

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, 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 07 2006 in the State of CA

5. Covering Period 10 19 2006 through 11 27 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 12 06 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**

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

Report Covering the Period: From: 

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	1

D	D
2	7

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 .....	3391.00									
(c) Total Receipts (from Line 19) .....	2554.37	26545.99								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	5945.37	47490.37								
7. Total Disbursements (from Line 31) .....	5.00	41550.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	5940.37	5940.37								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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	9

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	1

D	D
2	7

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	2396.89	18883.52
(i) Itemized (use Schedule A) .....	157.48	7662.47
(ii) Unitemized .....	2554.37	26545.99
(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) .....	2554.37	26545.99
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)) .....	2554.37	26545.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	2554.37	26545.99

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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	41500.00
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	41550.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	5.00	41550.00

**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) .....	2554.37	26545.99
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2554.37	26545.99
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 / 21
	<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

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 ▼ 723.83

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5395

Amount of Each Receipt this Period  
112.54

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 6

Transaction ID: SA11A1.5437

Amount of Each Receipt this Period  
94.74

payroll deduction

**C.** Full Name (Last, First, Middle Initial)  
George Bator

Mailing Address 4 Aspen Way

City State Zip Code  
Thornwood NY 10594

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

Name of Employer AMO Occupation Territory Mgr

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 239.56

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5396

Amount of Each Receipt this Period  
18.40

payroll deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► **225.68**

**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 / 21
	<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) <b>A. Edward Blanco</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 103 Ripple Creek		Transaction ID: SA11A1.5397
City State Zip Code San Antonio TX 78231	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		payroll deduction
Name of Employer AMO	Occupation Territory Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) <b>B. Donald Brydon</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 4627 Shavano Birch		Transaction ID: SA11A1.5398
City State Zip Code San Antonio TX 78230	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		payroll deduction
Name of Employer Advanced Medical Optics	Occupation Nat'l Equip Sales Mgr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>C. Chris Calcaterra</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 6 Michener Ln.		Transaction ID: SA11A1.5399
City State Zip Code Coto de Caza CA 92679	Amount of Each Receipt this Period 88.70	
FEC ID number of contributing federal political committee. <b>C</b>		payroll deduction
Name of Employer Advanced Medical Optics	Occupation VP, Sales & Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 970.57	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	133.70
<b>TOTAL</b> 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 / 21
	<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) <b>A.</b> Alan L. Cebrian		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 9245 Cadenza St.		<b>Transaction ID:</b> SA11A1.5401
City Sacramento	State CA	Amount of Each Receipt this Period 35.46
Zip Code 95826		payroll deduction
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AMO	Occupation DM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 497.84	

Full Name (Last, First, Middle Initial) <b>B.</b> Max H. Dansereau		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 5486 E. Mineral Ln.		<b>Transaction ID:</b> SA11A1.5404
City Littleton	State CO	Amount of Each Receipt this Period 25.00
Zip Code 80122		payroll deduction
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AMO	Occupation Senior Territory Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) <b>C.</b> William G. Fox		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 16926 Windrow Dr.		<b>Transaction ID:</b> SA11A1.5406
City Spring	State TX	Amount of Each Receipt this Period 30.00
Zip Code 77379		payroll deduction
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AMO	Occupation Senior Territory Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	90.46
<b>TOTAL</b> 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 / 21
	<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)  
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 ▼ 663.97

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5439

Amount of Each Receipt this Period  
60.68

payroll deduction

**B.** Full Name (Last, First, Middle Initial)  
John R. Garland

Mailing Address 22352 Rosebriar

City State Zip Code  
Mission Viejo CA 92692

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 ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5407

Amount of Each Receipt this Period  
20.00

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 ▼ 442.91

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5408

Amount of Each Receipt this Period  
32.75

payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	113.43
<b>TOTAL</b> 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 / 21
	<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) <b>A. Curtis Grelle</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address 10212 Leeward Blvd.		<b>Transaction ID: SA11A1.5409</b>	
City Indianapolis	State IN	Zip Code 46256	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>		payroll deduction	
Name of Employer Advanced Medical Optics	Occupation Sr. Training Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) <b>B. Tom E. Grosskopf</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address 22831 North 53rd St.		<b>Transaction ID: SA11A1.5410</b>	
City Phoenix	State AZ	Zip Code 85054	Amount of Each Receipt this Period 75.52
FEC ID number of contributing federal political committee. <b>C</b>		payroll deduction	
Name of Employer AMO	Occupation Vice President Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 826.34		

