

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
Friends of Peter Teahen

ADDRESS (number and street) 4100 Wyndham Drive NE
 Check if different than previously reported. (ACC)
Cedar Rapids IA 52402

2. **FEC IDENTIFICATION NUMBER** C00446146
CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**
3. IS THIS REPORT NEW (N) OR AMENDED (A)
IA 02

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 Jeffrey Elgin

Signature of Treasurer Electronically Filed by Jeffrey Elgin Date 05 15 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

Friends of Peter Teahen

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
<hr/>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	34109.00	34109.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	34109.00	34109.00
<hr/>		
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	31682.74	31682.74
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	31682.74	31682.74
<hr/>		
8. Cash on Hand at Close of Reporting Period (from Line 27).....	34090.02	
<hr/>		
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
<hr/>		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	31663.76	

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

Write or Type Committee Name
Friends of Peter Teahen

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).....

23550.00

23550.00

(ii) Unitemized.....

8559.00

8559.00

(iii) TOTAL of contributions

32109.00

32109.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

2000.00

2000.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))

34109.00

34109.00

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

0.00

0.00

13. LOANS

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

31663.76

31663.76

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

31663.76

31663.76

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

0.00

0.00

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)..... ▶

65772.76

65772.76

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	31682.74	31682.74
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.....	0.00	0.00
(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)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	31682.74	31682.74

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	65772.76
25. SUBTOTAL (add Line 23 and Line 24).....	65772.76
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	31682.74
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	34090.02

**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 5 / 24
	<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)
Friends of Peter Teahen

A.	Full Name (Last, First, Middle Initial) Richard Altorfer		Date of Receipt MM / DD / YYYY 03 / 19 / 2008
	Mailing Address 221 Forest Drive SE		Transaction ID: SA11AI.4427
	City Cedar Rapids	State IA	Zip Code 52403
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer retired		Occupation retired
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	contribution <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) Helen Arnold		Date of Receipt MM / DD / YYYY 03 / 25 / 2008
	Mailing Address 3840 Bever Ave SE		Transaction ID: SA11AI.4480
	City Cedar Rapids	State IA	Zip Code 52403
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Self-employed		Occupation Self-employed
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	contribution <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) Thomas Berthel		Date of Receipt MM / DD / YYYY 03 / 31 / 2008
	Mailing Address 4900 Oak Gove Road NE		Transaction ID: SA11AI.4484
	City Cedar Rapids	State IA	Zip Code 52402
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Berthel Fisher & Company		Occupation President
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
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 6 / 24
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Peter Teahen

A. Full Name (Last, First, Middle Initial)
Scott Caldwellader

Mailing Address P.O. Box 457

City Hiawatha State IA Zip Code 52233

FEC ID number of contributing federal political committee. C

Name of Employer J & A Printing Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: SA11AI.4200

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Patrick Courtney

Mailing Address 3516 Timberline Dr NE

City Cedar Rapids State IA Zip Code 52402

FEC ID number of contributing federal political committee. C

Name of Employer Bradley & Riley Law Firm Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
02 / 25 / 2008

Transaction ID: SA11AI.4344

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Jeffrey Elgin

Mailing Address 6940 Bowman Ln NE

City Cedar Rapids State IA Zip Code 52402

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 ▼ 500.00

Date of Receipt MM / DD / YYYY
02 / 26 / 2008

Transaction ID: SA11AI.4360

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) 1000.00

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 7 / 24
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Peter Teahen

A. Full Name (Last, First, Middle Initial)
Carl Esker

Mailing Address 2230 David Ct NE

City Cedar Rapids State IA Zip Code 52402

FEC ID number of contributing federal political committee. C

Name of Employer Coldwell Bankers Occupation Realtor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
02 / 09 / 2008

Transaction ID: SA11AI.4158

Amount of Each Receipt this Period
250.00

contribution

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

B. Full Name (Last, First, Middle Initial)
George Grask

Mailing Address 3170 Diamond Dr

City Cedar Rapids State IA Zip Code 52403

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 ▼ 1500.00

Date of Receipt MM / DD / YYYY
03 / 18 / 2008

Transaction ID: SA11AI.4413

Amount of Each Receipt this Period
1500.00

contribution

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

C. Full Name (Last, First, Middle Initial)
Jason Hellickson

Mailing Address 521 Knollwood Dr SE

City Cedar Rapids State IA Zip Code 52403

FEC ID number of contributing federal political committee. C

Name of Employer Holmes Murphy Occupation Vice-President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
03 / 25 / 2008

