

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) X

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report
(b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31
(c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special
(d) 30-Day Post -Election Report for the: General, Runoff, Special
Election on 11 04 2008 in the State of CA

5. Covering Period 10 16 2008 through 11 24 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 Edith Bennett
Signature of Treasurer Electronically Filed by Edith Bennett Date 11 25 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.

Office Use Only
FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		11873.62
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	1638.70									
(c) Total Receipts (from Line 19)	1295.49	18105.57								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2934.19	29979.19								
7. Total Disbursements (from Line 31)	5.00	27050.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2929.19	2929.19								
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
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

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	1147.51	12063.20
(i) Itemized (use Schedule A)		
(ii) Unitemized	147.98	6042.37
(iii) TOTAL (add Lines 11(a)(i) and (ii)	1295.49	18105.57
(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)	1295.49	18105.57
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))	1295.49	18105.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1295.49	18105.57

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	0.00	27000.00
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.....	5.00	50.00
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))..	5.00	27050.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5.00	27050.00

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	1295.49	18105.57
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1295.49	18105.57
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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 15
(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

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

A.

Full Name (Last, First, Middle Initial)
Anthony Amado

Mailing Address 16 Quailbush Dr.

City State Zip Code
Fairport NY 14450

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

Name of Employer AMO Occupation Territory Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 768.01

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

Transaction ID: SA11AI.5836

Amount of Each Receipt this Period
52.63

payroll deduction

B.

Full Name (Last, First, Middle Initial)
Sheree Aronson

Mailing Address 24 Aguila Way

City State Zip Code
Coto de Caza CA 92679

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

Name of Employer AMO Occupation VP Corp Comm.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1042.14

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

Transaction ID: SA11AI.5864

Amount of Each Receipt this Period
94.74

payroll deduction

C.

Full Name (Last, First, Middle Initial)
Edward Blanco

Mailing Address 103 Ripple Creek

City State Zip Code
San Antonio TX 78231

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

Name of Employer AMO Occupation Territory Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

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

Transaction ID: SA11AI.5837

Amount of Each Receipt this Period
25.00

payroll deduction

SUBTOTAL of Receipts This Page (optional) ► **172.37**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 15
(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

A.

Full Name (Last, First, Middle Initial)
Donald Brydon

Mailing Address 4627 Shavano Birch

City State Zip Code
San Antonio TX 78230

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

Name of Employer Occupation
Advanced Medical Optics Nat'l Equip Sales Mgr

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

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

Transaction ID: SA11AI.5838

Amount of Each Receipt this Period
20.00

payroll deduction

B.

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 ▼ 482.87

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

Transaction ID: SA11AI.5839

Amount of Each Receipt this Period
37.98

payroll deduction

C.

Full Name (Last, First, Middle Initial)
Max H. Dansereau

Mailing Address 5486 E. Mineral Ln.

City State Zip Code
Littleton CO 80122

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

Name of Employer Occupation
AMO Senior Territory Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 262.50

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

Transaction ID: SA11AI.5844

Amount of Each Receipt this Period
12.50

payroll deduction

SUBTOTAL of Receipts This Page (optional) ► **70.48**

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

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

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

FOR LINE NUMBER: PAGE 8 / 15
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
William G. Fox

Mailing Address 16926 Windrow Dr.

City State Zip Code
Spring TX 77379

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

Name of Employer Occupation
AMO Senior Territory Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

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

Transaction ID: SA11AI.5845

Amount of Each Receipt this Period
30.00

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 ▼ 723.15

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

Transaction ID: SA11AI.5866

Amount of Each Receipt this Period
66.18

payroll deduction

C. Full Name (Last, First, Middle Initial)
Julie A. Hupfauer

Mailing Address 13309 Oddom Ct.

City State Zip Code
Cypress TX 77429

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

Name of Employer Occupation
AMO Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

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

Transaction ID: SA11AI.5848

Amount of Each Receipt this Period
30.00

payroll deduction

SUBTOTAL of Receipts This Page (optional) ► **126.18**

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

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

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

FOR LINE NUMBER: PAGE 9 / 15
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1220 St. Paul St.

City State Zip Code
Denver CO 80206

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

Name of Employer AMO Occupation Equipment Specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2008
Transaction ID: SA11AI.5849
Amount of Each Receipt this Period 20.00
payroll deduction

B. Full Name (Last, First, Middle Initial)
Erik C. Kramme

Mailing Address 3253 N. Leavitt St.

