

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
JEFF FLAKE FOR CONGRESS

ADDRESS (number and street) PO Box 21447
 Check if different than previously reported. (ACC) Mesa AZ 85277

2. **FEC IDENTIFICATION NUMBER** C00347260
CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**
3. IS THIS REPORT NEW (N) OR AMENDED (A) AZ 06

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on [] [] [] in the State of []
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [] [] [] in the State of []

5. Covering Period 01 01 2008 through 03 31 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Steven Voeller

Signature of Treasurer Electronically Filed by Steven Voeller Date 12 22 2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

JEFF FLAKE FOR CONGRESS

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	58742.00	913223.14
(b) Total Contribution Refunds (from Line 20(d)).....	400.00	4060.31
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	58342.00	909162.83
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	70915.76	335307.07
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	193.40
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	70915.76	335113.67
8. Cash on Hand at Close of Reporting Period (from Line 27).....	974536.74	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
JEFF FLAKE FOR CONGRESS

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

44900.00

789216.14

(ii) Unitemized.....

7842.00

9507.00

(iii) TOTAL of contributions

52742.00

798723.14

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

(c) Other Political Committees (such as PACS).....

6000.00

114500.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

58742.00

913223.14

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

0.00

(add Lines 13(a) and (b)).....

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

193.40

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

58742.00

913416.54

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	70915.76	335307.07
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	400.00	4060.31
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	400.00	4060.31
21. OTHER DISBURSEMENTS.....	12000.00	21061.97
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	83315.76	360429.35

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	999110.50
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	58742.00
25. SUBTOTAL (add Line 23 and Line 24).....	1057852.50
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	83315.76
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	974536.74

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 / 77
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Robert Dorsey

Mailing Address 42012 N. 101st Way

City State Zip Code
Scottsdale AZ 85262

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 0 2 / 2 0 0 8

Transaction ID: INC.A.7329

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr. Rex A Sinquefield

Mailing Address 7777 Bonhomme, Ste. 2150

City State Zip Code
St. Louis MO 63105

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation N/A

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 0 2 / 2 0 0 8

Transaction ID: INC.A.7516

Amount of Each Receipt this Period
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr. Edward Lewandowski

Mailing Address 805 Darrell Rd.

City State Zip Code
Hillsborough CA 94010

FEC ID number of contributing federal political committee. **C**

Name of Employer Info requested Occupation Info requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 0 3 / 2 0 0 8

Transaction ID: INC.A.7339

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **2650.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Kevin P. Knight		Date of Receipt
	Mailing Address 8350 W. La Caille		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 01 / 07 / 2008
	City	State	Zip Code
	Peoria	AZ	85382
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.7336
Name of Employer Knight Transportation		Occupation executive	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 1000.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Mr. Edward Diefenthal		Date of Receipt
	Mailing Address 131 Airline Drive Suite 202		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 01 / 08 / 2008
	City	State	Zip Code
	Metairie	LA	70001
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.7330
Name of Employer Wood Vine Group		Occupation CEO	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 2300.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Mr. Robert McDowell		Date of Receipt
	Mailing Address 1298 Bluff Rd.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 01 / 08 / 2008
	City	State	Zip Code
	Newport	VT	05855
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.7518
Name of Employer Dartmouth-Hitchcock Clinic		Occupation Pathologist	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 200.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 3500.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Ross N. Farnsworth, Jr.		Date of Receipt
	Mailing Address 622 N. Miramar		<input type="checkbox"/> 01 / <input type="checkbox"/> 10 / <input type="checkbox"/> 2008
	City	State	Zip Code
	Mesa	AZ	85213
	FEC ID number of contributing federal political committee.		C
Name of Employer self employed		Occupation	Transaction ID: INC.A.7331
Receipt For: 2008		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	2000.00		Amount of Each Receipt this Period
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Mrs. Donell Heywood		Date of Receipt
	Mailing Address 4713 E. Grove Circle		<input type="checkbox"/> 01 / <input type="checkbox"/> 24 / <input type="checkbox"/> 2008
	City	State	Zip Code
	Mesa	AZ	85206
	FEC ID number of contributing federal political committee.		C
Name of Employer N/A		Occupation	Transaction ID: INC.A.7334
Receipt For: 2008		Election Cycle-to-Date ▼	
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	4600.00		Amount of Each Receipt this Period
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Mrs. Donell Heywood		Date of Receipt
	Mailing Address 4713 E. Grove Circle		<input type="checkbox"/> 01 / <input type="checkbox"/> 24 / <input type="checkbox"/> 2008
	City	State	Zip Code
	Mesa	AZ	85206
	FEC ID number of contributing federal political committee.		C
Name of Employer N/A		Occupation	Transaction ID: INC.A.7333
Receipt For: 2008		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	4600.00		Amount of Each Receipt this Period
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	5600.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Mr. Robert Bertrand	Date of Receipt MM / DD / YYYY 01 / 30 / 2008
	Mailing Address 4333 E. Lakeside Lane	Transaction ID: INC.A.7313
	City State Zip Code Paradise Valley AZ 85253	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Concord Servicing Corp. Chairman	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

B.	Full Name (Last, First, Middle Initial) Dr. Robert Weber	Date of Receipt MM / DD / YYYY 01 / 30 / 2008
	Mailing Address 1730 Columbia Circle	Transaction ID: INC.A.7306
	City State Zip Code Flagstaff AZ 86004	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation N/A Retired	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 450.00	

C.	Full Name (Last, First, Middle Initial) Don Tapia	Date of Receipt MM / DD / YYYY 02 / 06 / 2008
	Mailing Address 175 E. Corporate Place	Transaction ID: INC.A.7301
	City State Zip Code Chandler AZ 85225	Amount of Each Receipt this Period 1800.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation EGM Inc. Chairman	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

SUBTOTAL of Receipts This Page (optional)	▶	3050.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 77
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mrs. Evelyn Timmons

Mailing Address P.O. Box 1389

City State Zip Code
Scottsdale AZ 85252

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt MM / DD / YYYY
02 / 06 / 2008

Transaction ID: INC.A.7284

Amount of Each Receipt this Period 100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr. Lester Weindling

Mailing Address 515 Madison Ave.
Floor 27

City State Zip Code
New York NY 10022

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Real Estate Investments

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
02 / 07 / 2008

Transaction ID: INC.A.7300

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr. William Hayes

Mailing Address 2434 Leisure World

City State Zip Code
Mesa AZ 85206

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 275.00

Date of Receipt MM / DD / YYYY
02 / 18 / 2008

Transaction ID: INC.A.7303

Amount of Each Receipt this Period 50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 1150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Mr. Kyle Moyer		Date of Receipt
	Mailing Address 7525 E. Camelback Rd., Suite 104		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 6 / 2 0 0 8
	City	State	Zip Code
	Scottsdale	AZ	85251
	FEC ID number of contributing federal political committee.		Transaction ID: INC.A.7371
Name of Employer Self Employed		Occupation Consultant	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 1000.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Mr. Robert Escherich		Date of Receipt
	Mailing Address 4928 E. Grandview Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 8 / 2 0 0 8
	City	State	Zip Code
	Mesa	AZ	85205
	FEC ID number of contributing federal political committee.		Transaction ID: INC.A.7531
Name of Employer N/A		Occupation Retired	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 150.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Mr. Robert Hutt		Date of Receipt
	Mailing Address 89 E. Country Cub Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 8 / 2 0 0 8
	City	State	Zip Code
	Phoenix	AZ	85014
	FEC ID number of contributing federal political committee.		Transaction ID: INC.A.7398
Name of Employer Alliance Res Co.		Occupation Real Estate Developer	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/> 100.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1250.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 77
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. James E. Warne, Jr.
 Mailing Address 3737 E. Broadway Rd., Ste B
 City State Zip Code
Phoenix AZ 85040-292
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Warne Company Executive
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 3300.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 2 8 / 2 0 0 8
Transaction ID: INC.A.7409
 Amount of Each Receipt this Period
 2300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mrs. Carolyn Cox
 Mailing Address 10459 E. Sonoran Vista Trail
 City State Zip Code
Tucson AZ 85749
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
N/A Retired
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 700.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 0 1 / 2 0 0 8
Transaction ID: INC.A.7348
 Amount of Each Receipt this Period
 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
John R. Dewane
 Mailing Address 6951 W. Kimberly Way
 City State Zip Code
Glendale AZ 85308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Honeywell, Inc. consultant
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 0 1 / 2 0 0 8
Transaction ID: INC.A.7351
 Amount of Each Receipt this Period
 100.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 2900.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 77
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d	
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	14	
							<input type="checkbox"/>	15