Transaction ID: SA11AI.4457

Amount of Each Receipt this Period
250.00

contribution

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

SUBTOTAL of Receipts This Page (optional) 2000.00

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 / 24
	<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)
Friends of Peter Teahen

A.	Full Name (Last, First, Middle Initial) Robert Kazimour		Date of Receipt
	Mailing Address P.O. Box 2207		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 1 1 / 2 0 0 8
	City	State	Zip Code
	Cedar Rapids	IA	52406
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.4162
		Amount of Each Receipt this Period	
		500.00	
Name of Employer retired		Occupation retired	contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text"/> 500.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Gail B. Kennedy		Date of Receipt
	Mailing Address 4737 Mount Vernon Road SE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 1 4 / 2 0 0 8
	City	State	Zip Code
	Cedar Rapids	IA	52403
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.4102
		Amount of Each Receipt this Period	
		500.00	
Name of Employer Kennedy Marine		Occupation Owner	contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text"/> 500.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Jeri Maas		Date of Receipt
	Mailing Address 3206 75th St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 0 7 / 2 0 0 8
	City	State	Zip Code
	Norway	IA	52318
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.4358
		Amount of Each Receipt this Period	
		250.00	
Name of Employer PCI		Occupation nurse	contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text"/> 250.00	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	1250.00
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 / 24
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Peter Teahen

A. Full Name (Last, First, Middle Initial)
Margaret Melchert

Mailing Address 3750 Deer Valley Dr No A

City Marion State IA Zip Code 52302

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 ▼ 250.00

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

Transaction ID: SA11AI.4397

Amount of Each Receipt this Period
250.00

contribution

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

B. Full Name (Last, First, Middle Initial)
E.M. Mulholland

Mailing Address 2880 Silver Oak Trail

City Marion State IA Zip Code 52302

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 ▼ 250.00

Date of Receipt MM / DD / YYYY
02 / 20 / 2008

Transaction ID: SA11AI.4208

Amount of Each Receipt this Period
250.00

contribution

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

C. Full Name (Last, First, Middle Initial)
Ralph Palmer

Mailing Address 4069 Hickory Hill Ln

City Cedar Rapids State IA Zip Code 52403

FEC ID number of contributing federal political committee. C

Name of Employer Arjay Products Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
03 / 21 / 2008

Transaction ID: SA11AI.4453

Amount of Each Receipt this Period
250.00

contribution

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

SUBTOTAL of Receipts This Page (optional) 750.00

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 10 / 24
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Peter Teahen

A. Full Name (Last, First, Middle Initial)
Hunter Parks
Mailing Address 120 3rd St SW
City Cedar Rapids State IA Zip Code 52404
FEC ID number of contributing federal political committee. **C**
Name of Employer Hunter Development Occupation President
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2300.00
Date of Receipt 03 / 25 / 2008
Transaction ID: SA11AI.4463
Amount of Each Receipt this Period 2300.00
contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Mary Rathje
Mailing Address 2640 Victoria St.
City Marion State IA Zip Code 52302
FEC ID number of contributing federal political committee. **C**
Name of Employer retired Occupation retired
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 02 / 11 / 2008
Transaction ID: SA11AI.4106
Amount of Each Receipt this Period 250.00
contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Charles Rohde
Mailing Address P.O. Box 368
City Cedar Rapids State IA Zip Code 52406
FEC ID number of contributing federal political committee. **C**
Name of Employer Kings Material Occupation President
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 02 / 11 / 2008
Transaction ID: SA11AI.4160
Amount of Each Receipt this Period 500.00
contribution
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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: (check only one)	PAGE 11 / 24
	<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)
Friends of Peter Teahen

