

**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, Ste 1200

☐Check if different
than previously
reported. (ACC)

Bethesda

MD

20814

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00430397

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☒January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2007

through

12

31

2007

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

Hai Tran

Signature of Treasurer

Electronically Filed by Hai Tran

Date

01

29

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Hanger Orthopedic Group Inc. PAC

Report Covering the Period:

From:

M M D D Y Y Y Y
0 7 0 1 2 0 0 7

To:

M M D D Y Y Y Y
1 2 3 1 2 0 0 7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2007		0.00
(b) Cash on Hand at Beginning of Reporting Period	23010.53	
(c) Total Receipts (from Line 19)	33144.54	60936.07
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	56155.07	60936.07
7. Total Disbursements (from Line 31)	22411.00	27192.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	33744.07	33744.07
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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Hanger Orthopedic Group Inc. PAC

Report Covering the Period:

From:

M M
0 7D D
0 1Y Y Y Y
2 0 0 7

To:

M M
1 2D D
3 1Y Y Y Y
2 0 0 7

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	26862.00	49977.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	4122.00	8620.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	30984.00	58597.00
(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) ➤	30984.00	58597.00
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.)	2160.54	2339.07
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))	33144.54	60936.07
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	33144.54	60936.07

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	81.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	81.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8000.00	12200.00
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.....	14411.00	14911.00
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))..	22411.00	27192.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22411.00	27192.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	30984.00	58597.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30984.00	58597.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	81.00
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	81.00

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

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

FOR LINE NUMBER: PAGE 6 / 237

(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)

Jean Ann Bailey

Mailing Address 516 Kings Ridge

City

Liberty

State

MO

Zip Code

64068

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 6 / 2 0 0 7

Transaction ID: 70905.C997

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Jean Ann Bailey

Mailing Address 516 Kings Ridge

City

Liberty

State

MO

Zip Code

64068

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
0 7 / 2 0 / 2 0 0 7

Transaction ID: 70905.C998

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Jean Ann Bailey

Mailing Address 516 Kings Ridge

City

Liberty

State

MO

Zip Code

64068

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 70905.C999

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 237

(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)

Jean Ann Bailey

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C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Associate Market Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 7 / 2 0 0 7

Transaction ID: 70905.C1140

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Jean Ann Bailey

Mailing Address 516 Kings Ridge

City

Liberty

State

MO

Zip Code

64068

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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 70905.C1170

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Jean Ann Bailey

Mailing Address 516 Kings Ridge

City

Liberty

State

MO

Zip Code

64068

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: 71016.C1264

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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C

Name of Employer
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Inc.

Occupation

Associate Market Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 71016.C1358

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Jean Ann Bailey

Mailing Address 516 Kings Ridge

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64068

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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 ▼

805.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71016.C1450

Amount of Each Receipt this Period

5.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Jean Ann Bailey

Mailing Address 516 Kings Ridge

City

Liberty

State

MO

Zip Code

64068

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 ▼

810.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 71113.C1557

Amount of Each Receipt this Period

5.00

Receipt

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 237

(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)

Jean Ann Bailey

Mailing Address 516 Kings Ridge

City

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State

MO

Zip Code

64068

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 ▼

815.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: 71113.C1670

Amount of Each Receipt this Period

5.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Jean Ann Bailey

Mailing Address 516 Kings Ridge

City

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Zip Code

64068

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 ▼

820.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 71213.C1788

Amount of Each Receipt this Period

5.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Jean Ann Bailey

Mailing Address 516 Kings Ridge

City

Liberty

State

MO

Zip Code

64068

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 ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: 80110.C1906

Amount of Each Receipt this Period

5.00

Receipt

SUBTOTAL of Receipts This Page (optional)

15.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 237

(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)

Jean Ann Bailey

Mailing Address 516 Kings Ridge

City

Liberty

State

MO

Zip Code

64068

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 ▼

830.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 80110.C2028

Amount of Each Receipt this Period

5.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Robert L Borengasser

Mailing Address 381 W. Larona Lane

City

Tempe

State

AZ

Zip Code

85284

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Director, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 6 / 2 0 0 7

Transaction ID: 70905.C1068

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Robert L Borengasser

Mailing Address 381 W. Larona Lane

City

Tempe

State

AZ

Zip Code

85284

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Director, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 0 / 2 0 0 7

Transaction ID: 70905.C1069

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

205.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hanger Orthopedic Group Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Robert L Borengasser

Mailing Address 381 W. Larona Lane

City

Tempe

State

AZ

Zip Code

85284

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Director, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 70905.C1070

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Robert L Borengasser

Mailing Address 381 W. Larona Lane

City

Tempe

State

AZ

Zip Code

85284

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Director, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 7 / 2 0 0 7

Transaction ID: 70905.C1164

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Robert L Borengasser

Mailing Address 381 W. Larona Lane

City

Tempe

State

AZ

Zip Code

85284

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Director, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 70905.C1175

Amount of Each Receipt this Period

100.00

Receipt

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hanger Orthopedic Group Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Robert L Borengasser

Mailing Address 381 W. Larona Lane

City

Tempe

State

AZ

Zip Code

85284

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Director, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: 71016.C1269

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Robert L Borengasser

Mailing Address 381 W. Larona Lane

City

Tempe

State

AZ

Zip Code

85284

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Director, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 71016.C1363

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Robert L Borengasser

Mailing Address 381 W. Larona Lane

City

Tempe

State

AZ

Zip Code

85284

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Director, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71016.C1455

Amount of Each Receipt this Period

100.00

Receipt

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 13 / 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hanger Orthopedic Group Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Robert L Borengasser

Mailing Address 381 W. Larona Lane

City

Tempe

State

AZ

Zip Code

85284

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Director, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 71113.C1563

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Robert L Borengasser

Mailing Address 381 W. Larona Lane

City

Tempe

State

AZ

Zip Code

85284

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Director, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: 71113.C1676

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Robert L Borengasser

Mailing Address 381 W. Larona Lane

City

Tempe

State

AZ

Zip Code

85284

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Director, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 71213.C1794

Amount of Each Receipt this Period

100.00

Receipt

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 14 / 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hanger Orthopedic Group Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Robert L Borengasser

Mailing Address 381 W. Larona Lane

City

Tempe

State

AZ

Zip Code

85284

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Director, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: 80110.C1912

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Robert L Borengasser

Mailing Address 381 W. Larona Lane

City

Tempe

State

AZ

Zip Code

85284

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Director, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 80110.C2034

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Frank Bostock

Mailing Address 2 W Kaler Drive

City

Phoenix

State

AZ

Zip Code

85021

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 6 / 2 0 0 7

Transaction ID: 70905.C1000

Amount of Each Receipt this Period

50.00

Receipt

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 15 / 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hanger Orthopedic Group Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Frank Bostock

Mailing Address 2 W Kaler Drive

City

Phoenix

State

AZ

Zip Code

85021

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
0 7 / 2 0 / 2 0 0 7

Transaction ID: 70905.C1001

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Frank Bostock

Mailing Address 2 W Kaler Drive

City

Phoenix

State

AZ

Zip Code

85021

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 70905.C1002

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Frank Bostock

Mailing Address 2 W Kaler Drive

City

Phoenix

State

AZ

Zip Code

85021

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 7 / 2 0 0 7

Transaction ID: 70905.C1141

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 16 / 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hanger Orthopedic Group Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Frank Bostock

Mailing Address 2 W Kaler Drive

City

Phoenix

State

AZ

Zip Code

85021

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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 70905.C1176

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Frank Bostock

Mailing Address 2 W Kaler Drive

City

Phoenix

State

AZ

Zip Code

85021

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: 71016.C1270

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Frank Bostock

Mailing Address 2 W Kaler Drive

City

Phoenix

State

AZ

Zip Code

85021

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 ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 71016.C1364

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hanger Orthopedic Group Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Frank Bostock

Mailing Address 2 W Kaler Drive

City

Phoenix

State

AZ

Zip Code

85021

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 ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71016.C1456

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Frank Bostock

Mailing Address 2 W Kaler Drive

City

Phoenix

State

AZ

Zip Code

85021

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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 71113.C1564

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Frank Bostock

Mailing Address 2 W Kaler Drive

City

Phoenix

State

AZ

Zip Code

85021

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 ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: 71113.C1677

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 18 / 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hanger Orthopedic Group Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Frank Bostock

Mailing Address 2 W Kaler Drive

City

Phoenix

State

AZ

Zip Code

85021

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 71213.C1795

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Frank Bostock

Mailing Address 2 W Kaler Drive

City

Phoenix

State

AZ

Zip Code

85021

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

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: 80110.C1913

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Frank Bostock

Mailing Address 2 W Kaler Drive

City

Phoenix

State

AZ

Zip Code

85021

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 ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 80110.C2035

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 / 237

(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)

Eric Burns

Mailing Address 2925 E Racquet Court

City

Tucson

State

AZ

Zip Code

85716

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 ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 6 / 2 0 0 7

Transaction ID: 70905.C955

Amount of Each Receipt this Period

20.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Eric Burns

Mailing Address 2925 E Racquet Court

City

Tucson

State

AZ

Zip Code

85716

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 0 / 2 0 0 7

Transaction ID: 70905.C956

Amount of Each Receipt this Period

20.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Eric Burns

Mailing Address 2925 E Racquet Court

City

Tucson

State

AZ

Zip Code

85716

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 70905.C957

Amount of Each Receipt this Period

20.00

Receipt

SUBTOTAL of Receipts This Page (optional)

60.00

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 20 / 237

(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)

Eric Burns

Mailing Address 2925 E Racquet Court

City

Tucson

State

AZ

Zip Code

85716

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Practice Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 7 / 2 0 0 7

Transaction ID: 70905.C1126

Amount of Each Receipt this Period

20.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Eric Burns

Mailing Address 2925 E Racquet Court

City

Tucson

State

AZ

Zip Code

85716

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 ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 70905.C1179

Amount of Each Receipt this Period

20.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Eric Burns

Mailing Address 2925 E Racquet Court

City

Tucson

State

AZ

Zip Code

85716

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: 71016.C1273

Amount of Each Receipt this Period

20.00

Receipt

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 21 / 237

(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)

Eric Burns

Mailing Address 2925 E Racquet Court

City

Tucson

State

AZ

Zip Code

85716

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 ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 71016.C1367

Amount of Each Receipt this Period

20.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Eric Burns

Mailing Address 2925 E Racquet Court

City

Tucson

State

AZ

Zip Code

85716

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 ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71016.C1459

Amount of Each Receipt this Period

20.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Eric Burns

Mailing Address 2925 E Racquet Court

City

Tucson

State

AZ

Zip Code

85716

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 71113.C1567

Amount of Each Receipt this Period

20.00

Receipt

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 22 / 237

(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)

Eric Burns

Mailing Address 2925 E Racquet Court

City

Tucson

State

AZ

Zip Code

85716

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 ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: 71113.C1680

Amount of Each Receipt this Period

20.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Eric Burns

Mailing Address 2925 E Racquet Court

City

Tucson

State

AZ

Zip Code

85716

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 71213.C1798

Amount of Each Receipt this Period

20.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Eric Burns

Mailing Address 2925 E Racquet Court

City

Tucson

State

AZ

Zip Code

85716

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 ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: 80110.C1916

Amount of Each Receipt this Period

20.00

Receipt

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 23 / 237

(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)

Eric Burns

Mailing Address 2925 E Racquet Court

City

Tucson

State

AZ

Zip Code

85716

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 ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 80110.C2038

Amount of Each Receipt this Period

20.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Kevin M Carroll

Mailing Address P.O. Box 1013

City

Windermere

State

FL

Zip Code

34786

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President, L.E.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 6 / 2 0 0 7

Transaction ID: 70905.C988

Amount of Each Receipt this Period

40.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Kevin M Carroll

Mailing Address P.O. Box 1013

City

Windermere

State

FL

Zip Code

34786

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President, L.E.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 0 / 2 0 0 7

Transaction ID: 70905.C989

Amount of Each Receipt this Period

40.00

Receipt

SUBTOTAL of Receipts This Page (optional)

100.00

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 24 / 237

(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)

Kevin M Carroll

Mailing Address P.O. Box 1013

City

Windermere

State

FL

Zip Code

34786

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President, L.E.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	0	7

Transaction ID: 70905.C990

Amount of Each Receipt this Period

40.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Kevin M Carroll

Mailing Address P.O. Box 1013

City

Windermere

State

FL

Zip Code

34786

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President, L.E.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	0	7

Transaction ID: 70905.C1137

Amount of Each Receipt this Period

40.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Kevin M Carroll

Mailing Address P.O. Box 1013

City

Windermere

State

FL

Zip Code

34786

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President, L.E.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: 70905.C1180

Amount of Each Receipt this Period

40.00

Receipt

SUBTOTAL of Receipts This Page (optional)

120.00

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 / 237

(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)

Kevin M Carroll

Mailing Address P.O. Box 1013

City

Windermere

State

FL

Zip Code

34786

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President, L.E.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: 71016.C1274

Amount of Each Receipt this Period

40.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Kevin M Carroll

Mailing Address P.O. Box 1013

City

Windermere

State

FL

Zip Code

34786

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President, L.E.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 71016.C1368

Amount of Each Receipt this Period

40.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Kevin M Carroll

Mailing Address P.O. Box 1013

City

Windermere

State

FL

Zip Code

34786

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President, L.E.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71016.C1460

Amount of Each Receipt this Period

40.00

Receipt

SUBTOTAL of Receipts This Page (optional)

120.00

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 / 237

(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)

Kevin M Carroll

Mailing Address P.O. Box 1013

City

Windermere

State

FL

Zip Code

34786

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President, L.E.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 71113.C1568

Amount of Each Receipt this Period

40.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Kevin M Carroll

Mailing Address P.O. Box 1013

City

Windermere

State

FL

Zip Code

34786

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President, L.E.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: 71113.C1681

Amount of Each Receipt this Period

40.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Kevin M Carroll

Mailing Address P.O. Box 1013

City

Windermere

State

FL

Zip Code

34786

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President, L.E.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 71213.C1799

Amount of Each Receipt this Period

40.00

Receipt

SUBTOTAL of Receipts This Page (optional)

120.00

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 27 / 237

(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)

Kevin M Carroll

Mailing Address P.O. Box 1013

City

Windermere

State

FL

Zip Code

34786

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President, L.E.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: 80110.C1917

Amount of Each Receipt this Period

40.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Kevin M Carroll

Mailing Address P.O. Box 1013

City

Windermere

State

FL

Zip Code

34786

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President, L.E.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 80110.C2039

Amount of Each Receipt this Period

40.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Mark A Conry

Mailing Address 35 Linden Avenue, Apt 504

City

Long Beach

State

CA

Zip Code

90802

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 6 / 2 0 0 7

Transaction ID: 70905.C1003

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

130.00

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 28 / 237

(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

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
0 7 / 2 0 / 2 0 0 7

Transaction ID: 70905.C1004

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Mark A Conry

Mailing Address 35 Linden Avenue, Apt 504

City

Long Beach

State

CA

Zip Code

90802

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 70905.C1005

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Mark A Conry

Mailing Address 35 Linden Avenue, Apt 504

City

Long Beach

State

CA

Zip Code

90802

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 7 / 2 0 0 7

Transaction ID: 70905.C1142

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 29 / 237

(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

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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 70905.C1181

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Mark A Conry

Mailing Address 35 Linden Avenue, Apt 504

City

Long Beach

State

CA

Zip Code

90802

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: 71016.C1275

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Mark A Conry

Mailing Address 35 Linden Avenue, Apt 504

City

Long Beach

State

CA

Zip Code

90802

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 ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 71016.C1369

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 30 / 237

(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

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 ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71016.C1461

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Mark A Conry

Mailing Address 35 Linden Avenue, Apt 504

City

Long Beach

State

CA

Zip Code

90802

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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 71113.C1569

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Mark A Conry

Mailing Address 35 Linden Avenue, Apt 504

City

Long Beach

State

CA

Zip Code

90802

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 ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: 71113.C1683

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 31 / 237

(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

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 71213.C1801

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Mark A Conry

Mailing Address 35 Linden Avenue, Apt 504

City

Long Beach

State

CA

Zip Code

90802

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

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: 80110.C1919

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Mark A Conry

Mailing Address 35 Linden Avenue, Apt 504

City

Long Beach

State

CA

Zip Code

90802

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 ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 80110.C2041

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 32 / 237

(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)

Eric W Craig

Mailing Address 3412 Drawbridge Terrace

City

Duluth

State

GA

Zip Code

30096

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Director of Operations II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 6 / 2 0 0 7

Transaction ID: 70905.C920

Amount of Each Receipt this Period

10.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Eric W Craig

Mailing Address 3412 Drawbridge Terrace

City

Duluth

State

GA

Zip Code

30096

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Director of Operations II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

110.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 0 / 2 0 0 7

Transaction ID: 70905.C921

Amount of Each Receipt this Period

10.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Eric W Craig

Mailing Address 3412 Drawbridge Terrace

City

Duluth

State

GA

Zip Code

30096

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Director of Operations II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

120.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 70905.C922

Amount of Each Receipt this Period

10.00

Receipt

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 237

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☒ 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)

Eric W Craig

Mailing Address 3412 Drawbridge Terrace

City

Duluth

State

GA

Zip Code

30096

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Director of Operations II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

130.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 7 / 2 0 0 7

Transaction ID: 70905.C1114

Amount of Each Receipt this Period

10.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Eric W Craig

Mailing Address 3412 Drawbridge Terrace

City

Duluth

State

GA

Zip Code

30096

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Director of Operations II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

140.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 70905.C1182

Amount of Each Receipt this Period

10.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Eric W Craig

Mailing Address 3412 Drawbridge Terrace

City

Duluth

State

GA

Zip Code

30096

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Director of Operations II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: 71016.C1276

Amount of Each Receipt this Period

10.00

Receipt

SUBTOTAL of Receipts This Page (optional)

