

# 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  
Hanger Orthopedic Group Inc. PAC

ADDRESS (number and street) 2 Bethesda Metro Center Suite 1200  
 Check if different than previously reported. (ACC)  
Bethesda MD 20814

2. **FEC IDENTIFICATION NUMBER** 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 Quarterly 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 (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 07 01 2009 through 12 31 2009

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 Sam Reimer

Signature of Treasurer Electronically Filed by Sam Reimer Date 01 29 2010

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**

Write or Type Committee Name  
Hanger Orthopedic Group Inc. PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		27703.78
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	38207.39									
(c) Total Receipts (from Line 19) .....	38689.62	76893.91								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	76897.01	104597.69								
7. Total Disbursements (from Line 31) .....	0.00	27700.68								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	76897.01	76897.01								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
Hanger Orthopedic Group Inc. PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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		
(i) Itemized (use Schedule A) .....	30319.00	48594.00
(ii) Unitemized .....	8326.00	28108.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	38645.00	76702.00
(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) .....	38645.00	76702.00
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.) .....	44.62	191.91
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)) .....	38689.62	76893.91
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	38689.62	76893.91

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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	200.68
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	200.68
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	20500.00
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.....	-2000.00	7000.00
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))..	0.00	27700.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	27700.68

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	38645.00	76702.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	38645.00	76702.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	200.68
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	200.68

# 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 / 39
	<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)  
Hanger Orthopedic Group Inc. PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Peter Neff		Date of Receipt MM / DD / YYYY 07 / 09 / 2009
	Mailing Address 47 Dogwood Lane		<b>Transaction ID:</b> 17700235
	City Skillman	State NJ	Zip Code 08558-1302
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
	Name of Employer Hanger Orthopedic Group, Inc.	Occupation Board of Directors	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ruthie A Boan		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 605 West 11th Street		<b>Transaction ID:</b> PR1481041523219
	City Sulphur	State OK	Zip Code 73086-5409
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 130.00
	Name of Employer Hanger Orthopedic Group, Inc.	Occupation Area Administrative Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Semi-Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Robert L Borengasser		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 381 W. Larona Lane		<b>Transaction ID:</b> PR1481041623219
	City Tempe	State AZ	Zip Code 85284
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 260.00
	Name of Employer Hanger Orthopedic Group, Inc.	Occupation Director, Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1390.00
<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 7 / 39  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Hanger Orthopedic Group Inc. PAC

**A.** Full Name (Last, First, Middle Initial)  
Frank Bostock

Mailing Address 2 W Kaler Drive

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 Market Leader

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt M M / D D / Y Y Y Y  
12 / 31 / 2009

**Transaction ID:** PR1481041723219

Amount of Each Receipt this Period 650.00

P/R Deduction (\$50.00 Semi-Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Eric Burns

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 Practice Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt M M / D D / Y Y Y Y  
12 / 31 / 2009

**Transaction ID:** PR1481042023219

Amount of Each Receipt this Period 260.00

P/R Deduction (\$20.00 Semi-Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Kevin M Carroll

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 Vice President, Lower Extremity Prosthetics

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt M M / D D / Y Y Y Y  
12 / 31 / 2009

**Transaction ID:** PR1481042123219

Amount of Each Receipt this Period 520.00

P/R Deduction (\$40.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... 1430.00

