 of 6

spouse or dependent child that is totally independent of his or her relationship to you the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 received by you, sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under

Source	Date(s)	Point of Departure DestinationPoint of Return	Lodging (Y/N)	Food? (Y/N)	Was a Family Prood? Member Included? (Y/N) (Y/N)	Days not at sponsor's expense
Club for Growth	March 3-5	March 3-5 DC-Palm Beach-PHX	Y	~	Y	0 Days
Heritage Foundation	Jan. 27-29	Jan. 27-29 PHX-Los Angeles-PHX	~	~	~	0 Days

SCHEDULE VIII - POSITIONS

Name JEFFREY L. FLAKE

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honorary nature; and positions listed on Schedule I. Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an

National Advisory Board for the College of Family, Home and Social Sciences at BYU	Position	Name of Organization
	Member	വ