30.00

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 34 / 237

(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)

Eric W Craig

Mailing Address 3412 Drawbridge Terrace

City

Duluth

State

GA

Zip Code

30096

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Director of Operations II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

160.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 71016.C1370

Amount of Each Receipt this Period

10.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Eric W Craig

Mailing Address 3412 Drawbridge Terrace

City

Duluth

State

GA

Zip Code

30096

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Director of Operations II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

170.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71016.C1462

Amount of Each Receipt this Period

10.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Eric W Craig

Mailing Address 3412 Drawbridge Terrace

City

Duluth

State

GA

Zip Code

30096

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Director of Operations II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

180.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 71113.C1570

Amount of Each Receipt this Period

10.00

Receipt

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 237

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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Eric W Craig

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State

GA

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federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Director of Operations II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

190.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: 71113.C1684

Amount of Each Receipt this Period

10.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Eric W Craig

Mailing Address 3412 Drawbridge Terrace

City

Duluth

State

GA

Zip Code

30096

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Director of Operations II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 71213.C1802

Amount of Each Receipt this Period

10.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Eric W Craig

Mailing Address 3412 Drawbridge Terrace

City

Duluth

State

GA

Zip Code

30096

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Director of Operations II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: 80110.C1920

Amount of Each Receipt this Period

10.00

Receipt

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 237

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Full Name (Last, First, Middle Initial)

Eric W Craig

Mailing Address 3412 Drawbridge Terrace

City

Duluth

State

GA

Zip Code

30096

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Director of Operations II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 80110.C2042

Amount of Each Receipt this Period

10.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Bradford C Deudne

Mailing Address 33 Meriwether Trail

City

Congers

State

NY

Zip Code

10920

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 6 / 2 0 0 7

Transaction ID: 70905.C1006

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Bradford C Deudne

Mailing Address 33 Meriwether Trail

City

Congers

State

NY

Zip Code

10920

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
0 7 / 2 0 / 2 0 0 7

Transaction ID: 70905.C1007

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 237

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☐ 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)

Bradford C Deudne

Mailing Address 33 Meriwether Trail

City

Congers

State

NY

Zip Code

10920

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 70905.C1008

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Bradford C Deudne

Mailing Address 33 Meriwether Trail

City

Congers

State

NY

Zip Code

10920

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 7 / 2 0 0 7

Transaction ID: 70905.C1143

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Bradford C Deudne

Mailing Address 33 Meriwether Trail

City

Congers

State

NY

Zip Code

10920

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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 70905.C1184

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 237

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☐ 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)

Bradford C Deudne

Mailing Address 33 Meriwether Trail

City

Congers

State

NY

Zip Code

10920

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: 71016.C1279

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Bradford C Deudne

Mailing Address 33 Meriwether Trail

City

Congers

State

NY

Zip Code

10920

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 ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 71016.C1373

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Bradford C Deudne

Mailing Address 33 Meriwether Trail

City

Congers

State

NY

Zip Code

10920

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 ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71016.C1465

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 237

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Bradford C Deudne

Mailing Address 33 Meriwether Trail

City

Congers

State

NY

Zip Code

10920

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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 71113.C1573

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Bradford C Deudne

Mailing Address 33 Meriwether Trail

City

Congers

State

NY

Zip Code

10920

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 ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: 71113.C1687

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Bradford C Deudne

Mailing Address 33 Meriwether Trail

City

Congers

State

NY

Zip Code

10920

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 71213.C1805

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 40 / 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Full Name (Last, First, Middle Initial)

Bradford C Deudne

Mailing Address 33 Meriwether Trail

City

Congers

State

NY

Zip Code

10920

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

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: 80110.C1923

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Bradford C Deudne

Mailing Address 33 Meriwether Trail

City

Congers

State

NY

Zip Code

10920

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 ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 80110.C2045

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Frank Erdeljac

Mailing Address 137 Martin Road

City

Pittsburgh

State

PA

Zip Code

15237

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 6 / 2 0 0 7

Transaction ID: 70905.C1009

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 237

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hanger Orthopedic Group Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Frank Erdeljac

Mailing Address 137 Martin Road

City

Pittsburgh

State

PA

Zip Code

15237

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 0 / 2 0 0 7

Transaction ID: 70905.C1010

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Frank Erdeljac

Mailing Address 137 Martin Road

City

Pittsburgh

State

PA

Zip Code

15237

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
0 8 / 0 3 / 2 0 0 7

Transaction ID: 70905.C1011

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Frank Erdeljac

Mailing Address 137 Martin Road

City

Pittsburgh

State

PA

Zip Code

15237

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 7 / 2 0 0 7

Transaction ID: 70905.C1144

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 237

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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A.

Full Name (Last, First, Middle Initial)

Frank Erdeljac

Mailing Address 137 Martin Road

City

Pittsburgh

State

PA

Zip Code

15237

FEC ID number of contributing
federal political committee.

C

Name of Employer
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Inc.

Occupation

Associate Market Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 70905.C1185

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Frank Erdeljac

Mailing Address 137 Martin Road

City

Pittsburgh

State

PA

Zip Code

15237

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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: 71016.C1280

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Frank Erdeljac

Mailing Address 137 Martin Road

City

Pittsburgh

State

PA

Zip Code

15237

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 71016.C1374

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 43 / 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hanger Orthopedic Group Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Frank Erdeljac

Mailing Address 137 Martin Road

City

Pittsburgh

State

PA

Zip Code

15237

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 ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71016.C1466

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Frank Erdeljac

Mailing Address 137 Martin Road

City

Pittsburgh

State

PA

Zip Code

15237

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 ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 71113.C1574

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Frank Erdeljac

Mailing Address 137 Martin Road

City

Pittsburgh

State

PA

Zip Code

15237

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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: 71113.C1688

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 44 / 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Hanger Orthopedic Group Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Frank Erdeljac

Mailing Address 137 Martin Road

City

Pittsburgh

State

PA

Zip Code

15237

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 ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 71213.C1806

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Frank Erdeljac

Mailing Address 137 Martin Road

City

Pittsburgh

State

PA

Zip Code

15237

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: 80110.C1924

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Frank Erdeljac

Mailing Address 137 Martin Road

City

Pittsburgh

State

PA

Zip Code

15237

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 ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 80110.C2046

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 45 / 237

(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)

Wallis Farraday

Mailing Address 4997 Keeneland Cr

City

Orlando

State

FL

Zip Code

32819

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 6 / 2 0 0 7

Transaction ID: 70905.C1012

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Wallis Farraday

Mailing Address 4997 Keeneland Cr

City

Orlando

State

FL

Zip Code

32819

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
0 7 / 2 0 / 2 0 0 7

Transaction ID: 70905.C1013

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Wallis Farraday

Mailing Address 4997 Keeneland Cr

City

Orlando

State

FL

Zip Code

32819

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 7 / 2 0 0 7

Transaction ID: 70905.C1145

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

200.00

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 46 / 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Hanger Orthopedic Group Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Wallis Farraday

Mailing Address 4997 Keeneland Cr

City

Orlando

State

FL

Zip Code

32819

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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 70905.C1188

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Wallis Farraday

Mailing Address 4997 Keeneland Cr

City

Orlando

State

FL

Zip Code

32819

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: 71016.C1283

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Wallis Farraday

Mailing Address 4997 Keeneland Cr

City

Orlando

State

FL

Zip Code

32819

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 ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 71016.C1377

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 237

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☒ 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)

Wallis Farraday

Mailing Address 4997 Keeneland Cr

City

Orlando

State

FL

Zip Code

32819

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 ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71016.C1469

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Wallis Farraday

Mailing Address 4997 Keeneland Cr

City

Orlando

State

FL

Zip Code

32819

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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 71113.C1577

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Wallis Farraday

Mailing Address 4997 Keeneland Cr

City

Orlando

State

FL

Zip Code

32819

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 ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: 71113.C1691

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 48 / 237

(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)

Wallis Farraday

Mailing Address 4997 Keeneland Cr

City

Orlando

State

FL

Zip Code

32819

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 71213.C1809

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Wallis Farraday

Mailing Address 4997 Keeneland Cr

City

Orlando

State

FL

Zip Code

32819

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

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: 80110.C1927

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Wallis Farraday

Mailing Address 4997 Keeneland Cr

City

Orlando

State

FL

Zip Code

32819

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 ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 80110.C2049

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 49 / 237

(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)

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 6 / 2 0 0 7

Transaction ID: 70905.C1014

Amount of Each Receipt this Period

50.00

Receipt

B.

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
0 7 / 2 0 / 2 0 0 7

Transaction ID: 70905.C1015

Amount of Each Receipt this Period

50.00

Receipt

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 70905.C1016

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 50 / 237

(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)

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 7 / 2 0 0 7

Transaction ID: 70905.C1146

Amount of Each Receipt this Period

50.00

Receipt

B.

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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 70905.C1192

Amount of Each Receipt this Period

50.00

Receipt

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: 71016.C1287

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 51 / 237

(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)

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 ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 71016.C1381

Amount of Each Receipt this Period

50.00

Receipt

B.

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 ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71016.C1473

Amount of Each Receipt this Period

50.00

Receipt

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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 71113.C1581

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 52 / 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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A.

Full Name (Last, First, Middle Initial)

Michael R George

Mailing Address 28 San Tomas

City

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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 ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: 71113.C1695

Amount of Each Receipt this Period

50.00

Receipt

B.

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 71213.C1813

Amount of Each Receipt this Period

50.00

Receipt

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 ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: 80110.C1931

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 53 / 237

(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)

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 ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 80110.C2053

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Alistair Q Gibson

Mailing Address 89 Highbrooke Blvd

City

Ocoee

State

FL

Zip Code

34761

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Area Practice Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 6 / 2 0 0 7

Transaction ID: 70905.C923

Amount of Each Receipt this Period

10.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Alistair Q Gibson

Mailing Address 89 Highbrooke Blvd

City

Ocoee

State

FL

Zip Code

34761

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Area Practice Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

110.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 0 / 2 0 0 7

Transaction ID: 70905.C924

Amount of Each Receipt this Period

10.00

Receipt

SUBTOTAL of Receipts This Page (optional)

70.00

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 54 / 237

(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)

Alistair Q Gibson

Mailing Address 89 Highbrooke Blvd

City

Ocoee

State

FL

Zip Code

34761

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Area Practice Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

120.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 70905.C925

Amount of Each Receipt this Period

10.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Alistair Q Gibson

Mailing Address 89 Highbrooke Blvd

City

Ocoee

State

FL

Zip Code

34761

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Area Practice Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

130.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 7 / 2 0 0 7

Transaction ID: 70905.C1116

Amount of Each Receipt this Period

10.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Alistair Q Gibson

Mailing Address 89 Highbrooke Blvd

City

Ocoee

State

FL

Zip Code

34761

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Area Practice Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

140.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 70905.C1193

Amount of Each Receipt this Period

10.00

Receipt

SUBTOTAL of Receipts This Page (optional)

30.00

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 55 / 237

(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)

Alistair Q Gibson

Mailing Address 89 Highbrooke Blvd

City

Ocoee

State

FL

Zip Code

34761

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Area Practice Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: 71016.C1288

Amount of Each Receipt this Period

10.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Alistair Q Gibson

Mailing Address 89 Highbrooke Blvd

City

Ocoee

State

FL

Zip Code

34761

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Area Practice Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

160.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 71016.C1382

Amount of Each Receipt this Period

10.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Alistair Q Gibson

Mailing Address 89 Highbrooke Blvd

City

Ocoee

State

FL

Zip Code

34761

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Area Practice Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

170.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71016.C1474

Amount of Each Receipt this Period

10.00

Receipt

SUBTOTAL of Receipts This Page (optional)

30.00

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 56 / 237

(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)

Alistair Q Gibson

Mailing Address 89 Highbrooke Blvd

City

Ocoee

State

FL

Zip Code

34761

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Area Practice Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

180.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 71113.C1582

Amount of Each Receipt this Period

10.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Alistair Q Gibson

Mailing Address 89 Highbrooke Blvd

City

Ocoee

State

FL

Zip Code

34761

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Area Practice Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

190.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: 71113.C1696

Amount of Each Receipt this Period

10.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Alistair Q Gibson

Mailing Address 89 Highbrooke Blvd

City

Ocoee

State

FL

Zip Code

34761

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Area Practice Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 71213.C1814

Amount of Each Receipt this Period

10.00

Receipt

SUBTOTAL of Receipts This Page (optional)

30.00

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 57 / 237

(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)

Alistair Q Gibson

Mailing Address 89 Highbrooke Blvd

City

Ocoee

State

FL

Zip Code

34761

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Area Practice Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: 80110.C1932

Amount of Each Receipt this Period

10.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Alistair Q Gibson

Mailing Address 89 Highbrooke Blvd

City

Ocoee

State

FL

Zip Code

34761

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Area Practice Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 80110.C2054

Amount of Each Receipt this Period

10.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Glen Goranson

Mailing Address 885 Post Road

City

Brookfield

State

WI

Zip Code

53005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Practitioner, Orthotist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 6 / 2 0 0 7

Transaction ID: 70905.C958

Amount of Each Receipt this Period

20.00

Receipt

SUBTOTAL of Receipts This Page (optional)

40.00

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 58 / 237

(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)

Glen Goranson

Mailing Address 885 Post Road

City

Brookfield

State

WI

Zip Code

53005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Practitioner, Orthotist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 0 / 2 0 0 7

Transaction ID: 70905.C959

Amount of Each Receipt this Period

20.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Glen Goranson

Mailing Address 885 Post Road

City

Brookfield

State

WI

Zip Code

53005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Practitioner, Orthotist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 70905.C960

Amount of Each Receipt this Period

20.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Glen Goranson

Mailing Address 885 Post Road

City

Brookfield

State

WI

Zip Code

53005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Practitioner, Orthotist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 7 / 2 0 0 7

Transaction ID: 70905.C1127

Amount of Each Receipt this Period

20.00

Receipt

SUBTOTAL of Receipts This Page (optional)

60.00

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 59 / 237

(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)

Glen Goranson

Mailing Address 885 Post Road

City

Brookfield

State

WI

Zip Code

53005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Practitioner, Orthotist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 70905.C1194

Amount of Each Receipt this Period

20.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Glen Goranson

Mailing Address 885 Post Road

City

Brookfield

State

WI

Zip Code

53005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Practitioner, Orthotist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: 71016.C1289

Amount of Each Receipt this Period

20.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Glen Goranson

Mailing Address 885 Post Road

City

Brookfield

State

WI

Zip Code

53005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Practitioner, Orthotist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 71016.C1383

Amount of Each Receipt this Period

20.00

Receipt

SUBTOTAL of Receipts This Page (optional)

60.00

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 60 / 237

(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)

Glen Goranson

Mailing Address 885 Post Road

City

Brookfield

State

WI

Zip Code

53005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Practitioner, Orthotist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71016.C1476

Amount of Each Receipt this Period

20.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Glen Goranson

Mailing Address 885 Post Road

City

Brookfield

State

WI

Zip Code

53005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Practitioner, Orthotist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 71113.C1584

Amount of Each Receipt this Period

20.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Glen Goranson

Mailing Address 885 Post Road

City

Brookfield

State

WI

Zip Code

53005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Practitioner, Orthotist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: 71113.C1699

Amount of Each Receipt this Period

20.00

Receipt

SUBTOTAL of Receipts This Page (optional)

60.00

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 61 / 237

(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)

Glen Goranson

Mailing Address 885 Post Road

City

Brookfield

State

WI

Zip Code

53005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Practitioner, Orthotist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	3	/	2	0	0	7

Transaction ID: 71213.C1817

Amount of Each Receipt this Period

10.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Glen Goranson

Mailing Address 885 Post Road

City

Brookfield

State

WI

Zip Code

53005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Practitioner, Orthotist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	0	7

Transaction ID: 80110.C1935

Amount of Each Receipt this Period

10.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Glen Goranson

Mailing Address 885 Post Road

City

Brookfield

State

WI

Zip Code

53005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Practitioner, Orthotist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	1	/	2	0	0	7

Transaction ID: 80110.C2057

Amount of Each Receipt this Period

10.00

Receipt

SUBTOTAL of Receipts This Page (optional)

30.00

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 62 / 237

(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)

Rebecca Jo Hast

Mailing Address 17344 Lafayette Drive

City

Olney

State

MD

Zip Code

20832

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

President, Linkia

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 6 / 2 0 0 7

Transaction ID: 70905.C985

Amount of Each Receipt this Period

30.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Rebecca Jo Hast

Mailing Address 17344 Lafayette Drive

City

Olney

State

MD

Zip Code

20832

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

President, Linkia

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 0 / 2 0 0 7

Transaction ID: 70905.C986

Amount of Each Receipt this Period

30.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Rebecca Jo Hast

Mailing Address 17344 Lafayette Drive

City

Olney

State

MD

Zip Code

20832

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

President, Linkia

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 70905.C987

Amount of Each Receipt this Period

30.00

Receipt

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 63 / 237

(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)

Rebecca Jo Hast

Mailing Address 17344 Lafayette Drive

City

Olney

State

MD

Zip Code

20832

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

President, Linkia

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 7 / 2 0 0 7

Transaction ID: 70905.C1136

Amount of Each Receipt this Period

30.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Rebecca Jo Hast

Mailing Address 17344 Lafayette Drive

City

Olney

State

MD

Zip Code

20832

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

President, Linkia

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 70905.C1196

Amount of Each Receipt this Period

30.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Rebecca Jo Hast

Mailing Address 17344 Lafayette Drive

City

Olney

State

MD

Zip Code

20832

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

President, Linkia

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: 71016.C1291

Amount of Each Receipt this Period

30.00

Receipt

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 64 / 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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A.

