

# 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) 10910 Domain Drive Suite 300  
 Check if different than previously reported. (ACC)  
Austin TX 78758

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 (12S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on 11 02 2010 in the State of \_\_\_\_\_

5. Covering Period 10 14 2010 through 11 22 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Sam Reimer  
Signature of Treasurer Electronically Filed by Sam Reimer Date 12 03 2010

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

Office Use Only

**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Hanger Orthopedic Group Inc. PAC

Report Covering the Period: From: 

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	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>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		76897.01
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	120577.70									
(c) Total Receipts (from Line 19) .....	7650.78	57363.64								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	128228.48	134260.65								
7. Total Disbursements (from Line 31) .....	1000.00	7032.17								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	127228.48	127228.48								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
Hanger Orthopedic Group Inc. PAC

Report Covering the Period: From: 

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

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) .....	5415.00	26010.00
(ii) Unitemized .....	2228.00	31303.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	7643.00	57313.00
(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) .....	7643.00	57313.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	7.78	50.64
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)) .....	7650.78	57363.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	7650.78	57363.64

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	32.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	32.17
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	6000.00
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.....	0.00	1000.00
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))..	1000.00	7032.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1000.00	7032.17

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 31

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) .....	7643.00	57313.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7643.00	57313.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	32.17
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	32.17