**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 8 / 39
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Kenneth E Cerimele		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 1070 Fox Den Drive		<b>Transaction ID:</b> PR1481042223219
	City Canfield	State OH	Zip Code 44406
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.00
	Name of Employer Hanger Orthopedic Group, Inc. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Director of Operations Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Semi-Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Mark A Conry		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 35 Linden Avenue		<b>Transaction ID:</b> PR1481042323219
	City Long Beach	State CA	Zip Code 90802-5061
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 650.00
	Name of Employer Hanger Orthopedic Group, Inc. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Market Leader Aggregate Year-to-Date ▼ 1300.00	P/R Deduction (\$50.00 Semi-Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Eric W Craig		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 3412 Drawbridge Terrace		<b>Transaction ID:</b> PR1481042423219
	City Duluth	State GA	Zip Code 30096-8725
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.00
	Name of Employer Hanger Orthopedic Group, Inc. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Vice President, Operations, SPS Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	910.00
<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 9 / 39
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Bradford C Deudne		Date of Receipt
	Mailing Address 33 Meriwether Trail		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 3 1 / 2 0 0 9
	City	State	Zip Code
	Congers	NY	10920-1538
	FEC ID number of contributing federal political committee.		Transaction ID: PR1481042723219
		Amount of Each Receipt this Period	<input type="text"/> 650.00
Name of Employer Hanger Orthopedic Group, Inc.		Occupation Market Leader	P/R Deduction (\$50.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 1300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Frank Erdeljac		Date of Receipt
	Mailing Address 137 Martin Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 3 1 / 2 0 0 9
	City	State	Zip Code
	Pittsburgh	PA	15237-3726
	FEC ID number of contributing federal political committee.		Transaction ID: PR1481042823219
		Amount of Each Receipt this Period	<input type="text"/> 650.00
Name of Employer Hanger Orthopedic Group, Inc.		Occupation Associate Market Leader	P/R Deduction (\$50.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 1300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Charles Pierre Escallier		Date of Receipt
	Mailing Address 112 Nighthawk		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 3 1 / 2 0 0 9
	City	State	Zip Code
	Irvine	CA	92604
	FEC ID number of contributing federal political committee.		Transaction ID: PR1481042923219
		Amount of Each Receipt this Period	<input type="text"/> 325.00
Name of Employer Hanger Orthopedic Group, Inc.		Occupation Director, Sales	P/R Deduction (\$25.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 650.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1625.00
<b>TOTAL</b> 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: PAGE 10 / 39  
(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)  
Hanger Orthopedic Group Inc. PAC

**A.**

Full Name (Last, First, Middle Initial)  
Wallis Farraday

Mailing Address 4525 South Atlantic Avenue

City State Zip Code  
Ponce Inlet FL 32127

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

Name of Employer  
Hanger Orthopedic Group, Inc.

Occupation  
Market Leader

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2009

**Transaction ID:** PR1481043123219

Amount of Each Receipt this Period  
650.00

P/R Deduction (\$50.00 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Michael R George

Mailing Address 28 San Tomas

City State Zip Code  
Rancho Santa Marga CA 92688

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

Name of Employer  
Hanger Orthopedic Group, Inc.

Occupation  
Vice President, Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2009

**Transaction ID:** PR1481043523219

Amount of Each Receipt this Period  
650.00

P/R Deduction (\$50.00 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Alistair Q Gibson

Mailing Address 89 Highbrooke Boulevard

City State Zip Code  
Ocoee FL 34761

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 ▼  
260.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2009

**Transaction ID:** PR1481043623219

Amount of Each Receipt this Period  
130.00

P/R Deduction (\$10.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1430.00**

**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 11 / 39
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Glen Goranson	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 885 Post Road	<b>Transaction ID:</b> PR1481043923219
	City State Zip Code Brookfield WI 53005	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$10.00 Semi-Monthly)
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Practitioner, Orthotist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Myron P Griffin	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 5452 Cactus Hill	<b>Transaction ID:</b> PR1481044123219
	City State Zip Code El Paso TX 79912-6307	Amount of Each Receipt this Period 325.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$25.00 Semi-Monthly)
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Practice Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Kyle C Hammersmith	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 1501 Summer Sweet Lane	<b>Transaction ID:</b> PR1481044323219
	City State Zip Code Mount Airy MD 21771	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$10.00 Semi-Monthly)
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Manager, Applications Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>585.00</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: PAGE 12 / 39  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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.**

Full Name (Last, First, Middle Initial)  
Rebecca Jo Hast

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 ▼ 780.00

Date of Receipt: 12 / 31 / 2009  
Transaction ID: PR1481044423219  
Amount of Each Receipt this Period: 390.00  
P/R Deduction (\$30.00 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Geoffrey Hemmen

Mailing Address 1505 Chatham Ct.

City St. Augustine State FL Zip Code 32092

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 ▼ 260.00

Date of Receipt: 12 / 31 / 2009  
Transaction ID: PR1481044823219  
Amount of Each Receipt this Period: 130.00  
P/R Deduction (\$10.00 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
John S Hildebrand

Mailing Address 5622 Billy Casper Drive

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 Associate Market Leader

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt: 12 / 31 / 2009  
Transaction ID: PR1481045023219  
Amount of Each Receipt this Period: 520.00  
P/R Deduction (\$40.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1040.00

**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: PAGE 13 / 39  
(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)  
Hanger Orthopedic Group Inc. PAC

**A.**

Full Name (Last, First, Middle Initial)  
William Hineman

Mailing Address 3121 Morgan Circle

City Bismarck State ND Zip Code 58503-0102

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

Name of Employer Hanger Orthopedic Group, Inc. Occupation Associate Market Leader

