

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

IA 02

3. IS THIS REPORT NEW (N) OR AMENDED (A)

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 05 15 2008 through 06 30 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 07 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	5

D	D
1	5

Y	Y	Y	Y
2	0	0	8

To:

M	M
0	6

D	D
3	0

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)).....	3120.21	52216.21
(b) Total Contribution Refunds (from Line 20(d)).....	4600.00	4600.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-1479.79	47616.21
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	46368.01	110883.64
(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)).....	46368.01	110883.64
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2066.47	
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).....	65333.90	

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	5

D	D
1	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

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).....

950.00

31900.00

(ii) Unitemized.....

2170.21

18316.21

(iii) TOTAL of contributions

3120.21

50216.21

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

0.00

2000.00

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

3120.21

52216.21

(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.....

33670.14

65333.90

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

33670.14

65333.90

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)..... ▶

36790.35

117550.11

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	46368.01	110883.64
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.....	4600.00	4600.00
(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)).....	4600.00	4600.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	50968.01	115483.64

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	16244.13
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	36790.35
25. SUBTOTAL (add Line 23 and Line 24).....	53034.48
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	50968.01
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2066.47

**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 / 21
	<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) Jeffrey Elgin	Date of Receipt MM / DD / YYYY 05 / 16 / 2008
	Mailing Address 6940 Bowman Ln NE	Transaction ID: SA11AI.4944
	City State Zip Code Cedar Rapids IA 52402	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	contribution
Name of Employer retired	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 ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Jerry Haight	Date of Receipt MM / DD / YYYY 05 / 28 / 2008
	Mailing Address 2604 Willians Blvd. SW	Transaction ID: SA11AI.4976
	City State Zip Code Cedar Rapids IA 52404	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	contribution
Name of Employer	Occupation	<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 ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) Donald Nebergall	Date of Receipt MM / DD / YYYY 05 / 28 / 2008
	Mailing Address 2919 Applewood PI NE	Transaction ID: SA11AI.4967
	City State Zip Code Cedar Rapids IA 52402	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	contribution
Name of Employer Retired	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 ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	950.00
TOTAL This Period (last page this line number only)	950.00

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

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

FOR LINE NUMBER: PAGE 6 / 21
(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)
Peter Teahen

Mailing Address 4100 Wyndham Dr. NE

City State Zip Code
Cedar Rapids IA 52402

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
62928.23

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	8

Transaction ID: SA13A.5018

Amount of Each Receipt this Period
31264.47

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

B. Full Name (Last, First, Middle Initial)
Peter Teahen

Mailing Address 4100 Wyndham Dr. NE

City State Zip Code
Cedar Rapids IA 52402

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
65333.90

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	8

Transaction ID: SA13A.5033

Amount of Each Receipt this Period
2405.67

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

SUBTOTAL of Receipts This Page (optional)	33670.14
TOTAL This Period (last page this line number only)	33670.14

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

<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 Friends of Peter Teahen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5020</p> <p>Date of Disbursement 05 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 2218.95</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 Friends of Peter Teahen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5025</p> <p>Date of Disbursement 06 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 2810.67</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) 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 Friends of Peter Teahen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5027</p> <p>Date of Disbursement 06 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 10.95</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) ▶

5040.57

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)
Friends of Peter Teahen

A.	Full Name (Last, First, Middle Initial) Deb Miller Mailing Address 107 E. Fulliam City Muscatine State IA Zip Code 52761 Purpose of Disbursement Campaign help Candidate Name Friends of Peter Teahen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5019 Date of Disbursement 05 / 16 / 2008 Amount of Each Disbursement this Period 1331.60 <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 Mailing Address 107 E. Fulliam City Muscatine State IA Zip Code 52761 Purpose of Disbursement Putting up campaign signs distr. of lit Candidate Name Friends of Peter Teahen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5030 Date of Disbursement 06 / 30 / 2008 Amount of Each Disbursement this Period 2313.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Republican Party of Iowa Mailing Address 621 E 9th Street City Des Moines State IA Zip Code 50309 Purpose of Disbursement Mailing list Candidate Name Friends of Peter Teahen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5023 Date of Disbursement 06 / 04 / 2008 Amount of Each Disbursement this Period 750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

4395.06

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)
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
Media

Candidate Name
Friends of Peter Teahen

Office Sought: House
 Senate
 President

State: IA District: 02

Disbursement For: 2008
 Primary General
 Other (specify) ▼

004
Category/
Type

Transaction ID: SB17.4981
Date of Disbursement

05 / 15 / 2008

Amount of Each Disbursement this Period

3204.90

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

B.