**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 / 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert L Borengasser		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 381 W. Laron Lane		<b>Transaction ID:</b> PR1481041624541
	City State Zip Code Tempe AZ 85284	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 15.00
	Name of Employer Hanger Orthopedic Group, Inc.	Occupation Director of Operations	P/R Deduction (\$5.00 Semi-Monthly)
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Frank Bostock		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 2 W Kaler Drive		<b>Transaction ID:</b> PR1481041724541
	City State Zip Code Phoenix AZ 85021-7237	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00
	Name of Employer Hanger Orthopedic Group, Inc.	Occupation Market Leader	P/R Deduction (\$50.00 Semi-Monthly)
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Eric Burns		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 2925 E Racquet Court		<b>Transaction ID:</b> PR1481042024541
	City State Zip Code Tucson AZ 85716-1096	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 Practice Manager	P/R Deduction (\$20.00 Semi-Monthly)
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	225.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 7 / 31</span>
(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Kevin M Carroll	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address P.O. Box 1013	<b>Transaction ID:</b> PR1481042124541
	City State Zip Code Windermere FL 34786	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$40.00 Semi-Monthly)
Name of Employer Hanger Orthopedic Group, Inc.	Occupation VP, Lower Extremity Prosthetic	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Kenneth E Cerimele	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 1070 Fox Den Tr.	<b>Transaction ID:</b> PR1481042224541
	City State Zip Code Canfield OH 44406	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$10.00 Semi-Monthly)
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Director of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mark A Conry	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 35 Linden Avenue Apt 504	<b>Transaction ID:</b> PR1481042324541
	City State Zip Code Long Beach CA 90802-5061	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$25.00 Semi-Monthly)
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Market Leader	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>225.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Eric W Craig	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 6240 Beacon Station Dr.	<b>Transaction ID:</b> PR1481042424541
	City State Zip Code Cumming GA 30041	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$10.00 Semi-Monthly)
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Vice President, Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Bradford C. Deudne	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 75 A Lake Road Box 350	<b>Transaction ID:</b> PR1481042724541
	City State Zip Code Congers NY 10920	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$50.00 Semi-Monthly)
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Market Leader	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Frank Erdeljac	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 137 Martin Road	<b>Transaction ID:</b> PR1481042824541
	City State Zip Code Pittsburgh PA 15237-3726	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$50.00 Semi-Monthly)
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Area Practice Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>330.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 31  
(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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Wallis Farraday</p> <p>Mailing Address 4525 South Atlantic Avenue #1303</p> <p>City State Zip Code Ponce Inlet FL 32127</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Hanger Orthopedic Group, Inc.</p> <p>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 ▼  <span style="border: 1px solid black; padding: 2px;">1050.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 1 / 2 2 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> PR1481043124541</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">150.00</span></p> <p>P/R Deduction (\$50.00 Semi-Monthly)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Michael R George</p> <p>Mailing Address 28 San Tomas</p> <p>City State Zip Code Rancho Santa Marga CA 92688</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Hanger Orthopedic Group, Inc.</p> <p>Occupation Vice President, Operations</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">1050.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 1 / 2 2 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> PR1481043524541</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">150.00</span></p> <p>P/R Deduction (\$50.00 Semi-Monthly)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Alistair Q Gibson</p> <p>Mailing Address 1928 Lake Roberts Landing Drive</p> <p>City State Zip Code Winter garden FL 34787</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Hanger Orthopedic Group, Inc.</p> <p>Occupation Area 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 ▼  <span style="border: 1px solid black; padding: 2px;">210.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 1 / 2 2 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> PR1481043624541</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">30.00</span></p> <p>P/R Deduction (\$10.00 Semi-Monthly)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">330.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Glen E Goranson		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 885 Post Road		<b>Transaction ID:</b> PR1481043924541
	City Brookfield	State WI	Zip Code 53005
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
	Name of Employer Hanger Orthopedic Group, Inc.	Occupation Practice Manager	P/R Deduction (\$10.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Myron P Griffin		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 212 Dream Spirit Drive		<b>Transaction ID:</b> PR1481044124541
	City Santa Teresa	State NM	Zip Code 88003
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
	Name of Employer Hanger Orthopedic Group, Inc.	Occupation Practitioner-CPO	P/R Deduction (\$25.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Rebecca Jo Hast		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 17344 Lafayette Dr		<b>Transaction ID:</b> PR1481044424541
	City Olney	State MD	Zip Code 20832
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
	Name of Employer Hanger Orthopedic Group, Inc.	Occupation President, Linkia	P/R Deduction (\$30.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	195.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Geoffrey S Hemmen	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 1505 Chatham Ct.	<b>Transaction ID:</b> PR1481044824541
	City State Zip Code St. Augustine FL 32092	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Semi-Monthly)
	Name of Employer Hanger Orthopedic Group, Inc. Occupation Area Practice Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) John S Hildebrand	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 5622 Billy Casper Dr	<b>Transaction ID:</b> PR1481045024541
	City State Zip Code Billings MT 59106-1027	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Semi-Monthly)
	Name of Employer Hanger Orthopedic Group, Inc. Occupation Associate Market Leader Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 840.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) William Hineman	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 3121 Morgan Circle	<b>Transaction ID:</b> PR1481045124541
	City State Zip Code Bismarck ND 58503-0102	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Semi-Monthly)
	Name of Employer Hanger Orthopedic Group, Inc. Occupation Market Leader Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1050.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	300.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dennis J Huysman	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 3 Pickwick Lane	<b>Transaction ID:</b> PR1481045324541
	City State Zip Code Old Saybrook CT 06475-1020	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$50.00 Semi-Monthly)
	Name of Employer: Hanger Orthopedic Group, Inc. Occupation: Market Leader Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1050.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael A Jenks	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 18315 Marbor Light Blvd	<b>Transaction ID:</b> PR1481045524541
	City State Zip Code Cornelius NC 28031	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$20.00 Semi-Monthly)
	Name of Employer: Hanger Orthopedic Group, Inc. Occupation: Area Practice Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Lars V Jensen	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 701 Hawthorn Court	<b>Transaction ID:</b> PR1481045624541
	City State Zip Code San Ramon CA 94583-5641	Amount of Each Receipt this Period 45.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$15.00 Semi-Monthly)
	Name of Employer: Hanger Orthopedic Group, Inc. Occupation: Market Leader Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 315.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>255.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 31  
(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 E Jordan

Mailing Address 207 Vixen View

City Phoenixville State PA Zip Code 19460-2115

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt 11 / 22 / 2010

**Transaction ID:** PR1481045924541

Amount of Each Receipt this Period 75.00

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

**B.**

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

Mailing Address 8701 West Fifth Street Apt. 2506

City Austin State TX Zip Code 78703

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 ▼ 1050.00

Date of Receipt 11 / 22 / 2010

**Transaction ID:** PR1481046224541

Amount of Each Receipt this Period 150.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Kent D Lane

Mailing Address 103 Segwun Drive

City Lexington State SC Zip Code 29072

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 ▼ 1050.00

Date of Receipt 11 / 22 / 2010

**Transaction ID:** PR1481046924541

Amount of Each Receipt this Period 150.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **375.00**

