

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 05 01 2008 through 05 31 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer George McHenry

Signature of Treasurer Electronically Filed by George McHenry Date 06 19 2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only									
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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	5

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		33744.07
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	36269.95									
(c) Total Receipts (from Line 19)	7936.67	35621.22								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	44206.62	69365.29								
7. Total Disbursements (from Line 31)	11750.00	36908.67								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	32456.62	32456.62								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Hanger Orthopedic Group Inc. PAC

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	5270.00	22494.00
(i) Itemized (use Schedule A)	2598.00	12715.00
(ii) Unitemized	7868.00	35209.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	7868.00	35209.00
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.)	68.67	412.22
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))	7936.67	35621.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7936.67	35621.22

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	258.67
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	258.67
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	9000.00	28000.00
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.....	2750.00	8650.00
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))..	11750.00	36908.67
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11750.00	36908.67

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	7868.00	35209.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7868.00	35209.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	258.67
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	258.67

**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 / 23
	<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) Cynthia Feldmann	Date of Receipt MM / DD / YYYY 05 / 09 / 2008
	Mailing Address 17 Winthrop Road	Transaction ID: 15594972
	City State Zip Code Wayland MA 01778-2719	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Jetty Lane Associates President/Hanger BOD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) James Douglas Call	Date of Receipt MM / DD / YYYY 05 / 23 / 2008
	Mailing Address 4338 Williamson Road	Transaction ID: 15594973
	City State Zip Code Roanoke VA 24012-2821	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Virginia Prosthetics President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Robert L Borengasser	Date of Receipt MM / DD / YYYY
	Mailing Address 381 W. Larona Lane	Transaction ID: PR1481041620647
	City State Zip Code Tempe AZ 85284	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Hanger Orthopedic Group, Inc. Director, Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	1540.00
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 7 / 23
	(check only one)
<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"/>	<input type="checkbox"/> 17

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

<p>A. Full Name (Last, First, Middle Initial) Frank Bostock</p> <p>Mailing Address 2 W Kaler Drive</p> <p>City Phoenix State AZ Zip Code 85021-7237</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Hanger Orthopedic Group, Inc. Occupation Market Leader</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 550.00</p>	<p>Date of Receipt</p> <p><input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Transaction ID: PR1481041720647</p> <p>Amount of Each Receipt this Period</p> <p style="text-align: right;">100.00</p> <p>P/R Deduction (\$50.00 Bi-Weekly)</p>
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<p>B. Full Name (Last, First, Middle Initial) Eric Burns</p> <p>Mailing Address 2925 E Racquet Court</p> <p>City Tucson State AZ Zip Code 85716-1096</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Hanger Orthopedic Group, Inc. Occupation Practice Manager</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 220.00</p>	<p>Date of Receipt</p> <p><input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Transaction ID: PR1481042020647</p> <p>Amount of Each Receipt this Period</p> <p style="text-align: right;">40.00</p> <p>P/R Deduction (\$20.00 Bi-Weekly)</p>
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<p>C. Full Name (Last, First, Middle Initial) Kevin M Carroll</p> <p>Mailing Address P.O. Box 1013</p> <p>City Windermere State FL Zip Code 34786</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Hanger Orthopedic Group, Inc. Occupation Vice President, Lower Extremity Prosthetics</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 440.00</p>	<p>Date of Receipt</p> <p><input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Transaction ID: PR1481042120647</p> <p>Amount of Each Receipt this Period</p> <p style="text-align: right;">80.00</p> <p>P/R Deduction (\$40.00 Bi-Weekly)</p>
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<p>SUBTOTAL of Receipts This Page (optional)</p>	<p style="border: 1px solid black; padding: 2px;">220.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p style="border: 1px solid black; padding: 2px;"> </p>

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

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

FOR LINE NUMBER: PAGE 8 / 23
(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)
Mark A Conry
Mailing Address 35 Linden Avenue, Apt 504
City Long Beach State CA Zip Code 90802-5061
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 ▼ 550.00
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]
Transaction ID: PR1481042320647
Amount of Each Receipt this Period 100.00
P/R Deduction (\$50.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Bradford C Deudne
Mailing Address 33 Meriwether Trail
City Congers State NY Zip Code 10920-1538
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 ▼ 550.00
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]
Transaction ID: PR1481042720647
Amount of Each Receipt this Period 100.00
P/R Deduction (\$50.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Frank Erdeljac
Mailing Address 137 Martin Road
City Pittsburgh State PA Zip Code 15237-3726
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 ▼ 550.00
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]
Transaction ID: PR1481042820647
Amount of Each Receipt this Period 100.00
P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 300.00
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 9 / 23
(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)
Charles Pierre Escallier

Mailing Address 112 Nighthawk

City Irvine State CA Zip Code 92604

FEC ID number of contributing federal political committee. C

Name of Employer Hanger Orthopedic Group, Inc. Occupation Director of Sales, Innovative Neurotro

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt M M / D D / Y Y Y Y Y

Transaction ID: PR1481042920647

Amount of Each Receipt this Period 50.00

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

B.