Full Name (Last, First, Middle Initial)

Rebecca Jo Hast

Mailing Address 17344 Lafayette Drive

City

Olney

State

MD

Zip Code

20832

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

President, Linkia

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 71016.C1385

Amount of Each Receipt this Period

30.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Rebecca Jo Hast

Mailing Address 17344 Lafayette Drive

City

Olney

State

MD

Zip Code

20832

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

President, Linkia

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71016.C1479

Amount of Each Receipt this Period

30.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Rebecca Jo Hast

Mailing Address 17344 Lafayette Drive

City

Olney

State

MD

Zip Code

20832

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

President, Linkia

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 71113.C1588

Amount of Each Receipt this Period

30.00

Receipt

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 65 / 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Full Name (Last, First, Middle Initial)

Rebecca Jo Hast

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City

Olney

State

MD

Zip Code

20832

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federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

President, Linkia

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: 71113.C1704

Amount of Each Receipt this Period

30.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Rebecca Jo Hast

Mailing Address 17344 Lafayette Drive

City

Olney

State

MD

Zip Code

20832

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

President, Linkia

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 71213.C1822

Amount of Each Receipt this Period

30.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Rebecca Jo Hast

Mailing Address 17344 Lafayette Drive

City

Olney

State

MD

Zip Code

20832

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

President, Linkia

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: 80110.C1941

Amount of Each Receipt this Period

30.00

Receipt

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 66 / 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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A.

Full Name (Last, First, Middle Initial)

Rebecca Jo Hast

Mailing Address 17344 Lafayette Drive

City

Olney

State

MD

Zip Code

20832

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

President, Linkia

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 80110.C2063

Amount of Each Receipt this Period

30.00

Receipt

B.

Full Name (Last, First, Middle Initial)

John N Hathaway

Mailing Address 4825 Leland Street

City

Chevy Chase

State

MD

Zip Code

20815

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Director, Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71016.C1480

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

John N Hathaway

Mailing Address 4825 Leland Street

City

Chevy Chase

State

MD

Zip Code

20815

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Director, Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 71113.C1589

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

130.00

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 67 / 237

(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 N Hathaway

Mailing Address 4825 Leland Street

City

Chevy Chase

State

MD

Zip Code

20815

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Director, Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	0	7

Transaction ID: 71113.C1705

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

John N Hathaway

Mailing Address 4825 Leland Street

City

Chevy Chase

State

MD

Zip Code

20815

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Director, Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	3	/	2	0	0	7

Transaction ID: 71213.C1823

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

John N Hathaway

Mailing Address 4825 Leland Street

City

Chevy Chase

State

MD

Zip Code

20815

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Director, Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	0	7

Transaction ID: 80110.C1942

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 68 / 237

(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)

John N Hathaway

Mailing Address 4825 Leland Street

City

Chevy Chase

State

MD

Zip Code

20815

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Director, Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 80110.C2064

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Mark S Helle

Mailing Address 2 South 541 Arboretum Rd.

City

Glen Ellyn

State

IL

Zip Code

60137

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President, Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 6 / 2 0 0 7

Transaction ID: 70905.C1017

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Mark S Helle

Mailing Address 2 South 541 Arboretum Rd.

City

Glen Ellyn

State

IL

Zip Code

60137

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President, Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 0 / 2 0 0 7

Transaction ID: 70905.C1018

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 69 / 237

(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 S Helle

Mailing Address 2 South 541 Arboretum Rd.

City

Glen Ellyn

State

IL

Zip Code

60137

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President, Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 70905.C1019

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Mark S Helle

Mailing Address 2 South 541 Arboretum Rd.

City

Glen Ellyn

State

IL

Zip Code

60137

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President, Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 7 / 2 0 0 7

Transaction ID: 70905.C1147

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Mark S Helle

Mailing Address 2 South 541 Arboretum Rd.

City

Glen Ellyn

State

IL

Zip Code

60137

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President, Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 70905.C1198

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 70 / 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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A.

Full Name (Last, First, Middle Initial)

Mark S Helle

Mailing Address 2 South 541 Arboretum Rd.

City

Glen Ellyn

State

IL

Zip Code

60137

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federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President, Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: 71016.C1293

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Mark S Helle

Mailing Address 2 South 541 Arboretum Rd.

City

Glen Ellyn

State

IL

Zip Code

60137

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President, Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 71016.C1387

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Mark S Helle

Mailing Address 2 South 541 Arboretum Rd.

City

Glen Ellyn

State

IL

Zip Code

60137

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President, Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71016.C1482

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 71 / 237

(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 S Helle

Mailing Address 2 South 541 Arboretum Rd.

City

Glen Ellyn

State

IL

Zip Code

60137

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President, Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 71113.C1591

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Mark S Helle

Mailing Address 2 South 541 Arboretum Rd.

City

Glen Ellyn

State

IL

Zip Code

60137

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President, Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: 71113.C1707

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Mark S Helle

Mailing Address 2 South 541 Arboretum Rd.

City

Glen Ellyn

State

IL

Zip Code

60137

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President, Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 71213.C1825

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 72 / 237

(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)

John S Hildebrand

Mailing Address 5622 Billy Casper Drive

City State Zip Code
 Billings MT 59106

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 0 6 / 2 0 0 7

Transaction ID: 70905.C991

Amount of Each Receipt this Period

40.00

Receipt

B.

Full Name (Last, First, Middle Initial)

John S Hildebrand

Mailing Address 5622 Billy Casper Drive

City State Zip Code
 Billings MT 59106

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 2 0 / 2 0 0 7

Transaction ID: 70905.C992

Amount of Each Receipt this Period

40.00

Receipt

C.

Full Name (Last, First, Middle Initial)

John S Hildebrand

Mailing Address 5622 Billy Casper Drive

City State Zip Code
 Billings MT 59106

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 ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 0 3 / 2 0 0 7

Transaction ID: 70905.C993

Amount of Each Receipt this Period

40.00

Receipt

SUBTOTAL of Receipts This Page (optional)

120.00

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 73 / 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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A.

Full Name (Last, First, Middle Initial)

John S Hildebrand

Mailing Address 5622 Billy Casper Drive

City State Zip Code
 Billings MT 59106

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 ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 1 7 / 2 0 0 7

Transaction ID: 70905.C1138

Amount of Each Receipt this Period

40.00

Receipt

B.

Full Name (Last, First, Middle Initial)

John S Hildebrand

Mailing Address 5622 Billy Casper Drive

City State Zip Code
 Billings MT 59106

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 ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 70905.C1201

Amount of Each Receipt this Period

40.00

Receipt

C.

Full Name (Last, First, Middle Initial)

John S Hildebrand

Mailing Address 5622 Billy Casper Drive

City State Zip Code
 Billings MT 59106

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 ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: 71016.C1296

Amount of Each Receipt this Period

40.00

Receipt

SUBTOTAL of Receipts This Page (optional)

120.00

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 74 / 237

(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)

John S Hildebrand

Mailing Address 5622 Billy Casper Drive

City

State

Zip Code

Billings

MT

59106

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 71016.C1389

Amount of Each Receipt this Period

40.00

Receipt

B.

Full Name (Last, First, Middle Initial)

John S Hildebrand

Mailing Address 5622 Billy Casper Drive

City

State

Zip Code

Billings

MT

59106

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 ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71016.C1484

Amount of Each Receipt this Period

40.00

Receipt

C.

Full Name (Last, First, Middle Initial)

John S Hildebrand

Mailing Address 5622 Billy Casper Drive

City

State

Zip Code

Billings

MT

59106

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 ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 71113.C1594

Amount of Each Receipt this Period

40.00

Receipt

SUBTOTAL of Receipts This Page (optional)

120.00

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 75 / 237

(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)

John S Hildebrand

Mailing Address 5622 Billy Casper Drive

City

State

Zip Code

Billings

MT

59106

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 ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: 71113.C1710

Amount of Each Receipt this Period

40.00

Receipt

B.

Full Name (Last, First, Middle Initial)

John S Hildebrand

Mailing Address 5622 Billy Casper Drive

City

State

Zip Code

Billings

MT

59106

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 ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 71213.C1828

Amount of Each Receipt this Period

40.00

Receipt

C.

Full Name (Last, First, Middle Initial)

John S Hildebrand

Mailing Address 5622 Billy Casper Drive

City

State

Zip Code

Billings

MT

59106

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 ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: 80110.C1946

Amount of Each Receipt this Period

40.00

Receipt

SUBTOTAL of Receipts This Page (optional)

120.00

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 76 / 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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A.

Full Name (Last, First, Middle Initial)

John S Hildebrand

Mailing Address 5622 Billy Casper Drive

City State Zip Code
 Billings MT 59106

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 ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 1 / 2 0 0 7

Transaction ID: 80110.C2068

Amount of Each Receipt this Period

40.00

Receipt

B.

Full Name (Last, First, Middle Initial)

William Hineman

Mailing Address 3121 Morgan Circle

City State Zip Code
 Bismarck ND 58503

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 0 6 / 2 0 0 7

Transaction ID: 70905.C1020

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

William Hineman

Mailing Address 3121 Morgan Circle

City State Zip Code
 Bismarck ND 58503

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
 0 7 / 2 0 / 2 0 0 7

Transaction ID: 70905.C1021

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

140.00

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 77 / 237

(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)

William Hineman

Mailing Address 3121 Morgan Circle

City

Bismarck

State

ND

Zip Code

58503

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 70905.C1022

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

William Hineman

Mailing Address 3121 Morgan Circle

City

Bismarck

State

ND

Zip Code

58503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Associate Market Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 7 / 2 0 0 7

Transaction ID: 70905.C1148

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

William Hineman

Mailing Address 3121 Morgan Circle

City

Bismarck

State

ND

Zip Code

58503

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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 70905.C1202

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 78 / 237

(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)

William Hineman

Mailing Address 3121 Morgan Circle

City

Bismarck

State

ND

Zip Code

58503

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: 71016.C1297

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

William Hineman

Mailing Address 3121 Morgan Circle

City

Bismarck

State

ND

Zip Code

58503

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 ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 71016.C1390

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

William Hineman

Mailing Address 3121 Morgan Circle

City

Bismarck

State

ND

Zip Code

58503

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 ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71016.C1485

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 79 / 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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William Hineman

Mailing Address 3121 Morgan Circle

City

Bismarck

State

ND

Zip Code

58503

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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 71113.C1595

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

William Hineman

Mailing Address 3121 Morgan Circle

City

Bismarck

State

ND

Zip Code

58503

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 ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: 71113.C1711

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

William Hineman

Mailing Address 3121 Morgan Circle

City

Bismarck

State

ND

Zip Code

58503

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 71213.C1829

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 80 / 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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A.

Full Name (Last, First, Middle Initial)

William Hineman

Mailing Address 3121 Morgan Circle

City

Bismarck

State

ND

Zip Code

58503

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 ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: 80110.C1947

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

William Hineman

Mailing Address 3121 Morgan Circle

City

Bismarck

State

ND

Zip Code

58503

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 ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 80110.C2069

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Dennis J Huysman

Mailing Address 3 Pickwick Ln

City

Old Saybrook

State

CT

Zip Code

06475-1020

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Market Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 6 / 2 0 0 7

Transaction ID: 70905.C1023

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 81 / 237

(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)

Dennis J Huysman

Mailing Address 3 Pickwick Ln

City

Old Saybrook

State

CT

Zip Code

06475-1020

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Market Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 0 / 2 0 0 7

Transaction ID: 70905.C1024

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Dennis J Huysman

Mailing Address 3 Pickwick Ln

City

Old Saybrook

State

CT

Zip Code

06475-1020

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Market Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 70905.C1025

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Dennis J Huysman

Mailing Address 3 Pickwick Ln

City

Old Saybrook

State

CT

Zip Code

06475-1020

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Market Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 7 / 2 0 0 7

Transaction ID: 70905.C1149

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 82 / 237

(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)

Dennis J Huysman

Mailing Address 3 Pickwick Ln

City

Old Saybrook

State

CT

Zip Code

06475-1020

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Market Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 70905.C1204

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Dennis J Huysman

Mailing Address 3 Pickwick Ln

City

Old Saybrook

State

CT

Zip Code

06475-1020

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Market Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: 71016.C1299

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Dennis J Huysman

Mailing Address 3 Pickwick Ln

City

Old Saybrook

State

CT

Zip Code

06475-1020

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Market Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 71016.C1392

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 83 / 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Hanger Orthopedic Group Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Dennis J Huysman

Mailing Address 3 Pickwick Ln

City

Old Saybrook

State

CT

Zip Code

06475-1020

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Market Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71016.C1487

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Dennis J Huysman

Mailing Address 3 Pickwick Ln

City

Old Saybrook

State

CT

Zip Code

06475-1020

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Market Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 71113.C1597

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Dennis J Huysman

Mailing Address 3 Pickwick Ln

City

Old Saybrook

State

CT

Zip Code

06475-1020

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Market Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: 71113.C1713

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 84 / 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Full Name (Last, First, Middle Initial)

Dennis J Huysman

Mailing Address 3 Pickwick Ln

City

Old Saybrook

State

CT

Zip Code

06475-1020

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Market Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 71213.C1831

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Dennis J Huysman

Mailing Address 3 Pickwick Ln

City

Old Saybrook

State

CT

Zip Code

06475-1020

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Market Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: 80110.C1949

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Dennis J Huysman

Mailing Address 3 Pickwick Ln

City

Old Saybrook

State

CT

Zip Code

06475-1020

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Market Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 80110.C2071

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 85 / 237

(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)

Michael A Jenks

Mailing Address 18315 Marbor Light Blvd

City

Cornelius

State

NC

Zip Code

28031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Area Practice Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 6 / 2 0 0 7

Transaction ID: 70905.C961

Amount of Each Receipt this Period

20.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Michael A Jenks

Mailing Address 18315 Marbor Light Blvd

City

Cornelius

State

NC

Zip Code

28031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Area Practice Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 0 / 2 0 0 7

Transaction ID: 70905.C962

Amount of Each Receipt this Period

20.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Michael A Jenks

Mailing Address 18315 Marbor Light Blvd

City

Cornelius

State

NC

Zip Code

28031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Area Practice Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 70905.C963

Amount of Each Receipt this Period

20.00

Receipt

SUBTOTAL of Receipts This Page (optional)

60.00

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 86 / 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Hanger Orthopedic Group Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Michael A Jenks

Mailing Address 18315 Marbor Light Blvd

City

Cornelius

State

NC

Zip Code

28031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Area Practice Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 7 / 2 0 0 7

Transaction ID: 70905.C1128

Amount of Each Receipt this Period

20.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Michael A Jenks

Mailing Address 18315 Marbor Light Blvd

City

Cornelius

State

NC

Zip Code

28031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Area Practice Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 70905.C1206

Amount of Each Receipt this Period

20.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Michael A Jenks

Mailing Address 18315 Marbor Light Blvd

City

Cornelius

State

NC

Zip Code

28031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Area Practice Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: 71016.C1301

Amount of Each Receipt this Period

20.00

Receipt

SUBTOTAL of Receipts This Page (optional)

60.00

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 87 / 237

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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A.

Full Name (Last, First, Middle Initial)

Michael A Jenks

Mailing Address 18315 Marbor Light Blvd

City

Cornelius

State

NC

Zip Code

28031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Area Practice Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 71016.C1394

Amount of Each Receipt this Period

20.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Michael A Jenks

Mailing Address 18315 Marbor Light Blvd

City

Cornelius

State

NC

Zip Code

28031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Area Practice Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71016.C1489

Amount of Each Receipt this Period

20.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Michael A Jenks

Mailing Address 18315 Marbor Light Blvd

City

Cornelius

State

NC

Zip Code

28031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Area Practice Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 71113.C1599

Amount of Each Receipt this Period

20.00

Receipt

SUBTOTAL of Receipts This Page (optional)

60.00

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 88 / 237

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Hanger Orthopedic Group Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Michael A Jenks

Mailing Address 18315 Marbor Light Blvd

City

Cornelius

State

NC

Zip Code

28031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Area Practice Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: 71113.C1715

Amount of Each Receipt this Period

20.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Michael A Jenks

Mailing Address 18315 Marbor Light Blvd

City

Cornelius

State

NC

Zip Code

28031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Area Practice Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 71213.C1833

Amount of Each Receipt this Period

20.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Michael A Jenks

Mailing Address 18315 Marbor Light Blvd

City

Cornelius

State

NC

Zip Code

28031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Area Practice Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: 80110.C1951

Amount of Each Receipt this Period

20.00

Receipt

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Full Name (Last, First, Middle Initial)

Michael A Jenks

Mailing Address 18315 Marbor Light Blvd

City

Cornelius

State

NC

Zip Code

28031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Area Practice Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 80110.C2073

Amount of Each Receipt this Period

20.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Lars V Jensen

Mailing Address 701 Hawthorn Court

City

San Ramon

State

CA

Zip Code

94583

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 ▼

90.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 6 / 2 0 0 7

Transaction ID: 70905.C929

Amount of Each Receipt this Period

10.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Lars V Jensen

Mailing Address 701 Hawthorn Court

City

San Ramon

State

CA

Zip Code

94583

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 ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 0 / 2 0 0 7

Transaction ID: 70905.C930

Amount of Each Receipt this Period

10.00

Receipt

SUBTOTAL of Receipts This Page (optional)

40.00

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 90 / 237

(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)

Lars V Jensen

Mailing Address 701 Hawthorn Court

City

San Ramon

State

CA

Zip Code

94583

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 ▼

110.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 70905.C931

Amount of Each Receipt this Period

10.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Lars V Jensen

Mailing Address 701 Hawthorn Court

City

San Ramon

State

CA

Zip Code

94583

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 ▼

120.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 7 / 2 0 0 7

Transaction ID: 70905.C1118

Amount of Each Receipt this Period

10.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Lars V Jensen

Mailing Address 701 Hawthorn Court

City

San Ramon

State

CA

Zip Code

94583

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 ▼

130.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 70905.C1207

Amount of Each Receipt this Period

10.00

Receipt

SUBTOTAL of Receipts This Page (optional)

30.00

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 91 / 237

(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)