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

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

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

FOR LINE NUMBER: PAGE 14 / 31  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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)  
Terry D Loveless  
Mailing Address 8432 Link Hills Loop  
City Gainesville State VA Zip Code 20155  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Hanger Orthopedic Group, Inc. Occupation Market Leader  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1050.00  
Date of Receipt 11 / 22 / 2010  
Transaction ID: PR1481047024541  
Amount of Each Receipt this Period 150.00  
P/R Deduction (\$50.00 Semi-Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Jeffery S Lutz  
Mailing Address 100 Shannon Road  
City Lafayette State LA Zip Code 70503  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Hanger Orthopedic Group, Inc. Occupation Market Leader  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1365.00  
Date of Receipt 11 / 22 / 2010  
Transaction ID: PR1481047224541  
Amount of Each Receipt this Period 195.00  
P/R Deduction (\$65.00 Semi-Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Jeffrey L Martin  
Mailing Address 8009 Lake Mountain Lane  
City Austin State TX Zip Code 78641  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Hanger Orthopedic Group, Inc. Occupation VP, Programs and Initiatives  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 525.00  
Date of Receipt 11 / 22 / 2010  
Transaction ID: PR1481047324541  
Amount of Each Receipt this Period 75.00  
P/R Deduction (\$25.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 420.00  
**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 / 31  
(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) Stacy McFarland		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
Mailing Address 116 19th Avenue North # 203		<b>Transaction ID:</b> PR1481047524541
City Jacksonville Beach	State Zip Code FL 32250	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 60.00
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Business Manager	P/R Deduction (\$20.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

**B.**

Full Name (Last, First, Middle Initial) Jeffrey McGinnis		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
Mailing Address 2081 Hempstead Rd.		<b>Transaction ID:</b> PR1481047624541
City Rock Hill	State Zip Code SC 29732	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Practice Manager	P/R Deduction (\$10.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

**C.**

Full Name (Last, First, Middle Initial) George E McHenry		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
Mailing Address 801 West Fifth Street Unit 2106		<b>Transaction ID:</b> PR1481047724541
City Austin	State Zip Code TX 78703	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Executive Vice President & CFO	P/R Deduction (\$50.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>240.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 31  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							17

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

**A.**

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

Mailing Address 8 Euclid Avenue

City Hillsborough State NJ Zip Code 08844

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

Name of Employer Hanger Orthopedic Group, Inc. Occupation Area Administrative Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 22 / 2010

Transaction ID: PR1481047824541

Amount of Each Receipt this Period 30.00

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

**B.**

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

Mailing Address 6851 NW 40th Drive

City Gainesville State FL Zip Code 32653-8339

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

Name of Employer Hanger Orthopedic Group, Inc. Occupation Area Practice Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 22 / 2010

Transaction ID: PR1481047924541

Amount of Each Receipt this Period 30.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Hugh J Panton

Mailing Address 17 Island Road

City Sewalls Point State FL Zip Code 34996

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 ▼ 625.00

Date of Receipt 11 / 22 / 2010

Transaction ID: PR1481048824541

Amount of Each Receipt this Period 75.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 135.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) John Rheinstein	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 905 West End Apt # 94	<b>Transaction ID:</b> PR1481049724541
	City State Zip Code New York NY 10025-3530	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Hanger Orthopedic Group, Inc. Occupation Practitioner - CP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	P/R Deduction (\$10.00 Semi-Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Arthur J Roberts	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 1901 Trolley Road	<b>Transaction ID:</b> PR1481049824541
	City State Zip Code York PA 17408-1543	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Hanger Orthopedic Group, Inc. Occupation Practitioner - CO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	P/R Deduction (\$10.00 Semi-Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael A Ross	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 203 Landons Way	<b>Transaction ID:</b> PR1481050124541
	City State Zip Code Georgetown TX 78628	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Hanger Orthopedic Group, Inc. Occupation Director, Manufacturing Oper. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	P/R Deduction (\$10.00 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	90.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 31  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
Hanger Orthopedic Group Inc. PAC

**A.**

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

Mailing Address 830 Riverhaven Drive

City State Zip Code  
Suwanee GA 30024

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

Name of Employer  
Hanger Orthopedic Group, Inc.

Occupation  
VP, Mergers & Acquisitions

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1050.00

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

**Transaction ID:** PR1481050524541

Amount of Each Receipt this Period  
150.00

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

**B.**

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

Mailing Address 10020 Gramercy

City State Zip Code  
Oklahoma City OK 73139-5416

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

Name of Employer  
Hanger Orthopedic Group, Inc.

Occupation  
Associate Market Leader

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
625.00

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

**Transaction ID:** PR1481050624541

Amount of Each Receipt this Period  
75.00

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

**C.**

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

Mailing Address 159 Ash St

City State Zip Code  
Lake Zurich IL 60047-1309

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

Name of Employer  
Hanger Orthopedic Group, Inc.