A.	Full Name (Last, First, Middle Initial) Jeff Roland		Date of Receipt
	Mailing Address 2613 Diamondwood Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 1 / 2 0 0 8
	City	State	Zip Code
	Cedar Rapids	IA	52403
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4364
Name of Employer Roland Wilbert Vault & Co		Occupation President	Amount of Each Receipt this Period 250.00
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	contribution <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) Kyle Skogman		Date of Receipt
	Mailing Address 4757 Hickory Wind Ln		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 3 / 2 7 / 2 0 0 8
	City	State	Zip Code
	Marion	IA	52302
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4491
Name of Employer Skogman Homes		Occupation President	Amount of Each Receipt this Period 2000.00
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	contribution <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) Dyan Smith		Date of Receipt
	Mailing Address 2302 Hillcrest Dr SE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 3 / 1 9 / 2 0 0 8
	City	State	Zip Code
	Cedar Rapids	IA	52403
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4420
Name of Employer unemployed		Occupation unemployed	Amount of Each Receipt this Period 2300.00
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2300.00	contribution <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	4550.00
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 / 24
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Peter Teahen

A. Full Name (Last, First, Middle Initial)
Dyan Smith

Mailing Address 2302 Hillcrest Dr SE

City Cedar Rapids State IA Zip Code 52403

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

Name of Employer unemployed Occupation unemployed

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt 03 / 19 / 2008
Transaction ID: SA11AI.4422
 Amount of Each Receipt this Period contribution 2300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 2302 Hillcrest Dr SE

City Cedar Rapids State IA Zip Code 52403

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

Name of Employer CRST Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 03 / 19 / 2008
Transaction ID: SA11AI.4417
 Amount of Each Receipt this Period contribution 2300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
John Smith

Mailing Address 2302 Hillcrest Dr SE

City Cedar Rapids State IA Zip Code 52403

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

Name of Employer CRST Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt 03 / 19 / 2008
Transaction ID: SA11AI.4419
 Amount of Each Receipt this Period contribution 2300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 6900.00

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 / 24
	(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)
Friends of Peter Teahen

A.

Full Name (Last, First, Middle Initial) Marty Smith		Date of Receipt MM / DD / YYYY 02 / 29 / 2008
Mailing Address 15540 Monterosso Ln Apt 202		Transaction ID: SA11AI.4372
City Naples	State FL	Zip Code 34110
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer retired	Occupation retired	contribution <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 ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Elizabeth Teahen		Date of Receipt MM / DD / YYYY 03 / 19 / 2008
Mailing Address 4502 1st Ave NW Apt C		Transaction ID: SA11AI.4415
City Cedar Rapids	State IA	Zip Code 52405
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00
Name of Employer Teahen Funeral Home	Occupation Funeral Director	contribution <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)	2550.00
TOTAL This Period (last page this line number only)	23550.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 24
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Peter Teahen

A.

Full Name (Last, First, Middle Initial)
NFDA Political Action Committee

Mailing Address 13625 Bishop's Dr

City State Zip Code
Brookfield WI 53005

FEC ID number of contributing federal political committee. **C** C00204008

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
0 3 / 2 4 / 2 0 0 8

Transaction ID: SA11C.4469

Amount of Each Receipt this Period
2000.00

contribution

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

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	2000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 24
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 13b
		<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full) Friends of Peter Teahen
--

A.

Full Name (Last, First, Middle Initial) Peter Teahen		Date of Receipt MM / DD / YYYY 03 / 13 / 2008
Mailing Address 4100 Wyndham Dr. NE		Transaction ID: SA13A.4499
City Cedar Rapids	State IA	Zip Code 52402
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 31663.76	
Name of Employer	Occupation	Candidate payment of expenses. <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 ▼ 31663.76	

SUBTOTAL of Receipts This Page (optional)	▶	31663.76
TOTAL This Period (last page this line number only)	▶	31663.76

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)

PAGE 16 / 24

<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)
Friends of Peter Teahen

<p>A. Full Name (Last, First, Middle Initial) Wes Enos</p> <p>Mailing Address 3115 E. 41st Street</p> <p>City Des Moines State IA Zip Code 50317</p> <p>Purpose of Disbursement Consulting</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: SB17.4516</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1183.44"/></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) Wes Enos</p> <p>Mailing Address 3115 E. 41st Street</p> <p>City Des Moines State IA Zip Code 50317</p> <p>Purpose of Disbursement Consulting</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: SB17.4525</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2218.95"/></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) Metro Studios</p> <p>Mailing Address 1350 Sherman Road</p> <p>City Hiawatha State IA Zip Code 52233</p> <p>Purpose of Disbursement Photo shoot of candidate.</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: SB17.4521</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1092.75"/></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) ▶

