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FEC MAIL ROOM
2002 JUL -9 A 11:00
Office Use Only

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

ADVANCED MEDICAL OPTICS, INC POLITICAL ACTION COMMITTEE "AMPAC"

ADDRESS (number and street) 2148 E ORANGEWOOD LN

(Check if address is changed)

ORANGE CA 92867-1820

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

pacificon@earthlink.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 07 08 2002

3. FEC IDENTIFICATION NUMBER ▶ C

4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)

I certify that I have examined this Statement 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 Edith Bennett Date 07 08 2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FE1WORK.PDF

FEC FORM 1
(Revised 1/01)

5. TYPE OF COMMITTEE (Check One)

(a) [ ] This committee is a principal campaign committee. (Complete the candidate information below.)

(b) [ ] This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation [ ] Office Sought: [ ] House [ ] Senate [ ] President State District

(c) [ ] This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

(d) [ ] This committee is a [ ] (National, State or subordinate) committee of the [ ] (Democratic, Republican, etc.) Party.

(e) [X] This committee is a separate segregated fund.

(f) [ ] This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

ADVANCED MEDICAL OPTICS INC

Mailing Address 1700 E ST ANDREW PLACE

SANTA ANA CA 92799-5162

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

[X] Corporation [ ] Corporation w/o Capital Stock [ ] Labor Organization

[ ] Membership Organization [ ] Trade Association [ ] Cooperative

Write or Type Committee Name

ADVANCED MEDICAL OPTICS, INC. POLITICAL ACTION COMMITTEE

7. **Custodian of Records:** Identify by name, address (phone number – optional) and position of the person in possession of committee books and records.

Full Name: EDITH BENNETT

Mailing Address: 2148 E ORANGEVIEW LN

ORANGE | CA | 92867-1820

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

TREASURER | Telephone number 714-637-4901

8. **Treasurer:** List the name and address (phone number – optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer: EDITH BENNETT

Mailing Address: 2148 E ORANGEVIEW LN

ORANGE | CA | 92867-1820

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

TREASURER | Telephone number 714-637-4901

Full Name of Designated Agent:

Mailing Address:

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

CALFED

Mailing Address 2020 N TUSTIN ST

ORANGE CA 92867-1820

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☑	Hand Delivered	Date of Receipt 7/9/02
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PREPARER	DATE PREPARED 7/9/02

(6/2000)