Lars V Jensen

Mailing Address 701 Hawthorn Court

City

San Ramon

State

CA

Zip Code

94583

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 ▼

140.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: 71016.C1302

Amount of Each Receipt this Period

10.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Lars V Jensen

Mailing Address 701 Hawthorn Court

City

San Ramon

State

CA

Zip Code

94583

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 ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 71016.C1395

Amount of Each Receipt this Period

10.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Lars V Jensen

Mailing Address 701 Hawthorn Court

City

San Ramon

State

CA

Zip Code

94583

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 ▼

160.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71016.C1490

Amount of Each Receipt this Period

10.00

Receipt

SUBTOTAL of Receipts This Page (optional)

30.00

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 92 / 237

(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)

Lars V Jensen

Mailing Address 701 Hawthorn Court

City

San Ramon

State

CA

Zip Code

94583

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 ▼

170.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 71113.C1600

Amount of Each Receipt this Period

10.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Lars V Jensen

Mailing Address 701 Hawthorn Court

City

San Ramon

State

CA

Zip Code

94583

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 ▼

180.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: 71113.C1716

Amount of Each Receipt this Period

10.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Lars V Jensen

Mailing Address 701 Hawthorn Court

City

San Ramon

State

CA

Zip Code

94583

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 ▼

190.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 71213.C1834

Amount of Each Receipt this Period

10.00

Receipt

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 237

(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)

Lars V Jensen

Mailing Address 701 Hawthorn Court

City

San Ramon

State

CA

Zip Code

94583

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 ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: 80110.C1952

Amount of Each Receipt this Period

10.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Lars V Jensen

Mailing Address 701 Hawthorn Court

City

San Ramon

State

CA

Zip Code

94583

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 80110.C2074

Amount of Each Receipt this Period

10.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Charles E Jordan

Mailing Address 207 Vixen View

City

Phoenixville

State

PA

Zip Code

19460

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 6 / 2 0 0 7

Transaction ID: 70905.C970

Amount of Each Receipt this Period

25.00

Receipt

SUBTOTAL of Receipts This Page (optional)

45.00

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
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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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

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 ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 0 / 2 0 0 7

Transaction ID: 70905.C971

Amount of Each Receipt this Period

25.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Charles E Jordan

Mailing Address 207 Vixen View

City

Phoenixville

State

PA

Zip Code

19460

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 70905.C972

Amount of Each Receipt this Period

25.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Charles E Jordan

Mailing Address 207 Vixen View

City

Phoenixville

State

PA

Zip Code

19460

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 7 / 2 0 0 7

Transaction ID: 70905.C1131

Amount of Each Receipt this Period

25.00

Receipt

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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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

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 70905.C1209

Amount of Each Receipt this Period

25.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Charles E Jordan

Mailing Address 207 Vixen View

City

Phoenixville

State

PA

Zip Code

19460

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 ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: 71016.C1304

Amount of Each Receipt this Period

25.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Charles E Jordan

Mailing Address 207 Vixen View

City

Phoenixville

State

PA

Zip Code

19460

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 71016.C1397

Amount of Each Receipt this Period

25.00

Receipt

SUBTOTAL of Receipts This Page (optional)

75.00

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

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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

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 ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71016.C1493

Amount of Each Receipt this Period

25.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Charles E Jordan

Mailing Address 207 Vixen View

City

Phoenixville

State

PA

Zip Code

19460

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 71113.C1603

Amount of Each Receipt this Period

25.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Charles E Jordan

Mailing Address 207 Vixen View

City

Phoenixville

State

PA

Zip Code

19460

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 ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: 71113.C1719

Amount of Each Receipt this Period

25.00

Receipt

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 97 / 237

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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

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 71213.C1837

Amount of Each Receipt this Period

25.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Charles E Jordan

Mailing Address 207 Vixen View

City

Phoenixville

State

PA

Zip Code

19460

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

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: 80110.C1955

Amount of Each Receipt this Period

25.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Charles E Jordan

Mailing Address 207 Vixen View

City

Phoenixville

State

PA

Zip Code

19460

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 ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 80110.C2077

Amount of Each Receipt this Period

25.00

Receipt

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 98 / 237

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☒ 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)

Thomas F Kirk

Mailing Address 2616 Lighthouse Bend Drive

City

Ponte Vedra Beach

State

FL

Zip Code

32082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 6 / 2 0 0 7

Transaction ID: 70905.C1026

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Thomas F Kirk

Mailing Address 2616 Lighthouse Bend Drive

City

Ponte Vedra Beach

State

FL

Zip Code

32082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 0 / 2 0 0 7

Transaction ID: 70905.C1027

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Thomas F Kirk

Mailing Address 2616 Lighthouse Bend Drive

City

Ponte Vedra Beach

State

FL

Zip Code

32082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 70905.C1028

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 99 / 237

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☒ 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)

Thomas F Kirk

Mailing Address 2616 Lighthouse Bend Drive

City State Zip Code
 Ponte Vedra Beach FL 32082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation
President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 1 7 / 2 0 0 7

Transaction ID: 70905.C1150

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Thomas F Kirk

Mailing Address 2616 Lighthouse Bend Drive

City State Zip Code
 Ponte Vedra Beach FL 32082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation
President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 3 1 / 2 0 0 7

Transaction ID: 70905.C1212

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Thomas F Kirk

Mailing Address 2616 Lighthouse Bend Drive

City State Zip Code
 Ponte Vedra Beach FL 32082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation
President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 1 4 / 2 0 0 7

Transaction ID: 71016.C1307

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 100 / 237

(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)

Thomas F Kirk

Mailing Address 2616 Lighthouse Bend Drive

City State Zip Code

Ponte Vedra Beach

FL

32082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 71016.C1400

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Thomas F Kirk

Mailing Address 2616 Lighthouse Bend Drive

City State Zip Code

Ponte Vedra Beach

FL

32082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71016.C1496

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Thomas F Kirk

Mailing Address 2616 Lighthouse Bend Drive

City State Zip Code

Ponte Vedra Beach

FL

32082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 71113.C1606

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 101 / 237

(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)

Thomas F Kirk

Mailing Address 2616 Lighthouse Bend Drive

City

Ponte Vedra Beach

State

FL

Zip Code

32082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: 71113.C1722

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Thomas F Kirk

Mailing Address 2616 Lighthouse Bend Drive

City

Ponte Vedra Beach

State

FL

Zip Code

32082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 71213.C1840

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Thomas F Kirk

Mailing Address 2616 Lighthouse Bend Drive

City

Ponte Vedra Beach

State

FL

Zip Code

32082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: 80110.C1958

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 102 / 237

(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)

Thomas F Kirk

Mailing Address 2616 Lighthouse Bend Drive

City State Zip Code
 Ponte Vedra Beach FL 32082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation
President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 2 1 / 2 0 0 7

Transaction ID: 80110.C2080

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Kent D Lane

Mailing Address 178 Hunters Ridge Drive

City State Zip Code
 Lexington SC 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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 0 6 / 2 0 0 7

Transaction ID: 70905.C1029

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Kent D Lane

Mailing Address 178 Hunters Ridge Drive

City State Zip Code
 Lexington SC 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 ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 2 0 / 2 0 0 7

Transaction ID: 70905.C1030

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 103 / 237

(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)

Kent D Lane

Mailing Address 178 Hunters Ridge 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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 70905.C1031

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Kent D Lane

Mailing Address 178 Hunters Ridge 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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 7 / 2 0 0 7

Transaction ID: 70905.C1151

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Kent D Lane

Mailing Address 178 Hunters Ridge 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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 70905.C1213

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 104 / 237

(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)

Kent D Lane

Mailing Address 178 Hunters Ridge 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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: 71016.C1309

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Kent D Lane

Mailing Address 178 Hunters Ridge 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 ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 71016.C1402

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Kent D Lane

Mailing Address 178 Hunters Ridge 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 ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71016.C1499

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 105 / 237

(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)

Kent D Lane

Mailing Address 178 Hunters Ridge 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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 71113.C1612

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Kent D Lane

Mailing Address 178 Hunters Ridge 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 ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: 71113.C1729

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Kent D Lane

Mailing Address 178 Hunters Ridge 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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 71213.C1847

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 106 / 237

(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)

Kent D Lane

Mailing Address 178 Hunters Ridge Drive

City State Zip Code
 Lexington SC 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

M M / D D / Y Y Y Y Y
 1 2 / 0 7 / 2 0 0 7

Transaction ID: 80110.C1965

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Kent D Lane

Mailing Address 178 Hunters Ridge Drive

City State Zip Code
 Lexington SC 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 ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 2 1 / 2 0 0 7

Transaction ID: 80110.C2087

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Terry D Loveless

Mailing Address 104 Whitley Way

City State Zip Code
 Lynchburg VA 24503

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 0 6 / 2 0 0 7

Transaction ID: 70905.C1032

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 107 / 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hanger Orthopedic Group Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Terry D Loveless

Mailing Address 104 Whitley Way

City

Lynchburg

State

VA

Zip Code

24503

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
0 7 / 2 0 / 2 0 0 7

Transaction ID: 70905.C1033

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Terry D Loveless

Mailing Address 104 Whitley Way

City

Lynchburg

State

VA

Zip Code

24503

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 70905.C1034

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Terry D Loveless

Mailing Address 104 Whitley Way

City

Lynchburg

State

VA

Zip Code

24503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Associate Market Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 7 / 2 0 0 7

Transaction ID: 70905.C1152

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 108 / 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hanger Orthopedic Group Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Terry D Loveless

Mailing Address 104 Whitley Way

City

Lynchburg

State

VA

Zip Code

24503

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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 70905.C1214

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Terry D Loveless

Mailing Address 104 Whitley Way

City

Lynchburg

State

VA

Zip Code

24503

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: 71016.C1310

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Terry D Loveless

Mailing Address 104 Whitley Way

City

Lynchburg

State

VA

Zip Code

24503

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 ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 71016.C1403

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 109 / 237

(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)

Terry D Loveless

Mailing Address 104 Whitley Way

City

Lynchburg

State

VA

Zip Code

24503

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 ▼

850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	2		2	0	0	7

Transaction ID: 71016.C1500

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Terry D Loveless

Mailing Address 104 Whitley Way

City

Lynchburg

State

VA

Zip Code

24503

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 ▼

900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	0	7

Transaction ID: 71113.C1613

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Terry D Loveless

Mailing Address 104 Whitley Way

City

Lynchburg

State

VA

Zip Code

24503

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 ▼

950.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	9		2	0	0	7

Transaction ID: 71113.C1730

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 110 / 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hanger Orthopedic Group Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Terry D Loveless

Mailing Address 104 Whitley Way

City

Lynchburg

State

VA

Zip Code

24503

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 71213.C1848

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Terry D Loveless

Mailing Address 104 Whitley Way

City

Lynchburg

State

VA

Zip Code

24503

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 ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: 80110.C1966

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Terry D Loveless

Mailing Address 104 Whitley Way

City

Lynchburg

State

VA

Zip Code

24503

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 ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 80110.C2088

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 111 / 237

(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)

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 6 / 2 0 0 7

Transaction ID: 70905.C1065

Amount of Each Receipt this Period

65.00

Receipt

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 ▼

715.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 0 / 2 0 0 7

Transaction ID: 70905.C1066

Amount of Each Receipt this Period

65.00

Receipt

C.

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 ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 70905.C1067

Amount of Each Receipt this Period

65.00

Receipt

SUBTOTAL of Receipts This Page (optional)

195.00

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 112 / 237

(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)

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 ▼

845.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 7 / 2 0 0 7

Transaction ID: 70905.C1163

Amount of Each Receipt this Period

65.00

Receipt

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 ▼

910.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 70905.C1216

Amount of Each Receipt this Period

65.00

Receipt

C.

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 ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: 71016.C1312

Amount of Each Receipt this Period

65.00

Receipt

SUBTOTAL of Receipts This Page (optional)

195.00

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 113 / 237

(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)

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 ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 71016.C1405

Amount of Each Receipt this Period

65.00

Receipt

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 ▼

1105.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71016.C1502

Amount of Each Receipt this Period

65.00

Receipt

C.

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 ▼

1170.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 71113.C1615

Amount of Each Receipt this Period

65.00

Receipt

SUBTOTAL of Receipts This Page (optional)

195.00

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 114 / 237

(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)

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 ▼

1235.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: 71113.C1732

Amount of Each Receipt this Period

65.00

Receipt

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 ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 71213.C1850

Amount of Each Receipt this Period

65.00

Receipt

C.

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

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: 80110.C1968

Amount of Each Receipt this Period

65.00

Receipt

SUBTOTAL of Receipts This Page (optional)

195.00

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 115 / 237

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☒ 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)

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 ▼

1430.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 80110.C2090

Amount of Each Receipt this Period

65.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Jeffrey L Martin

Mailing Address 20533 Anndyke Way

City

Germantown

State

MD

Zip Code

20874

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

President, Innovative Neuro.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 6 / 2 0 0 7

Transaction ID: 70905.C973

Amount of Each Receipt this Period

25.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Jeffrey L Martin

Mailing Address 20533 Anndyke Way

City

Germantown

State

MD

Zip Code

20874

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

President, Innovative Neuro.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

175.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 0 / 2 0 0 7

Transaction ID: 70905.C974

Amount of Each Receipt this Period

25.00

Receipt

SUBTOTAL of Receipts This Page (optional)

115.00

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

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(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)

Jeffrey L Martin

Mailing Address 20533 Anndyke Way

City

Germantown

State

MD

Zip Code

20874

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

President, Innovative Neuro.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	0	7

Transaction ID: 70905.C975

Amount of Each Receipt this Period

25.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Jeffrey L Martin

Mailing Address 20533 Anndyke Way

City

Germantown

State

MD

Zip Code

20874

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

President, Innovative Neuro.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	0	7

Transaction ID: 70905.C1132

Amount of Each Receipt this Period

25.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Jeffrey L Martin

Mailing Address 20533 Anndyke Way

City

Germantown

State

MD

Zip Code

20874

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

President, Innovative Neuro.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: 70905.C1217

Amount of Each Receipt this Period

25.00

Receipt

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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Hanger Orthopedic Group Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Jeffrey L Martin

Mailing Address 20533 Anndyke Way

City

Germantown

State

MD

Zip Code

20874

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

President, Innovative Neuro.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: 71016.C1313

Amount of Each Receipt this Period

25.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Jeffrey L Martin

Mailing Address 20533 Anndyke Way

City

Germantown

State

MD

Zip Code

20874

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

President, Innovative Neuro.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 71016.C1406

Amount of Each Receipt this Period

25.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Jeffrey L Martin

Mailing Address 20533 Anndyke Way

City

Germantown

State

MD

Zip Code

20874

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

President, Innovative Neuro.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71016.C1503

Amount of Each Receipt this Period

25.00

Receipt

SUBTOTAL of Receipts This Page (optional)

75.00

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 118 / 237

(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)

Jeffrey L Martin

Mailing Address 20533 Anndyke Way

City

Germantown

State

MD

Zip Code

20874

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

President, Innovative Neuro.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 71113.C1616

Amount of Each Receipt this Period

25.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Jeffrey L Martin

Mailing Address 20533 Anndyke Way

City

Germantown

State

MD

Zip Code

20874

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

President, Innovative Neuro.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: 71113.C1733

Amount of Each Receipt this Period

25.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Jeffrey L Martin

Mailing Address 20533 Anndyke Way

City

Germantown

State

MD

Zip Code

20874

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

President, Innovative Neuro.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 71213.C1851

Amount of Each Receipt this Period

25.00

Receipt

SUBTOTAL of Receipts This Page (optional)

75.00

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 119 / 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Hanger Orthopedic Group Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Jeffrey L Martin

Mailing Address 20533 Anndyke Way

City

Germantown

State

MD

Zip Code

20874

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

President, Innovative Neuro.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: 80110.C1970

Amount of Each Receipt this Period

25.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Jeffrey L Martin

Mailing Address 20533 Anndyke Way

City

Germantown

State

MD

Zip Code

20874

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

President, Innovative Neuro.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 80110.C2092

Amount of Each Receipt this Period

25.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Stacy McFarland

Mailing Address 116 19th Avenue North, # 203

City

Jacksonville Beach

State

FL

Zip Code

32250

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 ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 6 / 2 0 0 7

Transaction ID: 70905.C964

Amount of Each Receipt this Period

20.00

Receipt

SUBTOTAL of Receipts This Page (optional)

70.00

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 120 / 237

(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)

Stacy McFarland

Mailing Address 116 19th Avenue North, # 203

City

Jacksonville Beach

State

FL

Zip Code

32250

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Area Administrative Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 0 / 2 0 0 7

Transaction ID: 70905.C965

Amount of Each Receipt this Period

20.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Stacy McFarland

Mailing Address 116 19th Avenue North, # 203

City

Jacksonville Beach

State

FL

Zip Code

32250

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 70905.C966

Amount of Each Receipt this Period

20.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Stacy McFarland

Mailing Address 116 19th Avenue North, # 203

City

Jacksonville Beach

State

FL

Zip Code

32250

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Area Administrative Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 7 / 2 0 0 7

Transaction ID: 70905.C1129

Amount of Each Receipt this Period

20.00

Receipt

SUBTOTAL of Receipts This Page (optional)

60.00

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 121 / 237

(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)

Stacy McFarland

Mailing Address 116 19th Avenue North, # 203

City

Jacksonville Beach

State

FL

Zip Code

32250

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 ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 70905.C1218

Amount of Each Receipt this Period

20.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Stacy McFarland

Mailing Address 116 19th Avenue North, # 203

City

Jacksonville Beach

State

FL

Zip Code

32250

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: 71016.C1314

Amount of Each Receipt this Period

20.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Stacy McFarland

Mailing Address 116 19th Avenue North, # 203

City

Jacksonville Beach

State

FL

Zip Code

32250

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 ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 71016.C1407

Amount of Each Receipt this Period

20.00

Receipt

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 122 / 237

(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)

Stacy McFarland

Mailing Address 116 19th Avenue North, # 203

City

Jacksonville Beach

State

FL

Zip Code

32250

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 ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71016.C1504

Amount of Each Receipt this Period

20.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Stacy McFarland

Mailing Address 116 19th Avenue North, # 203

City

Jacksonville Beach

State

FL

Zip Code

32250

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 71113.C1618

Amount of Each Receipt this Period

20.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Stacy McFarland

Mailing Address 116 19th Avenue North, # 203

City

Jacksonville Beach

State

FL

Zip Code

32250

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 ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: 71113.C1735

Amount of Each Receipt this Period

20.00

Receipt

SUBTOTAL of Receipts This Page (optional)

60.00

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 123 / 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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City

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State

FL

Zip Code

32250

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 71213.C1853

Amount of Each Receipt this Period

20.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Stacy McFarland

Mailing Address 116 19th Avenue North, # 203

City

Jacksonville Beach

State

FL

Zip Code

32250

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 ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: 80110.C1973

Amount of Each Receipt this Period

20.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Stacy McFarland

Mailing Address 116 19th Avenue North, # 203

City

Jacksonville Beach

State

FL

Zip Code

32250

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 ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 80110.C2095

Amount of Each Receipt this Period

20.00

Receipt

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 124 / 237

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☒ 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)

George E McHenry

Mailing Address 25205 Bonny Brook Lane

City

Gaithersburg

State

MD

Zip Code

20882

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 6 / 2 0 0 7

Transaction ID: 70905.C1071

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

George E McHenry

Mailing Address 25205 Bonny Brook Lane

City

Gaithersburg

State

MD

Zip Code

20882

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 0 / 2 0 0 7

Transaction ID: 70905.C1072

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

George E McHenry

Mailing Address 25205 Bonny Brook Lane

City

Gaithersburg

State

MD

Zip Code

20882

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 70905.C1073

Amount of Each Receipt this Period

100.00

Receipt

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)
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FOR LINE NUMBER: PAGE 125 / 237

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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A.

