

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than 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
Advanced Medical Optics Inc Political Action Committee

ADDRESS (number and street) 2148 E. Orangeview Ln.
 Check if different than previously reported. (ACC)
Orange CA 92867

2. **FEC IDENTIFICATION NUMBER** C00379719
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 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 04 01 2006 through 06 30 2006

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 Edith Bennett
Signature of Treasurer Electronically Filed by Edith Bennett Date 07 07 2006

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**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Advanced Medical Optics Inc Political Action Committee

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		20944.38
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	22914.87									
(c) Total Receipts (from Line 19)	6429.79	16415.28								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	29344.66	37359.66								
7. Total Disbursements (from Line 31)	15015.00	23030.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	14329.66	14329.66								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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
Advanced Medical Optics Inc Political Action Committee

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	4364.62	10096.26
(i) Itemized (use Schedule A)	2065.17	6319.02
(ii) Unitemized	6429.79	16415.28
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	6429.79	16415.28
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	6429.79	16415.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6429.79	16415.28

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	23000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. 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 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	15.00	30.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	15015.00	23030.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	15015.00	23030.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	6429.79	16415.28
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6429.79	16415.28
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)
Advanced Medical Optics Inc Political Action Committee

Full Name (Last, First, Middle Initial) A. Anthony Amado		Date of Receipt MM / DD / YYYY 06 / 30 / 2006
Mailing Address 16 Quailbush Dr.		Transaction ID: SA11A1.5244
City State Zip Code Fairport NY 14450	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 198.51
Name of Employer AMO Occupation Territory Manager	Aggregate Year-to-Date 433.08	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Sheree Aronson		Date of Receipt MM / DD / YYYY 06 / 30 / 2006
Mailing Address 24 Aguila Way		Transaction ID: SA11A1.5286
City State Zip Code Coto de Caza CA 92679	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 284.22
Name of Employer AMO Occupation VP Corp Comm.	Aggregate Year-to-Date 615.81	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Chris Calcaterra		Date of Receipt MM / DD / YYYY 06 / 30 / 2006
Mailing Address 6 Michener Ln.		Transaction ID: SA11A1.5248
City State Zip Code Coto de Caza CA 92679	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 266.10
Name of Employer Advanced Medical Optics Occupation VP, Sales & Marketing	Aggregate Year-to-Date 571.42	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	748.83
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Advanced Medical Optics Inc Political Action Committee

A. Full Name (Last, First, Middle Initial)
Alan L. Cebrian

Mailing Address 9245 Cadenza St.

City State Zip Code
Sacramento CA 95826

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

Name of Employer Occupation
AMO DM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 281.48

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2006

Transaction ID: SA11A1.5250

Amount of Each Receipt this Period
106.38

payroll deduction

B. Full Name (Last, First, Middle Initial)
James Francese

Mailing Address 5574 E. Edinger Ave.

City State Zip Code
Anaheim CA 92807

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

Name of Employer Occupation
Advanced Medical optics Marketing Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.91

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2006

Transaction ID: SA11A1.5288

Amount of Each Receipt this Period
182.04

payroll deduction

C. Full Name (Last, First, Middle Initial)
Grant W. Gelb

Mailing Address 6553 W. Summerdale Cir.

City State Zip Code
Ypsilanti MI 48197

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

Name of Employer Occupation
AMO Equipment Specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.32

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2006

Transaction ID: SA11A1.5257

Amount of Each Receipt this Period
155.78

payroll deduction

SUBTOTAL of Receipts This Page (optional)	444.20
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Advanced Medical Optics Inc Political Action Committee

A. Full Name (Last, First, Middle Initial)
Tom E. Grosskopf

Mailing Address 22831 North 53rd St.

City State Zip Code
Phoenix AZ 85054

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

Name of Employer AMO Occupation Vice President Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 486.50

Date of Receipt
MM / DD / YYYY
06 / 30 / 2006

Transaction ID: SA11A1.5259

Amount of Each Receipt this Period
226.56

payroll deduction

B. Full Name (Last, First, Middle Initial)
James V. Mazzo

Mailing Address P.O. Box 25162

City State Zip Code
Santa Ana CA 92799

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

Name of Employer Advanced Medical Optics Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2006

Transaction ID: SA11A1.5290

Amount of Each Receipt this Period
300.00

payroll deduction

C. Full Name (Last, First, Middle Initial)
George W. Merrill

Mailing Address 294 Oak View Ct.