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Russell Glauser

Mailing Address 4040 E. McLellan #18

City State Zip Code
Mesa Az 85205

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2008

Transaction ID: INC.A.7354

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Mr. John Heskett

Mailing Address 1037 E. Northview Ave.

City State Zip Code
Phoenix AZ 85020

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2008

Transaction ID: INC.A.7395

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Mr. Ralph Joy

Mailing Address P.O. Box 1258

City State Zip Code
Lakeside AZ 85929

FEC ID number of contributing federal political committee. **C**

Name of Employer Cherokee Land Corp. Occupation Merchant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2008

Transaction ID: INC.A.7361

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 77
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ms. Helen Teichman

Mailing Address 10357 White Mountain Rd.

City State Zip Code
Sun City AZ 85351

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2008

Transaction ID: INC.A.7406

Amount of Each Receipt this Period
50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Hazel Hare

Mailing Address 8020 N. Mummy Mt. Road

City State Zip Code
Paradise Valley AZ 85253

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
03 / 02 / 2008

Transaction ID: INC.A.7358

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Vernon Hastings

Mailing Address 8500 E. Southern Ave.
#58

City State Zip Code
Mesa AZ 85208

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
03 / 02 / 2008

Transaction ID: INC.A.7394

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1300.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 77
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. James Pate

Mailing Address 10513 E. Navajo Place

City State Zip Code
Sun Lakes AZ 85248

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
N/A Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 02 / 2008

Transaction ID: INC.A.7268

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr. Evans Guidroz

Mailing Address 2380 El Camino Real

City State Zip Code
Sierra Vista AZ 85635

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Rancher

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 03 / 2008

Transaction ID: INC.A.7357

Amount of Each Receipt this Period
200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr. Evans Guidroz

Mailing Address 2380 El Camino Real

City State Zip Code
Sierra Vista AZ 85635

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Rancher

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 03 / 2008

Transaction ID: INC.A.7258

Amount of Each Receipt this Period
200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 77

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Mr. Jon Jagger

Mailing Address P.O. Box 418

City State Zip Code
Glendale AZ 85311

FEC ID number of contributing federal political committee. **C**

Name of Employer Info Requested Occupation Info Requested

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 200.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 03 / 2008

Transaction ID: INC.A.7360

Amount of Each Receipt this Period

100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Mr. S. Harry Robertson

Mailing Address 5994 E. Orange Blossom Lane

City State Zip Code
Phoenix AZ 85018

FEC ID number of contributing federal political committee. **C**

Name of Employer Info Requested Occupation Info Requested

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 200.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 03 / 2008

Transaction ID: INC.A.7374

Amount of Each Receipt this Period

100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Mr. Ben Gingg

Mailing Address 5824 N. 129th Drive

City State Zip Code
Litchfield Park AZ 85340

FEC ID number of contributing federal political committee. **C**

Name of Employer Info Requested Occupation Info Requested
Triple G Dairy Dairy Farmer

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 200.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 04 / 2008

Transaction ID: INC.A.7353

Amount of Each Receipt this Period

100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶

300.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 77

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Robert Greening

Mailing Address 3500 E. Lincoln Drive, #24

City State Zip Code
Phoenix AZ 85018

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
N/A Retired

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1700.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 04 / 2008

Transaction ID: INC.A.7316

Amount of Each Receipt this Period

250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Leonard W. Huck

Mailing Address 7501 E. Thompson Peak PKWY
#520

City State Zip Code
Scottsdale AZ 85255

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
N/A Retired

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 04 / 2008

Transaction ID: INC.A.7317

Amount of Each Receipt this Period

100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Mr. Richard Jernigan

Mailing Address 10909 Greenwillow Street

City State Zip Code
Houston TX 77035

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Bacou-Dalloz Sales Manager

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 04 / 2008

Transaction ID: INC.A.7323

Amount of Each Receipt this Period

250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶

600.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d (check only one) <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	PAGE 17 / 77
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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Mr. Gordon Smith	Date of Receipt MM / DD / YYYY 03 / 04 / 2008
	Mailing Address 1055 N. Camino Del Codorniz	Transaction ID: INC.A.7375
	City State Zip Code Tucson AZ 85748	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer N/A Occupation Retired Receipt For: 2008 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 200.00	

B.	Full Name (Last, First, Middle Initial) Col. James Stieber	Date of Receipt MM / DD / YYYY 03 / 05 / 2008
	Mailing Address 6446-40 E. Trailridge Circle	Transaction ID: INC.A.7379
	City State Zip Code Mesa AZ 85215	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Southwest Airlines Occupation Pilot Receipt For: 2008 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 200.00	

C.	Full Name (Last, First, Middle Initial) Mr. Tim Walsh	Date of Receipt MM / DD / YYYY 03 / 05 / 2008
	Mailing Address 18 E. Echo Lane	Transaction ID: INC.A.7381
	City State Zip Code Phoenix AZ 85020	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Walsh Bros. Occupation Executive Receipt For: 2008 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Mr. Robert Caldwell		Date of Receipt
	Mailing Address 1511 Galleon Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 06 / 2008
	City	State	Zip Code
	Naples	FL	34102
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer N/A		Occupation Retired	Transaction ID: INC.A.7244
Receipt For: 2008		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General		<input type="text"/> 200.00
<input type="checkbox"/> Other (specify) ▼		<input type="text"/> 200.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Donna Ellsworth Bolen		Date of Receipt
	Mailing Address 600 W. Chandler Blvd.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 06 / 2008
	City	State	Zip Code
	Chandler	AZ	85249
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Self		Occupation Real Estate Broker	Transaction ID: INC.A.7245
Receipt For: 2008		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General		<input type="text"/> 100.00
<input type="checkbox"/> Other (specify) ▼		<input type="text"/> 200.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Mrs. Camilla Gentz		Date of Receipt
	Mailing Address 4444 E. Camelback Rd. #20		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 06 / 2008
	City	State	Zip Code
	Phoenix	AZ	85018
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer N/A		Occupation Homemaker	Transaction ID: INC.A.7256
Receipt For: 2008		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General		<input type="text"/> 250.00
<input type="checkbox"/> Other (specify) ▼		<input type="text"/> 550.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 550.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Mr. Leslie Rose

Mailing Address 330 S. Ocean Blvd, Apt. 3B

City State Zip Code
Palm Beach FL 33480

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

1000.00

Date of Receipt
MM / DD / YYYY
03 / 07 / 2008

Transaction ID: INC.A.7277

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Mr. Harry Davis

Mailing Address 195. N. 1400 E.

