

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 02 01 2009 through 06 30 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 Ken Abod

Signature of Treasurer Electronically Filed by Ken Abod Date 07 30 2009

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									
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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	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

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	26398.32									
(c) Total Receipts (from Line 19)	29509.75	38204.29								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	55908.07	65908.07								
7. Total Disbursements (from Line 31)	17700.68	27700.68								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	38207.39	38207.39								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
Hanger Orthopedic Group Inc. PAC

Report Covering the Period: From: To:

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)	17975.00	18275.00
(ii) Unitemized	11437.00	19782.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	29412.00	38057.00
(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)	29412.00	38057.00
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.)	97.75	147.29
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))	29509.75	38204.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	29509.75	38204.29

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	200.68	200.68
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	200.68	200.68
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12500.00	18500.00
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.....	5000.00	9000.00
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))..	17700.68	27700.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17700.68	27700.68

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 25

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)	29412.00	38057.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	29412.00	38057.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	200.68	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)	200.68	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 / 25
	<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

A.	Full Name (Last, First, Middle Initial) Robert L Borengasser		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 381 W. Larona Lane		Transaction ID: PR1481041622661
	City Tempe	State AZ	Zip Code 85284
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
	Name of Employer Hanger Orthopedic Group, Inc.	Occupation Director, Operations	P/R Deduction (\$20.00 Bi-Weekly)
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) Frank Bostock		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 2 W Kaler Drive		Transaction ID: PR1481041722661
	City Phoenix	State AZ	Zip Code 85021-7237
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Hanger Orthopedic Group, Inc.	Occupation Market Leader	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

C.	Full Name (Last, First, Middle Initial) Eric Burns		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 2925 E Racquet Court		Transaction ID: PR1481042022661
	City Tucson	State AZ	Zip Code 85716-1096
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
	Name of Employer Hanger Orthopedic Group, Inc.	Occupation Practice Manager	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

SUBTOTAL of Receipts This Page (optional)	900.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 25
	<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) Kevin M Carroll		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address P.O. Box 1013		Transaction ID: PR1481042122661
	City Windermere	State FL	Zip Code 34786
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Hanger Orthopedic Group, Inc.		Occupation Vice President, Lower Extremity Prosth	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

B.	Full Name (Last, First, Middle Initial) Mark A Conry		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 35 Linden Avenue		Transaction ID: PR1481042322661
	City Long Beach	State CA	Zip Code 90802-5061
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Hanger Orthopedic Group, Inc.		Occupation Market Leader	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

C.	Full Name (Last, First, Middle Initial) Bradford C Deudne		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 33 Meriwether Trail		Transaction ID: PR1481042722661
	City Congers	State NY	Zip Code 10920-1538
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Hanger Orthopedic Group, Inc.		Occupation Market Leader	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

SUBTOTAL of Receipts This Page (optional)	▶	1400.00
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 / 25
	<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) Frank Erdeljac		Date of Receipt
	Mailing Address 137 Martin Road		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Pittsburgh	PA	15237-3726
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Hanger Orthopedic Group, Inc.		Occupation Associate Market Leader	Transaction ID: PR1481042822661
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="650.00"/>	<input type="text" value="500.00"/>
			P/R Deduction (\$50.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Charles Pierre Escallier		Date of Receipt
	Mailing Address 112 Nighthawk		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Irvine	CA	92604
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Hanger Orthopedic Group, Inc.		Occupation Director, Sales	Transaction ID: PR1481042922661
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="325.00"/>	<input type="text" value="250.00"/>
			P/R Deduction (\$25.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Wallis Farraday		Date of Receipt
	Mailing Address 4525 South Atlantic Avenue		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Ponce Inlet	FL	32127
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Hanger Orthopedic Group, Inc.		Occupation Market Leader	Transaction ID: PR1481043122661
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="650.00"/>	<input type="text" value="500.00"/>
			P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1250.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Michael R George		Date of Receipt
	Mailing Address 28 San Tomas		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 30 / 2009
	City	State	Zip Code
	Rancho Santa Marga	CA	92688
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: PR1481043522661
Name of Employer Hanger Orthopedic Group, Inc.		Occupation Vice President, Operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 650.00	<input type="text"/> 500.00
			P/R Deduction (\$50.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Myron P Griffin		Date of Receipt
	Mailing Address 5452 Cactus Hill		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 30 / 2009
	City	State	Zip Code
	El Paso	TX	79912-6307
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: PR1481044122661
Name of Employer Hanger Orthopedic Group, Inc.		Occupation Practice Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 325.00	<input type="text"/> 250.00
			P/R Deduction (\$25.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Rebecca Jo Hast		Date of Receipt
	Mailing Address 17344 Lafayette Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 30 / 2009
	City	State	Zip Code
	Olney	MD	20832
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: PR1481044422661
Name of Employer Hanger Orthopedic Group, Inc.		Occupation President, Linkia	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 390.00	<input type="text"/> 300.00
			P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1050.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 25