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

Mailing Address 4997 Keeneland Cr

City Orlando State FL Zip Code 32819-3142

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 ▼ 550.00

Date of Receipt M M / D D / Y Y Y Y Y

Transaction ID: PR1481043120647

Amount of Each Receipt this Period 100.00

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

C.

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

Mailing Address 28 San Tomas

City Rancho Santa Marga State CA Zip Code 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 ▼ 550.00

Date of Receipt M M / D D / Y Y Y Y Y

Transaction ID: PR1481043520647

Amount of Each Receipt this Period 100.00

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

SUBTOTAL of Receipts This Page (optional) 250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 23
(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) Myron P Griffin		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 5452 Cactus Hill		Transaction ID: PR1481044120647
City El Paso	State TX	Zip Code 79912-6307
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Hanger Orthopedic Group, Inc.	Occupation 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 ▼ 275.00	

B.

Full Name (Last, First, Middle Initial) Rebecca Jo Hast		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 17344 Lafayette Drive		Transaction ID: PR1481044420647
City Olney	State MD	Zip Code 20832
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Hanger Orthopedic Group, Inc.	Occupation President, Linkia	P/R Deduction (\$30.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

C.

Full Name (Last, First, Middle Initial) John N Hathaway		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 4825 Leland Street		Transaction ID: PR1481044520647
City Chevy Chase	State MD	Zip Code 20815
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Director, Real Estate	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 ▼ 550.00	

SUBTOTAL of Receipts This Page (optional)	210.00
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 / 23
	<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	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 5622 Billy Casper Drive	Transaction ID: PR1481045020647
	City State Zip Code Billings MT 59106-1027	Amount of Each Receipt this Period 80.00
	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 ▼ 440.00	P/R Deduction (\$40.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) William Hineman	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 3121 Morgan Circle	Transaction ID: PR1481045120647
	City State Zip Code Bismarck ND 58503-0102	Amount of Each Receipt this Period 100.00
	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 ▼ 550.00	P/R Deduction (\$50.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Dennis J Huysman	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 3 Pickwick Lane	Transaction ID: PR1481045320647
	City State Zip Code Old Saybrook CT 06475-1020	Amount of Each Receipt this Period 100.00
	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 ▼ 550.00	P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	280.00
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 / 23
	<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 A Jenks	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 18315 Marbor Light Blvd	Transaction ID: PR1481045520647
	City State Zip Code Cornelius NC 28031	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
	Name of Employer Hanger Orthopedic Group, Inc.	
Occupation Area Practice Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

B.	Full Name (Last, First, Middle Initial) Charles E Jordan	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 207 Vixen View	Transaction ID: PR1481045920647
	City State Zip Code Phoenixville PA 19460-2115	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Bi-Weekly)
	Name of Employer Hanger Orthopedic Group, Inc.	
Occupation Director of Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

C.	Full Name (Last, First, Middle Initial) Thomas F Kirk	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 2616 Lighthouse Bend Drive	Transaction ID: PR1481046220647
	City State Zip Code Ponte Vedra Beach FL 32082	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Bi-Weekly)
	Name of Employer Hanger Orthopedic Group, Inc.	
Occupation President & Chief Operating Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional)	190.00
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 13 / 23
	<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) Conrad Vincent Kufra		Date of Receipt
	Mailing Address 2549 Bear Den Road		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	Frederick	MD	21701
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer Hanger Orthopedic Group, Inc.		Occupation Director of Clinical Development, Inno	Transaction ID: PR1481046620647
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 275.00	
		Amount of Each Receipt this Period <input type="text"/> 50.00	
		P/R Deduction (\$25.00 Bi-Weekly)	

B.	Full Name (Last, First, Middle Initial) Kent D Lane		Date of Receipt
	Mailing Address 178 Hunters Ridge Drive		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	Lexington	SC	29072-7681
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer Hanger Orthopedic Group, Inc.		Occupation Market Leader	Transaction ID: PR1481046920647
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 550.00	
		Amount of Each Receipt this Period <input type="text"/> 100.00	
		P/R Deduction (\$50.00 Bi-Weekly)	