City State Zip Code
Pleasant Grove UT 84062

FEC ID number of contributing federal political committee. **C**

Name of Employer Info Requested Occupation Info Requested

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

250.00

Date of Receipt
MM / DD / YYYY
03 / 08 / 2008

Transaction ID: INC.A.7250

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
James K. Skelly

Mailing Address 7747 E. 4th St.

City State Zip Code
Scottsdale AZ 85251

FEC ID number of contributing federal political committee. **C**

Name of Employer self employed Occupation public affairs

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

200.00

Date of Receipt
MM / DD / YYYY
03 / 08 / 2008

Transaction ID: INC.A.7280

Amount of Each Receipt this Period
200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1300.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 77
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. John Morganti

Mailing Address 10 Rockledge Road

City State Zip Code
Rochester NH 03867

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FairPoint Communications Business Analyst

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2008

Transaction ID: INC.A.7533

Amount of Each Receipt this Period
200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr. John Childs

Mailing Address 165 Sago Palm Road

City State Zip Code
Vero Beach FL 32963

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
JW Childs & Associates Chairman

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 10 / 2008

Transaction ID: INC.A.7415

Amount of Each Receipt this Period
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr. William Hanley

Mailing Address 250 Jungle Road

City State Zip Code
Palm Beach FL 33480

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Lexington Management Group Manager

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 10 / 2008

Transaction ID: INC.A.7453

Amount of Each Receipt this Period
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **4800.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 77
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ms. Jane Beneke

Mailing Address 4201 Armstrong Pky

City State Zip Code
Dallas TX 75205

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Homemaker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 11 / 2008

Transaction ID: INC.A.7412

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr. Miles Freedman

Mailing Address 14600 Weston Parkway Suite 200

City State Zip Code
Cary NC 27513

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 11 / 2008

Transaction ID: INC.A.7419

Amount of Each Receipt this Period
150.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr. Peter Humphris

Mailing Address 14 Manassa Drive

City State Zip Code
Toms River NJ 08757

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 11 / 2008

Transaction ID: INC.A.7427

Amount of Each Receipt this Period
200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **450.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 77
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Mr. Clint Magnussen		Date of Receipt
	Mailing Address 3500 E. Lincoln Drive #42		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 11 / 2008
	City	State	Zip Code
	Phoenix	AZ	85018
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.7431
Name of Employer Self Employed		Occupation Consultant	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 200.00
		<input type="text"/> 300.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Mr. Marcus J. Epperson		Date of Receipt
	Mailing Address 1507 Saddlecreek Dr.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 12 / 2008
	City	State	Zip Code
	Houston	TX	77090
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.7417
Name of Employer N/A		Occupation Retired	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 200.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Lou Grubb		Date of Receipt
	Mailing Address 4502 E. Moonlight Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 13 / 2008
	City	State	Zip Code
	Paradise Valley	AZ	85253
	FEC ID number of contributing federal political committee. C		Transaction ID: INC.A.7452
Name of Employer N/A		Occupation Retired	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 1900.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 400.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 77
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. William Benton

Mailing Address 2888 N.E. 25th Ct.

City State Zip Code
Fort Lauderdale FL 33305

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Information Requested

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
03 / 14 / 2008

Transaction ID: INC.A.7445

Amount of Each Receipt this Period
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Timothy H. Kindt

Mailing Address 3711 E. Huber Street

City State Zip Code
Mesa AZ 85205

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Dentist

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
03 / 14 / 2008

Transaction ID: INC.A.7428

Amount of Each Receipt this Period
150.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Lanning Macfarland, Jr.

Mailing Address 415 N. State Street

City State Zip Code
Chicago IL 60610

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation
N/A

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
03 / 14 / 2008

Transaction ID: INC.A.7430

Amount of Each Receipt this Period
200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **2650.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 77

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Mr. Ogden White

Mailing Address 128 S. Beach Rd.
P.O. Box 1669

City Hobe Sound State FL Zip Code 33475

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt MM / DD / YYYY
03 / 14 / 2008

Transaction ID: INC.A.7463

Amount of Each Receipt this Period 100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Mr. William Groszkruger

Mailing Address 11200 Secretariat

City Walton State NE Zip Code 68461

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Self Financial Advisor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt MM / DD / YYYY
03 / 17 / 2008

Transaction ID: INC.A.7422

Amount of Each Receipt this Period 150.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Mr. William Hayes

Mailing Address 2434 Leisure World

City Mesa State AZ Zip Code 85206

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
N/A Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 275.00

Date of Receipt MM / DD / YYYY
03 / 17 / 2008

Transaction ID: INC.A.7423

Amount of Each Receipt this Period 50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 300.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 77
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Mr. Rudolph Silc</p> <p>Mailing Address 3017 Exchange Court, Ste. C</p> <p>City State Zip Code West Palm Beach FL 33409</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self Employed Real Estate</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 03 / 17 / 2008</p> <p>Transaction ID: INC.A.7438</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Mr. and Mr Jerod E. Tufte</p> <p>Mailing Address 3630 26th Street, SE</p> <p>City State Zip Code Dawson ND 85428</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">200.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 03 / 17 / 2008</p> <p>Transaction ID: INC.A.7461</p> <p>Amount of Each Receipt this Period 100.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) Mr. Robert Ward</p> <p>Mailing Address 330 W. Berridge Lane</p> <p>City State Zip Code Phoenix AZ 85013</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation WestMarc Executive</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 03 / 17 / 2008</p> <p>Transaction ID: INC.A.7441</p> <p>Amount of Each Receipt this Period 1000.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	1350.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 77
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Charles Crary

Mailing Address 8401 E. Woodland Road

City Tucson State AZ Zip Code 85749

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt: 03 / 18 / 2008
Transaction ID: INC.A.7416
 Amount of Each Receipt this Period: 200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr. Burnell Kraft

Mailing Address 12 Allen Bend Place

City Decatur State IL Zip Code 62521

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 03 / 18 / 2008
Transaction ID: INC.A.7429
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Ms. Cynthia Thomas

Mailing Address 1000 Simon Drive

City Plano State TX Zip Code 75025

FEC ID number of contributing federal political committee. **C**

Name of Employer Info Requested Occupation Info Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt: 03 / 18 / 2008
Transaction ID: INC.A.7460
 Amount of Each Receipt this Period: 200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1400.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 77
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Donald R. Diamond

Mailing Address 2200 E. River Road, Suite 115

City Tucson State AZ Zip Code 85718

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation investor

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt: 03 / 19 / 2008
Transaction ID: INC.A.7446
 Amount of Each Receipt this Period: 1300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Donald R. Diamond

Mailing Address 2200 E. River Road, Suite 115

City Tucson State AZ Zip Code 85718

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation investor

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt: 03 / 19 / 2008
Transaction ID: INC.A.7447
 Amount of Each Receipt this Period: 2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Mr. Charles Albers

Mailing Address 340 S. Palm Ave., Unit 512

City Sarasota State FL Zip Code 34236

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt: 03 / 21 / 2008
Transaction ID: INC.A.7288
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **4600.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 77
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Marion Wells		Date of Receipt MM / DD / YYYY 03 / 21 / 2008
	Mailing Address 2000 S. Ocean Lane		Transaction ID: INC.A.7298
	City Ft. Lauderdale	State FL	Zip Code 33076
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer N/A	Occupation Retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) Mr. Ben Andre		Date of Receipt MM / DD / YYYY 03 / 22 / 2008
	Mailing Address 1220 Northwood Loop		Transaction ID: INC.A.7444
	City Prescott	State AZ	Zip Code 86303
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer N/A	Occupation Retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 200.00		

C.	Full Name (Last, First, Middle Initial) Mr. Daniel Diethelm		Date of Receipt MM / DD / YYYY 03 / 22 / 2008
	Mailing Address 6109 N. Palo Christi		Transaction ID: INC.A.7448
	City Paradise Valley	State AZ	Zip Code 85253
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00
	Name of Employer Hypercom Corp.	Occupation Board Member	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00		

SUBTOTAL of Receipts This Page (optional)	▶	2900.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 77
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mr. Thomas Hodgman, Sr.

