

# 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 11 25 2008 through 12 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 01 14 2009

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
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	2

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 .....	2929.19									
(c) Total Receipts (from Line 19) .....	2514.36	20619.93								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	5443.55	32493.55								
7. Total Disbursements (from Line 31) .....	10.20	27060.20								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	5433.35	5433.35								
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	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	2

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	2273.13	14336.33
(i) Itemized (use Schedule A) .....	241.23	6283.60
(ii) Unitemized .....	2514.36	20619.93
(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) .....	2514.36	20619.93
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)) .....	2514.36	20619.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	2514.36	20619.93

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	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.....	10.20	60.20
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))..	10.20	27060.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10.20	27060.20

**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) .....	2514.36	20619.93
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2514.36	20619.93
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 ▼ 862.72

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

Transaction ID: SA11AI.5890

Amount of Each Receipt this Period  
94.71

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 ▼ 1231.62

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

Transaction ID: SA11AI.5878

Amount of Each Receipt this Period  
189.48

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 ▼ 325.00

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

Transaction ID: SA11AI.5891

Amount of Each Receipt this Period  
50.00

payroll deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► **334.19**

**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)  
 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)  
Donald Brydon  
Mailing Address 4627 Shavano Birch  
City San Antonio State TX Zip Code 78230  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Advanced Medical Optics Occupation Nat'l Equip Sales Mgr  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00  
Date of Receipt MM / DD / YYYY  
12 / 31 / 2008  
**Transaction ID:** SA11AI.5892  
Amount of Each Receipt this Period 40.00  
payroll deduction

**B.** Full Name (Last, First, Middle Initial)  
Alan L. Cebrian  
Mailing Address 9245 Cadenza St.  
City Sacramento State CA Zip Code 95826  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AMO Occupation DM  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 520.85  
Date of Receipt MM / DD / YYYY  
12 / 31 / 2008  
**Transaction ID:** SA11AI.5893  
Amount of Each Receipt this Period 37.98  
payroll deduction

**C.** Full Name (Last, First, Middle Initial)  
William G. Fox  
Mailing Address 16926 Windrow Dr.  
City Spring State TX Zip Code 77379  
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 ▼ 390.00  
Date of Receipt MM / DD / YYYY  
12 / 31 / 2008  
**Transaction ID:** SA11AI.5896  
Amount of Each Receipt this Period 60.00  
payroll deduction

**SUBTOTAL** of Receipts This Page (optional) ..... 137.98  
**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)

<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 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 ▼ 855.51

Date of Receipt 12 / 31 / 2008

Transaction ID: SA11AI.5880

Amount of Each Receipt this Period 132.36

payroll deduction

**B.**

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

Mailing Address 13309 Oddom Ct.

City Cypress State TX Zip Code 77429

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

Name of Employer AMO Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 31 / 2008

Transaction ID: SA11AI.5899

Amount of Each Receipt this Period 60.00

payroll deduction

**C.**

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

Mailing Address 1220 St. Paul St.

City Denver State CO Zip Code 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 ▼ 260.00

Date of Receipt 12 / 31 / 2008

Transaction ID: SA11AI.5900

Amount of Each Receipt this Period 40.00

payroll deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► 232.36

**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)  
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 ▼ 260.00

Date of Receipt M M / D D / Y Y Y Y  
12 / 31 / 2008

Transaction ID: SA11AI.5902

Amount of Each Receipt this Period 40.00

payroll deduction

**B.** 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 ▼ 260.00

Date of Receipt M M / D D / Y Y Y Y  
12 / 31 / 2008

Transaction ID: SA11AI.5903

Amount of Each Receipt this Period 40.00

payroll deduction

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

Mailing Address P.O. Box 25162

City State Zip Code  
Santa Ana CA 92799

FEC ID number of contributing federal political committee. C

Name of Employer Advanced Medical Optics Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt M M / D D / Y Y Y Y  
12 / 31 / 2008