C.	Full Name (Last, First, Middle Initial) Terry D Loveless		Date of Receipt
	Mailing Address 104 Whitley Way		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	Lynchburg	VA	24503
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer Hanger Orthopedic Group, Inc.		Occupation Associate Market Leader	Transaction ID: PR1481047020647
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 550.00	
		Amount of Each Receipt this Period <input type="text"/> 100.00	
		P/R Deduction (\$50.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 250.00
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 14 / 23
	<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) Jeffery S Lutz		Date of Receipt
	Mailing Address 100 Shannon Road		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	Lafayette	LA	70503
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer Hanger Orthopedic Group, Inc.		Occupation Market Leader	Transaction ID: PR1481047220647
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 715.00	Amount of Each Receipt this Period <input type="text"/> 130.00
			P/R Deduction (\$65.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Jeffrey L Martin		Date of Receipt
	Mailing Address 20533 Anndyke Way		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	Germantown	MD	20874-2825
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer Hanger Orthopedic Group, Inc.		Occupation President, Innovative Neurotronics	Transaction ID: PR1481047320647
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 275.00	Amount of Each Receipt this Period <input type="text"/> 50.00
			P/R Deduction (\$25.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Stacy McFarland		Date of Receipt
	Mailing Address 116 19th Avenue North, # 203		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	Jacksonville Beach	FL	32250
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer Hanger Orthopedic Group, Inc.		Occupation Area Administrative Manager	Transaction ID: PR1481047520647
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 220.00	Amount of Each Receipt this Period <input type="text"/> 40.00
			P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 220.00
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 15 / 23
	<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) George E McHenry	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 25205 Bonny Brook Lane	Transaction ID: PR1481047720647
	City Gaithersburg State MD Zip Code 20882	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Bi-Weekly)
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Vice President & Chief Financial Offic	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

B.	Full Name (Last, First, Middle Initial) Thomas A Mesick	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address P.O. Box 370, 21 High Street	Transaction ID: PR1481048020647
	City West Brookfield State MA Zip Code 01585-0370	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$5.00 Bi-W-ekly)
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 ▼ 289.00	

C.	Full Name (Last, First, Middle Initial) Marion Leona Mullauer	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 610 Sherwood Road	Transaction ID: PR1481048420647
	City Cockeyesville State MD Zip Code 21030	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Vice President & Chief Information Off	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional)	260.00
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 / 23
	<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) David E Osborne		Date of Receipt
	Mailing Address 9206 Kopachuck Drive NW		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	Gig Harbor	WA	98335
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer Hanger Orthopedic Group, Inc.		Occupation Market Leader	Transaction ID: PR1481048720647
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 550.00	Amount of Each Receipt this Period <input type="text"/> 100.00
			P/R Deduction (\$50.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Hugh J Panton		Date of Receipt
	Mailing Address 17 Island Road		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	Sewalls Point	FL	34996
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer Hanger Orthopedic Group, Inc.		Occupation Associate Market Leader	Transaction ID: PR1481048820647
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 550.00	Amount of Each Receipt this Period <input type="text"/> 100.00
			P/R Deduction (\$50.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Otis V Petties		Date of Receipt
	Mailing Address 5202 Blackwell Road		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	Memphis	TN	38134-3104
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer Hanger Orthopedic Group, Inc.		Occupation Area Practice Manager	Transaction ID: PR1481049020647
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 275.00	Amount of Each Receipt this Period <input type="text"/> 50.00
			P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 250.00
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 17 / 23

(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) 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1481049120647 Amount of Each Receipt this Period 50.00 P/R Deduction (\$25.00 Bi-Weekly)
B.	Full Name (Last, First, Middle Initial) John J Rush Mailing Address 11419 Patriot Lane City State Zip Code Potomac MD 20854 FEC ID number of contributing federal political committee. C 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 ▼ 1100.00	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1481050320647 Amount of Each Receipt this Period 200.00 P/R Deduction (\$100.00 Bi-Weekly)
C.	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 Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1481050420647 Amount of Each Receipt this Period 200.00 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

450.00

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 / 23
	<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 L Schlesinger	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 830 Riverhaven Drive	Transaction ID: PR1481050520647
	City State Zip Code Suwanee GA 30024	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Vice President, Mergers & Acquisitions	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

B.	Full Name (Last, First, Middle Initial) Kirby G Shelton	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 10020 Gramercy	Transaction ID: PR1481050620647
	City State Zip Code Oklahoma City OK 73139-5416	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Associate Market Leader	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

C.	Full Name (Last, First, Middle Initial) Robert T Simms	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 159 Ash St	Transaction ID: PR1481050720647
	City State Zip Code Lake Zurich IL 60047-1309	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Director, Inventory Control	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional)	300.00
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 19 / 23
(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 Spaeth

Mailing Address 18325 Rathbun Hills Road

City State Zip Code
Wildwood MO 63069

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 ▼
550.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR1481051020647

Amount of Each Receipt this Period
100.00

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

B.

