

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 04 01 2008 through 06 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 07 09 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.

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	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

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	16043.93									
(c) Total Receipts (from Line 19)	4407.48	12092.79								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	20451.41	23966.41								
7. Total Disbursements (from Line 31)	4015.00	7530.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	16436.41	16436.41								
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	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

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	2844.15	7141.63
(i) Itemized (use Schedule A)		
(ii) Unitemized	1563.33	4951.16
(iii) TOTAL (add Lines 11(a)(i) and (ii)	4407.48	12092.79
(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)	4407.48	12092.79
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))	4407.48	12092.79
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4407.48	12092.79

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)	0.00	0.00
(i) Federal Share.....		
(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.....	4000.00	7500.00
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	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))..	4015.00	7530.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4015.00	7530.00

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	4407.48	12092.79
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4407.48	12092.79
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 / 12
(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 ▼ 539.58

Date of Receipt
MM / DD / YYYY
06 / 30 / 2008

Transaction ID: SA11AI.5747

Amount of Each Receipt this Period
164.78

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 ▼ 615.81

Date of Receipt
MM / DD / YYYY
06 / 30 / 2008

Transaction ID: SA11AI.5734

Amount of Each Receipt this Period
284.22

payroll deduction

C.

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 AMO Occupation DM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 287.27

Date of Receipt
MM / DD / YYYY
06 / 30 / 2008

Transaction ID: SA11AI.5751

Amount of Each Receipt this Period
113.94

payroll deduction

SUBTOTAL of Receipts This Page (optional) ► **562.94**

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: (check only one)	PAGE 7 / 12
	<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		Date of Receipt
	Mailing Address 5574 E. Edinger Ave.		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Anaheim	CA	92807
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Advanced Medical optics		Occupation Marketing Director	Transaction ID: SA11AI.5736
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="425.34"/>	<input type="text" value="198.54"/>
payroll deduction			

B.	Full Name (Last, First, Middle Initial) James V. Mazzo		Date of Receipt
	Mailing Address P.O. Box 25162		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Santa Ana	CA	92799
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Advanced Medical Optics		Occupation CEO	Transaction ID: SA11AI.5737
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="650.00"/>	<input type="text" value="300.00"/>
payroll deduction			

C.	Full Name (Last, First, Middle Initial) Francine Meza		Date of Receipt
	Mailing Address 32 Flores		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Foothill Ranch	CA	92610
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Advanced Medical Optics		Occupation VP Human Resources	Transaction ID: SA11AI.5738
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="100.00"/>
payroll deduction			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="598.54"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 8 / 12
	<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) Sean M. Morrissey	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 210 Goodings Trail	Transaction ID: SA11AI.5765
	City State Zip Code Baldwinsville NY 13027	Amount of Each Receipt this Period 209.58
	FEC ID number of contributing federal political committee. C	payroll deduction
Name of Employer AMO	Occupation Equipment Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.87	

B.	Full Name (Last, First, Middle Initial) Alan H. Peck	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 9 Kimberry Dr.	Transaction ID: SA11AI.5768
	City State Zip Code Brookfield CT 06804	Amount of Each Receipt this Period 148.78
	FEC ID number of contributing federal political committee. C	payroll deduction
Name of Employer Advanced Medical Optics	Occupation Surgical Territory Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 393.01	

C.	Full Name (Last, First, Middle Initial) Paul W. Rockley	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 535 De Anza Dr.	Transaction ID: SA11AI.5740
	City State Zip Code Corona del Mar CA 92625	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. C	payroll deductionj
Name of Employer Advanced Medical Optics	Occupation Business Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional)	478.36
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 / 12
(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)
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 ▼ 729.89

Date of Receipt
MM / DD / YYYY
06 / 30 / 2008

Transaction ID: SA11AI.5771

Amount of Each Receipt this Period
257.99

payroll deduction

B.

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 ▼ 449.01

Date of Receipt
MM / DD / YYYY
06 / 30 / 2008

Transaction ID: SA11AI.5774

Amount of Each Receipt this Period
210.42

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 AMO Occupation Regional Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 455.09

Date of Receipt
MM / DD / YYYY
06 / 30 / 2008

Transaction ID: SA11AI.5775

Amount of Each Receipt this Period
177.42

payroll deduction

SUBTOTAL of Receipts This Page (optional) ▶ **645.83**

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 / 12
(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)
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 ▼ 260.00

Date of Receipt 06 / 30 / 2008
Transaction ID: SA11AI.5742
 Amount of Each Receipt this Period 120.00
 payroll deduction

B. 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 ▼ 939.04

Date of Receipt 06 / 30 / 2008
Transaction ID: SA11AI.5743
 Amount of Each Receipt this Period 438.48
 payroll deduction

SUBTOTAL of Receipts This Page (optional) ► **558.48**

TOTAL This Period (last page this line number only) ► **2844.15**

**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 11 / 12

<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) MCCONNELL SENATE COMMITTEE '08 Mailing Address PO BOX 1496 City LOUISVILLE State KY Zip Code 40201 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5778 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
B. Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN SENATORIAL COMMITTEE Mailing Address 425 SECOND STREET NE City WASHINGTON State DC Zip Code 20002 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5780 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00

SUBTOTAL of Disbursements This Page (optional) ►

4000.00

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

4000.00

**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 12 / 12

<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 State Zip Code
Costa Mesa CA 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: SB29.5782

Date of Disbursement

06 / 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