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 12 / 31 / 2009

Transaction ID: PR1481045123219

Amount of Each Receipt this Period 650.00

P/R Deduction (\$50.00 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Dennis J Huysman

Mailing Address 3 Pickwick Lane

City Old Saybrook State CT Zip Code 06475-1020

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

Name of Employer Hanger Orthopedic Group, Inc. Occupation Market Leader

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 12 / 31 / 2009

Transaction ID: PR1481045323219

Amount of Each Receipt this Period 650.00

P/R Deduction (\$50.00 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Michael A Jenks

Mailing Address 18315 Marbor Light Boulevard

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 ▼ 520.00

Date of Receipt 12 / 31 / 2009

Transaction ID: PR1481045523219

Amount of Each Receipt this Period 260.00

P/R Deduction (\$20.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1560.00

**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: PAGE 14 / 39  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
Hanger Orthopedic Group Inc. PAC

**A.**

Full Name (Last, First, Middle Initial)  
Lars V Jensen

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 Market Leader

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 31 / 2009

Transaction ID: PR1481045623219

Amount of Each Receipt this Period 195.00

P/R Deduction (\$15.00 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Charles E Jordan

Mailing Address 207 Vixen View

City Phoenixville State PA Zip Code 19460-2115

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 31 / 2009

Transaction ID: PR1481045923219

Amount of Each Receipt this Period 325.00

P/R Deduction (\$25.00 Semi-Monthly)

**C.**

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

Mailing Address 2616 Lighthouse Bend Drive

City Ponte Vedra Beach State FL Zip Code 32082

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

Name of Employer Hanger Orthopedic Group, Inc. Occupation President & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 12 / 31 / 2009

Transaction ID: PR1481046223219

Amount of Each Receipt this Period 650.00

P/R Deduction (\$50.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1170.00

**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: PAGE 15 / 39  
(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)  
Hanger Orthopedic Group Inc. PAC

**A.**

Full Name (Last, First, Middle Initial) Conrad Vincent Kufra		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 2549 Bear Den Road		<b>Transaction ID:</b> PR1481046623219
City Frederick	State MD	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 325.00
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Chief Medical Officer	P/R Deduction (\$25.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

**B.**

Full Name (Last, First, Middle Initial) Per D Kvalsten		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 2625 Vendange Place		<b>Transaction ID:</b> PR1481046723219
City Henderson	State NV	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 130.00
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Director of Purchasing, SPS	P/R Deduction (\$10.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

**C.**

Full Name (Last, First, Middle Initial) Kent D Lane		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 178 Hunters Ridge Drive		<b>Transaction ID:</b> PR1481046923219
City Lexington	State SC	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 650.00
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Market Leader	P/R Deduction (\$50.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1105.00
<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 / 39  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Hanger Orthopedic Group Inc. PAC

**A.** Full Name (Last, First, Middle Initial)  
Terry D Loveless  
Mailing Address 8432 Link Hills Loop  
City Gainesville State VA Zip Code 20155  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Hanger Orthopedic Group, Inc. Occupation Market Leader  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1300.00  
Date of Receipt 12 / 31 / 2009  
Transaction ID: PR1481047023219  
Amount of Each Receipt this Period 650.00  
P/R Deduction (\$50.00 Semi-Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Jeffery S Lutz  
Mailing Address 100 Shannon Road  
City Lafayette State LA Zip Code 70503  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Hanger Orthopedic Group, Inc. Occupation Market Leader  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1690.00  
Date of Receipt 12 / 31 / 2009  
Transaction ID: PR1481047223219  
Amount of Each Receipt this Period 845.00  
P/R Deduction (\$65.00 Semi-Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Jeffrey L Martin  
Mailing Address 20533 Anndyke Way  
City Germantown State MD Zip Code 20874-2825  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Hanger Orthopedic Group, Inc. Occupation President, Innovative Neurotronics  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00  
Date of Receipt 12 / 31 / 2009  
Transaction ID: PR1481047323219  
Amount of Each Receipt this Period 325.00  
P/R Deduction (\$25.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1820.00  
**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 / 39
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Stacy McFarland	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 116 19th Avenue North	<b>Transaction ID:</b> PR1481047523219
	City State Zip Code Jacksonville Beach FL 32250	Amount of Each Receipt this Period 260.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$20.00 Semi-Monthly)
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Area Administrative Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Jeffrey McGinnis	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 3111 Palmetto Place	<b>Transaction ID:</b> PR1481047623219
	City State Zip Code Fort Mill SC 29708	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$10.00 Semi-Monthly)
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Practice Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) George E McHenry	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 25205 Bonny Brook Lane	<b>Transaction ID:</b> PR1481047723219
	City State Zip Code Gaithersburg MD 20882	Amount of Each Receipt this Period 650.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$50.00 Semi-Monthly)
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Executive Vice President & CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1040.00
<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 18 / 39  
(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)  
Hanger Orthopedic Group Inc. PAC