Full Name (Last, First, Middle Initial)
MediaCom

Mailing Address 6300 Council St NE

City Cedar Rapids State IA Zip Code 52402

Purpose of Disbursement
Cable TV Buy

Candidate Name
Friends of Peter Teahen

Office Sought: House
 Senate
 President

State: IA District: 02

Disbursement For: 2008
 Primary General
 Other (specify) ▼

004
Category/
Type

Transaction ID: SB17.4981.0
Date of Disbursement

05 / 15 / 2008

Amount of Each Disbursement this Period

2183.00

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
MPW

Mailing Address 3205 Cedar Street

City Muscatine State IA Zip Code 52761

Purpose of Disbursement
Cable TV Buy

Candidate Name
Friends of Peter Teahen

Office Sought: House
 Senate
 President

State: IA District: 02

Disbursement For: 2008
 Primary General
 Other (specify) ▼

004
Category/
Type

Transaction ID: SB17.4981.1
Date of Disbursement

05 / 15 / 2008

Amount of Each Disbursement this Period

1021.90

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

3204.90

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)
Friends of Peter Teahen

<p>A. Full Name (Last, First, Middle Initial) Victory Enterprises</p> <p>Mailing Address 5200 S.W. 30th St Ste. 7</p> <p>City Davenport State IA Zip Code 52802</p> <p>Purpose of Disbursement Media</p> <p>Candidate Name Friends of Peter Teahen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4982</p> <p>Date of Disbursement 05 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 13532.98</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) KMRY Radio</p> <p>Mailing Address 1957 Blairs Ferry Rd NE</p> <p>City Cedar Rapids State IA Zip Code 52402</p> <p>Purpose of Disbursement Radio Advertising Buy</p> <p>Candidate Name Friends of Peter Teahen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4982.0</p> <p>Date of Disbursement 05 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 515.28</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) KCRG TV</p> <p>Mailing Address 501 2nd Ave</p> <p>City Cedar Rapids State IA Zip Code 52401</p> <p>Purpose of Disbursement TV Advertising Buy</p> <p>Candidate Name Friends of Peter Teahen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4982.1</p> <p>Date of Disbursement 05 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 6015.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

13532.98

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)
Friends of Peter Teahen

A.	Full Name (Last, First, Middle Initial) MediaCom Mailing Address 6300 Council St NE City Cedar Rapids State IA Zip Code 52402 Purpose of Disbursement Cable TV Buy Candidate Name Friends of Peter Teahen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4982.2 Date of Disbursement 05 / 27 / 2008 Amount of Each Disbursement this Period 2743.00 <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) WMT Radio Mailing Address 600 Old Marion Rd NE City Cedar Rapids State IA Zip Code 52402 Purpose of Disbursement Radio Advertising Buy Candidate Name Friends of Peter Teahen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4982.3 Date of Disbursement 05 / 27 / 2008 Amount of Each Disbursement this Period 1590.00 <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) KCPS Radio Mailing Address 205 S. Gear Ave City West Burlington State IA Zip Code 52655 Purpose of Disbursement Radio Advertising Buy Candidate Name Friends of Peter Teahen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4982.4 Date of Disbursement 05 / 27 / 2008 Amount of Each Disbursement this Period 476.00 <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) ▶	0.00