Full Name (Last, First, Middle Initial)

George E McHenry

Mailing Address 25205 Bonny Brook Lane

City

Gaithersburg

State

MD

Zip Code

20882

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 7 / 2 0 0 7

Transaction ID: 70905.C1165

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

George E McHenry

Mailing Address 25205 Bonny Brook Lane

City

Gaithersburg

State

MD

Zip Code

20882

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 70905.C1219

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

George E McHenry

Mailing Address 25205 Bonny Brook Lane

City

Gaithersburg

State

MD

Zip Code

20882

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: 71016.C1315

Amount of Each Receipt this Period

100.00

Receipt

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 126 / 237

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A.

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George E McHenry

Mailing Address 25205 Bonny Brook Lane

City

Gaithersburg

State

MD

Zip Code

20882

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 71016.C1408

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

George E McHenry

Mailing Address 25205 Bonny Brook Lane

City

Gaithersburg

State

MD

Zip Code

20882

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71016.C1505

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

George E McHenry

Mailing Address 25205 Bonny Brook Lane

City

Gaithersburg

State

MD

Zip Code

20882

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 71113.C1620

Amount of Each Receipt this Period

100.00

Receipt

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 127 / 237

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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George E McHenry

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City

Gaithersburg

State

MD

Zip Code

20882

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: 71113.C1737

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

George E McHenry

Mailing Address 25205 Bonny Brook Lane

City

Gaithersburg

State

MD

Zip Code

20882

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 71213.C1855

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

George E McHenry

Mailing Address 25205 Bonny Brook Lane

City

Gaithersburg

State

MD

Zip Code

20882

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: 80110.C1975

Amount of Each Receipt this Period

100.00

Receipt

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Full Name (Last, First, Middle Initial)

George E McHenry

Mailing Address 25205 Bonny Brook Lane

City

Gaithersburg

State

MD

Zip Code

20882

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 80110.C2097

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Steven G Mersch

Mailing Address 6851 NW 40th Drive

City

Gainesville

State

FL

Zip Code

32653

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 ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 6 / 2 0 0 7

Transaction ID: 70905.C935

Amount of Each Receipt this Period

10.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Steven G Mersch

Mailing Address 6851 NW 40th Drive

City

Gainesville

State

FL

Zip Code

32653

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 ▼

110.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 0 / 2 0 0 7

Transaction ID: 70905.C936

Amount of Each Receipt this Period

10.00

Receipt

SUBTOTAL of Receipts This Page (optional)

120.00

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 129 / 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Hanger Orthopedic Group Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Steven G Mersch

Mailing Address 6851 NW 40th Drive

City

Gainesville

State

FL

Zip Code

32653

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 ▼

120.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 70905.C937

Amount of Each Receipt this Period

10.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Steven G Mersch

Mailing Address 6851 NW 40th Drive

City

Gainesville

State

FL

Zip Code

32653

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 ▼

130.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 7 / 2 0 0 7

Transaction ID: 70905.C1120

Amount of Each Receipt this Period

10.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Steven G Mersch

Mailing Address 6851 NW 40th Drive

City

Gainesville

State

FL

Zip Code

32653

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 ▼

140.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 70905.C1220

Amount of Each Receipt this Period

10.00

Receipt

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 237

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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FL

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federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Practice Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: 71016.C1316

Amount of Each Receipt this Period

10.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Steven G Mersch

Mailing Address 6851 NW 40th Drive

City

Gainesville

State

FL

Zip Code

32653

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 ▼

160.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 71016.C1409

Amount of Each Receipt this Period

10.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Steven G Mersch

Mailing Address 6851 NW 40th Drive

City

Gainesville

State

FL

Zip Code

32653

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 ▼

170.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71016.C1507

Amount of Each Receipt this Period

10.00

Receipt

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 131 / 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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A.

Full Name (Last, First, Middle Initial)

Steven G Mersch

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City

Gainesville

State

FL

Zip Code

32653

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 ▼

180.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 71113.C1622

Amount of Each Receipt this Period

10.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Steven G Mersch

Mailing Address 6851 NW 40th Drive

City

Gainesville

State

FL

Zip Code

32653

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 ▼

190.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: 71113.C1739

Amount of Each Receipt this Period

10.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Steven G Mersch

Mailing Address 6851 NW 40th Drive

City

Gainesville

State

FL

Zip Code

32653

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 ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 71213.C1857

Amount of Each Receipt this Period

10.00

Receipt

SUBTOTAL of Receipts This Page (optional)

30.00

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 132 / 237

(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)

Steven G Mersch

Mailing Address 6851 NW 40th Drive

City

Gainesville

State

FL

Zip Code

32653

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

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	0	7

Transaction ID: 80110.C1977

Amount of Each Receipt this Period

10.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Steven G Mersch

Mailing Address 6851 NW 40th Drive

City

Gainesville

State

FL

Zip Code

32653

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 ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	1	/	2	0	0	7

Transaction ID: 80110.C2099

Amount of Each Receipt this Period

10.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Thomas A Mesick

Mailing Address PO Box 370

City

West Brookfield

State

MA

Zip Code

01585-0370

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 ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	6	/	2	0	0	7

Transaction ID: 70905.C994

Amount of Each Receipt this Period

44.00

Receipt

SUBTOTAL of Receipts This Page (optional)

64.00

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 133 / 237

(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)

Thomas A Mesick

Mailing Address PO Box 370

City

West Brookfield

State

MA

Zip Code

01585-0370

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 ▼

264.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 0 / 2 0 0 7

Transaction ID: 70905.C995

Amount of Each Receipt this Period

44.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Thomas A Mesick

Mailing Address PO Box 370

City

West Brookfield

State

MA

Zip Code

01585-0370

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 ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 70905.C996

Amount of Each Receipt this Period

44.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Thomas A Mesick

Mailing Address PO Box 370

City

West Brookfield

State

MA

Zip Code

01585-0370

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 ▼

352.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 7 / 2 0 0 7

Transaction ID: 70905.C1139

Amount of Each Receipt this Period

44.00

Receipt

SUBTOTAL of Receipts This Page (optional)

132.00

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 134 / 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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Hanger Orthopedic Group Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Thomas A Mesick

Mailing Address PO Box 370

City

West Brookfield

State

MA

Zip Code

01585-0370

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 ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 70905.C1221

Amount of Each Receipt this Period

44.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Thomas A Mesick

Mailing Address PO Box 370

City

West Brookfield

State

MA

Zip Code

01585-0370

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 ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: 71016.C1317

Amount of Each Receipt this Period

44.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Thomas A Mesick

Mailing Address PO Box 370

City

West Brookfield

State

MA

Zip Code

01585-0370

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 ▼

484.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 71016.C1410

Amount of Each Receipt this Period

44.00

Receipt

SUBTOTAL of Receipts This Page (optional)

132.00

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 135 / 237

(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)

Thomas A Mesick

Mailing Address PO Box 370

City

West Brookfield

State

MA

Zip Code

01585-0370

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 ▼

528.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71016.C1508

Amount of Each Receipt this Period

44.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Thomas A Mesick

Mailing Address PO Box 370

City

West Brookfield

State

MA

Zip Code

01585-0370

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 ▼

572.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 71113.C1623

Amount of Each Receipt this Period

44.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Thomas A Mesick

Mailing Address PO Box 370

City

West Brookfield

State

MA

Zip Code

01585-0370

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 ▼

616.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: 71113.C1740

Amount of Each Receipt this Period

44.00

Receipt

SUBTOTAL of Receipts This Page (optional)

132.00

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 136 / 237

(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)

Thomas A Mesick

Mailing Address PO Box 370

City

West Brookfield

State

MA

Zip Code

01585-0370

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 ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 71213.C1858

Amount of Each Receipt this Period

44.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Thomas A Mesick

Mailing Address PO Box 370

City

West Brookfield

State

MA

Zip Code

01585-0370

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 ▼

704.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: 80110.C1978

Amount of Each Receipt this Period

44.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Thomas A Mesick

Mailing Address PO Box 370

City

West Brookfield

State

MA

Zip Code

01585-0370

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 ▼

748.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 80110.C2100

Amount of Each Receipt this Period

44.00

Receipt

SUBTOTAL of Receipts This Page (optional)

132.00

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 137 / 237

(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)

Marion Leona Mullauer

Mailing Address 610 Sherwood Road

City

Cockeysville

State

MD

Zip Code

21030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 6 / 2 0 0 7

Transaction ID: 70905.C976

Amount of Each Receipt this Period

25.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Marion Leona Mullauer

Mailing Address 610 Sherwood Road

City

Cockeysville

State

MD

Zip Code

21030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 0 / 2 0 0 7

Transaction ID: 70905.C977

Amount of Each Receipt this Period

25.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Marion Leona Mullauer

Mailing Address 610 Sherwood Road

City

Cockeysville

State

MD

Zip Code

21030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 70905.C978

Amount of Each Receipt this Period

25.00

Receipt

SUBTOTAL of Receipts This Page (optional)

75.00

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 138 / 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Hanger Orthopedic Group Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Marion Leona Mullauer

Mailing Address 610 Sherwood Road

City

Cockeysville

State

MD

Zip Code

21030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 7 / 2 0 0 7

Transaction ID: 70905.C1133

Amount of Each Receipt this Period

25.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Marion Leona Mullauer

Mailing Address 610 Sherwood Road

City

Cockeysville

State

MD

Zip Code

21030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 70905.C1225

Amount of Each Receipt this Period

25.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Marion Leona Mullauer

Mailing Address 610 Sherwood Road

City

Cockeysville

State

MD

Zip Code

21030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: 71016.C1320

Amount of Each Receipt this Period

25.00

Receipt

SUBTOTAL of Receipts This Page (optional)

75.00

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 139 / 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Hanger Orthopedic Group Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Marion Leona Mullauer

Mailing Address 610 Sherwood Road

City

Cockeysville

State

MD

Zip Code

21030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 71016.C1414

Amount of Each Receipt this Period

25.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Marion Leona Mullauer

Mailing Address 610 Sherwood Road

City

Cockeysville

State

MD

Zip Code

21030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71016.C1512

Amount of Each Receipt this Period

25.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Marion Leona Mullauer

Mailing Address 610 Sherwood Road

City

Cockeysville

State

MD

Zip Code

21030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 71113.C1627

Amount of Each Receipt this Period

25.00

Receipt

SUBTOTAL of Receipts This Page (optional)

75.00

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 140 / 237

(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)

Marion Leona Mullauer

Mailing Address 610 Sherwood Road

City

Cockeysville

State

MD

Zip Code

21030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: 71113.C1744

Amount of Each Receipt this Period

25.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Marion Leona Mullauer

Mailing Address 610 Sherwood Road

City

Cockeysville

State

MD

Zip Code

21030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 71213.C1862

Amount of Each Receipt this Period

25.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Marion Leona Mullauer

Mailing Address 610 Sherwood Road

City

Cockeysville

State

MD

Zip Code

21030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: 80110.C1982

Amount of Each Receipt this Period

25.00

Receipt

SUBTOTAL of Receipts This Page (optional)

75.00

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 141 / 237

(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)

Marion Leona Mullauer

Mailing Address 610 Sherwood Road

City

Cockeysville

State

MD

Zip Code

21030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 80110.C2104

Amount of Each Receipt this Period

25.00

Receipt

B.

Full Name (Last, First, Middle Initial)

David E Osborne

Mailing Address 9206 Kopachuck Drive NW

City

Gig Harbor

State

WA

Zip Code

98335

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 6 / 2 0 0 7

Transaction ID: 70905.C1035

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

David E Osborne

Mailing Address 9206 Kopachuck Drive NW

City

Gig Harbor

State

WA

Zip Code

98335

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
0 7 / 2 0 / 2 0 0 7

Transaction ID: 70905.C1036

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

125.00

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 142 / 237

(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)

David E Osborne

Mailing Address 9206 Kopachuck Drive NW

City

Gig Harbor

State

WA

Zip Code

98335

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 70905.C1037

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

David E Osborne

Mailing Address 9206 Kopachuck Drive NW

City

Gig Harbor

State

WA

Zip Code

98335

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 7 / 2 0 0 7

Transaction ID: 70905.C1153

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

David E Osborne

Mailing Address 9206 Kopachuck Drive NW

City

Gig Harbor

State

WA

Zip Code

98335

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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 70905.C1227

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 143 / 237

(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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Hanger Orthopedic Group Inc. PAC

A.

Full Name (Last, First, Middle Initial)

David E Osborne

Mailing Address 9206 Kopachuck Drive NW

City

Gig Harbor

State

WA

Zip Code

98335

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 ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	7

Transaction ID: 71016.C1322

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

David E Osborne

Mailing Address 9206 Kopachuck Drive NW

City

Gig Harbor

State

WA

Zip Code

98335

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 ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	7

Transaction ID: 71016.C1416

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

David E Osborne

Mailing Address 9206 Kopachuck Drive NW

City

Gig Harbor

State

WA

Zip Code

98335

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 ▼

850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	2		2	0	0	7

Transaction ID: 71016.C1514

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 144 / 237

(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)

David E Osborne

Mailing Address 9206 Kopachuck Drive NW

City

Gig Harbor

State

WA

Zip Code

98335

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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 71113.C1630

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

David E Osborne

Mailing Address 9206 Kopachuck Drive NW

City

Gig Harbor

State

WA

Zip Code

98335

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 ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: 71113.C1747

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

David E Osborne

Mailing Address 9206 Kopachuck Drive NW

City

Gig Harbor

State

WA

Zip Code

98335

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 71213.C1865

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 145 / 237

(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)

David E Osborne

Mailing Address 9206 Kopachuck Drive NW

City

Gig Harbor

State

WA

Zip Code

98335

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

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: 80110.C1985

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

David E Osborne

Mailing Address 9206 Kopachuck Drive NW

City

Gig Harbor

State

WA

Zip Code

98335

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 ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 80110.C2107

Amount of Each Receipt this Period

50.00

Receipt

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 6 / 2 0 0 7

Transaction ID: 70905.C1038

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 146 / 237

(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)

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 ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	0	/	2	0	0	7

Transaction ID: 70905.C1039

Amount of Each Receipt this Period

50.00

Receipt

B.

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 ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	3	/	2	0	0	7

Transaction ID: 70905.C1040

Amount of Each Receipt this Period

50.00

Receipt

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 ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	7	/	2	0	0	7

Transaction ID: 70905.C1154

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 147 / 237

(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)

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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 70905.C1228

Amount of Each Receipt this Period

50.00

Receipt

B.

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: 71016.C1323

Amount of Each Receipt this Period

50.00

Receipt

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 ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 71016.C1417

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 148 / 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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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 ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71016.C1515

Amount of Each Receipt this Period

50.00

Receipt

B.

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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 71113.C1631

Amount of Each Receipt this Period

50.00

Receipt

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 ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: 71113.C1748

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 149 / 237

(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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Hugh J Panton

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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 ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	3	/	2	0	0	7

Transaction ID: 71213.C1866

Amount of Each Receipt this Period

50.00

Receipt

B.

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 ▼

1050.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	0	7

Transaction ID: 80110.C1986

Amount of Each Receipt this Period

50.00

Receipt

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 ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	1	/	2	0	0	7

Transaction ID: 80110.C2108

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 150 / 237

(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)

Otis V Petties

Mailing Address 5202 Blackwell Road

City

Memphis

State

TN

Zip Code

38134

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 ▼

125.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 6 / 2 0 0 7

Transaction ID: 70905.C979

Amount of Each Receipt this Period

25.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Otis V Petties

Mailing Address 5202 Blackwell Road

City

Memphis

State

TN

Zip Code

38134

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 ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 0 / 2 0 0 7

Transaction ID: 70905.C980

Amount of Each Receipt this Period

25.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Otis V Petties

Mailing Address 5202 Blackwell Road

City

Memphis

State

TN

Zip Code

38134

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 ▼

175.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 70905.C981

Amount of Each Receipt this Period

25.00

Receipt

SUBTOTAL of Receipts This Page (optional)

75.00

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 151 / 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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A.