**A.**

Full Name (Last, First, Middle Initial)  
Susan Yvonne Mellor

Mailing Address 8 Euclid Avenue

City Hillsborough State NJ Zip Code 08844

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 ▼ 260.00

Date of Receipt: 12 / 31 / 2009  
**Transaction ID:** PR1481047823219  
 Amount of Each Receipt this Period: 130.00  
 P/R Deduction (\$10.00 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Steven G Mersch

Mailing Address 6851 NW 40th Drive

City Gainesville State FL Zip Code 32653-8339

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 ▼ 260.00

Date of Receipt: 12 / 31 / 2009  
**Transaction ID:** PR1481047923219  
 Amount of Each Receipt this Period: 130.00  
 P/R Deduction (\$10.00 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Marion Leona Mullauer

Mailing Address 610 Sherwood Road

City Cockeysville State MD Zip Code 21030

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 12 / 31 / 2009  
**Transaction ID:** PR1481048423219  
 Amount of Each Receipt this Period: 325.00  
 P/R Deduction (\$25.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **585.00**

**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 19 / 39
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Hugh J Panton	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 17 Island Road	<b>Transaction ID:</b> PR1481048823219
	City State Zip Code Sewalls Point FL 34996	Amount of Each Receipt this Period 650.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$50.00 Semi-Monthly)
	Name of Employer: Hanger Orthopedic Group, Inc. Occupation: Associate Market Leader Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ambrose R Phillips	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 14509 Clover Hill Terrace	<b>Transaction ID:</b> PR1481049123219
	City State Zip Code Bowie MD 20720	Amount of Each Receipt this Period 325.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$25.00 Semi-Monthly)
	Name of Employer: Hanger Orthopedic Group, Inc. Occupation: Director, Treasury Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) John Rheinstein	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 905 West End	<b>Transaction ID:</b> PR1481049723219
	City State Zip Code New York NY 10025-3530	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$10.00 Semi-Monthly)
	Name of Employer: Hanger Orthopedic Group, Inc. Occupation: Practitioner, Prosthetist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1105.00</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: PAGE 20 / 39  
(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)  
Hanger Orthopedic Group Inc. PAC

**A.**

Full Name (Last, First, Middle Initial)  
Arthur J Roberts

Mailing Address 1901 Trolley Road

City York State PA Zip Code 17404-1543

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

Name of Employer Hanger Orthopedic Group, Inc. Occupation Practitioner, Orthotist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2009

**Transaction ID:** PR1481049823219

Amount of Each Receipt this Period 130.00

P/R Deduction (\$10.00 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Michael A Ross

Mailing Address 203 Landons Way

City Georgetown State TX Zip Code 78628

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

Name of Employer Hanger Orthopedic Group, Inc. Occupation Director, Manufacturing Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2009

**Transaction ID:** PR1481050123219

Amount of Each Receipt this Period 130.00

P/R Deduction (\$10.00 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Ivan R Sabel

Mailing Address 4819 Quebec Street NW

City Washington State DC Zip Code 20016-3228

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

Name of Employer Hanger Orthopedic Group, Inc. Occupation Executive Chairman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt 12 / 31 / 2009

**Transaction ID:** PR1481050423219

Amount of Each Receipt this Period 1300.00

P/R Deduction (\$100.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1560.00

**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: PAGE 21 / 39  
(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)  
Hanger Orthopedic Group Inc. PAC

**A.**

Full Name (Last, First, Middle Initial)  
Michael L Schlesinger

Mailing Address 830 Riverhaven Drive

City State Zip Code  
Suwanee GA 30024

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

Name of Employer  
Hanger Orthopedic Group, Inc.

