

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

5. Covering Period 07 01 2008 through 09 30 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 10 08 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.

Table with 7 columns and 1 row for Office Use Only

FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

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	16436.41									
(c) Total Receipts (from Line 19)	4717.29	16810.08								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	21153.70	28683.70								
7. Total Disbursements (from Line 31)	19515.00	27045.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1638.70	1638.70								
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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

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	3774.06	10915.69
(i) Itemized (use Schedule A)	943.23	5894.39
(ii) Unitemized	4717.29	16810.08
(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)	4717.29	16810.08
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))	4717.29	16810.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4717.29	16810.08

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.....	19500.00	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.....	15.00	45.00
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))..	19515.00	27045.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19515.00	27045.00

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)	4717.29	16810.08
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4717.29	16810.08
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: (check only one)	PAGE 6 / 15
	<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	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 16 Quailbush Dr.	Transaction ID: SA11AI.5784
	City State Zip Code Fairport NY 14450	Amount of Each Receipt this Period 175.80
	FEC ID number of contributing federal political committee. C	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 ▼ 715.38	

B.	Full Name (Last, First, Middle Initial) Sheree Aronson	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 24 Aguila Way	Transaction ID: SA11AI.5813
	City State Zip Code Coto de Caza CA 92679	Amount of Each Receipt this Period 331.59
	FEC ID number of contributing federal political committee. C	payroll deduction
Name of Employer AMO	Occupation VP Corp Comm.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 947.40	

C.	Full Name (Last, First, Middle Initial) Edward Blanco	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 103 Ripple Creek	Transaction ID: SA11AI.5785
	City State Zip Code San Antonio TX 78231	Amount of Each Receipt this Period 87.50
	FEC ID number of contributing federal political committee. C	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 ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	594.89
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 15

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Alan L. Cebrian		Date of Receipt MM / DD / YYYY 09 / 30 / 2008		
	Mailing Address 9245 Cadenza St.		Transaction ID: SA11AI.5787		
	City Sacramento	State CA	Zip Code 95826	Amount of Each Receipt this Period 157.62	
	FEC ID number of contributing federal political committee. C		payroll deduction		
	Name of Employer AMO	Occupation DM	Aggregate Year-to-Date 444.89		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Max H. Dansereau		Date of Receipt MM / DD / YYYY 09 / 30 / 2008		
	Mailing Address 5486 E. Mineral Ln.		Transaction ID: SA11AI.5791		
	City Littleton	State CO	Zip Code 80122	Amount of Each Receipt this Period 87.50	
	FEC ID number of contributing federal political committee. C		payroll deduction		
	Name of Employer AMO	Occupation Senior Territory Manager	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) William G. Fox		Date of Receipt MM / DD / YYYY 09 / 30 / 2008		
	Mailing Address 16926 Windrow Dr.		Transaction ID: SA11AI.5792		
	City Spring	State TX	Zip Code 77379	Amount of Each Receipt this Period 105.00	
	FEC ID number of contributing federal political committee. C		payroll deduction		
	Name of Employer AMO	Occupation Senior Territory Manager	Aggregate Year-to-Date 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	350.12
TOTAL This Period (last page this line number only)	▶	

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

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

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

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

A. Full Name (Last, First, Middle Initial)
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 ▼ 656.97
Date of Receipt 09 / 30 / 2008
Transaction ID: SA11AI.5815
Amount of Each Receipt this Period 231.63
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 ▼ 300.00
Date of Receipt 09 / 30 / 2008
Transaction ID: SA11AI.5796
Amount of Each Receipt this Period 105.00
payroll deduction

C. 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 ▼ 1000.00
Date of Receipt 09 / 30 / 2008
Transaction ID: SA11AI.5816
Amount of Each Receipt this Period 350.00
payroll deduction

SUBTOTAL of Receipts This Page (optional) ► 686.63
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)

<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)
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 ▼
276.30

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2008

Transaction ID: SA11AI.5800

Amount of Each Receipt this Period
91.74

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 ▼
616.43

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2008

Transaction ID: SA11AI.5801

Amount of Each Receipt this Period
212.56

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 ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2008

Transaction ID: SA11AI.5802

Amount of Each Receipt this Period
87.50

payroll deduction

SUBTOTAL of Receipts This Page (optional) ► **391.80**

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

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

Use separate schedule(s)
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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)
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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 430.90
Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8
Transaction ID: SA11AI.5804
Amount of Each Receipt this Period
37.89
payroll deduction

B. 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 Occupation
AMO Senior Territory Manager
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8
Transaction ID: SA11AI.5805
Amount of Each Receipt this Period
87.50
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 Occupation
Advanced Medical Optics Business Development
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 8
Transaction ID: SA11AI.5818
Amount of Each Receipt this Period
140.00
payroll deduction

SUBTOTAL of Receipts This Page (optional) ▶ **265.39**
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)
 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 ▼ 948.42
Date of Receipt 09 / 30 / 2008
Transaction ID: SA11AI.5807
Amount of Each Receipt this Period 218.53
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 ▼ 300.00
Date of Receipt 09 / 30 / 2008
Transaction ID: SA11AI.5808
Amount of Each Receipt this Period 105.00
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 ▼ 694.50
Date of Receipt 09 / 30 / 2008
Transaction ID: SA11AI.5810
Amount of Each Receipt this Period 245.49
payroll deduction

SUBTOTAL of Receipts This Page (optional) ► 569.02
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 12 / 15

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
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 ▼ 719.74

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2008

Transaction ID: SA11AI.5811

Amount of Each Receipt this Period
264.65

payroll deduction

B.

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

Mailing Address 19 Larkfield Ln.

City State Zip Code
Laguna Niguel CA 92677

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2008

Transaction ID: SA11AI.5820

Amount of Each Receipt this Period
140.00

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 ▼ 1450.60

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2008

Transaction ID: SA11AI.5821

Amount of Each Receipt this Period
511.56

payroll deduction

SUBTOTAL of Receipts This Page (optional)

916.21

TOTAL This Period (last page this line number only)

3774.06

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 13 / 15

<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

<p>A. Full Name (Last, First, Middle Initial) CALVERT VICTORY FUND</p> <p>Mailing Address 1251 DARTMOUTH COURT</p> <p>City ALEXANDRIA State VA Zip Code 22314</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 44</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5827 Date of Disbursement 07 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) COMMITTEE TO RE-ELECT LORETTA SANCHEZ</p> <p>Mailing Address 1212 S. Victory Blvd. Suite 211</p> <p>City BURBANK State CA Zip Code 91502</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 47</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5829 Date of Disbursement 07 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) ANNA G ESHOO</p> <p>Mailing Address 555 Capitol Mall Suite 1425</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5825 Date of Disbursement 07 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional)	8500.00
TOTAL This Period (last page this line number only)	

**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)

<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)
MCCAIN-PALIN VICTORY CALIFORNIA

Transaction ID: SB23.5832

Date of Disbursement

Mailing Address 228 S. Washington Street
Suite 115

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	0	8

City State Zip Code
Alexandria VA 22314

Amount of Each Disbursement this Period

10000.00

Purpose of Disbursement
Contribution

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District: 00

B.

Full Name (Last, First, Middle Initial)
MCCONNELL SENATE COMMITTEE '08

Transaction ID: SB23.5831

Date of Disbursement

Mailing Address PO BOX 1496

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	0	8

City State Zip Code
LOUISVILLE KY 40201

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: KY District: 00

SUBTOTAL of Disbursements This Page (optional) ►

11000.00

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

19500.00

**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 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: SB29.5834

Date of Disbursement

09 / 30 / 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