Transaction ID: SA11AI.5881

Amount of Each Receipt this Period 200.00

payroll deduction

**SUBTOTAL** of Receipts This Page (optional) ..... 280.00

**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)  
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 AMO Occupation Equipment Specialist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 797.90

Date of Receipt 12 / 31 / 2008  
Transaction ID: SA11AI.5905  
Amount of Each Receipt this Period 120.98  
payroll deduction

**B.** 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 AMO Occupation Equipment Specialist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 12 / 31 / 2008  
Transaction ID: SA11AI.5906  
Amount of Each Receipt this Period 50.00  
payroll deduction

**C.** Full Name (Last, First, Middle Initial)  
Mitchell Nelson

Mailing Address 3500 Mile Creek

City State Zip Code  
Irvine TX 75063

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 ▼ 260.00

Date of Receipt 12 / 31 / 2008  
Transaction ID: SA11AI.5907  
Amount of Each Receipt this Period 40.00  
payroll deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► 210.98

**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 11 / 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)  
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 ▼ 325.00

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

**Transaction ID:** SA11AI.5909

Amount of Each Receipt this Period  
50.00

payroll deduction

**B.**

Full Name (Last, First, Middle Initial)  
Beth Reyes

Mailing Address 35 Las Pisadas

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 ▼ 260.00

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

**Transaction ID:** SA11AI.5882

Amount of Each Receipt this Period  
40.00

payroll deduction

**C.**

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 Advanced Medical Optics Occupation Business Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

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

**Transaction ID:** SA11AI.5883

Amount of Each Receipt this Period  
80.00

payroll deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► **170.00**

**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 12 / 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)  
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 AMO Occupation Senior Territory Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1147.71  
Date of Receipt 12 / 31 / 2008  
Transaction ID: SA11AI.5910  
Amount of Each Receipt this Period 136.74  
payroll deduction

**B.** 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 AMO Occupation Senior Equipment Specialist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 390.00  
Date of Receipt 12 / 31 / 2008  
Transaction ID: SA11AI.5911  
Amount of Each Receipt this Period 60.00  
payroll deduction

**C.** 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 Advanced Medical Optics Occupation Manager National Accounts  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 904.92  
Date of Receipt 12 / 31 / 2008  
Transaction ID: SA11AI.5913  
Amount of Each Receipt this Period 140.28  
payroll deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► 337.02  
**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)  
Leeanne Swift

Mailing Address 25315 Plantation Dr. NE

City Atlanta State GA Zip Code 30324

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

Name of Employer AMO Occupation Regional Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 897.16

Date of Receipt 12 / 31 / 2008  
**Transaction ID: SA11AI.5914**

Amount of Each Receipt this Period 118.28

payroll deduction

**B.**

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

Mailing Address 19 Larkfield Ln.

City Laguna Niguel State CA Zip Code 92677

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 31 / 2008  
**Transaction ID: SA11AI.5884**

Amount of Each Receipt this Period 80.00

payroll deduction

**C.**

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

Mailing Address 3 Flax

City Coto de Caza State CA Zip Code 92679

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

Name of Employer Advanced Medical Optics Occupation President Americas

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1889.08

Date of Receipt 12 / 31 / 2008  
**Transaction ID: SA11AI.5885**

Amount of Each Receipt this Period 292.32

payroll deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► 490.60

**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 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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)  
Aimee Weisner

Mailing Address 20191 Cattail Cir.

City State Zip Code  
Huntington Beach CA 92648

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

Name of Employer Occupation  
Advanced Medical Optics General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

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

**Transaction ID:** SA11AI.5888

Amount of Each Receipt this Period  
40.00

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 ▼  
260.00

Date of Receipt  

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

**Transaction ID:** SA11AI.5915

Amount of Each Receipt this Period  
40.00

payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	80.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	2273.13

**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: SB29.5916

Date of Disbursement

12 / 31 / 2008

Amount of Each Disbursement this Period

10.20

SUBTOTAL of Disbursements This Page (optional) .....

10.20

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

10.20