Occupation  
Vice President, Mergers & Acquisitions

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

**Transaction ID:** PR1481050523219

Amount of Each Receipt this Period  
650.00

P/R Deduction (\$50.00 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Kirby G Shelton

Mailing Address 10020 Gramercy

City State Zip Code  
Oklahoma City OK 73139-5416

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

Name of Employer  
Hanger Orthopedic Group, Inc.

Occupation  
Associate Market Leader

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

**Transaction ID:** PR1481050623219

Amount of Each Receipt this Period  
650.00

P/R Deduction (\$50.00 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Robert T Simms

Mailing Address 159 Ash Street

City State Zip Code  
Lake Zurich IL 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 ▼  
1300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

**Transaction ID:** PR1481050723219

Amount of Each Receipt this Period  
650.00

P/R Deduction (\$50.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1950.00**

**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: PAGE 22 / 39  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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.**

Full Name (Last, First, Middle Initial)  
Rohit Sinha

Mailing Address 4421A Beechstone Lane

City State Zip Code  
Fairfax VA 22033

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

Name of Employer  
Hanger Orthopedic Group, Inc.

Occupation  
Q/A Analyst

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2009

**Transaction ID:** PR1481050923219

Amount of Each Receipt this Period  
130.00

P/R Deduction (\$10.00 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Daniel J Strzempka

Mailing Address 4088 Kingston Terrace

City State Zip Code  
Sarasota FL 34238-2632

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 ▼  
208.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2009

**Transaction ID:** PR1481051223219

Amount of Each Receipt this Period  
104.00

P/R Deduction (\$8.00 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Pary M Sumlar

Mailing Address 2428 Stuart Tarter Road

City State Zip Code  
Ozark AL 36360-7004

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 ▼  
260.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2009

**Transaction ID:** PR1481051323219

Amount of Each Receipt this Period  
130.00

P/R Deduction (\$10.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **364.00**

**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: PAGE 23 / 39  
(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)  
Hanger Orthopedic Group Inc. PAC

**A.**

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

Mailing Address 23848 Skyline Drive

City Mission Viejo State CA Zip Code 92692-1875

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

Name of Employer Hanger Orthopedic Group, Inc. Occupation President, HPO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt: 12 / 31 / 2009  
**Transaction ID:** PR1481051423219  
 Amount of Each Receipt this Period: 650.00  
 P/R Deduction (\$50.00 Semi-Monthly)

**B.**

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

Mailing Address 5945 Ettington Drive

City Suwanee State GA Zip Code 30024

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

Name of Employer Hanger Orthopedic Group, Inc. Occupation Associate Market Leader

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt: 12 / 31 / 2009  
**Transaction ID:** PR1481051523219  
 Amount of Each Receipt this Period: 650.00  
 P/R Deduction (\$50.00 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Kathleen A Townsend

Mailing Address 829 N Chestnut Street

City La Habra State CA Zip Code 90631-3008

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 ▼ 260.00

Date of Receipt: 12 / 31 / 2009  
**Transaction ID:** PR1481051723219  
 Amount of Each Receipt this Period: 130.00  
 P/R Deduction (\$10.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1430.00**

**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 24 / 39
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mark Voit	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 2403 Dorado	<b>Transaction ID:</b> PR1481051823219
	City Mission State TX Zip Code 78572-8450	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$10.00 Semi-Monthly)
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 ▼ 260.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Brian A Wheeler	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 8 Hawk Road	<b>Transaction ID:</b> PR1481051923219
	City Lawrenceville State NJ Zip Code 08648	Amount of Each Receipt this Period 650.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$50.00 Semi-Monthly)
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Vice President, Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Louis Zermeno	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 211 Island Falls	<b>Transaction ID:</b> PR1481052323219
	City Sunnyvale State TX Zip Code 75182	Amount of Each Receipt this Period 650.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$50.00 Semi-Monthly)
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Market Leader	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1430.00
<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 25 / 39  
(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)  
Hanger Orthopedic Group Inc. PAC

**A.**

Full Name (Last, First, Middle Initial)  
Richard F Hall

Mailing Address 250 Oak Knoll Drive

City State Zip Code  
Marine On St. Croi MN 55047

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 ▼  
650.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2009

**Transaction ID:** PR1481052623219

Amount of Each Receipt this Period  
325.00

P/R Deduction (\$25.00 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Bret T Bostock

Mailing Address 1018 W. State Avenue

City State Zip Code  
Phoenix AZ 85021

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 ▼  
650.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2009

**Transaction ID:** PR1481053923219

Amount of Each Receipt this Period  
325.00

P/R Deduction (\$25.00 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Kaia Ann Busch

Mailing Address 19560 44th Avenue N.E.