Full Name (Last, First, Middle Initial) <b>C. Julie A. Hupfauer</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address 13309 Oddom Ct.		<b>Transaction ID: SA11A1.5413</b>	
City Cypress	State TX	Zip Code 77429	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. <b>C</b>		payroll deduction	
Name of Employer AMO	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	130.52
<b>TOTAL</b> 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 / 21
	<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) <b>A.</b> Patrick B. Jacques		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 1220 St. Paul St.		Transaction ID: SA11A1.5414
City State Zip Code Denver CO 80206	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		payroll deduction
Name of Employer AMO Occupation Equipment Specialist	Aggregate Year-to-Date ▼ 220.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Erik C. Kramme		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 3253 N. Leavitt St.		Transaction ID: SA11A1.5415
City State Zip Code Chicago IL 60618	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		payroll deduction
Name of Employer AMO Occupation Equipment Specialist	Aggregate Year-to-Date ▼ 220.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Richard Lynn		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 56 Valley Estates		Transaction ID: SA11A1.5416
City State Zip Code Little Rock AR 72212	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		payroll deduction
Name of Employer AMO Occupation Senior Territory Manager	Aggregate Year-to-Date ▼ 220.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	60.00
<b>TOTAL</b> 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 / 21
	<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)  
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 Occupation  
Advanced Medical Optics CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5441

Amount of Each Receipt this Period  
100.00

payroll deduction

**B.** Full Name (Last, First, Middle Initial)  
Terrance McNulty

Mailing Address 2725 E. 47th St.

City State Zip Code  
Tulsa OK 74105

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

Name of Employer Occupation  
Advanced Medical Optics Territory Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
337.07

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5417

Amount of Each Receipt this Period  
38.37

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 Occupation  
Advanced Medical Optics, Inc. Territory Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
385.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5418

Amount of Each Receipt this Period  
35.00

payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	173.37
<b>TOTAL</b> 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 13 / 21
	<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 ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5442

Amount of Each Receipt this Period  
50.00

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 ▼  
705.29

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5420

Amount of Each Receipt this Period  
79.77

payroll deduction

**C.** Full Name (Last, First, Middle Initial)  
Robert Nardone

Mailing Address 393 Broombridge Way

City State Zip Code  
Marietta GA 30066

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 ▼  
275.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5421

Amount of Each Receipt this Period  
25.00

payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	154.77
<b>TOTAL</b> 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 14 / 21
	<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) <b>A. Mitchell Nelson</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 3500 Mile Creek		Transaction ID: SA11A1.5422
City State Zip Code Irvine TX 75063	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		payroll deduction
Name of Employer AMO Occupation Territory Manager	Aggregate Year-to-Date ▼ 220.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Jonathan Patton</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 5220 W. 157th Pl.		Transaction ID: SA11A1.5423
City State Zip Code Overland Park KS 66224	Amount of Each Receipt this Period 218.83	
FEC ID number of contributing federal political committee. <b>C</b>		payroll deduction
Name of Employer AMO Occupation Equipment Specialist	Aggregate Year-to-Date ▼ 1710.24	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Alan H. Peck</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 9 Kimberry Dr.		Transaction ID: SA11A1.5424
City State Zip Code Brookfield CT 06804	Amount of Each Receipt this Period 92.85	
FEC ID number of contributing federal political committee. <b>C</b>		payroll deduction
Name of Employer Advanced Medical Optics Occupation Surgical Territory Manager	Aggregate Year-to-Date ▼ 671.30	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	331.68
<b>TOTAL</b> 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 15 / 21
	<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)  
James B. Pritchard

Mailing Address 5211 E. Helena

City State Zip Code  
Scottsdale AZ 85254

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 ▼ 275.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5425

Amount of Each Receipt this Period  
25.00

payroll deduction

**B.** Full Name (Last, First, Middle Initial)  
James J. Ravasio

Mailing Address 3124 Argent Path

City State Zip Code  
Ellensburg MO 21042

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

Name of Employer AMO Occupation Senior Regional Manager

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 6

Transaction ID: SA11A1.5426

Amount of Each Receipt this Period  
20.00

payroll deduction

**C.** Full Name (Last, First, Middle Initial)  
Beth Reyes

Mailing Address 35 Las Pisasdas

City State Zip Code  
Rancho S Margarita CA 92688

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

Name of Employer Advanced Medical Optics, Inc. Occupation Director Human Resources

