

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5  
Hanger Orthopedic Group Inc. PAC

ADDRESS (number and street) 10910 Domain Drive Suite 300  
 Check if different than previously reported. (ACC) Austin TX 78758

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
C C00430397 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 Year-End 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 (12S)  
Election on M M / D D / Y Y Y Y Y Y in the State of    
(d) 30-Day POST-Election Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y Y Y 07 / 01 / 2012 through M M / D D / Y Y Y Y Y Y 07 / 31 / 2012

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 Russell Allen

Signature of Treasurer Russell Allen [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 08 / 20 / 2012

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**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Hanger Orthopedic Group Inc. PAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		197661.33
(b) Cash on Hand at Beginning of Reporting Period.....	229112.99	
(c) Total Receipts (from Line 19) .....	5394.96	40846.62
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	234507.95	238507.95
7. Total Disbursements (from Line 31).....	2500.00	6500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	232007.95	232007.95
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Hanger Orthopedic Group Inc. PAC**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2900.00	13555.00
(ii) Unitemized .....	2487.00	27246.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5387.00	40801.00
(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) .....	5387.00	40801.00
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.).....	7.96	45.62
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 Transfers (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))..... ▶	5394.96	40846.62
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5394.96	40846.62

**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) Allocated 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.....	2500.00	6500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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 .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	2500.00	6500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2500.00	6500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	5387.00	40801.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5387.00	40801.00
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 OF 20
<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)  
**Hanger Orthopedic Group Inc. PAC**

**A. Albert P Teoli**  
Full Name (Last, First, Middle Initial)

Mailing Address 2460 Bradwardine Court

City Cumming State GA Zip Code 30041

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

Name of Employer Hanger Orthopedic Group, Inc. Occupation Regional Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **07 / 31 / 2012**

**Transaction ID : PR1962623224875**

Amount of Each Receipt this Period **100.00**

P/R Deduction (\$50.00 Bi-Weekly)

**B. Brandon E Dale**  
Full Name (Last, First, Middle Initial)

Mailing Address 3240 E. Stanford Drive

City Paradise Valley State AZ Zip Code 85253

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

Name of Employer Hanger Orthopedic Group, Inc. Occupation VP & General Manager, CARES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **07 / 31 / 2012**

**Transaction ID : PR1962623724875**

Amount of Each Receipt this Period **50.00**

P/R Deduction (\$25.00 Bi-Weekly)

**C. Bradford C. Deudne**  
Full Name (Last, First, Middle Initial)

Mailing Address 75 A Lake Road Box 350

City Congers State NY Zip Code 10920

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

Name of Employer Hanger Orthopedic Group, Inc. Occupation Regional Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **07 / 31 / 2012**

**Transaction ID : PR1962623924875**

Amount of Each Receipt this Period **100.00**

P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **250.00**

**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: (check only one)	PAGE 7 OF 20
	<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)  
**Hanger Orthopedic Group Inc. PAC**

Full Name (Last, First, Middle Initial) <b>A. George E McHenry</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 801 West Fifth Street Unit 2106		<b>Transaction ID : PR1962624024875</b>
City Austin	State TX	Zip Code 78703
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 100.00
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Executive Vice President & CFO	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B. Gregory T Cerafice</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 762 N W 99th Circle		<b>Transaction ID : PR1962624724875</b>
City Plantation	State FL	Zip Code 33324-4947
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Area Administrative Manager	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) <b>C. Jeffery S Lutz</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 100 Shannon Road		<b>Transaction ID : PR1962624924875</b>
City Lafayette	State LA	Zip Code 70503
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 130.00
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Zone Vice President	P/R Deduction (\$65.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 975.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	280.00
<b>TOTAL</b> 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 8 OF 20
	<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)  
**Hanger Orthopedic Group Inc. PAC**

**A. Kevin M Carroll**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 1013  
 City Windermere State FL Zip Code 34786  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hanger Orthopedic Group, Inc. Occupation VP, Lower Extremity Prosthetic  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt **07 / 31 / 2012**  
**Transaction ID : PR1962625924875**  
 Amount of Each Receipt this Period **80.00**  
 P/R Deduction (\$40.00 Bi-Weekly)

**B. Robert T Simms**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 159 Ash St  
 City Lake Zurich State IL Zip Code 60047-1309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hanger Orthopedic Group, Inc. Occupation Director, Materials Management  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **750.00**

