

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 01 01 2008 through 03 31 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Edith Bennett

Signature of Treasurer Electronically Filed by Edith Bennett Date 04 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.

Office Use Only							
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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
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B 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	11873.62									
(c) Total Receipts (from Line 19)	7685.31	7685.31								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	19558.93	19558.93								
7. Total Disbursements (from Line 31)	3515.00	3515.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	16043.93	16043.93								
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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	4297.48	4297.48
(i) Itemized (use Schedule A)	3387.83	3387.83
(ii) Unitemized	7685.31	7685.31
(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)	7685.31	7685.31
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))	7685.31	7685.31
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7685.31	7685.31

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.....	3500.00	3500.00
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	15.00
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))..	3515.00	3515.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3515.00	3515.00

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	7685.31	7685.31
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7685.31	7685.31
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 / 11
(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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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 ▼ 374.80

Date of Receipt

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

Transaction ID: SA11AI.5672

Amount of Each Receipt this Period
374.80

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 ▼ 331.59

Date of Receipt

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

Transaction ID: SA11AI.5713

Amount of Each Receipt this Period
331.59

payroll deduction

C.

Full Name (Last, First, Middle Initial)
Chris Calcaterra

Mailing Address 6 Michener Ln.

City State Zip Code
Coto de Caza CA 92679

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

Name of Employer Advanced Medical Optics Occupation VP, Sales & Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 294.54

Date of Receipt

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

Transaction ID: SA11AI.5675

Amount of Each Receipt this Period
294.54

payroll deduction

SUBTOTAL of Receipts This Page (optional) ► **1000.93**

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 / 11
(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 Francese
Mailing Address 5574 E. Edinger Ave.
City Anaheim State CA Zip Code 92807
FEC ID number of contributing federal political committee. **C**
Name of Employer Advanced Medical optics Occupation Marketing Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 226.80
Date of Receipt 03 / 31 / 2008
Transaction ID: SA11AI.5717
Amount of Each Receipt this Period 226.80
payroll deduction

B. 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 ▼ 350.00
Date of Receipt 03 / 31 / 2008
Transaction ID: SA11AI.5719
Amount of Each Receipt this Period 350.00
payroll deduction

C. Full Name (Last, First, Middle Initial)
Jonathan Patton
Mailing Address 5220 W. 157th Pl.
City Overland Park State KS Zip Code 66224
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 ▼ 486.80
Date of Receipt 03 / 31 / 2008
Transaction ID: SA11AI.5698
Amount of Each Receipt this Period 486.80
payroll deduction

SUBTOTAL of Receipts This Page (optional) ► 1063.60
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 / 11
(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)
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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 244.23

Date of Receipt
MM / DD / YYYY
03 / 31 / 2008

Transaction ID: SA11AI.5699

Amount of Each Receipt this Period
244.23

payroll deduction

B.

Full Name (Last, First, Middle Initial)
Jane Rady

Mailing Address 8 El Dorado Ln.

City State Zip Code
Newport Beach CA 92660

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

Name of Employer Occupation
Advanced Medical optics CVP Strategy & Technology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2008

Transaction ID: SA11AI.5721

Amount of Each Receipt this Period
500.00

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 471.90

Date of Receipt
MM / DD / YYYY
03 / 31 / 2008

Transaction ID: SA11AI.5704

Amount of Each Receipt this Period
471.90

payroll deduction

SUBTOTAL of Receipts This Page (optional) ► **1216.13**

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 / 11
(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 ▼
238.59

Date of Receipt
MM / DD / YYYY
03 / 31 / 2008

Transaction ID: SA11AI.5707

Amount of Each Receipt this Period
238.59

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 ▼
277.67

Date of Receipt
MM / DD / YYYY
03 / 31 / 2008

Transaction ID: SA11AI.5709

Amount of Each Receipt this Period
277.67

payroll deduction

C.

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 ▼
500.56

Date of Receipt
MM / DD / YYYY
03 / 31 / 2008

Transaction ID: SA11AI.5726

Amount of Each Receipt this Period
500.56

payroll deduction

SUBTOTAL of Receipts This Page (optional)	1016.82
TOTAL This Period (last page this line number only)	4297.48

**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 10 / 11

<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

A.

Full Name (Last, First, Middle Initial)

ADVANCED MEDICAL TECHNOLOGY ASSOCIATION POLOTICAL ACTION COMMITTEE

Mailing Address 701 Pennsylvania Ave.

City Washington State DC Zip Code 20004

Purpose of Disbursement contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.5731

Date of Disbursement

^M 0	^M 3	/	^D 2	^D 8	/	^Y 2	^Y 0	^Y 0	^Y 8
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Amount of Each Disbursement this Period

3500.00

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

3500.00

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)

PAGE 11 / 11

<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 State Zip Code
Costa Mesa CA 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: SB29.5732

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2008

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