Mailing Address 731 Sasco Hill Road

City State Zip Code
Fairfield CT 06430

FEC ID number of contributing federal political committee. **C**

Name of Employer Dock Street Asset Mgmt. Occupation Investment Manager

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 22 / 2008

Transaction ID: INC.A.7454

Amount of Each Receipt this Period
150.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mr. Orlando Brieva

Mailing Address 5011 SW 87th Ave.

City State Zip Code
Miami FL 33165

FEC ID number of contributing federal political committee. **C**

Name of Employer Machi Community Services Occupation Office Manager

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2008

Transaction ID: INC.A.7496

Amount of Each Receipt this Period
50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Lawrence J. Koep, M.D.

Mailing Address 3729 E. Rancho Dr.

City State Zip Code
Paradise Valley AZ 85253

FEC ID number of contributing federal political committee. **C**

Name of Employer self employed Occupation surgeon

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2008

Transaction ID: INC.A.7498

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **700.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 77
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d	<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	14	<input type="checkbox"/>	15
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
John S. Mueller

Mailing Address 11949 N. 80th Place

City State Zip Code
Scottsdale AZ 85260

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Laidlaw Corp. Chairman

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 26 / 2008

Transaction ID: INC.A.7500

Amount of Each Receipt this Period
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	44900.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 77
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Branch Banking and Trust Company PAC
Mailing Address P.O. Box 1290

City State Zip Code
Winston-Salem NC 27102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 0 2 / 2 0 0 8

Transaction ID: INC.A.7328

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
United Egg Association PAC
Mailing Address 1720 Windward Concourse
Suite 230

City State Zip Code
Alpharetta GA 30005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 2 7 / 2 0 0 8

Transaction ID: INC.A.7462

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Latino Christian Political Committee
Mailing Address 11535 N. 81st Avenue

City State Zip Code
Peoria AZ 85345

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 0 2 / 2 0 0 8

Transaction ID: INC.A.7499

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 77
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
National Club Association CLUBPAC
Mailing Address 1201 15th Ste. 450

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 03 / 2008

Transaction ID: INC.A.7456

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Freeport-McMoran Copper & Gold PAC
Mailing Address 1615 Poydras Street

City State Zip Code
New Orleans LA 70112

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 07 / 2008

Transaction ID: INC.A.7450

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
The PAC of Orbital Sciences
Mailing Address 21700 Atlantic Boulevard

City State Zip Code
Dulles VA 20166

FEC ID number of contributing federal political committee. **C** C00195263

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 07 / 2008

Transaction ID: INC.A.7457

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

TOTAL This Period (last page this line number only) ► **6000.00**

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Adfero Group, LLC

Transaction ID: EXP.B.7614
Date of Disbursement

Mailing Address 1140 Connecticut Ave., NW
Suite 610

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	0	8

City Washington State DC Zip Code 20036

Amount of Each Disbursement this Period

6.20

Purpose of Disbursement
Online fundraising fee

003

Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Adfero Group, LLC

Transaction ID: EXP.B.7615
Date of Disbursement

Mailing Address 1140 Connecticut Ave., NW
Suite 610

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	0	8

City Washington State DC Zip Code 20036

Amount of Each Disbursement this Period

175.25

Purpose of Disbursement
Online fundraising fee

003

Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Mr. Mike Haller

Transaction ID: EXP.B.7466
Date of Disbursement

Mailing Address 2051 W. Gila Lane

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	0	8

City Chandler State AZ Zip Code 85224

Amount of Each Disbursement this Period

5932.00

Purpose of Disbursement
Bonus

001

Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

6113.45

TOTAL This Period (last page this line number only)

--

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Mr. Mike Haller

Transaction ID: EXP.B.7467
Date of Disbursement

Mailing Address 2051 W. Gila Lane

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	0	8

City Chandler State AZ Zip Code 85224

Amount of Each Disbursement this Period

622.35

Purpose of Disbursement
Reimbursement - Mileage

002

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Mr. Mike Haller

Transaction ID: EXP.B.7465
Date of Disbursement

Mailing Address 2051 W. Gila Lane

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	0	8

City Chandler State AZ Zip Code 85224

Amount of Each Disbursement this Period

3290.00

Purpose of Disbursement
Wages

001

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Internal Revenue Service

Transaction ID: EXP.B.7464
Date of Disbursement

Mailing Address IRS Center

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	0	8

City Ogden State UT Zip Code 84201

Amount of Each Disbursement this Period

1097.42

Purpose of Disbursement
Taxes

001

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

5009.77

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address P.O. Box 96082 City Bellevue State WA Zip Code 98009 Purpose of Disbursement Wireless internet/mobile phones Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.7468 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 8 Amount of Each Disbursement this Period 528.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) U.S. Postmaster Mailing Address 135 N. Center City Mesa State AZ Zip Code 85201-9995 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.7535 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 8 Amount of Each Disbursement this Period 246.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Bajjo Grill Mailing Address 1616 S. Stapley Drive City Mesa State AZ Zip Code 85204 Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.7537 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 8 Amount of Each Disbursement this Period 20.37 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

794.87

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Deemo's Mailing Address 2501 E. Camelback Rd., Ste. 30 City Phoenix State AZ Zip Code 85016 Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: EXP.B.7536 Date of Disbursement 01 / 04 / 2008 Amount of Each Disbursement this Period 29.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Crackers & Co. Mailing Address 1325 N Greenfield Rd City Mesa State AZ Zip Code 85205 Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: EXP.B.7538 Date of Disbursement 01 / 07 / 2008 Amount of Each Disbursement this Period 52.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Adfero Group, LLC Mailing Address 1140 Connecticut Ave., NW Suite 610 City Washington State DC Zip Code 20036 Purpose of Disbursement Online fundraising fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: EXP.B.7616 Date of Disbursement 01 / 08 / 2008 Amount of Each Disbursement this Period 23.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

105.40

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) E2C Consulting Mailing Address P.O. Box 29576 City Washington State DC Zip Code 20017 Purpose of Disbursement Fundraising fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.7473 Date of Disbursement 01 / 10 / 2008 Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Internal Revenue Service Mailing Address IRS Center City Ogden State UT Zip Code 84201 Purpose of Disbursement Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.7469 Date of Disbursement 01 / 10 / 2008 Amount of Each Disbursement this Period 1097.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Maricopa County GOP Mailing Address 3501 N. 24th Street City Phoenix State AZ Zip Code 85016 Purpose of Disbursement Banner fee Candidate Name Maricopa County GOP Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.7472 Date of Disbursement 01 / 10 / 2008 Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