Date of Receipt **07 / 31 / 2012**  
**Transaction ID : PR1962626024875**  
 Amount of Each Receipt this Period **100.00**  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. Michael Andrew Jenks**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18315 Marbor Light Blvd  
 City Cornelius State NC Zip Code 28031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hanger Orthopedic Group, Inc. Occupation Area Practice Manager  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **07 / 31 / 2012**  
**Transaction ID : PR1962626524875**  
 Amount of Each Receipt this Period **40.00**  
 P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **220.00**  
**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: (check only one)	PAGE 9 OF 20
<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)  
**Hanger Orthopedic Group Inc. PAC**

**A. Thomas F Kirk**  
Full Name (Last, First, Middle Initial)

Mailing Address 2616 Lighthouse Bend Drive

City Ponte Vedra Beach	State FL	Zip Code 32082
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FEC ID number of contributing federal political committee. **C**

Name of Employer Hanger Orthopedic Group, Inc.	Occupation Vice Chairman
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

**Transaction ID : PR1962627524875**

Amount of Each Receipt this Period  

100.00
--------

P/R Deduction (\$50.00 Bi-Weekly)

**B. Frank Erdeljac**  
Full Name (Last, First, Middle Initial)

Mailing Address 137 Martin Road

City Pittsburgh	State PA	Zip Code 15237-3726
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FEC ID number of contributing federal political committee. **C**

Name of Employer Hanger Orthopedic Group, Inc.	Occupation Practitioner - CO
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

**Transaction ID : PR1962627624875**

Amount of Each Receipt this Period  

100.00
--------

P/R Deduction (\$50.00 Bi-Weekly)

**C. Richmond L Taylor**  
Full Name (Last, First, Middle Initial)

Mailing Address 23848 Skyline Dr.

City Mission Viejo	State CA	Zip Code 92692-1875
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FEC ID number of contributing federal political committee. **C**

Name of Employer Hanger Orthopedic Group, Inc.	Occupation President, HPO
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

**Transaction ID : PR1962627724875**

Amount of Each Receipt this Period  

100.00
--------

P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>300.00</b>
<b>TOTAL</b> 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 10 OF 20
	<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)  
**Hanger Orthopedic Group Inc. PAC**

**A. Kent D Lane**  
Full Name (Last, First, Middle Initial)  
Mailing Address 103 Segwun Drive

City Lexington	State SC	Zip Code 29072
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FEC ID number of contributing federal political committee. **C**

Name of Employer Hanger Orthopedic Group, Inc.	Occupation Regional Vice President
---	---------------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

**Transaction ID : PR1962629024875**

Amount of Each Receipt this Period  

100.00
--------

P/R Deduction (\$50.00 Bi-Weekly)

**B. Hugh J Panton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 17 Island Road

City Sewalls Point	State FL	Zip Code 34996
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FEC ID number of contributing federal political committee. **C**

Name of Employer Hanger Orthopedic Group, Inc.	Occupation Senior Clinical Advisor
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Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

**Transaction ID : PR1962629724875**

Amount of Each Receipt this Period  

50.00
-------

P/R Deduction (\$25.00 Bi-Weekly)

**C. Michael L Schlesinger**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3012 Heathmount Drive

City Cedar Park	State TX	Zip Code 78613
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FEC ID number of contributing federal political committee. **C**

Name of Employer Hanger Orthopedic Group, Inc.	Occupation VP, Corp Business Development
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Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

**Transaction ID : PR1962630224875**

Amount of Each Receipt this Period  

100.00
--------

P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>250.00</b>
<b>TOTAL</b> 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 11 OF 20
	<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)  
**Hanger Orthopedic Group Inc. PAC**

**A. Jeffrey L Martin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8009 Lake Mountain Lane  
 City Austin State TX Zip Code 78641  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hanger Orthopedic Group, Inc. Occupation Director, Mergers & Acquisition  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **375.00**

Date of Receipt **07 / 31 / 2012**  
**Transaction ID : PR1962630624875**  
 Amount of Each Receipt this Period **50.00**  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. Lars V Jensen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 701 Hawthorn Court  
 City San Ramon State CA Zip Code 94583-5641  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hanger Orthopedic Group, Inc. Occupation Regional Vice President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **225.00**

Date of Receipt **07 / 31 / 2012**  
**Transaction ID : PR1962632024875**  
 Amount of Each Receipt this Period **30.00**  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. Edward S Gormanson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9013 Windwood  
 City Wichita State KS Zip Code 67226-1510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hanger Orthopedic Group, Inc. Occupation Practice Manager  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **375.00**

Date of Receipt **07 / 31 / 2012**  
**Transaction ID : PR1962632624875**  
 Amount of Each Receipt this Period **50.00**  
 P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **130.00**  
**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: (check only one)	PAGE 12 OF 20
<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)  
**Hanger Orthopedic Group Inc. PAC**

