Yes No 🗸	Exemptions 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?
t Yes No V	Trusts 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 child?
SNOI	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWER EACH OF THESE QUESTIONS
	If yes, complete and attach Schedule V. schedule attached for each "Yes" response.
nd the appropriate	V. than \$10,000) during the reporting period? Yes V No Each question in this part must be answered and the appropriate
	If yes, complete and attach Schedule IV.
side Yes No	Did you, your spouse, or dependent child purchase, sell, or exchange any IV. reportable asset in a transaction exceeding \$1,000 during the reporting Yes V No (X). entity?
Yes No	more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.
3	ceive "unearned" income of
	If yes, complete and attach Schedule II.
avelor	nation to charity in lieu of paying e reporting period? Yes No 🗸 VII.
ift in	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 Yes No VI. the reporting period (i.e., aggregating more than \$305 and not otherwise
	PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS
more than 30 days late.	Report Type Type Termination Date: Termination
anyone who files	District: 06
A \$200 penalty shall	Member of the U.S. State: AZ Officer Or Employing Office:
(Office Use Only)	(Full Name) (Daytime Telephone)
2008 MAY 15 AH 10: 50 PC	Jeffry Lane Flake 202.225.2635
EGISLATIVE RESOURCE CENTRA	
TAND DEFE	For use by Members, officers, and employees
	INITED STATES HOUSE OF DEDDESENTATIVES FORM A Page 1 of 6

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5 ۲ ۲ in the optional column on the far left. that of your spouse (SP) or dependent child (DC) or is jointly held (JT), Government retirement programs. parent or sibling; any deposits totaling \$5,000 or less in personal debt owed to you by your spouse, or by your or your spouse's child, Exclude: Your personal residence(s) (unless there is rental income); any and its value at the end of the reporting period. For an active business plans that are not self-directed, name the institution holding the account than \$200 in "unearned" income during the year. For rental property or and (b) any other assets or sources of income which generated more a fair market value exceeding \$1,000 at the end of the reporting period, If you so choose, you may indicate that an asset or income source is savings accounts; any financial interest in or income derived from U.S. information, see the instruction booklet. its activities, and its geographic location in Block A. For additional that is not publicly traded, state the name of the business, the nature of in the account that exceeds the reporting threshold. For retirement investments), provide the value and income information on each asset in which you have the power, even if not exercised, to select the specific retirement plans (such as 401(k) plans) that are self directed (i.e., plans mutual funds (do not use ticker symbols). For all IRAs and other land, provide a complete address. Provide full names of stocks and Identify (a) each asset held for investment or production of income with Asset and/or Income Source Premier 3352 N Alpine Vista Way, Lehi Utah 84604 RIMM (80SH) Alliance Common Stock AXA Equitable Tax Sheltered Anuity APPLE (210SH) Utah 84043 326 West 4620 North, Provo, **BLOCK A** 帚 None \$100,000 \$50,001 -None \$500,000 \$250,001 \$500,000 \$250,001 "None." asset was sold and is year. If you use a at close of reporting the value should be it is generated income, included only because method used. If an please specify the than fair market value, valuation method other Value of Asset Year-End **BLOCK B** Name Jeffry Lane Flake CAPITAL GAINS SSOI a brief description in this apply. Check "None" if Check all columns that Retirement CAPITAL GAINS Gross rent/Net Gross rent/NET Farm Income) Partnership income or block. (For example: type of income by writing categories, specify the than one of the listed calendar year. If other asset did not generate any income during the Type of Income BLOCK C \$1,001 - \$2,500 \$1,001 - \$2,500 \$15,001 - \$50,000 \$7,400/\$581 \$13,925/\$513 box below. Dividends, even checking the appropriate category of income by other assets, indicate the you to choose specific accounts that do not allow if reinvested, should be For retirement plans or 'None" if no income was isted as income. Check 'NA" for income. For all nvestments, you may write Amount of Income BLOCK D S S \$1,000 in exchanges (E) had purchases reporting year. exceeding Transaction (P), sales (S), or Indicate if asset **BLOCK E** Page 2 of 6

SCHEDULE IV - TRANSACTIONS

Name Jeffry Lane Flake

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or other securities when the amount of the transaction or series of transactions exceeded \$1,000. Include transactions that resulted in a loss. Do not report a 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, ٦ Ţ transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief \exists Ţ \vdash Z, QÇ, ŞP, APPLE (50SH) APPLE (60SH) APPLE (50SH) APPLE (50SH) RIMM (80SH) Asset ഗ ഗ ഗ S **Transaction** Type of 02-0507 08-07-07 12-11-07 07-11-07 10-11-07 Date \$1,001 - \$15,000 \$15,001 - \$50,000 \$1,001 - \$15,000 \$1,001 - \$15,000 \$15,001 - \$50,000 **Amount of Transaction**

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Name Jeffry Lane Flake

Page 4 of 6

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.

SP, DC,			
JT	Creditor	Type of Liability	Amount of Liability
Ţ	Wells Fargo	Mortgage on 326 West 4620 North, Provo, Utah 84604	\$250,001 - \$500,000
Ţ	Net Bank	Mortgage on 3352 N. Alpine Vista Way, Lehi, Utah 84043	\$250,001 - \$500,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Jeffry Lane Flake

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spouse or dependent child that is totally independent of his or her relationship to you. 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 \$305 received by 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

Source	Date(s)	Point of Departure DestinationPoint of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Lodging? Food? Member Included? (Y/N) (Y/N) (Y/N)	Days not at sponsor's expense
Club for Growth	Mar. 29- Apr. 1	DC - Palm Beach - PHX	~	≺	≺	none
Heritage	Feb.1 - 3	Feb.1 - 3 DC - Baltimore - PHX	~	_	Z	none
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FOOTNOTES	S	Name Jeffry Lane Flake	Page 6 of 6
Number	Section / Schedule	Footnote	This note refers to the following item
4	Schedule III	This asset, Equitable TSA, was previously reported as two assets: Alliance Common Stock and AXA Premier VIP	Equitable TSA Alliance Common Stock AXA Premier

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