Full Name (Last, First, Middle Initial)

Otis V Petties

Mailing Address 5202 Blackwell Road

City

Memphis

State

TN

Zip Code

38134

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 ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 7 / 2 0 0 7

Transaction ID: 70905.C1134

Amount of Each Receipt this Period

25.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Otis V Petties

Mailing Address 5202 Blackwell Road

City

Memphis

State

TN

Zip Code

38134

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 70905.C1230

Amount of Each Receipt this Period

25.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Otis V Petties

Mailing Address 5202 Blackwell Road

City

Memphis

State

TN

Zip Code

38134

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: 71016.C1325

Amount of Each Receipt this Period

25.00

Receipt

SUBTOTAL of Receipts This Page (optional)

75.00

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 152 / 237

(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)

Otis V Petties

Mailing Address 5202 Blackwell Road

City

Memphis

State

TN

Zip Code

38134

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 ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 71016.C1419

Amount of Each Receipt this Period

25.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Otis V Petties

Mailing Address 5202 Blackwell Road

City

Memphis

State

TN

Zip Code

38134

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71016.C1517

Amount of Each Receipt this Period

25.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Otis V Petties

Mailing Address 5202 Blackwell Road

City

Memphis

State

TN

Zip Code

38134

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 71113.C1633

Amount of Each Receipt this Period

25.00

Receipt

SUBTOTAL of Receipts This Page (optional)

75.00

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 153 / 237

(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)

Otis V Petties

Mailing Address 5202 Blackwell Road

City

Memphis

State

TN

Zip Code

38134

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: 71113.C1750

Amount of Each Receipt this Period

25.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Otis V Petties

Mailing Address 5202 Blackwell Road

City

Memphis

State

TN

Zip Code

38134

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 ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 71213.C1868

Amount of Each Receipt this Period

25.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Otis V Petties

Mailing Address 5202 Blackwell Road

City

Memphis

State

TN

Zip Code

38134

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: 80110.C1988

Amount of Each Receipt this Period

25.00

Receipt

SUBTOTAL of Receipts This Page (optional)

75.00

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 154 / 237

(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)

Otis V Petties

Mailing Address 5202 Blackwell Road

City

Memphis

State

TN

Zip Code

38134

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 ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 80110.C2110

Amount of Each Receipt this Period

25.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Ambrose R Phillips

Mailing Address 14509 Clover Hill Terrace

City

Bowie

State

MD

Zip Code

20720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Director, Treasury

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 6 / 2 0 0 7

Transaction ID: 70905.C982

Amount of Each Receipt this Period

25.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Ambrose R Phillips

Mailing Address 14509 Clover Hill Terrace

City

Bowie

State

MD

Zip Code

20720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Director, Treasury

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 0 / 2 0 0 7

Transaction ID: 70905.C983

Amount of Each Receipt this Period

25.00

Receipt

SUBTOTAL of Receipts This Page (optional)

75.00

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 155 / 237

(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)

Ambrose R Phillips

Mailing Address 14509 Clover Hill Terrace

City

Bowie

State

MD

Zip Code

20720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Director, Treasury

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 70905.C984

Amount of Each Receipt this Period

25.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Ambrose R Phillips

Mailing Address 14509 Clover Hill Terrace

City

Bowie

State

MD

Zip Code

20720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Director, Treasury

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 7 / 2 0 0 7

Transaction ID: 70905.C1135

Amount of Each Receipt this Period

25.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Ambrose R Phillips

Mailing Address 14509 Clover Hill Terrace

City

Bowie

State

MD

Zip Code

20720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Director, Treasury

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 70905.C1231

Amount of Each Receipt this Period

25.00

Receipt

SUBTOTAL of Receipts This Page (optional)

75.00

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 156 / 237

(check only one)

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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

Bowie

State

MD

Zip Code

20720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Director, Treasury

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: 71016.C1326

Amount of Each Receipt this Period

25.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Ambrose R Phillips

Mailing Address 14509 Clover Hill Terrace

City

Bowie

State

MD

Zip Code

20720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Director, Treasury

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 71016.C1420

Amount of Each Receipt this Period

25.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Ambrose R Phillips

Mailing Address 14509 Clover Hill Terrace

City

Bowie

State

MD

Zip Code

20720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Director, Treasury

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71016.C1518

Amount of Each Receipt this Period

25.00

Receipt

SUBTOTAL of Receipts This Page (optional)

75.00

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 157 / 237

(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)

Ambrose R Phillips

Mailing Address 14509 Clover Hill Terrace

City

Bowie

State

MD

Zip Code

20720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Director, Treasury

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 71113.C1634

Amount of Each Receipt this Period

25.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Ambrose R Phillips

Mailing Address 14509 Clover Hill Terrace

City

Bowie

State

MD

Zip Code

20720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Director, Treasury

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: 71113.C1751

Amount of Each Receipt this Period

25.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Ambrose R Phillips

Mailing Address 14509 Clover Hill Terrace

City

Bowie

State

MD

Zip Code

20720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Director, Treasury

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 71213.C1869

Amount of Each Receipt this Period

25.00

Receipt

SUBTOTAL of Receipts This Page (optional)

75.00

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 158 / 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Full Name (Last, First, Middle Initial)

Ambrose R Phillips

Mailing Address 14509 Clover Hill Terrace

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Bowie

State

MD

Zip Code

20720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Director, Treasury

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: 80110.C1989

Amount of Each Receipt this Period

25.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Ambrose R Phillips

Mailing Address 14509 Clover Hill Terrace

City

Bowie

State

MD

Zip Code

20720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Director, Treasury

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 80110.C2111

Amount of Each Receipt this Period

25.00

Receipt

C.

Full Name (Last, First, Middle Initial)

John Rheinstein

Mailing Address 905 West End, Apt # 94

City

New York

State

NY

Zip Code

10025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Practitioner, Prosthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 6 / 2 0 0 7

Transaction ID: 70905.C940

Amount of Each Receipt this Period

10.00

Receipt

SUBTOTAL of Receipts This Page (optional)

60.00

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 159 / 237

(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)

John Rheinstein

Mailing Address 905 West End, Apt # 94

City

New York

State

NY

Zip Code

10025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Practitioner, Prosthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

110.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 0 / 2 0 0 7

Transaction ID: 70905.C941

Amount of Each Receipt this Period

10.00

Receipt

B.

Full Name (Last, First, Middle Initial)

John Rheinstein

Mailing Address 905 West End, Apt # 94

City

New York

State

NY

Zip Code

10025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Practitioner, Prosthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

120.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 70905.C942

Amount of Each Receipt this Period

10.00

Receipt

C.

Full Name (Last, First, Middle Initial)

John Rheinstein

Mailing Address 905 West End, Apt # 94

City

New York

State

NY

Zip Code

10025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Practitioner, Prosthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

130.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 7 / 2 0 0 7

Transaction ID: 70905.C1121

Amount of Each Receipt this Period

10.00

Receipt

SUBTOTAL of Receipts This Page (optional)

30.00

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 160 / 237

(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)

John Rheinstein

Mailing Address 905 West End, Apt # 94

City

New York

State

NY

Zip Code

10025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Practitioner, Prosthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

140.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 70905.C1236

Amount of Each Receipt this Period

10.00

Receipt

B.

Full Name (Last, First, Middle Initial)

John Rheinstein

Mailing Address 905 West End, Apt # 94

City

New York

State

NY

Zip Code

10025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Practitioner, Prosthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: 71016.C1331

Amount of Each Receipt this Period

10.00

Receipt

C.

Full Name (Last, First, Middle Initial)

John Rheinstein

Mailing Address 905 West End, Apt # 94

City

New York

State

NY

Zip Code

10025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Practitioner, Prosthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

160.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 71016.C1425

Amount of Each Receipt this Period

10.00

Receipt

SUBTOTAL of Receipts This Page (optional)

30.00

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 161 / 237

(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)

John Rheinstein

Mailing Address 905 West End, Apt # 94

City

New York

State

NY

Zip Code

10025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Practitioner, Prosthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

170.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71016.C1523

Amount of Each Receipt this Period

10.00

Receipt

B.

Full Name (Last, First, Middle Initial)

John Rheinstein

Mailing Address 905 West End, Apt # 94

City

New York

State

NY

Zip Code

10025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Practitioner, Prosthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

180.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 71113.C1640

Amount of Each Receipt this Period

10.00

Receipt

C.

Full Name (Last, First, Middle Initial)

John Rheinstein

Mailing Address 905 West End, Apt # 94

City

New York

State

NY

Zip Code

10025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Practitioner, Prosthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

190.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: 71113.C1757

Amount of Each Receipt this Period

10.00

Receipt

SUBTOTAL of Receipts This Page (optional)

30.00

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 162 / 237

(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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City

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NY

Zip Code

10025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Practitioner, Prosthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	3	/	2	0	0	7

Transaction ID: 71213.C1875

Amount of Each Receipt this Period

10.00

Receipt

B.

Full Name (Last, First, Middle Initial)

John Rheinstein

Mailing Address 905 West End, Apt # 94

City

New York

State

NY

Zip Code

10025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Practitioner, Prosthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	0	7

Transaction ID: 80110.C1996

Amount of Each Receipt this Period

10.00

Receipt

C.

Full Name (Last, First, Middle Initial)

John Rheinstein

Mailing Address 905 West End, Apt # 94

City

New York

State

NY

Zip Code

10025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Practitioner, Prosthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	1	/	2	0	0	7

Transaction ID: 80110.C2118

Amount of Each Receipt this Period

10.00

Receipt

SUBTOTAL of Receipts This Page (optional)

30.00

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 163 / 237

(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)

Arthur J Roberts

Mailing Address 1901 Trolley Road

City

York

State

PA

Zip Code

17404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Practitioner, Orthotist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 6 / 2 0 0 7

Transaction ID: 70905.C943

Amount of Each Receipt this Period

10.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Arthur J Roberts

Mailing Address 1901 Trolley Road

City

York

State

PA

Zip Code

17404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Practitioner, Orthotist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

110.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 0 / 2 0 0 7

Transaction ID: 70905.C944

Amount of Each Receipt this Period

10.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Arthur J Roberts

Mailing Address 1901 Trolley Road

City

York

State

PA

Zip Code

17404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Practitioner, Orthotist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

120.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 70905.C945

Amount of Each Receipt this Period

10.00

Receipt

SUBTOTAL of Receipts This Page (optional)

30.00

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 164 / 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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17404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Practitioner, Orthotist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

130.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 7 / 2 0 0 7

Transaction ID: 70905.C1122

Amount of Each Receipt this Period

10.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Arthur J Roberts

Mailing Address 1901 Trolley Road

City

York

State

PA

Zip Code

17404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Practitioner, Orthotist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

140.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 70905.C1237

Amount of Each Receipt this Period

10.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Arthur J Roberts

Mailing Address 1901 Trolley Road

City

York

State

PA

Zip Code

17404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Practitioner, Orthotist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: 71016.C1332

Amount of Each Receipt this Period

10.00

Receipt

SUBTOTAL of Receipts This Page (optional)

30.00

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 165 / 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Practitioner, Orthotist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

160.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 71016.C1426

Amount of Each Receipt this Period

10.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Arthur J Roberts

Mailing Address 1901 Trolley Road

City

York

State

PA

Zip Code

17404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Practitioner, Orthotist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

170.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71016.C1524

Amount of Each Receipt this Period

10.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Arthur J Roberts

Mailing Address 1901 Trolley Road

City

York

State

PA

Zip Code

17404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Practitioner, Orthotist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

180.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 71113.C1641

Amount of Each Receipt this Period

10.00

Receipt

SUBTOTAL of Receipts This Page (optional)

30.00

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 166 / 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Zip Code

17404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Practitioner, Orthotist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

190.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: 71113.C1758

Amount of Each Receipt this Period

10.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Arthur J Roberts

Mailing Address 1901 Trolley Road

City

York

State

PA

Zip Code

17404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Practitioner, Orthotist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 71213.C1876

Amount of Each Receipt this Period

10.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Arthur J Roberts

Mailing Address 1901 Trolley Road

City

York

State

PA

Zip Code

17404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Practitioner, Orthotist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: 80110.C1997

Amount of Each Receipt this Period

10.00

Receipt

SUBTOTAL of Receipts This Page (optional)

30.00

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 167 / 237

(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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Hanger Orthopedic Group Inc. PAC

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Full Name (Last, First, Middle Initial)

Arthur J Roberts

Mailing Address 1901 Trolley Road

City

York

State

PA

Zip Code

17404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Practitioner, Orthotist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	1	/	2	0	0	7

Transaction ID: 80110.C2119

Amount of Each Receipt this Period

10.00

Receipt

B.

Full Name (Last, First, Middle Initial)

John J Rush

Mailing Address 11419 Patriot Lane

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	6	/	2	0	0	7

Transaction ID: 70905.C1074

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

John J Rush

Mailing Address 11419 Patriot Lane

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	0	/	2	0	0	7

Transaction ID: 70905.C1075

Amount of Each Receipt this Period

100.00

Receipt

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: PAGE 168 / 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Hanger Orthopedic Group Inc. PAC

A.

Full Name (Last, First, Middle Initial)

John J Rush

Mailing Address 11419 Patriot Lane

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 70905.C1076

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

John J Rush

Mailing Address 11419 Patriot Lane

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 7 / 2 0 0 7

Transaction ID: 70905.C1166

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

John J Rush

Mailing Address 11419 Patriot Lane

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 70905.C1241

Amount of Each Receipt this Period

100.00

Receipt

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 169 / 237

(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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C

Name of Employer
Hanger Orthopedic Group,
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Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	7

Transaction ID: 71016.C1336

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

John J Rush

Mailing Address 11419 Patriot Lane

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	7

Transaction ID: 71016.C1430

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

John J Rush

Mailing Address 11419 Patriot Lane

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	2		2	0	0	7

Transaction ID: 71016.C1528

Amount of Each Receipt this Period

100.00

Receipt

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 170 / 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 71113.C1646

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

John J Rush

Mailing Address 11419 Patriot Lane

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: 71113.C1763

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

John J Rush

Mailing Address 11419 Patriot Lane

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 71213.C1881

Amount of Each Receipt this Period

100.00

Receipt

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 171 / 237

(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)

John J Rush

Mailing Address 11419 Patriot Lane

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: 80110.C2003

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

John J Rush

Mailing Address 11419 Patriot Lane

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 80110.C2125

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Ivan R Sabel

Mailing Address 4819 Quebec Street NW

City

Washington

State

DC

Zip Code

20016

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 6 / 2 0 0 7

Transaction ID: 70905.C1077

Amount of Each Receipt this Period

100.00

Receipt

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 172 / 237

(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)

Ivan R Sabel

Mailing Address 4819 Quebec Street NW

City

Washington

State

DC

Zip Code

20016

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 0 / 2 0 0 7

Transaction ID: 70905.C1078

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Ivan R Sabel

Mailing Address 4819 Quebec Street NW

City

Washington

State

DC

Zip Code

20016

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 70905.C1079

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Ivan R Sabel

Mailing Address 4819 Quebec Street NW

City

Washington

State

DC

Zip Code

20016

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 7 / 2 0 0 7

Transaction ID: 70905.C1167

Amount of Each Receipt this Period

100.00

Receipt

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 173 / 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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Full Name (Last, First, Middle Initial)

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Washington

State

DC

Zip Code

20016

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 70905.C1242

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Ivan R Sabel

Mailing Address 4819 Quebec Street NW

City

Washington

State

DC

Zip Code

20016

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: 71016.C1337

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Ivan R Sabel

Mailing Address 4819 Quebec Street NW

City

Washington

State

DC

Zip Code

20016

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 71016.C1431

Amount of Each Receipt this Period

100.00

Receipt

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 174 / 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Hanger Orthopedic Group Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Ivan R Sabel

Mailing Address 4819 Quebec Street NW

City

Washington

State

DC

Zip Code

20016

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71016.C1529

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Ivan R Sabel

Mailing Address 4819 Quebec Street NW

City

Washington

State

DC

Zip Code

20016

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 71113.C1647

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Ivan R Sabel

Mailing Address 4819 Quebec Street NW

City

Washington

State

DC

Zip Code

20016

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: 71113.C1764

Amount of Each Receipt this Period

100.00

Receipt

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 175 / 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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A.