City State Zip Code
Auburn CA 95603

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

Name of Employer Advanced Medical Optics, Inc. Occupation Territory Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 227.50

Date of Receipt
MM / DD / YYYY
06 / 30 / 2006

Transaction ID: SA11A1.5267

Amount of Each Receipt this Period
105.00

payroll deduction

SUBTOTAL of Receipts This Page (optional)	▶	631.56
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Advanced Medical Optics Inc Political Action Committee

A. Full Name (Last, First, Middle Initial)
Francine Meza

Mailing Address 32 Flores

City State Zip Code
Foothill Ranch CA 92610

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

Name of Employer Occupation
Advanced Medical Optics VP Human Resources

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2006

Transaction ID: SA11A1.5291

Amount of Each Receipt this Period
150.00

payroll deduction

B. Full Name (Last, First, Middle Initial)
Sean M. Morrissey

Mailing Address 210 Goodings Trail

City State Zip Code
Baldwinsville NY 13027

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

Name of Employer Occupation
AMO Equipment Specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 447.38

Date of Receipt
MM / DD / YYYY
06 / 30 / 2006

Transaction ID: SA11A1.5269

Amount of Each Receipt this Period
261.17

payroll deduction

C. Full Name (Last, First, Middle Initial)
Jonathan Patton

Mailing Address 5220 W. 157th Pl.

City State Zip Code
Overland Park KS 66224

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

Name of Employer Occupation
AMO Equipment Specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1037.05

Date of Receipt
MM / DD / YYYY
06 / 30 / 2006

Transaction ID: SA11A1.5272

Amount of Each Receipt this Period
177.32

payroll deduction

SUBTOTAL of Receipts This Page (optional)	588.49
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Advanced Medical Optics Inc Political Action Committee

A. Full Name (Last, First, Middle Initial)
Alan H. Peck

Mailing Address 9 Kimberry Dr.

City State Zip Code
Brookfield CT 06804

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

Name of Employer Occupation
Advanced Medical Optics Surgical Territory Manager

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 403.62

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2006

Transaction ID: SA11A1.5273

Amount of Each Receipt this Period
166.61

payroll deduction

B. Full Name (Last, First, Middle Initial)
Paul W. Rockley

Mailing Address 535 De Anza Dr.

City State Zip Code
Corona del Mar CA 92625

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

Name of Employer Occupation
Advanced Medical Optics Business Development

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2006

Transaction ID: SA11A1.5293

Amount of Each Receipt this Period
120.00

payroll deduction

C. Full Name (Last, First, Middle Initial)
Kevin J. Shearer

Mailing Address 4344 53rd Ave. NE

City State Zip Code
Seattle WA 98105

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

Name of Employer Occupation
AMO Senior Territory Manager

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 998.50

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2006

Transaction ID: SA11A1.5277

Amount of Each Receipt this Period
253.56

payroll deduction

SUBTOTAL of Receipts This Page (optional)	▶	540.17
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Advanced Medical Optics Inc Political Action Committee

Full Name (Last, First, Middle Initial) A. Andris Stapars		Date of Receipt MM / DD / YYYY 06 / 30 / 2006
Mailing Address 2602 Freeman Ct.		Transaction ID: SA11A1.5295
City Southlake	State TX	Zip Code 76092
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 185.10	
Name of Employer Advanced Medical Optics	Occupation Manager National Accounts	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 395.51	

Full Name (Last, First, Middle Initial) B. Leeanne Swift		Date of Receipt MM / DD / YYYY 06 / 30 / 2006
Mailing Address 25315 Plantation Dr. NE		Transaction ID: SA11A1.5280
City Atlanta	State GA	Zip Code 30324
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 162.36	
Name of Employer AMO	Occupation Regional Manager	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 419.88	

Full Name (Last, First, Middle Initial) C. Nicholas Tarantino		Date of Receipt MM / DD / YYYY 06 / 30 / 2006
Mailing Address 19 Larkfield Ln.		Transaction ID: SA11A1.5298
City Laguna Niguel	State CA	Zip Code 92677
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 120.00	
Name of Employer Advanced Medical Optics, Inc.	Occupation Director, Clinical R&D	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional)	467.46
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Advanced Medical Optics Inc Political Action Committee

A. Full Name (Last, First, Middle Initial)
Charles III Trenary

Mailing Address 3 Flax

City State Zip Code
Coto de Caza CA 92679

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

Name of Employer Occupation
Advanced Medical Optics President Americas

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 845.24

Date of Receipt
MM / DD / YYYY
06 / 30 / 2006

Transaction ID: SA11A1.5300

Amount of Each Receipt this Period
398.10

payroll deduction

B. Full Name (Last, First, Middle Initial)
Michael Tyson

Mailing Address 92 Circle Court

City State Zip Code
Mission Viejo CA 92692

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

Name of Employer Occupation
AMO Director Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2006

Transaction ID: SA11A1.5281

Amount of Each Receipt this Period
150.00

payroll deduction

C. Full Name (Last, First, Middle Initial)
David B. Weals

Mailing Address 13743 Bainwick Dr.

