

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, Convention, Special, Runoff
(d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 01 01 2007 through 06 30 2007

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 07 16 2007

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
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		6016.51
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	6016.51									
(c) Total Receipts (from Line 19) .....	15633.78	15633.78								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	21650.29	21650.29								
7. Total Disbursements (from Line 31) .....	14030.00	14030.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	7620.29	7620.29								
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
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	11038.14	11038.14
(i) Itemized (use Schedule A) .....	4595.64	4595.64
(ii) Unitemized .....		
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	15633.78	15633.78
(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) .....	15633.78	15633.78
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)) .....	15633.78	15633.78
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	15633.78	15633.78

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A</b> Total This Period	<b>COLUMN B</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.....	14000.00	14000.00
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.....	30.00	30.00
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))..	14030.00	14030.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	14030.00	14030.00

**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) .....	15633.78	15633.78
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15633.78	15633.78
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 / 16
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Anthony Amado		Date of Receipt MM / DD / YYYY 06 / 30 / 2007
Mailing Address 16 Quailbush Dr.		<b>Transaction ID:</b> SA11A1.5547
City State Zip Code Fairport NY 14450	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 440.39
Name of Employer AMO Occupation Territory Manager	Aggregate Year-to-Date 440.39	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Sheree Aronson		Date of Receipt MM / DD / YYYY 06 / 30 / 2007
Mailing Address 24 Aguila Way		<b>Transaction ID:</b> SA11A1.5527
City State Zip Code Coto de Caza CA 92679	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 615.81
Name of Employer AMO Occupation VP Corp Comm.	Aggregate Year-to-Date 615.81	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Chris Calcaterra		Date of Receipt MM / DD / YYYY 06 / 30 / 2007
Mailing Address 6 Michener Ln.		<b>Transaction ID:</b> SA11A1.5551
City State Zip Code Coto de Caza CA 92679	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 598.75
Name of Employer Advanced Medical Optics Occupation VP, Sales & Marketing	Aggregate Year-to-Date 598.75	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1654.95</b>
<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 7 / 16
	<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)  
Alan L. Cebrian

Mailing Address 9245 Cadenza St.

City State Zip Code  
Sacramento CA 95826

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

Name of Employer Occupation  
AMO DM

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
293.12

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2007

Transaction ID: SA11A1.5553

Amount of Each Receipt this Period  
293.12

payroll deduction

**B.** 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 ▼  
405.82

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2007

Transaction ID: SA11A1.5530

Amount of Each Receipt this Period  
405.82

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 ▼  
257.92

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2007

Transaction ID: SA11A1.5560

Amount of Each Receipt this Period  
257.92

payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>956.86</b>
<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 / 16
	<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)  
Tom E. Grosskopf

Mailing Address 22831 North 53rd St.

City State Zip Code  
Phoenix AZ 85054

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

Name of Employer Occupation  
AMO Vice President Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 509.98

Date of Receipt  
06 / 30 / 2007

Transaction ID: SA11A1.5562

Amount of Each Receipt this Period  
509.98

payroll deduction

**B.** Full Name (Last, First, Middle Initial)  
Phillip E. Herig

Mailing Address 5305 Vista Lejana

City State Zip Code  
Albuquerque NM 87111

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

Name of Employer Occupation  
Advanced Medical Optics Regional Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
06 / 30 / 2007

Transaction ID: SA11A1.5564

Amount of Each Receipt this Period  
250.00

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 Occupation  
Advanced Medical Optics CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
06 / 30 / 2007

Transaction ID: SA11A1.5532

Amount of Each Receipt this Period  
650.00

payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1409.98
<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 / 16
	<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)  
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 ▼ 200.35

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2007

Transaction ID: SA11A1.5571

Amount of Each Receipt this Period  
200.35

payroll deduction

**B.** 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 ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2007

Transaction ID: SA11A1.5533

Amount of Each Receipt this Period  
300.00

payroll deduction

**C.** 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 ▼ 361.68

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2007

Transaction ID: SA11A1.5575

Amount of Each Receipt this Period  
361.68

payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>862.03</b>
<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 / 16
	<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.</b> Jonathan Patton		Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2007
Mailing Address 5220 W. 157th Pl.		Transaction ID: SA11A1.5578
City Overland Park	State KS	Zip Code 66224
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1401.94
Name of Employer AMO	Occupation Equipment Specialist	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1401.94	

Full Name (Last, First, Middle Initial) <b>B.</b> Alan H. Peck		Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2007
Mailing Address 9 Kimberry Dr.		Transaction ID: SA11A1.5579
City Brookfield	State CT	Zip Code 06804
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 361.07
Name of Employer Advanced Medical Optics	Occupation Surgical Territory Manager	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 361.07	

Full Name (Last, First, Middle Initial) <b>C.</b> Jane Rady		Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2007
Mailing Address 8 El Dorado Ln.		Transaction ID: SA11A1.5534
City Newport Beach	State CA	Zip Code 92660
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Advanced Medical optics	Occupation CVP Strategy & Technology	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2263.01
<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 / 16
	<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)  
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:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
06 / 30 / 2007