City State Zip Code  
Lake Forest Park WA 98155

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

Name of Employer  
Hanger Orthopedic Group, Inc.

Occupation  
Director, Orthotics

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2009

**Transaction ID:** PR1481054123219

Amount of Each Receipt this Period  
130.00

P/R Deduction (\$10.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **780.00**

**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 26 / 39
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Brandon E Dale	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 3240 E. Stanford Drive	<b>Transaction ID:</b> PR1481054523219
	City State Zip Code Paradise Valley AZ 85253	Amount of Each Receipt this Period 325.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$25.00 Semi-Monthly)
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Managing Director, CARES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dana S Evans	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 1830 Lindsay Lane	<b>Transaction ID:</b> PR1481054923219
	City State Zip Code Port Neches TX 77651	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$10.00 Semi-Monthly)
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Practice Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Edward S Gormanson	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 9013 Windwood	<b>Transaction ID:</b> PR1481055423219
	City State Zip Code Wichita KS 67226-1510	Amount of Each Receipt this Period 325.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$25.00 Semi-Monthly)
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Practitioner, Prosthetist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>780.00</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: PAGE 27 / 39  
(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)  
Hanger Orthopedic Group Inc. PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ralph L Grayson

Mailing Address 4865 Summit Ridge Road

City State Zip Code  
Valdosta GA 31602

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 ▼  
260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

**Transaction ID:** PR148105523219

Amount of Each Receipt this Period  
130.00

P/R Deduction (\$10.00 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Terry L Hubner

Mailing Address 49 Wyndham Knob

City State Zip Code  
Parkersburg WV 26104

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 ▼  
260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

**Transaction ID:** PR1481056223219

Amount of Each Receipt this Period  
130.00

P/R Deduction (\$10.00 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Richard C Lentz

Mailing Address 10148 Vanderbilt Circle

City State Zip Code  
Rockville MD 20850

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

Name of Employer  
Hanger Orthopedic Group, Inc.

Occupation  
Vice President, National Accounts, Lin

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

**Transaction ID:** PR1481057423219

Amount of Each Receipt this Period  
130.00

P/R Deduction (\$10.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **390.00**

**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 28 / 39
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Delbert Lipe	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 26746 Orchid Trail	<b>Transaction ID:</b> PR1481057623219
	City Boerne State TX Zip Code 78006-5547	Amount of Each Receipt this Period 325.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$25.00 Semi-Monthly)
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 ▼ 650.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) James A McCalmont	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 41504 N. Congressional Drive	<b>Transaction ID:</b> PR1481057923219
	City Anthem State AZ Zip Code 85086	Amount of Each Receipt this Period 325.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$25.00 Semi-Monthly)
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Practice Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mark R Muller	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 1233 S. Sweetwater Avenue	<b>Transaction ID:</b> PR1481058523219
	City Pueblo West State CO Zip Code 81007	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$10.00 Semi-Monthly)
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Practice Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>780.00</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 29 / 39
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) James Spielmann	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 3200 Island Club	<b>Transaction ID:</b> PR1481059923219
	City State Zip Code Racine WI 53405	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Semi-Monthly)
	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) <input type="checkbox"/> Aggregate Year-to-Date: 260.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Richard J Stanfill	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 2523 Barrett Glen Court	<b>Transaction ID:</b> PR1481060123219
	City State Zip Code Ballwin MO 63021-6580	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Semi-Monthly)
	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) <input type="checkbox"/> Aggregate Year-to-Date: 260.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Nancy Alice Voisin	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 6004 28th Street, N.W.	<b>Transaction ID:</b> PR1481060523219
	City State Zip Code Washington DC 20015	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 )
	Name of Employer: Hanger Orthopedic Group, Inc. Occupation: Chief Legal Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>385.00</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 30 / 39
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Craig V Watson	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 500 N. Berkeley Way	<b>Transaction ID:</b> PR1481060723219
	City State Zip Code Medford OR 97504	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$10.00 Semi-Monthly)
Name of Employer Hanger Orthopedic Group, Inc.		Occupation Practice Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Douglas R Hakert	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 1 Carrick Court	<b>Transaction ID:</b> PR1492907223219
	City State Zip Code Sheridan WY 82801	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$10.00 Semi-Monthly)
Name of Employer Hanger Orthopedic Group, Inc.		Occupation Practice Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Linda T Hakert	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 1 Carrick Court	<b>Transaction ID:</b> PR1492907323219
	City State Zip Code Sheridan WY 82801	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$10.00 Semi-Monthly)
Name of Employer Hanger Orthopedic Group, Inc.		Occupation Office Administrator
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>380.00</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: PAGE 31 / 39  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Hanger Orthopedic Group Inc. PAC