(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)
John S Hildebrand

Mailing Address 5622 Billy Casper Drive

City State Zip Code
Billings MT 59106-1027

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

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

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 520.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR1481045022661

Amount of Each Receipt this Period

400.00

P/R Deduction (\$40.00 Bi-Weekly)

B.

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

Mailing Address 3121 Morgan Circle

City State Zip Code
Bismarck ND 58503-0102

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

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

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR1481045122661

Amount of Each Receipt this Period

500.00

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

C.

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

Mailing Address 3 Pickwick Lane

City State Zip Code
Old Saybrook CT 06475-1020

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

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

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR1481045322661

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

1400.00

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 11 / 25
(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)
Michael A Jenks

Mailing Address 18315 Marbor Light Boulevard

City State Zip Code
Cornelius NC 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 ▼
260.00

Date of Receipt
06 / 30 / 2009

Transaction ID: PR1481045522661

Amount of Each Receipt this Period
200.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

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

Mailing Address 207 Vixen View

City State Zip Code
Phoenixville PA 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 ▼
325.00

Date of Receipt
06 / 30 / 2009

Transaction ID: PR1481045922661

Amount of Each Receipt this Period
250.00

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

C.

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

Mailing Address 2616 Lighthouse Bend Drive

City State Zip Code
Ponte Vedra Beach FL 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 ▼
650.00

Date of Receipt
06 / 30 / 2009

Transaction ID: PR1481046222661

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **950.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 25
	<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 06 / 30 / 2009
	Mailing Address 2549 Bear Den Road	Transaction ID: PR1481046622661
	City State Zip Code Frederick MD 21701	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Chief Medical Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

B.	Full Name (Last, First, Middle Initial) Kent D Lane	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 178 Hunters Ridge Drive	Transaction ID: PR1481046922661
	City State Zip Code Lexington SC 29072-7681	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Bi-Weekly)
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 ▼ 650.00	

C.	Full Name (Last, First, Middle Initial) Terry D Loveless	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 8432 Link Hills Loop	Transaction ID: PR1481047022661
	City State Zip Code Gainesville VA 20155	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Bi-Weekly)
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 ▼ 650.00	

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
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 / 25
(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) Jeffery S Lutz		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 100 Shannon Road		Transaction ID: PR1481047222661
City Lafayette	State Zip Code LA 70503	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 650.00
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Market Leader	P/R Deduction (\$65.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 845.00	

B.

Full Name (Last, First, Middle Initial) Jeffrey L Martin		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 20533 Anndyke Way		Transaction ID: PR1481047322661
City Germantown	State Zip Code MD 20874-2825	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Hanger Orthopedic Group, Inc.	Occupation President, Innovative Neurotronics	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

C.