**A. Eric Burns**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2925 E Racquet Court  
City Tucson State AZ Zip Code 85716-1096  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Hanger Orthopedic Group, Inc. Occupation Area Practice Manager  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **07 / 31 / 2012**  
**Transaction ID : PR1962633124875**  
Amount of Each Receipt this Period **40.00**  
P/R Deduction (\$20.00 Bi-Weekly)

**B. Steve Prock**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1011 Higgins Rd  
City Sherman State TX Zip Code 75092-6519  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Hanger Orthopedic Group, Inc. Occupation Area Practice Manager  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **750.00**

Date of Receipt **07 / 31 / 2012**  
**Transaction ID : PR1962633924875**  
Amount of Each Receipt this Period **100.00**  
P/R Deduction (\$50.00 Bi-Weekly)

**C. Kirby G Shelton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10020 Gramercy  
City Oklahoma City State OK Zip Code 73139-5416  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Hanger Orthopedic Group, Inc. Occupation Regional Vice President  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **375.00**

Date of Receipt **07 / 31 / 2012**  
**Transaction ID : PR1962634424875**  
Amount of Each Receipt this Period **50.00**  
P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>190.00</b>
<b>TOTAL</b> 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 13 OF 20
<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)  
**Hanger Orthopedic Group Inc. PAC**

Full Name (Last, First, Middle Initial) <b>A. Delbert Lipe</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2012 <b>Transaction ID : PR1962634924875</b>
Mailing Address 26746 Orchid Trail		Amount of Each Receipt this Period 50.00
City Boerne	State TX	Zip Code 78006-5547
FEC ID number of contributing federal political committee. C	Name of Employer Hanger Orthopedic Group, Inc.	Occupation Area Practice Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. Louis Zermeno</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2012 <b>Transaction ID : PR1962635524875</b>
Mailing Address 211 Island Falls		Amount of Each Receipt this Period 100.00
City Sunnyvale	State TX	Zip Code 75182
FEC ID number of contributing federal political committee. C	Name of Employer Hanger Orthopedic Group, Inc.	Occupation Regional Vice President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. Myron P Griffin</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2012 <b>Transaction ID : PR1962635724875</b>
Mailing Address 212 Dream Spirit Drive		Amount of Each Receipt this Period 50.00
City Santa Teresa	State NM	Zip Code 88003
FEC ID number of contributing federal political committee. C	Name of Employer Hanger Orthopedic Group, Inc.	Occupation Practitioner-CPO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> 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 14 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Hanger Orthopedic Group Inc. PAC**

Full Name (Last, First, Middle Initial) <b>A. Stacy McFarland</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2012 <b>Transaction ID : PR1962636724875</b>
Mailing Address 116 19th Avenue North # 203		Amount of Each Receipt this Period 40.00
City Jacksonville Beach	State FL	Zip Code 32250
FEC ID number of contributing federal political committee. C	Name of Employer Hanger Orthopedic Group, Inc.	Occupation Regional Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
		P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. John S Hildebrand</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2012 <b>Transaction ID : PR1962638524875</b>
Mailing Address 5622 Billy Casper Dr		Amount of Each Receipt this Period 30.00
City Billings	State MT	Zip Code 59106-1027
FEC ID number of contributing federal political committee. C	Name of Employer Hanger Orthopedic Group, Inc.	Occupation Regional Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	
		P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. Frank Bostock</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2012 <b>Transaction ID : PR1962639124875</b>
Mailing Address 2 W Kaler Drive		Amount of Each Receipt this Period 100.00
City Phoenix	State AZ	Zip Code 85021-7237
FEC ID number of contributing federal political committee. C	Name of Employer Hanger Orthopedic Group, Inc.	Occupation Regional Vice President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
		P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	170.00
<b>TOTAL</b> 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 15 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Hanger Orthopedic Group Inc. PAC**

Full Name (Last, First, Middle Initial) <b>A. William Hineman</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 3121 Morgan Circle		<b>Transaction ID : PR1962639224875</b>
City Bismarck	State ND	Zip Code 58503-0102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Regional Vice President	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B. Michael R George</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 28 San Tomas		<b>Transaction ID : PR1962641524875</b>
City Rancho Santa Margarita	State CA	Zip Code 92688
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Vice President, Operations	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>C. James A McCalmont</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2012
Mailing Address 8419 East Shetland Trail		<b>Transaction ID : PR1962642824875</b>
City Scottsdale	State AZ	Zip Code 85258
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Area Practice Manager	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> 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 16 OF 20
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)  
**Hanger Orthopedic Group Inc. PAC**

**A. Bret T Bostock**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1018 W. State Ave.  
 City Phoenix State AZ Zip Code 85021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hanger Orthopedic Group, Inc. Occupation National Orthotics Specialist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **375.00**