Full Name (Last, First, Middle Initial)

Ivan R Sabel

Mailing Address 4819 Quebec Street NW

City

Washington

State

DC

Zip Code

20016

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 71213.C1882

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Ivan R Sabel

Mailing Address 4819 Quebec Street NW

City

Washington

State

DC

Zip Code

20016

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: 80110.C2004

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Ivan R Sabel

Mailing Address 4819 Quebec Street NW

City

Washington

State

DC

Zip Code

20016

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 80110.C2126

Amount of Each Receipt this Period

100.00

Receipt

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 176 / 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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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

Suwanee

State

GA

Zip Code

30024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President, M&A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 6 / 2 0 0 7

Transaction ID: 70905.C1041

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Michael L Schlesinger

Mailing Address 830 Riverhaven Drive

City

Suwanee

State

GA

Zip Code

30024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President, M&A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 0 / 2 0 0 7

Transaction ID: 70905.C1042

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Michael L Schlesinger

Mailing Address 830 Riverhaven Drive

City

Suwanee

State

GA

Zip Code

30024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President, M&A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 70905.C1043

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 177 / 237

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Hanger Orthopedic Group Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Michael L Schlesinger

Mailing Address 830 Riverhaven Drive

City

Suwanee

State

GA

Zip Code

30024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President, M&A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 7 / 2 0 0 7

Transaction ID: 70905.C1155

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Michael L Schlesinger

Mailing Address 830 Riverhaven Drive

City

Suwanee

State

GA

Zip Code

30024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President, M&A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 70905.C1243

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Michael L Schlesinger

Mailing Address 830 Riverhaven Drive

City

Suwanee

State

GA

Zip Code

30024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President, M&A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: 71016.C1338

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 178 / 237

(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)

Michael L Schlesinger

Mailing Address 830 Riverhaven Drive

City

Suwanee

State

GA

Zip Code

30024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President, M&A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 71016.C1432

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Michael L Schlesinger

Mailing Address 830 Riverhaven Drive

City

Suwanee

State

GA

Zip Code

30024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President, M&A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71016.C1530

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Michael L Schlesinger

Mailing Address 830 Riverhaven Drive

City

Suwanee

State

GA

Zip Code

30024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President, M&A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 71113.C1648

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 179 / 237

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Hanger Orthopedic Group Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Michael L Schlesinger

Mailing Address 830 Riverhaven Drive

City

Suwanee

State

GA

Zip Code

30024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President, M&A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: 71113.C1765

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Michael L Schlesinger

Mailing Address 830 Riverhaven Drive

City

Suwanee

State

GA

Zip Code

30024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President, M&A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 71213.C1883

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Michael L Schlesinger

Mailing Address 830 Riverhaven Drive

City

Suwanee

State

GA

Zip Code

30024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President, M&A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: 80110.C2005

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 180 / 237

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☒ 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)

Michael L Schlesinger

Mailing Address 830 Riverhaven Drive

City

Suwanee

State

GA

Zip Code

30024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President, M&A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 80110.C2127

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Kirby G Shelton

Mailing Address 10020 Gramercy

City

Oklahoma City

State

OK

Zip Code

73139

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 6 / 2 0 0 7

Transaction ID: 70905.C1044

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Kirby G Shelton

Mailing Address 10020 Gramercy

City

Oklahoma City

State

OK

Zip Code

73139

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
0 7 / 2 0 / 2 0 0 7

Transaction ID: 70905.C1045

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 181 / 237

(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)

Kirby G Shelton

Mailing Address 10020 Gramercy

City

Oklahoma City

State

OK

Zip Code

73139

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 ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	0	7

Transaction ID: 70905.C1046

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Kirby G Shelton

Mailing Address 10020 Gramercy

City

Oklahoma City

State

OK

Zip Code

73139

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Associate Market Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	0	7

Transaction ID: 70905.C1156

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Kirby G Shelton

Mailing Address 10020 Gramercy

City

Oklahoma City

State

OK

Zip Code

73139

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 ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: 70905.C1244

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 182 / 237

(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)

Kirby G Shelton

Mailing Address 10020 Gramercy

City

Oklahoma City

State

OK

Zip Code

73139

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: 71016.C1339

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Kirby G Shelton

Mailing Address 10020 Gramercy

City

Oklahoma City

State

OK

Zip Code

73139

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 ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 71016.C1433

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Kirby G Shelton

Mailing Address 10020 Gramercy

City

Oklahoma City

State

OK

Zip Code

73139

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 ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71016.C1531

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 183 / 237

(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)

Kirby G Shelton

Mailing Address 10020 Gramercy

City

Oklahoma City

State

OK

Zip Code

73139

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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 71113.C1649

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Kirby G Shelton

Mailing Address 10020 Gramercy

City

Oklahoma City

State

OK

Zip Code

73139

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 ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: 71113.C1766

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Kirby G Shelton

Mailing Address 10020 Gramercy

City

Oklahoma City

State

OK

Zip Code

73139

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 71213.C1884

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 184 / 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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A.

Full Name (Last, First, Middle Initial)

Kirby G Shelton

Mailing Address 10020 Gramercy

City

Oklahoma City

State

OK

Zip Code

73139

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 ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: 80110.C2006

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Kirby G Shelton

Mailing Address 10020 Gramercy

City

Oklahoma City

State

OK

Zip Code

73139

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 ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 80110.C2128

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Robert T Simms

Mailing Address 159 Ash St

City

Lake Zurich

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Director, Inventory Control

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 6 / 2 0 0 7

Transaction ID: 70905.C1047

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 185 / 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hanger Orthopedic Group Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Robert T Simms

Mailing Address 159 Ash St

City

Lake Zurich

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Director, Inventory Control

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 0 / 2 0 0 7

Transaction ID: 70905.C1048

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Robert T Simms

Mailing Address 159 Ash St

City

Lake Zurich

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Director, Inventory Control

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 70905.C1049

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Robert T Simms

Mailing Address 159 Ash St

City

Lake Zurich

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Director, Inventory Control

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 7 / 2 0 0 7

Transaction ID: 70905.C1157

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 186 / 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Hanger Orthopedic Group Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Robert T Simms

Mailing Address 159 Ash St

City

Lake Zurich

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Director, Inventory Control

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 70905.C1245

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Robert T Simms

Mailing Address 159 Ash St

City

Lake Zurich

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Director, Inventory Control

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: 71016.C1340

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Robert T Simms

Mailing Address 159 Ash St

City

Lake Zurich

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Director, Inventory Control

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 71016.C1434

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 187 / 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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A.

Full Name (Last, First, Middle Initial)

Robert T Simms

Mailing Address 159 Ash St

City

Lake Zurich

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Director, Inventory Control

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71016.C1532

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Robert T Simms

Mailing Address 159 Ash St

City

Lake Zurich

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Director, Inventory Control

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 71113.C1650

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Robert T Simms

Mailing Address 159 Ash St

City

Lake Zurich

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Director, Inventory Control

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: 71113.C1767

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 188 / 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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A.

Full Name (Last, First, Middle Initial)

Robert T Simms

Mailing Address 159 Ash St

City

Lake Zurich

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Director, Inventory Control

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 71213.C1885

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Robert T Simms

Mailing Address 159 Ash St

City

Lake Zurich

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Director, Inventory Control

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: 80110.C2007

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Robert T Simms

Mailing Address 159 Ash St

City

Lake Zurich

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Director, Inventory Control

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 80110.C2129

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 189 / 237

(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)

Rohit Sinha

Mailing Address 4421A Beechstone Lane

City

State

Zip Code

Fairfax

VA

22033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Q/A Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	0	7

Transaction ID: 70905.C946

Amount of Each Receipt this Period

10.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Rohit Sinha

Mailing Address 4421A Beechstone Lane

City

State

Zip Code

Fairfax

VA

22033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Q/A Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

110.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	0		2	0	0	7

Transaction ID: 70905.C947

Amount of Each Receipt this Period

10.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Rohit Sinha

Mailing Address 4421A Beechstone Lane

City

State

Zip Code

Fairfax

VA

22033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Q/A Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

120.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	0	7

Transaction ID: 70905.C948

Amount of Each Receipt this Period

10.00

Receipt

SUBTOTAL of Receipts This Page (optional)

30.00

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 190 / 237

(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)

Rohit Sinha

Mailing Address 4421A Beechstone Lane

City

State

Zip Code

Fairfax

VA

22033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Q/A Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

130.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 7 / 2 0 0 7

Transaction ID: 70905.C1123

Amount of Each Receipt this Period

10.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Rohit Sinha

Mailing Address 4421A Beechstone Lane

City

State

Zip Code

Fairfax

VA

22033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Q/A Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

140.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 70905.C1247

Amount of Each Receipt this Period

10.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Rohit Sinha

Mailing Address 4421A Beechstone Lane

City

State

Zip Code

Fairfax

VA

22033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Q/A Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: 71016.C1342

Amount of Each Receipt this Period

10.00

Receipt

SUBTOTAL of Receipts This Page (optional)

30.00

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 191 / 237

(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)

Rohit Sinha

Mailing Address 4421A Beechstone Lane

City

State

Zip Code

Fairfax

VA

22033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Q/A Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

160.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 71016.C1436

Amount of Each Receipt this Period

10.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Rohit Sinha

Mailing Address 4421A Beechstone Lane

City

State

Zip Code

Fairfax

VA

22033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Q/A Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

170.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71016.C1534

Amount of Each Receipt this Period

10.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Rohit Sinha

Mailing Address 4421A Beechstone Lane

City

State

Zip Code

Fairfax

VA

22033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Q/A Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

180.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 71113.C1652

Amount of Each Receipt this Period

10.00

Receipt

SUBTOTAL of Receipts This Page (optional)

30.00

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 192 / 237

(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)

Rohit Sinha

Mailing Address 4421A Beechstone Lane

City

State

Zip Code

Fairfax

VA

22033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Q/A Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

190.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: 71113.C1769

Amount of Each Receipt this Period

10.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Rohit Sinha

Mailing Address 4421A Beechstone Lane

City

State

Zip Code

Fairfax

VA

22033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Q/A Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 71213.C1887

Amount of Each Receipt this Period

10.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Rohit Sinha

Mailing Address 4421A Beechstone Lane

City

State

Zip Code

Fairfax

VA

22033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Q/A Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: 80110.C2009

Amount of Each Receipt this Period

10.00

Receipt

SUBTOTAL of Receipts This Page (optional)

30.00

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 193 / 237

(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)

Rohit Sinha

Mailing Address 4421A Beechstone Lane

City

Fairfax

State

VA

Zip Code

22033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Q/A Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 80110.C2131

Amount of Each Receipt this Period

10.00

Receipt

B.

Full Name (Last, First, Middle Initial)

John Spaeth

Mailing Address 18325 Rathbun Hills Road

City

Wildwood

State

MO

Zip Code

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 6 / 2 0 0 7

Transaction ID: 70905.C1050

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

John Spaeth

Mailing Address 18325 Rathbun Hills Road

City

Wildwood

State

MO

Zip Code

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 0 / 2 0 0 7

Transaction ID: 70905.C1051

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

110.00

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 194 / 237

(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)

John Spaeth

Mailing Address 18325 Rathbun Hills Road

City

Wildwood

State

MO

Zip Code

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 70905.C1052

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

John Spaeth

Mailing Address 18325 Rathbun Hills Road

City

Wildwood

State

MO

Zip Code

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 7 / 2 0 0 7

Transaction ID: 70905.C1158

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

John Spaeth

Mailing Address 18325 Rathbun Hills Road

City

Wildwood

State

MO

Zip Code

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 70905.C1248

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 195 / 237

(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

Wildwood

State

MO

Zip Code

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 ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	7

Transaction ID: 71016.C1343

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

John Spaeth

Mailing Address 18325 Rathbun Hills Road

City

Wildwood

State

MO

Zip Code

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
0	9		2	8		2	0	0	7

Transaction ID: 71016.C1437

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

John Spaeth

Mailing Address 18325 Rathbun Hills Road

City

Wildwood

State

MO

Zip Code

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 ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	2		2	0	0	7

Transaction ID: 71016.C1535

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 196 / 237

(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)

John Spaeth

Mailing Address 18325 Rathbun Hills Road

City

Wildwood

State

MO

Zip Code

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 71113.C1653

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

John Spaeth

Mailing Address 18325 Rathbun Hills Road

City

Wildwood

State

MO

Zip Code

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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: 71113.C1770

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

John Spaeth

Mailing Address 18325 Rathbun Hills Road

City

Wildwood

State

MO

Zip Code

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 71213.C1888

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 197 / 237

(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

Wildwood

State

MO

Zip Code

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 ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	7		2	0	0	7

Transaction ID: 80110.C2011

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

John Spaeth

Mailing Address 18325 Rathbun Hills Road

City

Wildwood

State

MO

Zip Code

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 ▼

850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	1		2	0	0	7

Transaction ID: 80110.C2133

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Richmond L Taylor

Mailing Address 23848 Skyline Dr.

City

Mission Viejo

State

CA

Zip Code

92692

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 ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	0	7

Transaction ID: 70905.C1053

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 198 / 237

(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)

Richmond L Taylor

Mailing Address 23848 Skyline Dr.

City

Mission Viejo

State

CA

Zip Code

92692

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
0 7 / 2 0 / 2 0 0 7

Transaction ID: 70905.C1054

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Richmond L Taylor

Mailing Address 23848 Skyline Dr.

City

Mission Viejo

State

CA

Zip Code

92692

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 70905.C1055

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Richmond L Taylor

Mailing Address 23848 Skyline Dr.

City

Mission Viejo

State

CA

Zip Code

92692

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

President, HPO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 7 / 2 0 0 7

Transaction ID: 70905.C1159

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 199 / 237

(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)

Richmond L Taylor

Mailing Address 23848 Skyline Dr.

City

Mission Viejo

State

CA

Zip Code

92692

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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 70905.C1252

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Richmond L Taylor

Mailing Address 23848 Skyline Dr.

City

Mission Viejo

State

CA

Zip Code

92692

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: 71016.C1347

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Richmond L Taylor

Mailing Address 23848 Skyline Dr.

City

Mission Viejo

State

CA

Zip Code

92692

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 ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 71016.C1441

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 200 / 237

(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)

Richmond L Taylor

Mailing Address 23848 Skyline Dr.

City

Mission Viejo

State

CA

Zip Code

92692

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 ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71016.C1539

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Richmond L Taylor

Mailing Address 23848 Skyline Dr.

City

Mission Viejo

State

CA

Zip Code

92692

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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 71113.C1657

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Richmond L Taylor

Mailing Address 23848 Skyline Dr.

City

Mission Viejo

State

CA

Zip Code

92692

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 ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: 71113.C1774

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 201 / 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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A.

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Richmond L Taylor

Mailing Address 23848 Skyline Dr.

City

Mission Viejo

State

CA

Zip Code

92692

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 71213.C1892

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Richmond L Taylor

Mailing Address 23848 Skyline Dr.

City

Mission Viejo

State

CA

Zip Code

92692

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 ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: 80110.C2015

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Richmond L Taylor

Mailing Address 23848 Skyline Dr.

City

Mission Viejo

State

CA

Zip Code

92692

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 ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 80110.C2137

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 202 / 237

(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)

Albert P Teoli

Mailing Address 7610 St. Marlo Country Club Pk

City

Duluth

State

GA

Zip Code

30097

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 6 / 2 0 0 7

Transaction ID: 70905.C1056

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Albert P Teoli

Mailing Address 7610 St. Marlo Country Club Pk

City

Duluth

State

GA

Zip Code

30097

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 0 / 2 0 0 7

Transaction ID: 70905.C1057

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Albert P Teoli

Mailing Address 7610 St. Marlo Country Club Pk

City

Duluth

State

GA

Zip Code

30097

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
0 8 / 0 3 / 2 0 0 7

Transaction ID: 70905.C1058

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 203 / 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Hanger Orthopedic Group Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Albert P Teoli

Mailing Address 7610 St. Marlo Country Club Pk

City

Duluth

State

GA

Zip Code

30097

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 7 / 2 0 0 7

Transaction ID: 70905.C1160

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Albert P Teoli

Mailing Address 7610 St. Marlo Country Club Pk

City

Duluth

State

GA

Zip Code

30097

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Associate Market Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 70905.C1253

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Albert P Teoli

Mailing Address 7610 St. Marlo Country Club Pk

City

Duluth

State

GA

Zip Code

30097

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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: 71016.C1348

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 204 / 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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A.

Full Name (Last, First, Middle Initial)

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City

Duluth

State

GA

Zip Code

30097

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 71016.C1442

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Albert P Teoli

Mailing Address 7610 St. Marlo Country Club Pk

City

Duluth

State

GA

Zip Code

30097

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 ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71016.C1540

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Albert P Teoli

Mailing Address 7610 St. Marlo Country Club Pk

City

Duluth

State

GA

Zip Code

30097

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 ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 71113.C1658

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 205 / 237

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Albert P Teoli

Mailing Address 7610 St. Marlo Country Club Pk

City

Duluth

State

GA

Zip Code

30097

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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: 71113.C1775

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Albert P Teoli

Mailing Address 7610 St. Marlo Country Club Pk

City

Duluth

State

GA

Zip Code

30097

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 ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 71213.C1893

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Albert P Teoli

Mailing Address 7610 St. Marlo Country Club Pk

City

Duluth

State

GA

Zip Code

30097

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: 80110.C2016

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 206 / 237

(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)

Albert P Teoli

Mailing Address 7610 St. Marlo Country Club Pk

City

Duluth

State

GA

Zip Code

30097

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 ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 80110.C2138

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Mark Voit

Mailing Address 2403 Dorado

City

Mission

State

TX

Zip Code

78572

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 ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 6 / 2 0 0 7

Transaction ID: 70905.C952

Amount of Each Receipt this Period

10.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Mark Voit

Mailing Address 2403 Dorado

City

Mission

State

TX

Zip Code

78572

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 ▼

110.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 0 / 2 0 0 7

Transaction ID: 70905.C953

Amount of Each Receipt this Period

10.00

Receipt

SUBTOTAL of Receipts This Page (optional)

70.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 207 / 237

(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 Voit

Mailing Address 2403 Dorado

City

State

Zip Code

Mission

TX

78572

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 ▼

120.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 70905.C954

Amount of Each Receipt this Period

10.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Mark Voit

Mailing Address 2403 Dorado

City

State

Zip Code

Mission

TX

78572

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 ▼

130.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 7 / 2 0 0 7

Transaction ID: 70905.C1125

Amount of Each Receipt this Period

10.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Mark Voit

Mailing Address 2403 Dorado

City

State

Zip Code

Mission

TX

78572

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 ▼

140.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 70905.C1255

Amount of Each Receipt this Period

10.00

Receipt

SUBTOTAL of Receipts This Page (optional)

30.00

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 208 / 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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City

State

Zip Code

Mission

TX

78572

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 ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: 71016.C1350

Amount of Each Receipt this Period

10.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Mark Voit

Mailing Address 2403 Dorado

City

State

Zip Code

Mission

TX

78572

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 ▼

160.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 71016.C1444

Amount of Each Receipt this Period

10.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Mark Voit

Mailing Address 2403 Dorado

City

State

Zip Code

Mission

TX

78572

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 ▼

170.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71016.C1542

Amount of Each Receipt this Period

10.00

Receipt

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 209 / 237

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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A.