3197.42

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Adfero Group, LLC

Transaction ID: EXP.B.7617
Date of Disbursement

Mailing Address 1140 Connecticut Ave., NW
Suite 610

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	1		2	0	0	8

City Washington State DC Zip Code 20036

Amount of Each Disbursement this Period

25.00

Purpose of Disbursement
Online fundraising fee

003

Candidate Name

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
EJ's Steakhouse

Transaction ID: EXP.B.7539
Date of Disbursement

Mailing Address 5069 E. McKellips Rd

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	4		2	0	0	8

City Mesa State AZ Zip Code 85215

Amount of Each Disbursement this Period

70.75

Purpose of Disbursement
Fundraising meeting/meals

003

Candidate Name

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Hoosier Cafe

Transaction ID: EXP.B.7540
Date of Disbursement

Mailing Address 393 W. Warner Rd., #102

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	4		2	0	0	8

City Chandler State AZ Zip Code 85225

Amount of Each Disbursement this Period

35.09

Purpose of Disbursement
Meals

001

Candidate Name

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

130.84

TOTAL This Period (last page this line number only)

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 40 / 77

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) PF Changs <hr/> Mailing Address 740 South Mill Ave. <hr/> City Tempe State AZ Zip Code 85281 <hr/> Purpose of Disbursement Meals Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.7541 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 4 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 26.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Bajjo Grill <hr/> Mailing Address 1616 S. Stapley Drive <hr/> City Mesa State AZ Zip Code 85204 <hr/> Purpose of Disbursement Meals Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.7542 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 23.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Compass Bank <hr/> Mailing Address P.O. Box 2210 <hr/> City Decatur State AL Zip Code 35699 <hr/> Purpose of Disbursement Bank fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.7543 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 34.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	84.14
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
US Airways

Mailing Address 4000 E. Sky Harbor Blvd, CH-GOV

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement

Airfare

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: EXP.B.7544
Date of Disbursement

01 / 16 / 2008

Amount of Each Disbursement this Period

1602.50

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
US Airways

Mailing Address 4000 E. Sky Harbor Blvd, CH-GOV

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement

Airfare

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: EXP.B.7545
Date of Disbursement

01 / 16 / 2008

Amount of Each Disbursement this Period

947.50

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
America Online

Mailing Address 6 N. Sixth Street
Suite 400

City Richmond State VA Zip Code 23219

Purpose of Disbursement

Internet provider

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: EXP.B.7550
Date of Disbursement

01 / 17 / 2008

Amount of Each Disbursement this Period

25.90

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

2575.90

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address P.O. Box 96082 City Bellevue State WA Zip Code 98009 Purpose of Disbursement Wireless phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.7547 Date of Disbursement 01 / 17 / 2008 Amount of Each Disbursement this Period 310.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Data Doctor's Mailing Address 2090 E. University Drive Suite 101 City Tempe State AZ Zip Code 85281 Purpose of Disbursement Computer repair Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.7553 Date of Disbursement 01 / 18 / 2008 Amount of Each Disbursement this Period 99.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Capitol Hill Suites Mailing Address 200 C Street, SE City Washington State DC Zip Code 20003 Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.7564 Date of Disbursement 01 / 20 / 2008 Amount of Each Disbursement this Period 230.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

639.54

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Arizona Department of Revenue

Mailing Address P.O. Box 29009

City Phoenix State AZ Zip Code 85038

Purpose of Disbursement
Taxes

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: EXP.B.7477
Date of Disbursement

01 / 22 / 2008

Amount of Each Disbursement this Period

294.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
AT&T

Mailing Address P.O. Box 269077

City Sacramento State CA Zip Code 95826

Purpose of Disbursement
Wireless phone

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: EXP.B.7555
Date of Disbursement

01 / 22 / 2008

Amount of Each Disbursement this Period

232.71

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Einstein Bagels

Mailing Address 725 S. Rural Rd.

City Tempe State AZ Zip Code 85281

Purpose of Disbursement
Food/beverages for event

Candidate Name

007
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: EXP.B.7557
Date of Disbursement

01 / 22 / 2008

Amount of Each Disbursement this Period

30.79

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

557.50

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 45 / 77

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Adfero Group, LLC

Transaction ID: EXP.B.7618
Date of Disbursement

Mailing Address 1140 Connecticut Ave., NW
Suite 610

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	0	8

City Washington State DC Zip Code 20036

Amount of Each Disbursement this Period

5.50

Purpose of Disbursement
Online fundraising fee
Candidate Name

003
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
BWI Taxi Service

Transaction ID: EXP.B.7558
Date of Disbursement

Mailing Address 7062 Friendship Rd

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	0	8

City BWI Airport State MD Zip Code 21240

Amount of Each Disbursement this Period

77.00

Purpose of Disbursement
Taxi fare
Candidate Name

002
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
Cafe Rio

Transaction ID: EXP.B.7560
Date of Disbursement

Mailing Address 1939. E. Baseline Rd.

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	0	8

City Gilbert State AZ Zip Code 85233

Amount of Each Disbursement this Period

19.84

Purpose of Disbursement
Meals
Candidate Name

001
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional)

102.34

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Data Doctor's</p> <p>Mailing Address 2090 E. University Drive Suite 101</p> <p>City Tempe State AZ Zip Code 85281</p> <p>Purpose of Disbursement Replacement of hard drive</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: EXP.B.7554</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="171.80"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) New York Pizza</p> <p>Mailing Address 1401 Pennsylvania Ave SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: EXP.B.7559</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="37.37"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Americopy</p> <p>Mailing Address 1755 S. Horne</p> <p>City Mesa State AZ Zip Code 85204</p> <p>Purpose of Disbursement Printing of petition forms</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: EXP.B.7478</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="115.07"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="324.24"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Greenbrier Hotel Mailing Address 300 West Main Street City White Sulphur Spri State WV Zip Code 24986 Purpose of Disbursement Lodging expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.7563 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 8	Amount of Each Disbursement this Period 21.19 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Mr. Mike Haller Mailing Address 2051 W. Gila Lane City Chandler State AZ Zip Code 85224 Purpose of Disbursement Wages Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.7479 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 8	Amount of Each Disbursement this Period 3290.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Hot Dog City Mailing Address 1408 E. Boulevard Street, Ste. A1 City Charlottesville State NC Zip Code 28203 Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.7562 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 8	Amount of Each Disbursement this Period 40.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

3351.51

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 1353 South Alma School Rd.</p> <p>City Mesa State AZ Zip Code 85210</p> <p>Purpose of Disbursement Supplies, clipboards, pens, filing folders</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: EXP.B.7561</p> <p>Date of Disbursement 01 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 90.39</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Adfero Group, LLC</p> <p>Mailing Address 1140 Connecticut Ave., NW Suite 610</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Online fundraising fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: EXP.B.7619</p> <p>Date of Disbursement 01 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 8.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 1353 South Alma School Rd.</p> <p>City Mesa State AZ Zip Code 85210</p> <p>Purpose of Disbursement Clipboards</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: EXP.B.7565</p> <p>Date of Disbursement 01 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 36.47</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

134.86

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Tortilla Coast Mailing Address 400 First St., SE City Washington State DC Zip Code 20003 Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.7566 Date of Disbursement 01 / 30 / 2008 Amount of Each Disbursement this Period 21.37 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Federal Express-Kinko's Mailing Address 7330 N. 16th Street City Phoenix State AZ Zip Code 85020 Purpose of Disbursement Fax Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.7571 Date of Disbursement 02 / 04 / 2008 Amount of Each Disbursement this Period 2.69 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Gateway, Inc. Mailing Address 7565 Irvine Center Drive City Irvine State CA Zip Code 92618 Purpose of Disbursement Computer accessory Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.7569 Date of Disbursement 02 / 04 / 2008 Amount of Each Disbursement this Period 20.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	44.06
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Office Max	Transaction ID: EXP.B.7567 Date of Disbursement
	Mailing Address 6228 E. Broadway Blvd.	<input type="text" value="02"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City Mesa State AZ Zip Code 85213	Amount of Each Disbursement this Period
	Purpose of Disbursement Clipboards	<input type="text" value="39.54"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type: <input type="text" value="001"/>