Occupation  
Director, Matierals Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1050.00

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

**Transaction ID:** PR1481050724541

Amount of Each Receipt this Period  
150.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **375.00**

**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 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Richmond L Taylor		Date of Receipt
	Mailing Address 23848 Skyline Dr.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Mission Viejo	CA	92692-1875
	FEC ID number of contributing federal political committee.		Transaction ID: PR1481051424541
		Amount of Each Receipt this Period	<input type="text"/> 150.00
Name of Employer Hanger Orthopedic Group, Inc.		Occupation President, HPO	P/R Deduction (\$50.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 1050.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Albert P Teoli		Date of Receipt
	Mailing Address 2460 Bradwardine Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Cumming	GA	30041
	FEC ID number of contributing federal political committee.		Transaction ID: PR1481051524541
		Amount of Each Receipt this Period	<input type="text"/> 150.00
Name of Employer Hanger Orthopedic Group, Inc.		Occupation Associate Market Leader	P/R Deduction (\$50.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 1050.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Kathleen A Townsend		Date of Receipt
	Mailing Address 829 N Chestnut St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	La Habra	CA	90631-3008
	FEC ID number of contributing federal political committee.		Transaction ID: PR1481051724541
		Amount of Each Receipt this Period	<input type="text"/> 30.00
Name of Employer Hanger Orthopedic Group, Inc.		Occupation Area Administrative Manager	P/R Deduction (\$10.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 330.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mark Voit		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 2403 Dorado		<b>Transaction ID:</b> PR1481051824541
	City Mission	State TX	Zip Code 78572-8450
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
	Name of Employer Hanger Orthopedic Group, Inc.	Occupation Area Practice Manager	P/R Deduction (\$10.00 Semi-Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Louis Zermeno		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 211 Island Falls		<b>Transaction ID:</b> PR1481052324541
	City Sunnyvale	State TX	Zip Code 75182
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
	Name of Employer Hanger Orthopedic Group, Inc.	Occupation Market Leader	P/R Deduction (\$50.00 Semi-Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Richard F Hall		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 427 Holly Lane		<b>Transaction ID:</b> PR1481052624541
	City Oakdale	State MN	Zip Code 55128
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 75.00
	Name of Employer Hanger Orthopedic Group, Inc.	Occupation Area Practice Manager	P/R Deduction (\$25.00 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>255.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Bret T Bostock		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 1018 W. State Ave.		<b>Transaction ID:</b> PR1481053924541
	City Phoenix	State AZ	Zip Code 85021
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 75.00
	Name of Employer Hanger Orthopedic Group, Inc.	Occupation Area Practice Manager	P/R Deduction (\$25.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Kaia Ann Busch		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 19560 44th Ave. N.E.		<b>Transaction ID:</b> PR1481054124541
	City Lake Forest Park	State WA	Zip Code 98155
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
	Name of Employer Hanger Orthopedic Group, Inc.	Occupation Market Leader	P/R Deduction (\$10.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Brandon E Dale		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 3240 E. Stanford Drive		<b>Transaction ID:</b> PR1481054524541
	City Paradise Valley	State AZ	Zip Code 85253
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 75.00
	Name of Employer Hanger Orthopedic Group, Inc.	Occupation VP & General Manager, CARES	P/R Deduction (\$25.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	180.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dana S Evans		Date of Receipt
	Mailing Address 10320 Dominion Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Port Arthur	TX	77640
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Hanger Orthopedic Group, Inc.		Occupation Practice Manager	Transaction ID: PR1481054924541
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 210.00	
		Amount of Each Receipt this Period	<input type="text"/> 30.00
		P/R Deduction (\$10.00 Semi-Monthly)	