**A.** Full Name (Last, First, Middle Initial)  
Robert J McKenzie  
 Mailing Address 7246 Jonathan Avenue S  
 City State Zip Code  
Cottage Grove MN 55016-3657  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
Hanger Orthopedic Group, Inc. Practice Manager  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 260.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 3 1 / 2 0 0 9  
**Transaction ID:** PR1492907623219  
 Amount of Each Receipt this Period  
 130.00  
 P/R Deduction (\$10.00 Semi-Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Donald W. Meng  
 Mailing Address 1016 S. Steen Court  
 City State Zip Code  
Spokane Valley WA 99037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
Hanger Orthopedic Group, Inc. Wash-Practice Manager  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 260.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 3 1 / 2 0 0 9  
**Transaction ID:** PR1492907723219  
 Amount of Each Receipt this Period  
 130.00  
 P/R Deduction (\$10.00 Semi-Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Curtis G Poulsen  
 Mailing Address 4324 69th Street Ct NW  
 City State Zip Code  
Gig Harbor WA 98335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
Hanger Orthopedic Group, Inc. Wash-Practice Manager  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 3 1 / 2 0 0 9  
**Transaction ID:** PR1492907823219  
 Amount of Each Receipt this Period  
 120.00  
 P/R Deduction (\$10.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 380.00  
**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: PAGE 32 / 39  
(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
							17

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NAME OF COMMITTEE (In Full)  
Hanger Orthopedic Group Inc. PAC

**A.**

Full Name (Last, First, Middle Initial) Randall A Rowland		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 11939 S W Walker Road		<b>Transaction ID:</b> PR1492908023219
City Beaverton	State OR	Zip Code 97005-1412
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 130.00
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Practice Manager	P/R Deduction (\$10.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

**B.**

Full Name (Last, First, Middle Initial) Joseph R Garcia		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 5240 Huntington Reserve Drive		<b>Transaction ID:</b> PR1494434223219
City Parma	State OH	Zip Code 44134-6171
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 130.00
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Practitioner, Orthotist/Prosthetist	P/R Deduction (\$10.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

**C.**

Full Name (Last, First, Middle Initial) Addam C Griner		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 9311 Alvernon Drive		<b>Transaction ID:</b> PR1494434523219
City New Port Richey	State FL	Zip Code 34655
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 120.00
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Area Practice Manager	P/R Deduction (\$10.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>380.00</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 33 / 39
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jeffrey L Murray	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 201 Pond Meadow Road	<b>Transaction ID:</b> PR1494435223219
	City State Zip Code Killingworth CT 06419-1122	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Hanger Orthopedic Group, Inc. Occupation Practice Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Semi-Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Micah J Saterfield	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 14507 Wildflower Loop	<b>Transaction ID:</b> PR1494435723219
	City State Zip Code Fort Smith AR 72916	Amount of Each Receipt this Period 130.00
	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 ▼ 260.00	P/R Deduction (\$10.00 Semi-Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Harvey Sosnoff	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 65 River Street	<b>Transaction ID:</b> PR1494435823219
	City State Zip Code Holden MA 01520-2301	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Hanger Orthopedic Group, Inc. Occupation Practice Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	390.00
<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 34 / 39  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Hanger Orthopedic Group Inc. PAC

**A.** Full Name (Last, First, Middle Initial)  
James R Wilkinson  
Mailing Address 2840 Locksley Court  
City Tucker State GA Zip Code 30084  
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 ▼ 260.00  
Date of Receipt 12 / 31 / 2009  
Transaction ID: PR1494436123219  
Amount of Each Receipt this Period 130.00  
P/R Deduction (\$10.00 Semi-Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Barry Campbell  
Mailing Address 601 E 69th Street  
City Kansas City State MO Zip Code 64131-1329  
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 ▼ 260.00  
Date of Receipt 12 / 31 / 2009  
Transaction ID: PR1496022323219  
Amount of Each Receipt this Period 130.00  
P/R Deduction (\$10.00 Semi-Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Pamela M Gibson  
Mailing Address 4731 Lunsford Hollow Lane  
City Friendswood State TX Zip Code 77546  
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 ▼ 260.00  
Date of Receipt 12 / 31 / 2009  
Transaction ID: PR1504291423219  
Amount of Each Receipt this Period 130.00  
P/R Deduction (\$10.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 390.00  
**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: PAGE 35 / 39  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Hanger Orthopedic Group Inc. PAC