B.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: EXP.B.7570 Date of Disbursement
	Mailing Address 1353 South Alma School Rd.	<input type="text" value="02"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City Mesa State AZ Zip Code 85210	Amount of Each Disbursement this Period
	Purpose of Disbursement Clipboards	<input type="text" value="8.58"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type: <input type="text" value="001"/>

C.	Full Name (Last, First, Middle Initial) Yellow Transportation	Transaction ID: EXP.B.7568 Date of Disbursement
	Mailing Address 2100 Huntingdon Ave Suite 2	<input type="text" value="02"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City Baltimore State MD Zip Code 21211	Amount of Each Disbursement this Period
	Purpose of Disbursement Transportation	<input type="text" value="29.00"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type: <input type="text" value="002"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="77.12"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Bajo Grill</p> <p>Mailing Address 1616 S. Stapley Drive</p> <p>City Mesa State AZ Zip Code 85204</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: EXP.B.7574 Date of Disbursement 02 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 17.27</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Cox Communications</p> <p>Mailing Address 160 S. MacDonald</p> <p>City Mesa State AZ Zip Code 85201</p> <p>Purpose of Disbursement Cable, Internet, phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: EXP.B.7573 Date of Disbursement 02 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 195.77</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Engage, LLC</p> <p>Mailing Address P.O. Box 8522</p> <p>City Falls Church State VA Zip Code 22041</p> <p>Purpose of Disbursement Design/Production/Delivery of Email Messages</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: EXP.B.7481 Date of Disbursement 02 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 5040.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5253.04

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Internal Revenue Service	Transaction ID: EXP.B.7612 Date of Disbursement
	Mailing Address IRS Center	<input type="text" value="02"/> <input type="text" value="05"/> / <input type="text" value="2008"/>
	City Ogden State UT Zip Code 84201	Amount of Each Disbursement this Period
	Purpose of Disbursement Taxes	<input type="text" value="3521.42"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/ Type

B.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: EXP.B.7480 Date of Disbursement
	Mailing Address P.O. Box 96082	<input type="text" value="02"/> <input type="text" value="05"/> / <input type="text" value="2008"/>
	City Bellevue State WA Zip Code 98009	Amount of Each Disbursement this Period
	Purpose of Disbursement Wireless internet/mobile phones	<input type="text" value="323.92"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/ Type

C.	Full Name (Last, First, Middle Initial) Adfero Group, LLC	Transaction ID: EXP.B.7620 Date of Disbursement
	Mailing Address 1140 Connecticut Ave., NW Suite 610	<input type="text" value="02"/> <input type="text" value="06"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period
	Purpose of Disbursement Online fundraising fee	<input type="text" value="2.40"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		003 Category/ Type

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3847.74"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Bajo Grill

Mailing Address 1616 S. Stapley Drive

City Mesa State AZ Zip Code 85204

Purpose of Disbursement
Meals

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: EXP.B.7575
Date of Disbursement

02 / 06 / 2008

Amount of Each Disbursement this Period

20.92

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Breakfast Club

Mailing Address 4400 N. Scottsdale Rd.

City Scottsdale State AZ Zip Code 85251

Purpose of Disbursement
Meals

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: EXP.B.7576
Date of Disbursement

02 / 06 / 2008

Amount of Each Disbursement this Period

26.62

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Federal Express-Kinko's

Mailing Address 7330 N. 16th Street

City Phoenix State AZ Zip Code 85020

Purpose of Disbursement
Shipping

Candidate Name

001
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: EXP.B.7572
Date of Disbursement

02 / 06 / 2008

Amount of Each Disbursement this Period

87.29

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

134.83

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Americopy Mailing Address 1755 S. Horne City Mesa State AZ Zip Code 85204 Purpose of Disbursement Printing and design Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.7483 Date of Disbursement 02 / 08 / 2008 Amount of Each Disbursement this Period 311.18 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Federal Express-Kinko's Mailing Address 7330 N. 16th Street City Phoenix State AZ Zip Code 85020 Purpose of Disbursement Fax Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.7577 Date of Disbursement 02 / 08 / 2008 Amount of Each Disbursement this Period 2.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Adfero Group, LLC Mailing Address 1140 Connecticut Ave., NW Suite 610 City Washington State DC Zip Code 20036 Purpose of Disbursement Online fundraising fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.7621 Date of Disbursement 02 / 09 / 2008 Amount of Each Disbursement this Period 8.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

321.86

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Crackers & Co.

Transaction ID: EXP.B.7583
Date of Disbursement

Mailing Address 1325 N Greenfield Rd

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	2		2	0	0	8

City State Zip Code
Mesa AZ 85205

Amount of Each Disbursement this Period

Purpose of Disbursement

001
Category/ Type

21.80

Meals
Candidate Name

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Staples

Transaction ID: EXP.B.7579
Date of Disbursement

Mailing Address 1353 South Alma School Rd.

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	2		2	0	0	8

City State Zip Code
Mesa AZ 85210

Amount of Each Disbursement this Period

Purpose of Disbursement

001
Category/ Type

53.20

Supplies
Candidate Name

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
U.S. Postmaster

Transaction ID: EXP.B.7578
Date of Disbursement

Mailing Address 135 N. Center

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	2		2	0	0	8

City State Zip Code
Mesa AZ 85201-9995

Amount of Each Disbursement this Period

Purpose of Disbursement

001
Category/ Type

164.00

Postage
Candidate Name

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

239.00

TOTAL This Period (last page this line number only)

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Compass Bank Mailing Address P.O. Box 2210 City Decatur State AL Zip Code 35699 Purpose of Disbursement Bank fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: EXP.B.7586 Date of Disbursement 02 / 15 / 2008 Amount of Each Disbursement this Period 86.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Southwest Airlines Co. Mailing Address P. O. Box 3611, HDQ 4GA City Dallas State TX Zip Code 75235 Purpose of Disbursement Airfare Candidate Name Southwest Airlines Co. Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: EXP.B.7584 Date of Disbursement 02 / 15 / 2008 Amount of Each Disbursement this Period 364.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) US Airways Mailing Address 4000 E. Sky Harbor Blvd, CH-GOV City Phoenix State AZ Zip Code 85034 Purpose of Disbursement Airfare Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: EXP.B.7585 Date of Disbursement 02 / 15 / 2008 Amount of Each Disbursement this Period 189.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	640.39
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) America Online</p> <p>Mailing Address 6 N. Sixth Street Suite 400</p> <p>City Richmond State VA Zip Code 23219</p> <p>Purpose of Disbursement Internet provider Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: EXP.B.7551 Date of Disbursement 02 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 25.90</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) BWI Taxi Service</p> <p>Mailing Address 7062 Friendship Rd</p> <p>City BWI Airport State MD Zip Code 21240</p> <p>Purpose of Disbursement Taxi fare Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: EXP.B.7587 Date of Disbursement 02 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 75.90</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address P.O. Box 96082</p> <p>City Bellevue State WA Zip Code 98009</p> <p>Purpose of Disbursement Wireless phone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: EXP.B.7548 Date of Disbursement 02 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 324.64</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