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 17 / 24

<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)
Friends of Peter Teahen

A.	Full Name (Last, First, Middle Initial) Metro Studios <hr/> Mailing Address 1350 Sherman Road <hr/> City Hiawatha State IA Zip Code 52233 <hr/> Purpose of Disbursement Photo shoot of candidate 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: SB17.4526 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 328.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Deb Miller <hr/> Mailing Address 107 E. Fulliam <hr/> City Muscatine State IA Zip Code 52761 <hr/> Purpose of Disbursement Filming for video advertisement. 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: SB17.4504 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 519.92 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Ann Rosenthal <hr/> Mailing Address 3935 Nancy Jane Ln NE <hr/> City Cedar Rapids State IA Zip Code 52402 <hr/> Purpose of Disbursement Purchase of mailing lists. 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: SB17.4507 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 1200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

2048.52

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 18 / 24

<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)
Friends of Peter Teahen

A.	Full Name (Last, First, Middle Initial) Eric Rosenthal	Transaction ID: SB17.4512 Date of Disbursement 01 / 24 / 2008
	Mailing Address 3935 Nancy Jane Ln NE	Amount of Each Disbursement this Period 1000.00
	City Cedar Rapids State IA Zip Code 52402	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Consulting 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) ▼
		003 Category/Type

B.	Full Name (Last, First, Middle Initial) Eric Rosenthal	Transaction ID: SB17.4515 Date of Disbursement 02 / 20 / 2008
	Mailing Address 3935 Nancy Jane Ln NE	Amount of Each Disbursement this Period 4500.00
	City Cedar Rapids State IA Zip Code 52402	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Consulting 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) ▼
		003 Category/Type

C.	Full Name (Last, First, Middle Initial) Victory Enterprises	Transaction ID: SB17.4501 Date of Disbursement 01 / 07 / 2008
	Mailing Address 5200 S.W. 30th St Ste. 7	Amount of Each Disbursement this Period 3000.00
	City Davenport State IA Zip Code 52802	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Consulting Services 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) ▼
		003 Category/Type

SUBTOTAL of Disbursements This Page (optional)	8500.00
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)

PAGE 19 / 24

<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)
Friends of Peter Teahen

A.

Full Name (Last, First, Middle Initial)
Victory Enterprises

Transaction ID: SB17.4514
Date of Disbursement

Mailing Address 5200 S.W. 30th St Ste. 7

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	9		2	0	0	8

City Davenport State IA Zip Code 52802

Amount of Each Disbursement this Period

6632.41

Purpose of Disbursement
Consulting, Printing mail pieces, Mail.

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)
Victory Enterprises

Transaction ID: SB17.4514.0
Date of Disbursement

Mailing Address 5200 S.W. 30th St Ste. 7

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	9		2	0	0	8

City Davenport State IA Zip Code 52802

Amount of Each Disbursement this Period

3000.00

Purpose of Disbursement
consulting services

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)
Victory Enterprises

Transaction ID: SB17.4514.1
Date of Disbursement

Mailing Address 5200 S.W. 30th St Ste. 7

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	9		2	0	0	8

City Davenport State IA Zip Code 52802

Amount of Each Disbursement this Period

738.30

Purpose of Disbursement
printing envelopes and thank you cards

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:

SUBTOTAL of Disbursements This Page (optional) ▶

6632.41

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 20 / 24

<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)
Friends of Peter Teahen

A. Full Name (Last, First, Middle Initial) Victory Enterprises Mailing Address 5200 S.W. 30th St Ste. 7 City Davenport State IA Zip Code 52802 Purpose of Disbursement Printing of reply envelopes. Candidate Name	Transaction ID: SB17.4514.2 Date of Disbursement 02 / 19 / 2008 Amount of Each Disbursement this Period 446.81 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