**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)
Friends of Peter Teahen

<p>A. Full Name (Last, First, Middle Initial) KBIZ Radio</p> <p>Mailing Address 416 E. Main Street</p> <p>City Ottumwa State IA Zip Code 52501</p> <p>Purpose of Disbursement Radio Advertising Buy</p> <p>Candidate Name Friends of Peter Teahen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4982.5 Date of Disbursement 05 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 828.80</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) KWPC Radio</p> <p>Mailing Address 3218 Mulberry Ave</p> <p>City Muscatine State IA Zip Code 52761</p> <p>Purpose of Disbursement Radio Advertising Buy</p> <p>Candidate Name Friends of Peter Teahen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4982.6 Date of Disbursement 05 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 584.90</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) MPW</p> <p>Mailing Address 3205 Cedar Street</p> <p>City Muscatine State IA Zip Code 52761</p> <p>Purpose of Disbursement Cable TV Buy</p> <p>Candidate Name Friends of Peter Teahen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4982.7 Date of Disbursement 05 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 780.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]</p>

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 13 / 21

<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 Media

Candidate Name Friends of Peter Teahen

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: IA District: 02

Transaction ID: SB17.4983
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

B.

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 Advertising Auto Telephone Calls

Candidate Name Friends of Peter Teahen

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: IA District: 02

Transaction ID: SB17.4983.0
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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 Constant Contact Telephone Calls

Candidate Name Friends of Peter Teahen

Office Sought: House Senate President

Disbursement For: 2008 Primary General Other (specify) ▼

State: IA District: 02

Transaction ID: SB17.4983.1
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

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)

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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 Postcard Production Candidate Name Friends of Peter Teahen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4983.2 Date of Disbursement 06 / 30 / 2008 Amount of Each Disbursement this Period 2284.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Category/Type 006	

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 Mailing Costs Candidate Name Friends of Peter Teahen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4983.3 Date of Disbursement 06 / 30 / 2008 Amount of Each Disbursement this Period 1849.23 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Category/Type 006	

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 TV and Radio Ad Production Candidate Name Friends of Peter Teahen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4983.4 Date of Disbursement 06 / 30 / 2008 Amount of Each Disbursement this Period 1655.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Category/Type 004	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	0.00

**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)
Friends of Peter Teahen

A.	Full Name (Last, First, Middle Initial) Victory Enterprises	Transaction ID: SB17.4983.5 Date of Disbursement
	Mailing Address 5200 S.W. 30th St Ste. 7	<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Davenport State IA Zip Code 52802	Amount of Each Disbursement this Period
	Purpose of Disbursement Survey Costs	<input type="text" value="1000.00"/>
	Candidate Name Friends of Peter Teahen	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input checked="" 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: IA District: 02	

B.	Full Name (Last, First, Middle Initial) Victory Enterprises	Transaction ID: SB17.4983.6 Date of Disbursement
	Mailing Address 5200 S.W. 30th St Ste. 7	<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Davenport State IA Zip Code 52802	Amount of Each Disbursement this Period
	Purpose of Disbursement WEB Site Expenses	<input type="text" value="1605.00"/>
	Candidate Name Friends of Peter Teahen	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input checked="" 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: IA District: 02	

C.	Full Name (Last, First, Middle Initial) Victory Enterprises	Transaction ID: SB17.4983.7 Date of Disbursement
	Mailing Address 5200 S.W. 30th St Ste. 7	<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Davenport State IA Zip Code 52802	Amount of Each Disbursement this Period
	Purpose of Disbursement Consulting Services	<input type="text" value="3000.00"/>
	Candidate Name Friends of Peter Teahen	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input checked="" 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: IA District: 02	

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	Transaction ID: SB17.4983.8 Date of Disbursement																			
	Mailing Address 5200 S.W. 30th St Ste. 7	<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>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	0	8												
	City Davenport State IA Zip Code 52802	Amount of Each Disbursement this Period																			
	Purpose of Disbursement: Brochures, Notepad, Sign Production	<table border="1"><tr><td>827.42</td></tr></table>	827.42																		
827.42																					
	Candidate Name: Friends of Peter Teahen	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																			
	Office Sought: <input checked="" 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: IA District: 02																				