426.44

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Adfero Group, LLC

Transaction ID: EXP.B.7622
Date of Disbursement

Mailing Address 1140 Connecticut Ave., NW
Suite 610

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	1		2	0	0	8

City Washington State DC Zip Code 20036

Amount of Each Disbursement this Period

9.00

Purpose of Disbursement
Online fundraising fee

003

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
The Fine Print

Transaction ID: EXP.B.7484
Date of Disbursement

Mailing Address P.O. Box 7812

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	1		2	0	0	8

City Mesa State AZ Zip Code 85216

Amount of Each Disbursement this Period

2687.20

Purpose of Disbursement
Printing/Postage/Mail delivery charges

006

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
AT&T

Transaction ID: EXP.B.7588
Date of Disbursement

Mailing Address P.O. Box 269077

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	2		2	0	0	8

City Sacramento State CA Zip Code 95826

Amount of Each Disbursement this Period

228.74

Purpose of Disbursement
Wireless phone

001

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

2924.94

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Capitol Hill Suites</p> <p>Mailing Address 200 C Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: EXP.B.7589</p> <p>Date of Disbursement 02 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 230.15</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Mr. Mike Haller</p> <p>Mailing Address 2051 W. Gila Lane</p> <p>City Chandler State AZ Zip Code 85224</p> <p>Purpose of Disbursement Wages</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: EXP.B.7488</p> <p>Date of Disbursement 02 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 3290.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Jennifer & Co. Catering</p> <p>Mailing Address 1505 N. Sinova Street</p> <p>City Mesa State AZ Zip Code 85202</p> <p>Purpose of Disbursement Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: EXP.B.7487</p> <p>Date of Disbursement 02 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 2270.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)	5790.15
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Adfero Group, LLC

Mailing Address 1140 Connecticut Ave., NW
Suite 610

City Washington State DC Zip Code 20036

Purpose of Disbursement
Online fundraising fee

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: EXP.B.7623
Date of Disbursement

02 / 28 / 2008

Amount of Each Disbursement this Period

11.50

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Arizona Republic

Mailing Address 200 E. Van Buren

City Phoenix State AZ Zip Code 85004

Purpose of Disbursement
Subscription

Candidate Name

006
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: EXP.B.7591
Date of Disbursement

03 / 03 / 2008

Amount of Each Disbursement this Period

8.88

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Bajjo Grill

Mailing Address 1616 S. Stapley Drive

City Mesa State AZ Zip Code 85204

Purpose of Disbursement
Meals

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: EXP.B.7590
Date of Disbursement

03 / 03 / 2008

Amount of Each Disbursement this Period

20.37

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

40.75

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 62 / 77

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address P.O. Box 96082 City Bellevue State WA Zip Code 98009 Purpose of Disbursement Wireless internet/mobile phones Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: EXP.B.7490 Date of Disbursement 03 / 03 / 2008 Amount of Each Disbursement this Period 259.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Federal Express-Kinko's Mailing Address 7330 N. 16th Street City Phoenix State AZ Zip Code 85020 Purpose of Disbursement Fax Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: EXP.B.7594 Date of Disbursement 03 / 05 / 2008 Amount of Each Disbursement this Period 4.29 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Serrano's Mailing Address 1964 E. McKellips City Mesa State AZ Zip Code 85203 Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: EXP.B.7593 Date of Disbursement 03 / 05 / 2008 Amount of Each Disbursement this Period 22.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

286.43

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) U.S. Postmaster Mailing Address 135 N. Center City Mesa State AZ Zip Code 85201-9995 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.7592 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 8 Amount of Each Disbursement this Period 265.29 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Arizona Republic Mailing Address 200 E. Van Buren City Phoenix State AZ Zip Code 85004 Purpose of Disbursement Subscription Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.7595 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 8 Amount of Each Disbursement this Period 8.88 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Chesterfield Inn Mailing Address 363 Coconut Row City West Palm Beach State FL Zip Code 33480 Purpose of Disbursement Fundraising event Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.7598 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 8 Amount of Each Disbursement this Period 400.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

674.17

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) US Airways Mailing Address 4000 E. Sky Harbor Blvd, CH-GOV City Phoenix State AZ Zip Code 85034 Purpose of Disbursement Airfare Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: EXP.B.7596 Date of Disbursement 03 / 07 / 2008	Amount of Each Disbursement this Period 677.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) US Airways Mailing Address 4000 E. Sky Harbor Blvd, CH-GOV City Phoenix State AZ Zip Code 85034 Purpose of Disbursement Airfare Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: EXP.B.7597 Date of Disbursement 03 / 07 / 2008	Amount of Each Disbursement this Period 509.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Adfero Group, LLC Mailing Address 1140 Connecticut Ave., NW Suite 610 City Washington State DC Zip Code 20036 Purpose of Disbursement Online fundraising fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: EXP.B.7624 Date of Disbursement 03 / 08 / 2008	Amount of Each Disbursement this Period 2.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1189.75

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Qwest Communications

Transaction ID: EXP.B.7492
Date of Disbursement

Mailing Address P.O. Box 29060

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	8		2	0	0	8

City Phoenix State AZ Zip Code 85038

Amount of Each Disbursement this Period

22.78

Purpose of Disbursement
Phone/fax line
Candidate Name

001

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
Red Sky Group

Transaction ID: EXP.B.7491
Date of Disbursement

Mailing Address 4057 E. Santa Clara Drive

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	8		2	0	0	8

City Queen Creek State AZ Zip Code 85240

Amount of Each Disbursement this Period

200.00

Purpose of Disbursement
List development
Candidate Name

001

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
Adfero Group, LLC

Transaction ID: EXP.B.7625
Date of Disbursement

Mailing Address 1140 Connecticut Ave., NW
Suite 610

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	9		2	0	0	8

City Washington State DC Zip Code 20036

Amount of Each Disbursement this Period

15.00

Purpose of Disbursement
Online fundraising fee
Candidate Name

003

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

237.78

TOTAL This Period (last page this line number only) ▶

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) IT2, Inc. Mailing Address 3740 E. Southern Ave., Ste. 210 City Mesa State AZ Zip Code 85206 Purpose of Disbursement Rent and security deposit Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.7613 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 8 Amount of Each Disbursement this Period 536.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Rancho de Tia Rosa Mailing Address 3129 E. McKellips City Mesa State AZ Zip Code 85213 Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.7600 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 8 Amount of Each Disbursement this Period 36.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Staples Mailing Address 1353 South Alma School Rd. City Mesa State AZ Zip Code 85210 Purpose of Disbursement Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.7581 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 8 Amount of Each Disbursement this Period 154.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

726.96

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) East Valley Web & Graphic Design Mailing Address P.O. Box 7812 City Mesa State AZ Zip Code 85216 Purpose of Disbursement Printing costs Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.7493 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>1293.36</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	8	1293.36
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	3		2	0	0	8														
1293.36																							
B.	Full Name (Last, First, Middle Initial) Four Peaks Little League Mailing Address 1733 N. Greenfield City Mesa State AZ Zip Code 85205 Purpose of Disbursement Sponsorship Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.7494 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>200.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	8	200.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	3		2	0	0	8														
200.00																							
C.	Full Name (Last, First, Middle Initial) Hoosier Cafe Mailing Address 393 W. Warner Rd., #102 City Chandler State AZ Zip Code 85225 Purpose of Disbursement Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.7604 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>39.19</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	8	39.19
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	3		2	0	0	8														
39.19																							