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 6

Transaction ID: SA11A1.5443

Amount of Each Receipt this Period  
20.00

payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	65.00
<b>TOTAL</b> 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 16 / 21
	<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) <b>A.</b> Paul W. Rockley		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 535 De Anza Dr.		Transaction ID: SA11A1.5444
City State Zip Code Corona del Mar CA 92625	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction	
Name of Employer Occupation Advanced Medical Optics Business Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Kevin J. Shearer		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 4344 53rd Ave. NE		Transaction ID: SA11A1.5428
City State Zip Code Seattle WA 98105	Amount of Each Receipt this Period 141.52	
FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction	
Name of Employer Occupation AMO Senior Territory Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1422.14	

Full Name (Last, First, Middle Initial) <b>C.</b> Wayne A. Spencer		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 11894 SE Main Ln.		Transaction ID: SA11A1.5429
City State Zip Code Portland OR 97236	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction	
Name of Employer Occupation AMO Senior Equipment Specialist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	211.52
<b>TOTAL</b> 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 17 / 21						
	(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

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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 ▼ 673.16

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5446

Amount of Each Receipt this Period  
61.70

payroll deduction

**B.** Full Name (Last, First, Middle Initial)  
Dinamarie Stefani

Mailing Address 25032 Via Del Rio

City State Zip Code  
Lake Fores CA 42630

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

Name of Employer Occupation  
Advanced Medical Optics, Inc. Sr. QA Analyst

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 6

Transaction ID: SA11A1.5447

Amount of Each Receipt this Period  
25.00

payroll deduction

**C.** 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 ▼ 773.36

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5431

Amount of Each Receipt this Period  
54.12

payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	140.82
<b>TOTAL</b> 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 18 / 21
	<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) <b>A. Nicholas Tarantino</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address 19 Larkfield Ln.		Transaction ID: SA11A1.5449	
City Laguna Niguel	State CA	Zip Code 92677	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. <b>C</b>		payroll deduction	
Name of Employer Advanced Medical Optics, Inc.	Occupation Director, Clinical R&D		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00		

Full Name (Last, First, Middle Initial) <b>B. Duc Q. Tran</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address 402 Timberwood		Transaction ID: SA11A1.5450	
City Irvine	State CA	Zip Code 92620	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. <b>C</b>		payroll deduction	
Name of Employer Advanced Medical Optics	Occupation Eng. Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) <b>C. Charles III Trenary</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address 3 Flax		Transaction ID: SA11A1.5451	
City Coto de Caza	State CA	Zip Code 92679	Amount of Each Receipt this Period 132.70
FEC ID number of contributing federal political committee. <b>C</b>		payroll deduction	
Name of Employer Advanced Medical Optics	Occupation President Americas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1442.39		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	192.70
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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 19 / 21
	<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)  
Michael Tyson

Mailing Address 92 Circle Court

City Mission Viejo State CA Zip Code 92692

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

Name of Employer AMO Occupation Director Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 6

**Transaction ID:** SA11A1.5432

Amount of Each Receipt this Period  
50.00

payroll deduction

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

Mailing Address 13743 Bainwick Dr.

City Pickerton State OH Zip Code 43147

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 ▼ 564.29

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 6

**Transaction ID:** SA11A1.5433

Amount of Each Receipt this Period  
93.00

payroll deduction

**C.** Full Name (Last, First, Middle Initial)  
Vic Wildenrad

Mailing Address 2213 Pebble Beach Dr.

City Plainfield State IL Zip Code 60544

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 ▼ 542.30

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 6

**Transaction ID:** SA11A1.5434

Amount of Each Receipt this Period  
107.80

payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	250.80
<b>TOTAL</b> 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 20 / 21
	(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. Vicki L. Williams		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 6403 Arbor Rose Ln.		Transaction ID: SA11A1.5435
City Spring	State TX	Zip Code 77379
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00	
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 ▼ 420.33	

Full Name (Last, First, Middle Initial) B. William H. Woodward		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address 1808 Pony Run Rd.		Transaction ID: SA11A1.5436
City Raleigh	State NC	Zip Code 27615
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 102.44	
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 ▼ 580.03	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	122.44
<b>TOTAL</b> This Period (last page this line number only) .....	▶	2396.89

# 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 21 / 21

<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

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.5456

Date of Disbursement

10 / 31 / 2006

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