FEC

STATEMENT OF

FORM 1	ORGANIZATIO	N		
i Ortivi i	(See instructions)		Of	fice use only
NAME OF COMMITTEE (in	(Check if name Exa is changed) over	mple: If typying, type r the lines	12FE4M5	1
Hanger Ortho	pedic Group Inc. PAC			
ADDRESS (number and	street) 10910 Domain Drive Suite 3	300 		
(Check if address				
X is changed)	Austin		LTX L	78758 -
	CITY▲	•	STATE	ZIP CODE 🛦
COMMITTEE'S E-MA	L ADDRESS (Please provide only one e-mail add			
(Check if address is changed)	HangerPAC@myfecnotices	.com		
311,				
COMMITTEE'S WEB (Check if address is changed)	PAGE ADDRESS (URL)			
2. DATE 0.8	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFICA	TION NUMBER C CO	0430397		
4. IS THIS STATEM	ENT NEW (N) OR X	AMENDED (A)		
I certify that I have exami	ned this Statement and to the best of my knowledge a	nd belief it is true, correct and	d complete	
	Treasurer Sam Reimer			
Type or Print Name of	Freasurer Sam heimer			
Signature of Treasurer	Electronically Filed by Sam Reimer		Date 0 8	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fa	se, erroneous, or incomplete information may subject ANY CHANGE IN INFORMATION SH			of 2 U.S.C. §437g.
Office Use Only		For further information of Federal Election Commissi Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

	F	EC F	Form 1 (Revised 02/2009)	Page 2
5.			OMMITTEE (Check One) Committee:	
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.)	the candidate
	Name Candid			
	Candid Party		Office Sought: House Senate President	State District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Candid			
	Party	Comn		
	(d)		(National, State This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	Politic	cal Act	tion Committee (PAC):	
	(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:
			X Corporation Corporation w/o Capital Stock	abor Organization
			Membership Organization Trade Association C	cooperative
	(f)		In addition, this committee is a Lobbyist/Registrant PAC.	
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	d fund or party	
			In addition, this committee is a Lobbyist/Registrant PAC.	
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
_				
	Joint F	undra	aising Representative:	
	(g)	Ш	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
		Com	mittees Participating in Joint Fundraiser	
			1. FEC ID number	
			2. FEC ID number	
			3. FEC ID number C	
			EEC ID number C	

Wri	FEC Form 1 (Revised 02	2/2009)		Page 3
	ite or Type Committee Name			
	Hanger Orthopedic Gro	up Inc. PAC		
6.	Name of Any Connected Or	ganization, Affiliated Committee, Joint Fundraising Repre	sentative, or Leade	ership PAC Sponsor
L_H	Hanger Orthopedic Grou	p, Inc.		
	Mailing Address	10910 Domain Drive Suite 300		
		Austin	<u>т</u> х	78758 _
		CITY	STATE A	ZIP CODE
	Relationship:			
2	X Connected Organization	Affiliated Committee Joint Fundraising F	Representative	Leadership PAC Sponsor
	Custodian of Records: Ide possession of Committee Full Name	eimer 	and position of th	ne person in
	Mailing Address	10910 Domain Drive Suite 300		
		Austin		78758
	Title or Position ▼	CITY A	STATE	
	Treasurer	Telephone r	number 512	ZIP CODE 14 - 777 - 3619
8.	Treasurer: List the name	and address (phone number optional) of the treasure designated agent (e.g., assistant treasurer).		- <u>777</u> - <u>3619</u>
8.	Treasurer: List the name	and address (phone number optional) of the treasury designated agent (e.g., assistant treasurer).		- <u>777</u> - <u>3619</u>
8.	Treasurer: List the name name and address of any	and address (phone number optional) of the treasury designated agent (e.g., assistant treasurer).		- <u>777</u> - <u>3619</u>
8.	Treasurer: List the name name and address of any Full Name of Treasurer Sam R	and address (phone number optional) of the treasurer designated agent (e.g., assistant treasurer).		- <u>777</u> - <u>3619</u>
8.	Treasurer: List the name name and address of any Full Name of Treasurer Sam R	and address (phone number optional) of the treasurer designated agent (e.g., assistant treasurer).		- <u>777</u> - <u>3619</u>
8.	Treasurer: List the name name and address of any Full Name of Treasurer Sam R	and address (phone number optional) of the treasur designated agent (e.g., assistant treasurer). deimer 10910 Domain Drive Suite 300	urer of the commi	- 777 - 3619

FEC Form 1 (Revised 0	2/2009)		Page 4				
Full Name of Designated Agent							
Mailing Address							
Title or Position ▼	CITY A	STATE A	ZIP CODE A				
	Telepho	one number					
Banks or Other Depositories safety deposit boxes or mainta Name of Bank, Depository, etc	afety deposit boxes or maintains funds.						
	of America 100 S. Charles Street						
Mailing Address							
	MD4-325-03-96						
	Baltimore	MD	21201				
	CITY 🗖	STATE △	ZIP CODE 🛕				
Name of Bank, Depository, etc	Name of Bank, Depository, etc.						
The V	anguard Group						
Moiling Address	P.O. Box 13750						
Mailing Address							
Mailing Address							
Mailing Address	Philadelphia Philadelphia	PA PA	19101 _ 9897				