City State Zip Code
Pickerton OH 43147

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

Name of Employer Occupation
AMO Equipment Specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 319.14

Date of Receipt
MM / DD / YYYY
06 / 30 / 2006

Transaction ID: SA11A1.5282

Amount of Each Receipt this Period
185.14

payroll deduction

SUBTOTAL of Receipts This Page (optional) ► **733.24**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 16
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Advanced Medical Optics Inc Political Action Committee

Full Name (Last, First, Middle Initial) A. Vic Wildenradt		Date of Receipt MM / DD / YYYY 06 / 30 / 2006
Mailing Address 2213 Pebble Beach Dr.		Transaction ID: SA11A1.5283
City Plainfield	State IL	Zip Code 60544
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.67
Name of Employer AMO	Occupation Territory Manager	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.75	

Full Name (Last, First, Middle Initial) B. Vicki L. Williams		Date of Receipt MM / DD / YYYY 06 / 30 / 2006
Mailing Address 6403 Arbor Rose Ln.		Transaction ID: SA11A1.5284
City Spring	State TX	Zip Code 77379
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer AMO	Occupation Refractive Specialist	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.33	

SUBTOTAL of Receipts This Page (optional)	▶	210.67
TOTAL This Period (last page this line number only)	▶	4364.62

SCHEDULE B (FEC Form 3X) 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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Advanced Medical Optics Inc Political Action Committee

Full Name (Last, First, Middle Initial)

A. A LOT OF PEOPLE WHO SUPPORT JEFF BINGAMAN

Mailing Address PO BOX 16210

City ALBUQUERQUE State NM Zip Code 87191

Purpose of Disbursement contribution

Candidate Name

Category/Type

Office Sought: House Senate President
State: NM District: 00

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB23.5310

Date of Disbursement

06 / 13 / 2006

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. COMMITTEE TO RE-ELECT BOBBY JINDAL

Mailing Address PO BOX 8628

City METAIRIE State LA Zip Code 70011

Purpose of Disbursement contribution

Candidate Name

Category/Type

Office Sought: House Senate President
State: LA District: 01

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB23.5314

Date of Disbursement

06 / 26 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF MAX BAUCUS

Mailing Address PO BOX 586

City HELENA State MT Zip Code 59624

Purpose of Disbursement contribution

Candidate Name

Category/Type

Office Sought: House Senate President
State: MT District: 00

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB23.5312

Date of Disbursement

06 / 13 / 2006

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional) ►

7000.00

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

**SCHEDULE B (FEC Form 3X)
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Advanced Medical Optics Inc Political Action Committee

Full Name (Last, First, Middle Initial) A. HAWKEYE PAC, THE		Transaction ID: SB23.5308 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6
Mailing Address PO Box 7255		Amount of Each Disbursement this Period 4000.00
City Des Moines	State IA Zip Code 50309	
Purpose of Disbursement contribution Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. ISSA FOR CONGRESS		Transaction ID: SB23.5304 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6
Mailing Address P O BOX 760		Amount of Each Disbursement this Period 1000.00
City VISTA	State CA Zip Code 92085	
Purpose of Disbursement contribution Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 49	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. TEXAS FREEDOM FUND		Transaction ID: SB23.5306 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6
Mailing Address 104 East Hume Avenue		Amount of Each Disbursement this Period 3000.00
City Alexandria	State VA Zip Code 22301	
Purpose of Disbursement contribution Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	8000.00
TOTAL This Period (last page this line number only) ▶	15000.00

**SCHEDULE B (FEC Form 3X)
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Advanced Medical Optics Inc Political Action Committee

Full Name (Last, First, Middle Initial)

A. Comerica Bank

Mailing Address 611 Anton Blvd.

City Costa Mesa State CA Zip Code 92626-1904

Purpose of Disbursement
Bank Fee

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB29.5320

Date of Disbursement

06 / 30 / 2006

Amount of Each Disbursement this Period

15.00

SUBTOTAL of Disbursements This Page (optional)

15.00

TOTAL This Period (last page this line number only)

15.00