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

Mailing Address 23848 Skyline Dr.

City State Zip Code
Mission Viejo CA 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 ▼
550.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR1481051420647

Amount of Each Receipt this Period
100.00

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

C.

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

Mailing Address 7610 St. Marlo Country Club Pk

City State Zip Code
Duluth GA 30097-1620

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 ▼
550.00

Date of Receipt
M M / D D / Y Y Y Y Y

Transaction ID: PR1481051520647

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ► **300.00**

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 / 23
	<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) Brian A Wheeler	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 8 Hawk Road	Transaction ID: PR1481051920647
	City State Zip Code Lawrenceville NJ 08648	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Bi-Weekly)
	Name of Employer Hanger Orthopedic Group, Inc.	
Occupation Vice President, Human Resources	Aggregate Year-to-Date 550.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Louis Zermeno	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 2108 Pecan Creek Drive	Transaction ID: PR1481052320647
	City State Zip Code Mesquite TX 75181	Amount of Each Receipt this Period 100.00
	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 550.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Richard F Hall	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 250 Oak Knoll Drive	Transaction ID: PR1481052620647
	City State Zip Code Marine On St. Croi MN 55047	Amount of Each Receipt this Period 50.00
	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 275.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	250.00
TOTAL This Period (last page this line number only)	5270.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 21 / 23	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) Vanguard Group		Date of Receipt
Mailing Address 455 Devon Park Drive		<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
City	State	Zip Code
Wayne	PA	19087-1815
FEC ID number of contributing federal political committee.		Transaction ID: 15594980
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="68.67"/>
Occupation		Bank Interest
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="412.22"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="68.67"/>
TOTAL This Period (last page this line number only)	<input type="text" value="68.67"/>

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 22 / 23

<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) Citizens for Delores Kelley Mailing Address P.O. Box 21514 City Baltimore State MD Zip Code 21282 Purpose of Disbursement Delores Kelley, STATE SENATE 10th MD Candidate Name MD Sen. Delores Kelley Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 15478173 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 8	Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) Friends of Rob Garagiola Mailing Address P.O. Box 5831 City Annapolis State MD Zip Code 21403 Purpose of Disbursement Rob Garagiola, STATE SENATE 15th MD Candidate Name MD Sen. Rob Garagiola Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 15478908 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 8	Amount of Each Disbursement this Period 1500.00
C.	Full Name (Last, First, Middle Initial) Friends of Shawn Tarrant Mailing Address P.O. Box 67047 City Baltimore State MD Zip Code 21215 Purpose of Disbursement Shawn Tarrant, STATE HOUSE 40 MD Candidate Name MD Del. Shawn Tarrant Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 40 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 15594949 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 8	Amount of Each Disbursement this Period 250.00

SUBTOTAL of Disbursements This Page (optional)	2750.00
TOTAL This Period (last page this line number only)	2750.00

**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 23 / 23

<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) Andrews For Congress Committee</p> <p>Mailing Address 215 Fourth Avenue Suite 200</p> <p>City Haddon Heights State NJ Zip Code 08035</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Robert Andrews Category/Type 011</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NJ District: 01</p>	<p>Transaction ID: 15478384 Date of Disbursement: M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Lincoln Diaz-Balart For Congress</p> <p>Mailing Address 95 Merrick Way Suite 250</p> <p>City Coral Gables State FL Zip Code 33134</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Lincoln Diaz-Balart Category/Type 011</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: FL District: 21</p>	<p>Transaction ID: 15478495 Date of Disbursement: M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>
<p>C. Full Name (Last, First, Middle Initial) Mario Diaz-Balart For Congress</p> <p>Mailing Address 95 Merrick Way, Suite 250</p> <p>City Coral Gables State FL Zip Code 33134</p> <p>Purpose of Disbursement Contribution Candidate Name Rep. Mario Diaz-Balart Category/Type 011</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: FL District: 25</p>	<p>Transaction ID: 15478639 Date of Disbursement: M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional)	9000.00
TOTAL This Period (last page this line number only)	9000.00