Transaction ID: SA11A1.5536

Amount of Each Receipt this Period  
260.00

payroll deduction

**B.** Full Name (Last, First, Middle Initial)  
Kevin J. Shearer

Mailing Address 4344 53rd Ave. NE

City State Zip Code  
Seattle WA 98105

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

Name of Employer Occupation  
AMO Senior Territory Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 716.14

Date of Receipt  
06 / 30 / 2007

Transaction ID: SA11A1.5584

Amount of Each Receipt this Period  
716.14

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 Occupation  
Advanced Medical Optics Manager National Accounts

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.25

Date of Receipt  
06 / 30 / 2007

Transaction ID: SA11A1.5538

Amount of Each Receipt this Period  
420.25

payroll deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1396.39

**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 12 / 16
	<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. Leeanne Swift</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 7	
Mailing Address 25315 Plantation Dr. NE		<b>Transaction ID: SA11A1.5588</b>	
City Atlanta	State GA	Zip Code 30324	Amount of Each Receipt this Period 471.40
FEC ID number of contributing federal political committee. C		payroll deduction	
Name of Employer AMO	Occupation Regional Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 471.40		

Full Name (Last, First, Middle Initial) <b>B. Nicholas Tarantino</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 7	
Mailing Address 19 Larkfield Ln.		<b>Transaction ID: SA11A1.5541</b>	
City Laguna Niguel	State CA	Zip Code 92677	Amount of Each Receipt this Period 260.00
FEC ID number of contributing federal political committee. C		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 ▼ 260.00		

Full Name (Last, First, Middle Initial) <b>C. Charles III Trenary</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 7	
Mailing Address 3 Flax		<b>Transaction ID: SA11A1.5543</b>	
City Coto de Caza	State CA	Zip Code 92679	Amount of Each Receipt this Period 902.35
FEC ID number of contributing federal political committee. C		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 ▼ 902.35		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1633.75
<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 / 16
	<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 ▼ 325.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 3 0 / 2 0 0 7

**Transaction ID:** SA11A1.5590

Amount of Each Receipt this Period  
 325.00

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 ▼ 229.22

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 3 0 / 2 0 0 7

**Transaction ID:** SA11A1.5591

Amount of Each Receipt this Period  
 229.22

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 ▼ 306.95

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 3 0 / 2 0 0 7

**Transaction ID:** SA11A1.5592

Amount of Each Receipt this Period  
 306.95

payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>861.17</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>11038.14</b>

**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 14 / 16

<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

Full Name (Last, First, Middle Initial) <b>A. ADVMED PAC</b>		Transaction ID: SB23.5595 Date of Disbursement																					
Mailing Address 1200 G STREET NW - SUITE 400		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		1	8		2	0	0	7														
City WASHINGTON	State DC	Zip Code 20005	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION		Category/ Type	3000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: CA	District: 48																						

Full Name (Last, First, Middle Initial) <b>B. BENNETT ELECTION COMMITTEE INC</b>		Transaction ID: SB23.5601 Date of Disbursement																					
Mailing Address 175 SOUTH WEST TEMPLE SUITE 650		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		2	6		2	0	0	7														
City SALT LAKE CITY	State UT	Zip Code 84101	Amount of Each Disbursement this Period																				
Purpose of Disbursement contribution		Category/ Type	2000.00																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: UT	District: 00																						

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF JIM CLYBURN</b>		Transaction ID: SB23.5598 Date of Disbursement																					
Mailing Address PO Box 12567		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		1	0		2	0	0	7														
City Columbia	State SC	Zip Code 29211	Amount of Each Disbursement this Period																				
Purpose of Disbursement contribution		Category/ Type	2000.00																				
Candidate Name																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: SC	District: 6																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7000.00
<b>TOTAL</b> 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)

PAGE 15 / 16

<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

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF MAX BAUCUS</b>		<b>Transaction ID: SB23.5600</b>	
Mailing Address PO BOX 586		Date of Disbursement MM / DD / YYYY 05 / 10 / 2007	
City HELENA	State MT	Zip Code 59624	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement contribution		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MT	District: 00		

Full Name (Last, First, Middle Initial) <b>B. JOHN MCCAIN 2008 INC.</b>		<b>Transaction ID: SB23.5596</b>	
Mailing Address PO BOX 16118		Date of Disbursement MM / DD / YYYY 03 / 13 / 2007	
City ARLINGTON	State VA	Zip Code 22215	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement contribution		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District: 00		

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

7000.00

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

14000.00

**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 16 / 16

<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) <b>A. Comerica Bank</b>		Transaction ID: SB29.5603	
Mailing Address 611 Anton Blvd.		Date of Disbursement 06 / 30 / 2007	
City Costa Mesa	State CA	Zip Code 92626-1904	Amount of Each Disbursement this Period 30.00
Purpose of Disbursement Bank Fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	30.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	30.00