**A.** Full Name (Last, First, Middle Initial)  
Steve Prock  
 Mailing Address 1011 Higgins Road  
 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 ▼ 1300.00  
 Date of Receipt 12 / 31 / 2009  
**Transaction ID:** PR1504291923219  
 Amount of Each Receipt this Period 650.00  
 P/R Deduction (\$50.00 Semi-Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Anthony Borrás  
 Mailing Address 2118 Imperial Circle  
 City Naples State FL Zip Code 34110  
 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 ▼ 220.00  
 Date of Receipt 12 / 31 / 2009  
**Transaction ID:** PR1624553823219  
 Amount of Each Receipt this Period 130.00  
 P/R Deduction (\$10.00 Semi-Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Gregory T Cerafice  
 Mailing Address 762 N W 99th Circle  
 City Plantation State FL Zip Code 33324-4947  
 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 ▼ 550.00  
 Date of Receipt 12 / 31 / 2009  
**Transaction ID:** PR1624554123219  
 Amount of Each Receipt this Period 325.00  
 P/R Deduction (\$25.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1105.00  
**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: PAGE 36 / 39  
(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)  
Hanger Orthopedic Group Inc. PAC

**A.**

Full Name (Last, First, Middle Initial)  
Linda Fowler

Mailing Address 9036 Dansforeshire Way

City Wake Forest State NC Zip Code 27587

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 ▼ 220.00

Date of Receipt 12 / 31 / 2009

**Transaction ID:** PR1624554623219

Amount of Each Receipt this Period 130.00

P/R Deduction (\$10.00 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Joann M Guilbeaux

Mailing Address 104 Greenfield Drive

City Carencro State LA Zip Code 70520-5927

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 ▼ 220.00

Date of Receipt 12 / 31 / 2009

**Transaction ID:** PR1624554723219

Amount of Each Receipt this Period 130.00

P/R Deduction (\$10.00 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Joey R Stevens

Mailing Address 148 Moultrie Crossing Lane

City St Augustine State FL Zip Code 32086

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

Name of Employer Hanger Orthopedic Group, Inc. Occupation Account Representative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 31 / 2009

**Transaction ID:** PR1624556423219

Amount of Each Receipt this Period 130.00

P/R Deduction (\$10.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **390.00**

**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: PAGE 37 / 39  
(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
							17

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NAME OF COMMITTEE (In Full)  
Hanger Orthopedic Group Inc. PAC

**A.**

Full Name (Last, First, Middle Initial) Susan I Vannorman		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 25 Connelly Court		<b>Transaction ID:</b> PR1624556823219
City Rising Sun	State MD	Zip Code 21911-1044
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 130.00
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Director, Administrative Services	P/R Deduction (\$10.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

**B.**

Full Name (Last, First, Middle Initial) Francis A Hammer		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 12436 Fort West		<b>Transaction ID:</b> PR1624557123219
City Knoxville	State TN	Zip Code 37922-1342
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 130.00
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Practice Manager	P/R Deduction (\$10.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	260.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	30319.00

**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 38 / 39

<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

A.

Full Name (Last, First, Middle Initial)  
Bill Cassidy For Congress

Transaction ID: 17700237

Date of Disbursement

Mailing Address 8550 United Plaza Blvd.  
Suite 1001

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	0	9

City Baton Rouge State LA Zip Code 70809

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name  
Rep. William Cassidy, MD

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: LA District: 06

Contribution

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

2000.00
---------

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

2000.00
---------

**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 39 / 39

<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)  
Hanger Orthopedic Group Inc. PAC

A.

Full Name (Last, First, Middle Initial)  
David O'Connell for Senate

Mailing Address 2624 County Road 30

City State Zip Code  
Lansford SD 58750-9737

Purpose of Disbursement  
Void - Check dated 2/5/2009

Candidate Name  
ND Sen. David O'Connell

Office Sought:  House  
 Senate  
 President

State: ND District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17932760

Date of Disbursement

12 / 31 / 2009

Amount of Each Disbursement this Period

-2000.00

Void - Check dated 2/5/20-09

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

-2000.00

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

-2000.00