B. Full Name (Last, First, Middle Initial) United States Postal Service Mailing Address 3030 Brady St City Davenport State IA Zip Code 52803 Purpose of Disbursement Postage for mailing letters. Candidate Name	Transaction ID: SB17.4514.3 Date of Disbursement 02 / 19 / 2008 Amount of Each Disbursement this Period 699.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

C. Full Name (Last, First, Middle Initial) Victory Enterprises Mailing Address 5200 S.W. 30th St Ste. 7 City Davenport State IA Zip Code 52802 Purpose of Disbursement Printing and hand addressing letters. Candidate Name	Transaction ID: SB17.4514.4 Date of Disbursement 02 / 19 / 2008 Amount of Each Disbursement this Period 1748.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	0.00
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)

PAGE 21 / 24

<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)
Friends of Peter Teahen

A.

Full Name (Last, First, Middle Initial)
Victory Enterprises

Transaction ID: SB17.4520
Date of Disbursement

Mailing Address 5200 S.W. 30th St Ste. 7

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

City Davenport State IA Zip Code 52802

Amount of Each Disbursement this Period

9843.69

Purpose of Disbursement
Consulting, Mailing exp, Printing exp.

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)
Victory Enterprises

Transaction ID: SB17.4520.0
Date of Disbursement

Mailing Address 5200 S.W. 30th St Ste. 7

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

City Davenport State IA Zip Code 52802

Amount of Each Disbursement this Period

3000.00

Purpose of Disbursement
Consulting

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:

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Victory Enterprises

Transaction ID: SB17.4520.1
Date of Disbursement

Mailing Address 5200 S.W. 30th St Ste. 7

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

City Davenport State IA Zip Code 52802

Amount of Each Disbursement this Period

1245.15

Purpose of Disbursement
Printing lapel stickers and placards.

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:

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

9843.69

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)
Friends of Peter Teahen

A.	Full Name (Last, First, Middle Initial) United States Postal Service	Transaction ID: SB17.4520.2 Date of Disbursement
	Mailing Address 3030 Brady St	<input type="text" value="03"/> / <input type="text" value="09"/> / <input type="text" value="2008"/>
	City Davenport State IA Zip Code 52803	Amount of Each Disbursement this Period
	Purpose of Disbursement Postage for mailing letters.	<input type="text" value="4507.48"/>
	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	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Victory Enterprises	Transaction ID: SB17.4520.3 Date of Disbursement
	Mailing Address 5200 S.W. 30th St Ste. 7	<input type="text" value="03"/> / <input type="text" value="09"/> / <input type="text" value="2008"/>
	City Davenport State IA Zip Code 52802	Amount of Each Disbursement this Period
	Purpose of Disbursement Printing envelopes.	<input type="text" value="836.06"/>
	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	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Victory Enterprises	Transaction ID: SB17.4520.4 Date of Disbursement
	Mailing Address 5200 S.W. 30th St Ste. 7	<input type="text" value="03"/> / <input type="text" value="09"/> / <input type="text" value="2008"/>
	City Davenport State IA Zip Code 52802	Amount of Each Disbursement this Period
	Purpose of Disbursement WEB site domain name registration.	<input type="text" value="150.00"/>
	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	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="0.00"/>
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)

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<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)
Friends of Peter Teahen

A.

Full Name (Last, First, Middle Initial)
Victory Enterprises

Mailing Address 5200 S.W. 30th St Ste. 7

City Davenport State IA Zip Code 52802

Purpose of Disbursement
WEB site hosting

Candidate Name

006
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.4520.5
Date of Disbursement

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

Amount of Each Disbursement this Period

105.00

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

31519.76

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full)
Friends of Peter Teahen

Transaction ID: SC/10.4499

LOAN SOURCE Full Name (Last, First, Middle Initial)

Peter Teahen

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address 4100 Wyndham Dr. NE

City Cedar Rapids State IA ZIP Code 52402

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
31663.76	0.00	31663.76

TERMS

Date Incurred: Date Due: Interest Rate: % (apr) Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	<input type="text" value="31663.76"/>
TOTALS This Period (last page in this line only)	<input type="text" value="31663.76"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.