Full Name (Last, First, Middle Initial) Stacy McFarland		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 116 19th Avenue North		Transaction ID: PR1481047522661
City Jacksonville Beach	State Zip Code FL 32250	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Area Administrative Manager	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional)	▶	1100.00
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 14 / 25
	<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) George E McHenry		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 25205 Bonny Brook Lane		Transaction ID: PR1481047722661
	City Gaithersburg	State MD	Zip Code 20882
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Hanger Orthopedic Group, Inc.	Occupation Executive Vice President & CFO	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

B.	Full Name (Last, First, Middle Initial) Marion Leona Mullauer		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 610 Sherwood Road		Transaction ID: PR1481048422661
	City Cockeysville	State MD	Zip Code 21030
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Hanger Orthopedic Group, Inc.	Occupation Vice President & CIO	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

C.	Full Name (Last, First, Middle Initial) Hugh J Panton		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 17 Island Road		Transaction ID: PR1481048822661
	City Sewalls Point	State FL	Zip Code 34996
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Hanger Orthopedic Group, Inc.	Occupation Associate Market Leader	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
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 / 25
(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)
Ambrose R Phillips

Mailing Address 14509 Clover Hill Terrace

City State Zip Code
Bowie MD 20720

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

Name of Employer
Hanger Orthopedic Group, Inc.

Occupation
Director, Treasury

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: PR1481049122661

Amount of Each Receipt this Period
250.00

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

B.

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

Mailing Address 4819 Quebec Street NW

City State Zip Code
Washington DC 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 ▼
1300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: PR1481050422661

Amount of Each Receipt this Period
1000.00

P/R Deduction (\$100.00 Bi-Weekly)

C.

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 ▼
650.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: PR1481050522661

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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 16 / 25
	<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) Kirby G Shelton	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 10020 Gramercy	Transaction ID: PR1481050622661
	City State Zip Code Oklahoma City OK 73139-5416	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	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 ▼ 650.00	P/R Deduction (\$50.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Robert T Simms	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 159 Ash Street	Transaction ID: PR1481050722661
	City State Zip Code Lake Zurich IL 60047-1309	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Hanger Orthopedic Group, Inc. Occupation Director, Materials Management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00	P/R Deduction (\$50.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) John Spaeth	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 2825 Minnesota Avenue	Transaction ID: PR1481051022661
	City State Zip Code St. Louis MO 63118	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	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 ▼ 350.00	P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	1200.00
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 17 / 25
(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)
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 ▼ 650.00

Date of Receipt 06 / 30 / 2009

Transaction ID: PR1481051422661

Amount of Each Receipt this Period 500.00

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

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 ▼ 650.00

Date of Receipt 06 / 30 / 2009

Transaction ID: PR1481051522661

Amount of Each Receipt this Period 500.00

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

C.

Full Name (Last, First, Middle Initial)
Brian A Wheeler

Mailing Address 8 Hawk Road

City Lawrenceville State NJ Zip Code 08648

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 30 / 2009

Transaction ID: PR1481051922661

Amount of Each Receipt this Period 500.00

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

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 25
	<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) Louis Zermeno		Date of Receipt MM / DD / YYYY 06 / 30 / 2009		
	Mailing Address 211 Island Falls		Transaction ID: PR1481052322661		
	City Sunnyvale	State TX	Zip Code 75182	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$50.00 Bi-Weekly)		
	Name of Employer Hanger Orthopedic Group, Inc.	Occupation Market Leader	Aggregate Year-to-Date 650.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Richard F Hall		Date of Receipt MM / DD / YYYY 06 / 30 / 2009		
	Mailing Address 250 Oak Knoll Drive		Transaction ID: PR1481052622661		
	City Marine On St. Croi	State MN	Zip Code 55047	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$25.00 Bi-Weekly)		
	Name of Employer Hanger Orthopedic Group, Inc.	Occupation Practice Manager	Aggregate Year-to-Date 325.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Bret T Bostock		Date of Receipt MM / DD / YYYY 06 / 30 / 2009		
	Mailing Address 1018 W. State Avenue		Transaction ID: PR1481053922661		
	City Phoenix	State AZ	Zip Code 85021	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$25.00 Bi-Weekly)		
	Name of Employer Hanger Orthopedic Group, Inc.	Occupation Area Practice Manager	Aggregate Year-to-Date 325.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
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 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Brandon E Dale		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 3240 E. Stanford Drive		Transaction ID: PR1481054522661
	City Paradise Valley	State AZ	Zip Code 85253
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Hanger Orthopedic Group, Inc.	Occupation Managing Director, CARES	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