<b>B.</b>	Full Name (Last, First, Middle Initial) Edward S Gormanson		Date of Receipt
	Mailing Address 9013 Windwood		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Wichita	KS	67226-1510
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Hanger Orthopedic Group, Inc.		Occupation Practitioner - CP	Transaction ID: PR1481055424541
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 525.00	
		Amount of Each Receipt this Period	<input type="text"/> 75.00
		P/R Deduction (\$25.00 Semi-Monthly)	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ralph L Grayson		Date of Receipt
	Mailing Address 4865 Summit Ridge Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Valdosta	GA	31602
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Hanger Orthopedic Group, Inc.		Occupation Practice Manager	Transaction ID: PR1481055524541
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 210.00	
		Amount of Each Receipt this Period	<input type="text"/> 30.00
		P/R Deduction (\$10.00 Semi-Monthly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 135.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 31		
	<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Terry L Hubner		Date of Receipt
	Mailing Address 20 Carney Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Millwood	WV	25262
	FEC ID number of contributing federal political committee.		Transaction ID: PR1481056224541
Name of Employer Hanger Orthopedic Group, Inc.		Occupation Area 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 ▼ 210.00	<input type="text"/> 30.00
			P/R Deduction (\$10.00 Semi-Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Delbert Lipe		Date of Receipt
	Mailing Address 26746 Orchid Trail		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Boerne	TX	78006-5547
	FEC ID number of contributing federal political committee.		Transaction ID: PR1481057624541
Name of Employer Hanger Orthopedic Group, Inc.		Occupation Area 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 ▼ 525.00	<input type="text"/> 75.00
			P/R Deduction (\$25.00 Semi-Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) James A McCalmont		Date of Receipt
	Mailing Address 40802 N River Bend RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Anthem	AZ	85086
	FEC ID number of contributing federal political committee.		Transaction ID: PR1481057924541
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 ▼ 525.00	<input type="text"/> 75.00
			P/R Deduction (\$25.00 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 180.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 24 / 31  
(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 R Muller

Mailing Address 1233 S. Sweetwater Ave

City Pueblo West State CO Zip Code 81007

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

Name of Employer Hanger Orthopedic Group, Inc. Occupation Practice Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 22 / 2010

**Transaction ID:** PR1481058524541

Amount of Each Receipt this Period 30.00

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

**B.** Full Name (Last, First, Middle Initial)  
James Spielmann

Mailing Address 3200 Island Club North #17

City Racine State WI Zip Code 53405

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 ▼ 210.00

Date of Receipt 11 / 22 / 2010

**Transaction ID:** PR1481059924541

Amount of Each Receipt this Period 30.00

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

**C.** Full Name (Last, First, Middle Initial)  
Craig V Watson

Mailing Address 500 N. Berkeley Way

City Medford State OR Zip Code 97504

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

Name of Employer Hanger Orthopedic Group, Inc. Occupation Practice Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 22 / 2010

**Transaction ID:** PR1481060724541

Amount of Each Receipt this Period 30.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 90.00

**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 25 / 31  
(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)  
Robert J McKenzie

Mailing Address 7246 Jonathan Ave S

City State Zip Code  
Cottage Grove MN 55016-3657

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

Name of Employer  
Hanger Orthopedic Group, Inc.

Occupation  
Practice Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
MM / DD / YYYY  
11 / 22 / 2010

**Transaction ID:** PR1492907624541

Amount of Each Receipt this Period  
30.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Donald W. Meng

Mailing Address 1016 S. Steen Court

City State Zip Code  
Spokane Valley WA 99037

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

Name of Employer  
Hanger Orthopedic Group, Inc.

Occupation  
Wash-Area Practice Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
MM / DD / YYYY  
11 / 22 / 2010

**Transaction ID:** PR1492907724541

Amount of Each Receipt this Period  
30.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Joseph R Garcia

Mailing Address 5240 Huntington Reserve Drive

City State Zip Code  
Parma OH 44134-6171

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

Name of Employer  
Hanger Orthopedic Group, Inc.

Occupation  
Practitioner-CPO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
MM / DD / YYYY  
11 / 22 / 2010

**Transaction ID:** PR1494434224541

Amount of Each Receipt this Period  
30.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **90.00**

**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 26 / 31
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jeffrey L Murray		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 201 Pond Meadow Road		<b>Transaction ID:</b> PR1494435224541
	City Killingworth	State CT	Zip Code 06419-1122
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
	Name of Employer Hanger Orthopedic Group, Inc.	Occupation Practice Manager	P/R Deduction (\$10.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Micah J Saterfield		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 14507 Wildflower Loop		<b>Transaction ID:</b> PR1494435724541
	City Fort Smith	State AR	Zip Code 72916
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
	Name of Employer Hanger Orthopedic Group, Inc.	Occupation Area Practice Manager	P/R Deduction (\$10.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Harvey Sosnoff		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 65 River Street		<b>Transaction ID:</b> PR1494435824541
	City Holden	State MA	Zip Code 01520-2301
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
	Name of Employer Hanger Orthopedic Group, Inc.	Occupation Practice Manager	P/R Deduction (\$10.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	90.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 31  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
James R Wilkinson  
 Mailing Address 2840 Locksley Court  
 City State Zip Code  
 Tucker GA 30084  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Hanger Orthopedic Group, Inc. Occupation: Practice Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00  
 Date of Receipt: 11 / 22 / 2010  
**Transaction ID:** PR1494436124541  
 Amount of Each Receipt this Period: 30.00  
 P/R Deduction (\$10.00 Semi-Monthly)