Date of Receipt **07 / 31 / 2012**  
**Transaction ID : PR1962642924875**  
 Amount of Each Receipt this Period **50.00**  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. Wallis Farraday**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4525 South Atlantic Avenue #1303  
 City Ponce Inlet State FL Zip Code 32127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hanger Orthopedic Group, Inc. Occupation Zone Vice President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **750.00**

Date of Receipt **07 / 31 / 2012**  
**Transaction ID : PR1962643124875**  
 Amount of Each Receipt this Period **100.00**  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. Richard F Hall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 427 Holly Lane  
 City Oakdale State MN Zip Code 55128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hanger Orthopedic Group, Inc. Occupation Area Practice Manager  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **375.00**

Date of Receipt **07 / 31 / 2012**  
**Transaction ID : PR1962645124875**  
 Amount of Each Receipt this Period **50.00**  
 P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **200.00**  
**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: (check only one)	PAGE 17 OF 20
	<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)  
**Hanger Orthopedic Group Inc. PAC**

**A. Rebecca Jo Hast**  
Full Name (Last, First, Middle Initial)  
Mailing Address 17344 Lafayette Drive  
City Olney State MD Zip Code 20832  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Hanger Orthopedic Group, Inc. Occupation President, Linkia  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt 07 / 31 / 2012  
**Transaction ID : PR1962645624875**  
Amount of Each Receipt this Period 60.00  
P/R Deduction (\$30.00 Bi-Weekly)

**B. Thomas Edward Hartman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12515 Calistoga Way  
City Austin State TX Zip Code 78732  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Hanger Orthopedic Group, Inc. Occupation Vice Pres. & General Counsel  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 31 / 2012  
**Transaction ID : PR1962648224875**  
Amount of Each Receipt this Period 50.00  
P/R Deduction (\$25.00 Bi-Weekly)

**C. Michael R Lozano**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6007 McKenny Lane  
City Eureka State CA Zip Code 95503  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Hanger Orthopedic Group, Inc. Occupation Practice Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 31 / 2012  
**Transaction ID : PR1962653924875**  
Amount of Each Receipt this Period 30.00  
P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 140.00  
**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: (check only one)	PAGE 18 OF 20
	<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)  
**Hanger Orthopedic Group Inc. PAC**

Full Name (Last, First, Middle Initial) <b>A. Arthur E Price</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2012 <b>Transaction ID : PR1962654024875</b>
Mailing Address 32076 Corte Escobar		Amount of Each Receipt this Period 30.00
City Temecula	State CA	Zip Code 92592-3662
FEC ID number of contributing federal political committee. C		P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Practitioner-CPO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B. John William Tew</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2012 <b>Transaction ID : PR1962654124875</b>
Mailing Address 15435 Manchac View Ct		Amount of Each Receipt this Period 40.00
City Baton Rouge	State LA	Zip Code 70810
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Area Practice Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Mark J Harris</b>		Date of Receipt MM / DD / YYYY 07 / 31 / 2012 <b>Transaction ID : PR1962654224875</b>
Mailing Address 211 Hughes Street		Amount of Each Receipt this Period 40.00
City Fort Walton Beach	State FL	Zip Code 32548-6441
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Soft Goods Fitter	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	110.00
<b>TOTAL</b> 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 19 OF 20
	<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)  
**Hanger Orthopedic Group Inc. PAC**

**A. Thomas Vincent DiBello**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 403 Timber Grove Place  
 City Friendswood State TX Zip Code 77546  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hanger Orthopedic Group, Inc. Occupation Area Practice Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 31 / 2012  
**Transaction ID : PR1962654324875**  
 Amount of Each Receipt this Period 100.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. Nicole Lynette Simon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 176 Mercury Street  
 City Sulphur State LA Zip Code 70665  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hanger Orthopedic Group, Inc. Occupation Area Administrative Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 07 / 31 / 2012  
**Transaction ID : PR1986227224875**  
 Amount of Each Receipt this Period 50.00  
 P/R Deduction (\$25.00 Bi-Weekly)

**C. Jay Charles Wendt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2405 Danbury Drive  
 City Colleyville State TX Zip Code 76034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hanger Orthopedic Group, Inc. Occupation Zone Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 07 / 31 / 2012  
**Transaction ID : PR1986228224875**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$30.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	210.00
<b>TOTAL</b> This Period (last page this line number only).....	2900.00

**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)

<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)  
**Hanger Orthopedic Group Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. Mike Thompson For Congress**

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Mike Thompson**

Office Sought:  House  
 Senate  
 President

State: CA District: 01

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 10 / 2012

**Transaction ID : 46722558**

Amount of Each Disbursement this Period

2500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

2500.00

2500.00