	S	OF THESE QUESTIONS	- ANSWER EACH	PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS	PRE
more than 30 days late.	Termination Date:	Terr Termination	☐ Amendment	Report Annual (May 15)	
be assessed against		Employee	itives District: 06	Status House of Representatives	St
A \$200 penalty shall	Employing Office:	Officer Or	State: AZ	Filer Member of the U.S.	n
[Office Use Only)	(Daytime Telephone)		(Full Name)	(Fu	
2009 KAY 114 PH 12: 29	202.225.2635 200		Jeffry Lane Flake	Jeffry I	,
ATEC RESULTED TO	5.0.5				
	For use by Members, officers, and employees		ISCLOSURE STATEM	CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT	C <u>A</u>
DELIVERED	FORM A Page 1 of 6		OF REPRESENT	UNITED STATES HOUSE OF REPRESENTATIVES	S
HAND					

₹ < ₹ Ħ EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS If yes, complete and attach Schedule V. than \$10,000) during the reporting period? Did you, your spouse, or a dependent child have any reportable liability (more reportable asset in a transaction exceeding \$1,000 during the reporting Did you, your spouse, or dependent child purchase, sell, or exchange any If yes, complete and attach Schedule III. 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? or more from any source in the reporting period? Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 If yes, complete and attach Schedule IV. If yes, complete and attach Schedule II. If yes, complete and attach Schedule I. more than \$1,000 at the end of the period? Yes Yes Yes ¥**9**\$ ĕ 3 S 0 S ŏ č 중 < < **≦** Ŗ Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year? ≤ Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 schedule attached for each "Yes" response. If yes, complete and attach Schedule IX. Each question in this part must be answered and the appropriate Did you have any reportable agreement or arrangement with an outside If yes, complete and attach Schedule VIII. If yes, complete and attach Schedule VI. If yes, complete and attach Schedule VII. from one source)? Yes Ύes Yes Ύes

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Exemptions--

tandards of Official Conduct

Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child

because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on

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Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct 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

Trusts-

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SCHEDUL	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	IE Name Jeffry Lane Flake	e Flake		Page 2 of 6
	BLOCK A	BLOCK B	вгоск с	BLOCK D	BLOCK E
Identify (a) ea a fair market v and (b) any ot than \$200 in "land, provide mutual funds retirement plain which you investments), in the accoun plans that are and its value; that is not pul its activities, information, s information s savings accound over the comment of sible savings accound over that of your sible savings accound over the contract of sible savings accound over the contract of sible savings accound over the contract of your sible savings accound over the contract of your sible savings accound over the contract of your sible savings account of the contract of your sible savings account of your sible savings accoun	Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other assets or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). 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 investments), provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the Institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent or sibling; any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. 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 (JT), in the optional column on the far left.	Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA". For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividends and Interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during the calendar year.	Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, Indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.	Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
JT	326 West 4620 North, Provo,	\$250,001 -	Gross rent/NET	\$24_400/-22976	Other
7	Utah 84604	\$500,000	1 =	# P - 1 - 1 - 0 - 0	
JT	3352 N Alpine Vista Way, Lehi, Utah 84043	None	CAPITAL LOSS	-\$61,726	S
JT	Apple Inc.	\$15,001 - \$50,000	CAPITAL GAINS	\$15,001 - \$50,000	S(part)
<u>_</u>	Equitable Tax Sheltered Anuity Alliance Common Stock AXA Premier	None	Retirement	NONE	8
JT	Research In Motion Limited	\$1,001 - \$15,000 CAPITA	CAPITAL GAINS	\$5,001 - \$15,000	S(part)

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SCHEDULE IV - TRANSACTIONS

Name Jeffry Lane Flake

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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 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

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Research In Motion Limited (50SH)	S(part)	3-6-08, 7-31-08	\$1,001 - \$15,000
ΤΓ	Apple Inc.	S(part)	7-2-08, 7-11-08, 9- 19-08	7-2-08, 7-11-08, 9- 19-08
JT	Equitable Tax Sheltered Annuity Alliance Common Stock AXA Premier	Other	12-29-08	\$15,001 - \$50,000
Ţ	3352 N Alpine Vista Way, Lehi, Utah 84043	S	7-15-08	\$250,001 - \$500,000
TL	Apple Inc. (198SH)	Other	12-30-08	\$15,001 - \$50,000

SCHEDULE V - LIABILITIES

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

Name Jeffry Lane Flake

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ards) on	cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.	eaea \$10,000.	
SP, DC, JT	Creditor	Type of Liability	Amount of Liability
7	Wells Fargo	Mortgage on 326 West 4620 North, Provo, Utah 84604	\$250,001 - \$500,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Jeffry Lane 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 sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, 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 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

Source Date(s) Destination-Point of Return (Y/N) (Y/N) Was a Family Point of Departure Lodging? Food? Member Included?	Was a Family Lodging? Food? Member Include (Y/N) (Y/N) (Y/N)	Days not at sponsor's expense
The Aspen Institute Aug. 17-23 PHX-Paris-PHX Y Y Y Congressional Program		none
The Heritage Foundation Jan. 30-31 DC-Baltimore-DC Y Y N		none
The Club for Growth Jan 31- Baltimore-Palm Beach-Salt Y N Lake City		none

FOOTNOTES

N

Number Schedule IV Schedule III Section / Schedule the transaction Cash out of anuity Transferred to a church - no income was realized as a result of Name Jeffry Lane Flake Footnote Equitable Tax
Sheltered Annuity
Alliance Com. Stk. Apple Inc. (198SH) the following item This note refers to Page 6 of 6