B.	Full Name (Last, First, Middle Initial) Victory Enterprises	Transaction ID: SB17.4983.9 Date of Disbursement																			
	Mailing Address 5200 S.W. 30th St Ste. 7	<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>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	0	8												
	City Davenport State IA Zip Code 52802	Amount of Each Disbursement this Period																			
	Purpose of Disbursement: PAC Brochures	<table border="1"><tr><td>42.89</td></tr></table>	42.89																		
42.89																					
	Candidate Name: Friends of Peter Teahen	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																			
	Office Sought: <input checked="" 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: IA District: 02																				

C.	Full Name (Last, First, Middle Initial) Christian Williams	Transaction ID: SB17.5022 Date of Disbursement																			
	Mailing Address 2400 1st Avenue	<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>5</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	3		2	0	0	8												
	City Coralville State IA Zip Code 52241	Amount of Each Disbursement this Period																			
	Purpose of Disbursement: Consulting	<table border="1"><tr><td>924.96</td></tr></table>	924.96																		
924.96																					
	Candidate Name: Friends of Peter Teahen	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																			
	Office Sought: <input checked="" 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: IA District: 02																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>924.96</td></tr></table>	924.96
924.96		
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)

PAGE 17 / 21

<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)
Christian Williams

Mailing Address 2400 1st Avenue

City State Zip Code
Coralville IA 52241

Purpose of Disbursement
consulting

Candidate Name
Friends of Peter Teahen

Office Sought: House
 Senate
 President
State: IA District: 02

Disbursement For: 2008
 Primary General
 Other (specify) ▼

003
Category/
Type

Transaction ID: SB17.5026
Date of Disbursement

06 / 30 / 2008

Amount of Each Disbursement this Period

1444.34

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

SUBTOTAL of Disbursements This Page (optional)

1444.34

TOTAL This Period (last page this line number only)

46274.30

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 / 21

<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)
Friends of Peter Teahen

A.

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

Transaction ID: SB20A.5029
Date of Disbursement

Mailing Address 2302 Hillcrest Dr SE

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	8

City Cedar Rapids State IA Zip Code 52403

Amount of Each Disbursement this Period

2300.00

Purpose of Disbursement
Refund of General Fund Contribution

010
Category/
Type

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

Candidate Name
Friends of Peter Teahen

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: IA District: 02

B.

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

Transaction ID: SB20A.5028
Date of Disbursement

Mailing Address 2302 Hillcrest Dr SE

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	8

City Cedar Rapids State IA Zip Code 52403

Amount of Each Disbursement this Period

2300.00

Purpose of Disbursement
Refund of General Election Contribution

010
Category/
Type

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

Candidate Name
Friends of Peter Teahen

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: IA District: 02

SUBTOTAL of Disbursements This Page (optional) ►

4600.00

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

4600.00

SCHEDULE C (FEC Form 3)

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

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

LOANS

NAME OF COMMITTEE (In Full)
Friends of Peter Teahen

Transaction ID: SC/10.4499

LOAN SOURCE Full Name (Last, First, Middle Initial) Peter Teahen - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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	Secured:																
<table style="font-size: small;"> <tr><td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>3</td><td>1</td><td>3</td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table>	M	M	D	D	Y	Y	Y	Y	0	3	1	3	2	0	0	8	12/31/2008	0.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M	M	D	D	Y	Y	Y	Y												
0	3	1	3	2	0	0	8												

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 style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="31663.76"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text" value=".00"/>

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

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/10.5018

LOAN SOURCE Full Name (Last, First, Middle Initial)
Peter Teahen - [PERSONAL FUNDS]

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
31264.47	0.00	31264.47

TERMS

Date Incurred: MM DD YY YY 06 30 2008
 Date Due: 12/31/2008
 Interest Rate: 0.0000 % (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="31264.47"/>
TOTALS This Period (last page in this line only)	<input type="text" value=".00"/>

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

SCHEDULE C (FEC Form 3)

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

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

LOANS

NAME OF COMMITTEE (In Full)
Friends of Peter Teahen

Transaction ID: SC/10.5033

LOAN SOURCE Full Name (Last, First, Middle Initial)
Peter Teahen - [PERSONAL FUNDS]

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
2405.67	0.00	2405.67

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="2405.67"/>
TOTALS This Period (last page in this line only)	<input type="text" value="65333.90"/>

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