SUBTOTAL of Disbursements This Page (optional) ▶	<table border="1"> <tr> <td>1532.55</td> </tr> </table>	1532.55
1532.55		
TOTAL This Period (last page this line number only) ▶	<table border="1"> <tr> <td> </td> </tr> </table>	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) Best Buy</p> <p>Mailing Address 1337 S. Alma School Rd.</p> <p>City Mesa State AZ Zip Code 85210</p> <p>Purpose of Disbursement Computer supplies, cords, wireless router</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: EXP.B.7603 Date of Disbursement 03 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 268.36</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) America Online</p> <p>Mailing Address 6 N. Sixth Street Suite 400</p> <p>City Richmond State VA Zip Code 23219</p> <p>Purpose of Disbursement Internet provider</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: EXP.B.7552 Date of Disbursement 03 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 25.90</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Compass Bank</p> <p>Mailing Address P.O. Box 2210</p> <p>City Decatur State AL Zip Code 35699</p> <p>Purpose of Disbursement Bank fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: EXP.B.7606 Date of Disbursement 03 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 32.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)	326.76
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Courtyard Hotels <hr/> Mailing Address 2633 Sepulveda Blvd <hr/> City Torrance State CA Zip Code 90505 <hr/> Purpose of Disbursement Lodging Candidate Name _____ <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.7602 Date of Disbursement 03 / 17 / 2008 <hr/> Amount of Each Disbursement this Period 500.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Five Guys Restaurant <hr/> Mailing Address 10471 N Kendall Dr <hr/> City Miami State FL Zip Code 33176 <hr/> Purpose of Disbursement Meals Candidate Name _____ <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.7605 Date of Disbursement 03 / 17 / 2008 <hr/> Amount of Each Disbursement this Period 32.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Verizon Wireless <hr/> Mailing Address P.O. Box 96082 <hr/> City Bellevue State WA Zip Code 98009 <hr/> Purpose of Disbursement Wireless phone Candidate Name _____ <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.7549 Date of Disbursement 03 / 17 / 2008 <hr/> Amount of Each Disbursement this Period 327.48 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	859.50
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Amoco

Mailing Address 2701 NW 36th St

City State Zip Code
Miami FL 33142

Purpose of Disbursement
Gasoline

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: EXP.B.7607
Date of Disbursement

03 / 18 / 2008

Amount of Each Disbursement this Period

36.69

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Chesterfield Inn

Mailing Address 363 Cocoanut Row

City State Zip Code
West Palm Beach FL 33480

Purpose of Disbursement
Fundraising event

Candidate Name

007
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: EXP.B.7599
Date of Disbursement

03 / 19 / 2008

Amount of Each Disbursement this Period

186.76

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Adfero Group, LLC

Mailing Address 1140 Connecticut Ave., NW
Suite 610

City State Zip Code
Washington DC 20036

Purpose of Disbursement
Online fundraising fee

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: EXP.B.7626
Date of Disbursement

03 / 21 / 2008

Amount of Each Disbursement this Period

11.50

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

234.95

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) AT&T</p> <p>Mailing Address P.O. Box 269077</p> <p>City Sacramento State CA Zip Code 95826</p> <p>Purpose of Disbursement Wireless phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: EXP.B.7608</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="287.32"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Bajo Grill</p> <p>Mailing Address 1616 S. Stapley Drive</p> <p>City Mesa State AZ Zip Code 85204</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: EXP.B.7609</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.90"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) CBS Home Entertainment</p> <p>Mailing Address 1700 Broadway, 33rd Floor</p> <p>City New York State NY Zip Code 10019</p> <p>Purpose of Disbursement DVD purchase</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: EXP.B.7610</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="8243.01"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="8551.23"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Rancho de Tia Rosa <hr/> Mailing Address 3129 E. McKellips <hr/> City Mesa State AZ Zip Code 85213 <hr/> Purpose of Disbursement Meals Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.7601 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 22.93 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address P.O. Box 53852 <hr/> City Phoenix State AZ Zip Code 85072 <hr/> Purpose of Disbursement Folding chairs for office Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.7506 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 258.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Capital One <hr/> Mailing Address P.O. Box 85015 <hr/> City Richmond State VA Zip Code 28235 <hr/> Purpose of Disbursement Reimb, meals for volunteers Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.7503 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 232.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	513.96
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 73 / 77

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) E2C Consulting Mailing Address P.O. Box 29576 City Washington State DC Zip Code 20017 Purpose of Disbursement Fundraising fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.7505 Date of Disbursement 03 / 31 / 2008 Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Mrs. Cheryl Flake Mailing Address 4222 E. McLellan Rd. No. 19 City Mesa State AZ Zip Code 85205 Purpose of Disbursement Reimbursement, for travel and event expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.7508 Date of Disbursement 03 / 31 / 2008 Amount of Each Disbursement this Period 900.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Mr. Mike Haller Mailing Address 2051 W. Gila Lane City Chandler State AZ Zip Code 85224 Purpose of Disbursement Wages Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: EXP.B.7507 Date of Disbursement 03 / 31 / 2008 Amount of Each Disbursement this Period 3290.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

4790.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
NetFile

Mailing Address 2707 Aurora Rd.

City Mariposa State CA Zip Code 95338

Purpose of Disbursement
FEC Filing Software

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: EXP.B.7504
Date of Disbursement

03 / 31 / 2008

Amount of Each Disbursement this Period

3000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
San Felipe Cantina

Mailing Address 2000 W. Rio Solado PKWY

City Tempe State AZ Zip Code 85281

Purpose of Disbursement
Meals

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: EXP.B.7611
Date of Disbursement

03 / 31 / 2008

Amount of Each Disbursement this Period

49.83

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Verizon Wireless

Mailing Address P.O. Box 96082

City Bellevue State WA Zip Code 98009

Purpose of Disbursement
Wireless internet, campaign cell hone

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: EXP.B.7509
Date of Disbursement

03 / 31 / 2008

Amount of Each Disbursement this Period

300.44

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

3350.27

TOTAL This Period (last page this line number only) ▶

70915.76

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Carol Willett

Mailing Address 1987 N. 550 W.

City Provo State UT Zip Code 84602

Purpose of Disbursement
Refund of excess contributions
Candidate Name

010
Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: EXP.B.7486
Date of Disbursement

02 / 21 / 2008

Amount of Each Disbursement this Period

200.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Craig Willett

Mailing Address 1987 N. 550 W.

City Provo State UT Zip Code 84602

Purpose of Disbursement
Refund of excess contributions
Candidate Name

010
Category/
Type

Office Sought: House Senate President
State: District:
Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: EXP.B.7485
Date of Disbursement

02 / 21 / 2008

Amount of Each Disbursement this Period

200.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

400.00

TOTAL This Period (last page this line number only)

400.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
JEFF FLAKE FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Pima County Republican Party

Mailing Address 5447 E. 5th Street, Ste. 100

City Tucson State AZ Zip Code 85711

Purpose of Disbursement
Political Contribution

Candidate Name
Pima County Republican Party

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: EXP.B.7475
Date of Disbursement

01 / 22 / 2008

Amount of Each Disbursement this Period

10000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Tim Bee for Congress

Mailing Address P.O. Box 31985

City Tucson State AZ Zip Code 85751

Purpose of Disbursement
Contribution

Candidate Name
Tim Bee for Congress

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: EXP.B.7510
Date of Disbursement

03 / 31 / 2008

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

12000.00

TOTAL This Period (last page this line number only) ►

12000.00

Image# 28994322884

Form/Schedule: **SB17**

Transaction ID: **EXP.B.7503**

Peter Piper Pizza expense reimbursed to volunteer

Form/Schedule: **F3A**

Transaction ID:

Corrected conduit contribution