**B.** Full Name (Last, First, Middle Initial)  
Barry Campbell  
 Mailing Address 601 E 69th St  
 City State Zip Code  
 Kansas City MO 64131-1329  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Hanger Orthopedic Group, Inc. Occupation: Practice Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00  
 Date of Receipt: 11 / 22 / 2010  
**Transaction ID:** PR1496022324541  
 Amount of Each Receipt this Period: 30.00  
 P/R Deduction (\$10.00 Semi-Monthly)

**C.** Full Name (Last, First, Middle Initial)  
Pamela M Gibson  
 Mailing Address 4731 Lunsford Hollow Lane  
 City State Zip Code  
 Friendswood TX 77546  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Hanger Orthopedic Group, Inc. Occupation: Practice Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00  
 Date of Receipt: 11 / 22 / 2010  
**Transaction ID:** PR1504291424541  
 Amount of Each Receipt this Period: 30.00  
 P/R Deduction (\$10.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 90.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Steve Prock		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 1011 Higgins Rd		<b>Transaction ID:</b> PR1504291924541
	City Sherman	State TX	Zip Code 75092-6519
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
	Name of Employer Hanger Orthopedic Group, Inc.	Occupation Area Practice Manager	P/R Deduction (\$50.00 Semi-Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Anthony Borrás		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 2118 Imperial Circle		<b>Transaction ID:</b> PR1624553824541
	City Naples	State FL	Zip Code 34110
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
	Name of Employer Hanger Orthopedic Group, Inc.	Occupation Area Practice Manager	P/R Deduction (\$10.00 Semi-Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Gregory T Cerafice		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 762 N W 99th Circle		<b>Transaction ID:</b> PR1624554124541
	City Plantation	State FL	Zip Code 33324-4947
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 75.00
	Name of Employer Hanger Orthopedic Group, Inc.	Occupation Area Practice Manager	P/R Deduction (\$25.00 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>255.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 29 / 31  
(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)  
Linda Fowler

Mailing Address 9036 Dansforeshire Way

City State Zip Code  
Wake Forest NC 27587

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

Name of Employer  
Hanger Orthopedic Group, Inc.

Occupation  
Area Administrative Manager

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

**Transaction ID:** PR1624554624541

Amount of Each Receipt this Period  
30.00

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

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

Mailing Address 104 Greenfield Drive

City State Zip Code  
Carencro LA 70520-5927

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

Name of Employer  
Hanger Orthopedic Group, Inc.

Occupation  
Area Administrative Manager

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

**Transaction ID:** PR1624554724541

Amount of Each Receipt this Period  
30.00

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

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

Mailing Address 148 Moultrie Crossing Lane

City State Zip Code  
St Augustine FL 32086

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

Name of Employer  
Hanger Orthopedic Group, Inc.

Occupation  
Account Representative

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	2	/	2	0	1	0

**Transaction ID:** PR1624556424541

Amount of Each Receipt this Period  
30.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **90.00**

**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 30 / 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Susan I Vannorman		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 25 Connelly Ct		<b>Transaction ID:</b> PR1624556824541
	City Rising Sun	State MD	Zip Code 21911-1044
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
	Name of Employer Hanger Orthopedic Group, Inc.	Occupation Director, Admin Services	P/R Deduction (\$10.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Francis A Hammer		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 12436 Fort West		<b>Transaction ID:</b> PR1624557124541
	City Knoxville	State TN	Zip Code 37922-1342
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
	Name of Employer Hanger Orthopedic Group, Inc.	Occupation Practice Manager	P/R Deduction (\$10.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Thomas Edward Hartman		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 321 Calistoga Court		<b>Transaction ID:</b> PR1766440424541
	City Austin	State TX	Zip Code 78732
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 75.00
	Name of Employer Hanger Orthopedic Group, Inc.	Occupation Vice Pres. & General Counsel	P/R Deduction (\$25.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>135.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>5415.00</b>

**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)

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<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)  
Andrews For Congress Committee

Mailing Address 215 Fourth Avenue

City Haddon Heights State NJ Zip Code 07076

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Robert Andrews

Office Sought:  House  
 Senate  
 President  
State: NJ District: 01

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: 18782629

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Contribution

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

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