B.	Full Name (Last, First, Middle Initial) Edward S Gormanson		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 9013 Windwood		Transaction ID: PR1481055422661
	City Wichita	State KS	Zip Code 67226-1510
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Hanger Orthopedic Group, Inc.	Occupation Practitioner, Prosthetist	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

C.	Full Name (Last, First, Middle Initial) Delbert Lipe		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 26746 Orchid Trail		Transaction ID: PR1481057622661
	City Boerne	State TX	Zip Code 78006-5547
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Hanger Orthopedic Group, Inc.	Occupation Area Practice Manager	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

SUBTOTAL of Receipts This Page (optional)	▶	750.00
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 20 / 25
	<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) James A McCalmont		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 41504 N. Congressional Drive		Transaction ID: PR1481057922661
	City Anthem	State AZ	Zip Code 85086
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Hanger Orthopedic Group, Inc.	Occupation Practice Manager	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

B.	Full Name (Last, First, Middle Initial) Nancy Alice Voisin		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 6004 28th Street, N.W.		Transaction ID: PR1481060522661
	City Washington	State DC	Zip Code 20015
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Hanger Orthopedic Group, Inc.	Occupation Chief Legal Officer	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

C.	Full Name (Last, First, Middle Initial) Steve Prock		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 1011 Higgins Road		Transaction ID: PR1504291922661
	City Sherman	State TX	Zip Code 75092-6519
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Hanger Orthopedic Group, Inc.	Occupation Area Practice Manager	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
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 / 25
	(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) Gregory T Cerafice		Date of Receipt
	Mailing Address 762 N W 99th Circle		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Plantation	FL	33324-4947
	FEC ID number of contributing federal political committee.		<input type="text" value="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 ▼ <input type="text" value="225.00"/>	Transaction ID: PR1624554122661
			Amount of Each Receipt this Period <input type="text" value="225.00"/>
			P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="225.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="17975.00"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) Goodman For Congress</p> <p>Mailing Address PO Box 10691</p> <p>City Springfield State MO Zip Code 65808</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Jack Goodman</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17194675 Date of Disbursement 04 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Ben Cardin For Senate</p> <p>Mailing Address P.O. Box 21093</p> <p>City Catonsville State MD Zip Code 21228</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Sen. Benjamin Cardin</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17194676 Date of Disbursement 04 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Berkley For Congress</p> <p>Mailing Address 3069 Conquista Court</p> <p>City Las Vegas State NV Zip Code 89121</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Shelley Berkley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17194678 Date of Disbursement 04 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 24 / 25

<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

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) Dan 10 Mailing Address 1088 Bishop Street Suite 1009 City Honolulu State HI Zip Code 96813 Purpose of Disbursement Contribution Candidate Name Sen. Daniel Inouye Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17277834 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00 Contribution
B. Full Name (Last, First, Middle Initial) Bill Cassidy For Congress Mailing Address 8550 United Plaza Blvd. Suite 1001 City Baton Rouge State LA Zip Code 70809 Purpose of Disbursement Contribution Candidate Name Rep. William Cassidy, MD Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17341436 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 9
	Amount of Each Disbursement this Period 3000.00 Contribution

SUBTOTAL of Disbursements This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	12500.00

**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 25 / 25

<input checked="" 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 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)

Bank of America - Checking

Mailing Address P.O. Box 27025

City
Richmond

State
VA

Zip Code
23261-7025

Purpose of Disbursement
2008 Federal tax payment

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 17277836

Date of Disbursement

03 / 13 / 2009

Amount of Each Disbursement this Period

200.68

2008 Federal tax payment

SUBTOTAL of Disbursements This Page (optional)

200.68

TOTAL This Period (last page this line number only)

200.68