City State Zip Code
Chicago IL 60618

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

Name of Employer AMO Occupation Equipment Specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2008
Transaction ID: SA11AI.5850
Amount of Each Receipt this Period 20.00
payroll deduction

C. Full Name (Last, First, Middle Initial)
Richard Lynn

Mailing Address 56 Valley Estates

City State Zip Code
Little Rock AR 72212

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

Name of Employer AMO Occupation Senior Territory Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2008
Transaction ID: SA11AI.5851
Amount of Each Receipt this Period 20.00
payroll deduction

SUBTOTAL of Receipts This Page (optional) ▶ 60.00

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

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

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

FOR LINE NUMBER: PAGE 10 / 15
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
James V. Mazzo
Mailing Address P.O. Box 25162
City Santa Ana State CA Zip Code 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 ▼ 1100.00
Date of Receipt 10 / 31 / 2008
Transaction ID: SA11AI.5867
Amount of Each Receipt this Period 100.00
payroll deduction

B. Full Name (Last, First, Middle Initial)
Sean M. Morrissey
Mailing Address 210 Goodings Trail
City Baldwinsville State NY Zip Code 13027
FEC ID number of contributing federal political committee. **C**
Name of Employer AMO Occupation Equipment Specialist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 676.92
Date of Receipt 10 / 31 / 2008
Transaction ID: SA11AI.5853
Amount of Each Receipt this Period 60.49
payroll deduction

C. Full Name (Last, First, Middle Initial)
Robert Nardone
Mailing Address 393 Broombridge Way
City Marietta State GA Zip Code 30066
FEC ID number of contributing federal political committee. **C**
Name of Employer AMO Occupation Equipment Specialist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00
Date of Receipt 10 / 31 / 2008
Transaction ID: SA11AI.5854
Amount of Each Receipt this Period 25.00
payroll deduction

SUBTOTAL of Receipts This Page (optional) ► 185.49
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 15
	<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) Mitchell Nelson		Date of Receipt
	Mailing Address 3500 Mile Creek		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Irvine	TX	75063
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5855
Name of Employer AMO		Occupation Territory Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 20.00
		<input type="text"/> 220.00	payroll deduction

B.	Full Name (Last, First, Middle Initial) James B. Pritchard		Date of Receipt
	Mailing Address 5211 E. Helena		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Scottsdale	AZ	85254
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5856
Name of Employer AMO		Occupation Senior Territory Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 275.00	payroll deduction

C.	Full Name (Last, First, Middle Initial) Beth Reyes		Date of Receipt
	Mailing Address 35 Las Pisasdas		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Rancho S Margarita	CA	92688
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5868
Name of Employer Advanced Medical Optics, Inc.		Occupation Director Human Resources	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 20.00
		<input type="text"/> 220.00	payroll deduction

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 65.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 15
(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

A.

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2008

Transaction ID: SA11AI.5869

Amount of Each Receipt this Period
40.00

payroll deduction

B.

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1010.97

Date of Receipt
MM / DD / YYYY
10 / 31 / 2008

Transaction ID: SA11AI.5858

Amount of Each Receipt this Period
62.55

payroll deduction

C.

Full Name (Last, First, Middle Initial)
Wayne A. Spencer

Mailing Address 11894 SE Main Ln.

City State Zip Code
Portland OR 97236

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

Name of Employer Occupation
AMO Senior Equipment Specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2008

Transaction ID: SA11AI.5859

Amount of Each Receipt this Period
30.00

payroll deduction

SUBTOTAL of Receipts This Page (optional) ► **132.55**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 15
(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

A.

Full Name (Last, First, Middle Initial)
Andris Stapars

Mailing Address 2602 Freeman Ct.

City State Zip Code
Southlake TX 76092

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

Name of Employer Occupation
Advanced Medical Optics Manager National Accounts

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 764.64

Date of Receipt
MM / DD / YYYY
10 / 31 / 2008

Transaction ID: SA11AI.5861

Amount of Each Receipt this Period
70.14

payroll deduction

B.

Full Name (Last, First, Middle Initial)
Leeanne Swift

Mailing Address 25315 Plantation Dr. NE

City State Zip Code
Atlanta GA 30324

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

Name of Employer Occupation
AMO Regional Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 778.88

Date of Receipt
MM / DD / YYYY
10 / 31 / 2008

Transaction ID: SA11AI.5862

Amount of Each Receipt this Period
59.14

payroll deduction

C.

Full Name (Last, First, Middle Initial)
Nicholas Tarantino

Mailing Address 19 Larkfield Ln.

City State Zip Code
Laguna Niguel CA 92677

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

Name of Employer Occupation
Advanced Medical Optics, Inc. Director, Clinical R&D

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2008

Transaction ID: SA11AI.5871

Amount of Each Receipt this Period
40.00

payroll deduction

SUBTOTAL of Receipts This Page (optional) ► **169.28**

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

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

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

FOR LINE NUMBER: PAGE 14 / 15

(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

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

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 ▼ 1596.76

Date of Receipt

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

Transaction ID: SA11AI.5872

Amount of Each Receipt this Period

146.16

payroll deduction

B.

Full Name (Last, First, Middle Initial)
Vicki L. Williams

Mailing Address 6403 Arbor Rose Ln.

City State Zip Code
Spring TX 77379

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

Name of Employer Occupation
AMO Refractive Specialist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt

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

Transaction ID: SA11AI.5863

Amount of Each Receipt this Period

20.00

payroll deduction

SUBTOTAL of Receipts This Page (optional)

166.16

TOTAL This Period (last page this line number only)

1147.51

**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)

PAGE 15 / 15

<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

A.

Full Name (Last, First, Middle Initial)

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: SB29.5876

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

5.00

SUBTOTAL of Disbursements This Page (optional)

5.00

TOTAL This Period (last page this line number only)

5.00