Full Name (Last, First, Middle Initial)

Mark Voit

Mailing Address 2403 Dorado

City

State

Zip Code

Mission

TX

78572

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 ▼

180.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 71113.C1661

Amount of Each Receipt this Period

10.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Mark Voit

Mailing Address 2403 Dorado

City

State

Zip Code

Mission

TX

78572

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 ▼

190.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: 71113.C1778

Amount of Each Receipt this Period

10.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Mark Voit

Mailing Address 2403 Dorado

City

State

Zip Code

Mission

TX

78572

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 ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 71213.C1897

Amount of Each Receipt this Period

10.00

Receipt

SUBTOTAL of Receipts This Page (optional)

30.00

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 210 / 237

(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 Voit

Mailing Address 2403 Dorado

City

State

Zip Code

Mission

TX

78572

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

M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: 80110.C2020

Amount of Each Receipt this Period

10.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Mark Voit

Mailing Address 2403 Dorado

City

State

Zip Code

Mission

TX

78572

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Area Practice Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 80110.C2142

Amount of Each Receipt this Period

10.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Brian A Wheeler

Mailing Address 8 Hawk Rd

City

State

Zip Code

Lawrenceville

NJ

08648-1351

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President, Human Resource

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 6 / 2 0 0 7

Transaction ID: 70905.C1059

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

70.00

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 211 / 237

(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)

Brian A Wheeler

Mailing Address 8 Hawk Rd

City

Lawrenceville

State

NJ

Zip Code

08648-1351

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President, Human Resource

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 0 / 2 0 0 7

Transaction ID: 70905.C1060

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Brian A Wheeler

Mailing Address 8 Hawk Rd

City

Lawrenceville

State

NJ

Zip Code

08648-1351

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President, Human Resource

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 70905.C1061

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Brian A Wheeler

Mailing Address 8 Hawk Rd

City

Lawrenceville

State

NJ

Zip Code

08648-1351

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President, Human Resource

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 7 / 2 0 0 7

Transaction ID: 70905.C1161

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 212 / 237

(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)

Brian A Wheeler

Mailing Address 8 Hawk Rd

City

Lawrenceville

State

NJ

Zip Code

08648-1351

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President, Human Resource

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 70905.C1256

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Brian A Wheeler

Mailing Address 8 Hawk Rd

City

Lawrenceville

State

NJ

Zip Code

08648-1351

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President, Human Resource

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: 71016.C1351

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Brian A Wheeler

Mailing Address 8 Hawk Rd

City

Lawrenceville

State

NJ

Zip Code

08648-1351

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President, Human Resource

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 71016.C1445

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 213 / 237

(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)

Brian A Wheeler

Mailing Address 8 Hawk Rd

City

Lawrenceville

State

NJ

Zip Code

08648-1351

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President, Human Resource

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71016.C1543

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Brian A Wheeler

Mailing Address 8 Hawk Rd

City

Lawrenceville

State

NJ

Zip Code

08648-1351

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President, Human Resource

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 71113.C1662

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Brian A Wheeler

Mailing Address 8 Hawk Rd

City

Lawrenceville

State

NJ

Zip Code

08648-1351

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President, Human Resource

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: 71113.C1779

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 214 / 237

(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)

Brian A Wheeler

Mailing Address 8 Hawk Rd

City

Lawrenceville

State

NJ

Zip Code

08648-1351

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President, Human Resource

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	3	/	2	0	0	7

Transaction ID: 71213.C1898

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Brian A Wheeler

Mailing Address 8 Hawk Rd

City

Lawrenceville

State

NJ

Zip Code

08648-1351

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President, Human Resource

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	0	7

Transaction ID: 80110.C2021

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Brian A Wheeler

Mailing Address 8 Hawk Rd

City

Lawrenceville

State

NJ

Zip Code

08648-1351

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Vice President, Human Resource

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	1	/	2	0	0	7

Transaction ID: 80110.C2143

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 215 / 237

(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)

Byron H Whitaker

Mailing Address 254 Arapahoe

City

Lake Quivira

State

KS

Zip Code

66217

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 ▼

120.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 6 / 2 0 0 7

Transaction ID: 70905.C967

Amount of Each Receipt this Period

20.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Byron H Whitaker

Mailing Address 254 Arapahoe

City

Lake Quivira

State

KS

Zip Code

66217

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 ▼

140.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 0 / 2 0 0 7

Transaction ID: 70905.C968

Amount of Each Receipt this Period

20.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Byron H Whitaker

Mailing Address 254 Arapahoe

City

Lake Quivira

State

KS

Zip Code

66217

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 ▼

160.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 70905.C969

Amount of Each Receipt this Period

20.00

Receipt

SUBTOTAL of Receipts This Page (optional)

60.00

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 216 / 237

(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)

Byron H Whitaker

Mailing Address 254 Arapahoe

City

Lake Quivira

State

KS

Zip Code

66217

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 ▼

180.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 7 / 2 0 0 7

Transaction ID: 70905.C1130

Amount of Each Receipt this Period

20.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Byron H Whitaker

Mailing Address 254 Arapahoe

City

Lake Quivira

State

KS

Zip Code

66217

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 ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 70905.C1257

Amount of Each Receipt this Period

20.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Byron H Whitaker

Mailing Address 254 Arapahoe

City

Lake Quivira

State

KS

Zip Code

66217

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: 71016.C1352

Amount of Each Receipt this Period

20.00

Receipt

SUBTOTAL of Receipts This Page (optional)

60.00

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 217 / 237

(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)

Byron H Whitaker

Mailing Address 254 Arapahoe

City

Lake Quivira

State

KS

Zip Code

66217

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 71016.C1446

Amount of Each Receipt this Period

20.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Byron H Whitaker

Mailing Address 254 Arapahoe

City

Lake Quivira

State

KS

Zip Code

66217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Practice Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71016.C1544

Amount of Each Receipt this Period

20.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Byron H Whitaker

Mailing Address 254 Arapahoe

City

Lake Quivira

State

KS

Zip Code

66217

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 ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 71113.C1663

Amount of Each Receipt this Period

20.00

Receipt

SUBTOTAL of Receipts This Page (optional)

60.00

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 218 / 237

(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)

Byron H Whitaker

Mailing Address 254 Arapahoe

City

Lake Quivira

State

KS

Zip Code

66217

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 ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	9		2	0	0	7

Transaction ID: 71113.C1780

Amount of Each Receipt this Period

20.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Byron H Whitaker

Mailing Address 254 Arapahoe

City

Lake Quivira

State

KS

Zip Code

66217

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 ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	3		2	0	0	7

Transaction ID: 71213.C1899

Amount of Each Receipt this Period

20.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Byron H Whitaker

Mailing Address 254 Arapahoe

City

Lake Quivira

State

KS

Zip Code

66217

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 ▼

340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	7		2	0	0	7

Transaction ID: 80110.C2022

Amount of Each Receipt this Period

20.00

Receipt

SUBTOTAL of Receipts This Page (optional)

60.00

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 219 / 237

(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)

Byron H Whitaker

Mailing Address 254 Arapahoe

City

Lake Quivira

State

KS

Zip Code

66217

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 ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	1	/	2	0	0	7

Transaction ID: 80110.C2144

Amount of Each Receipt this Period

20.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Louis Zermeno

Mailing Address 2108 Pecan Creek Drive

City

Mesquite

State

TX

Zip Code

75181

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 ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	6	/	2	0	0	7

Transaction ID: 70905.C1062

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Louis Zermeno

Mailing Address 2108 Pecan Creek Drive

City

Mesquite

State

TX

Zip Code

75181

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
0	7	/	2	0	/	2	0	0	7

Transaction ID: 70905.C1063

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

120.00

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 220 / 237

(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)

Louis Zermeno

Mailing Address 2108 Pecan Creek Drive

City

Mesquite

State

TX

Zip Code

75181

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 70905.C1064

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Louis Zermeno

Mailing Address 2108 Pecan Creek Drive

City

Mesquite

State

TX

Zip Code

75181

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 7 / 2 0 0 7

Transaction ID: 70905.C1162

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Louis Zermeno

Mailing Address 2108 Pecan Creek Drive

City

Mesquite

State

TX

Zip Code

75181

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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 70905.C1259

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 221 / 237

(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)

Louis Zermeno

Mailing Address 2108 Pecan Creek Drive

City

Mesquite

State

TX

Zip Code

75181

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 0 7

Transaction ID: 71016.C1354

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Louis Zermeno

Mailing Address 2108 Pecan Creek Drive

City

Mesquite

State

TX

Zip Code

75181

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 ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 71016.C1448

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Louis Zermeno

Mailing Address 2108 Pecan Creek Drive

City

Mesquite

State

TX

Zip Code

75181

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 ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71016.C1546

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 222 / 237

(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)

Louis Zermeno

Mailing Address 2108 Pecan Creek Drive

City

Mesquite

State

TX

Zip Code

75181

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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 71113.C1666

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Louis Zermeno

Mailing Address 2108 Pecan Creek Drive

City

Mesquite

State

TX

Zip Code

75181

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 ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 7

Transaction ID: 71113.C1783

Amount of Each Receipt this Period

50.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Louis Zermeno

Mailing Address 2108 Pecan Creek Drive

City

Mesquite

State

TX

Zip Code

75181

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 71213.C1902

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

150.00

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 223 / 237

(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)

Louis Zermeno

Mailing Address 2108 Pecan Creek Drive

City

Mesquite

State

TX

Zip Code

75181

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Market Leader

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: 80110.C2025

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Louis Zermeno

Mailing Address 2108 Pecan Creek Drive

City

Mesquite

State

TX

Zip Code

75181

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanger Orthopedic Group,
Inc.

Occupation

Market Leader

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 80110.C2147

Amount of Each Receipt this Period

50.00

Receipt

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

26862.00

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

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

FOR LINE NUMBER: PAGE 224 / 237

(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)

The Campaign of J.D. Alexander

Mailing Address 610 S. Boulevard

City

Tampa

State

FL

Zip Code

33606-

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 4 / 2 0 0 7

Transaction ID: 71113.C1551

Amount of Each Receipt this Period

500.00

Other Receipt

Note: Refund of Non-Fed
Cont

B.

Full Name (Last, First, Middle Initial)

Charles S. Dean Campaign

Mailing Address P.O. Box 987

City

Inverness

State

FL

Zip Code

34451-0987

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71113.C1549

Amount of Each Receipt this Period

500.00

Other Receipt

Note: Refund of Non-Fed
Cont

C.

Full Name (Last, First, Middle Initial)

Mike Fasano Campaign

Mailing Address P.O. Box 2055

City

New Port Richey

State

FL

Zip Code

34656-

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: 71113.C1550

Amount of Each Receipt this Period

500.00

Other Receipt

Note: Refund of Non-Fed
Cont

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 225 / 237

(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)

The Vanguard Group

Mailing Address P.O. Box 13750

City

Philadelphia

State

PA

Zip Code

19101-

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.81

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 7

Transaction ID: 70905.C1168

Amount of Each Receipt this Period

85.28

Interest Received

B.

Full Name (Last, First, Middle Initial)

The Vanguard Group

Mailing Address P.O. Box 13750

City

Philadelphia

State

PA

Zip Code

19101-

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.45

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: 71016.C1262

Amount of Each Receipt this Period

98.64

Interest Received

C.

Full Name (Last, First, Middle Initial)

The Vanguard Group

Mailing Address P.O. Box 13750

City

Philadelphia

State

PA

Zip Code

19101-

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

472.91

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: 71016.C1356

Amount of Each Receipt this Period

110.46

Interest Received

SUBTOTAL of Receipts This Page (optional)

294.38

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 226 / 237

(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)

The Vanguard Group

Mailing Address P.O. Box 13750

City

Philadelphia

State

PA

Zip Code

19101-

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

597.67

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: 71113.C1667

Amount of Each Receipt this Period

124.76

Interest Received

B.

Full Name (Last, First, Middle Initial)

The Vanguard Group

Mailing Address P.O. Box 13750

City

Philadelphia

State

PA

Zip Code

19101-

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.29

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: 71218.C1903

Amount of Each Receipt this Period

129.62

Interest Received

C.

Full Name (Last, First, Middle Initial)

The Vanguard Group

Mailing Address P.O. Box 13750

City

Philadelphia

State

PA

Zip Code

19101-

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

839.07

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: 80123.C2268

Amount of Each Receipt this Period

111.78

Interest Received

SUBTOTAL of Receipts This Page (optional)

366.16

TOTAL This Period (last page this line number only)

2160.54

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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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial) Andrews for Congress	Transaction ID: 71218.E36
Mailing Address 215 Fourth Avenue, Suite 200	Date of Disbursement
Mailing Address 215 Fourth Avenue, Suite 200	<div> <div>12</div> <div>10</div> <div>2007</div> </div>
City Haddon Heights State NJ Zip Code 08035-	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION	<div>3000.00</div>
Candidate Name ROBERT E ANDREWS	Category/ Type
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) ▼
State: NJ District: 01	CONTRIBUTION
B. Full Name (Last, First, Middle Initial) Citizens For Arlen Specter	Transaction ID: 70716.E5
Mailing Address 255 South 17th Street, Suite 603	Date of Disbursement
Mailing Address 255 South 17th Street, Suite 603	<div> <div>07</div> <div>09</div> <div>2007</div> </div>
City Philadelphia State PA Zip Code 19103-	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION	<div>1000.00</div>
Candidate Name ARLEN SPECTER	Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: PA District: 00	CONTRIBUTION
C. Full Name (Last, First, Middle Initial) Friends of Dick Durbin	Transaction ID: 71113.E14
Mailing Address P.O. Box 1949	Date of Disbursement
Mailing Address P.O. Box 1949	<div> <div>10</div> <div>30</div> <div>2007</div> </div>
City Springfield State IL Zip Code 62705-	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION	<div>1000.00</div>
Candidate Name RICHARD J DURBIN	Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: IL District: 00	CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Hanger Orthopedic Group Inc. PAC

A.

Full Name (Last, First, Middle Initial)

Friends of Mary Landrieu, Inc.

Mailing Address 607 14th Street, NW, Suite 800

City Washington State DC Zip Code 20005-

Purpose of Disbursement
CONTRIBUTION

Candidate Name
MARY L LANDRIEU

Office Sought: ☐ House
☒ Senate
☐ President

State: LA District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 71113.E18

Date of Disbursement

10 / 16 / 2007

Amount of Each Disbursement this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

Price for Congress

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077-

Purpose of Disbursement
CONTRIBUTION

Candidate Name
THOMAS EDMUNDS PRICE

Office Sought: ☒ House
☐ Senate
☐ President

State: GA District: 06

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 71218.E37

Date of Disbursement

12 / 11 / 2007

Amount of Each Disbursement this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

Sensenbrenner Committee

Mailing Address P.O. Box 575

City Brookfield State WI Zip Code 53008-

Purpose of Disbursement
CONTRIBUTION

Candidate Name
F JAMES SENSENBRENNER, JR

Office Sought: ☒ House
☐ Senate
☐ President

State: WI District: 05

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 71113.E19

Date of Disbursement

11 / 06 / 2007

Amount of Each Disbursement this Period

1000.00

CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

8000.00

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 229 / 237

<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)
Brian Quirk For State Representative

Mailing Address 1011 Sunset

City New Hampton State IA Zip Code 50659-

Purpose of Disbursement
NON-FEDERAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 71128.E29

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

B. Full Name (Last, First, Middle Initial)
The Campaign of J.D. Alexander

Mailing Address 610 S. Boulevard

City Tampa State FL Zip Code 33606-

Purpose of Disbursement
NON-FEDERAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 71113.E8

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

C. Full Name (Last, First, Middle Initial)
Charles S. Dean Campaign

Mailing Address P.O. Box 987

City Inverness State FL Zip Code 34451-0987

Purpose of Disbursement
NON-FEDERAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 71113.E6

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<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 Gronstal

Mailing Address 220 Bennett Ave.

City State Zip Code
Council Bluffs IA 51503-

Purpose of Disbursement
NON-FEDERAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 71128.E35

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Citizens For Struyk

Mailing Address 219 Carson Ave

City State Zip Code
Council Bluffs IA 51503-

Purpose of Disbursement
NON-FEDERAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 71128.E23

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Citizens for Craig Rice

Mailing Address P.O. Box 84164

City State Zip Code
Gaithersburg MD 20883-

Purpose of Disbursement
: NON-FEDERAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 71113.E10

Date of Disbursement

/ /

Amount of Each Disbursement this Period

150.00

SUBTOTAL of Disbursements This Page (optional)

1650.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Hanger Orthopedic Group Inc. PAC

A. Full Name (Last, First, Middle Initial)
Cmte to Re-Elect Nathaniel T. Oaks

Mailing Address 513 Normandy Avenue

City Baltimore State MD Zip Code 21229-

Purpose of Disbursement
NON-FEDERAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 71113.E16

Date of Disbursement

/ /

Amount of Each Disbursement this Period

261.00

B. Full Name (Last, First, Middle Initial)
Committee To Elect Steve Lukan

Mailing Address 7365 Columbus St

City New Vienna State IA Zip Code 52065-

Purpose of Disbursement
NON-FEDERAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 71128.E24

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

C. Full Name (Last, First, Middle Initial)
Figures for Senate

Mailing Address 2054 Clemente Cr

City Mobile State AL Zip Code 36617-

Purpose of Disbursement
NON-FEDERAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 71218.E38

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1761.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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) Friends of Heather Mizeur	Transaction ID: 71113.E11 Date of Disbursement																				
Mailing Address P.O. Box 11290	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	4		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	4		2	0	0	7												
City Takoma Park State MD Zip Code 20913-	Amount of Each Disbursement this Period																				
Purpose of Disbursement NON-FEDERAL CONTRIBUTION	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Friends of Kathy Klausmeier	Transaction ID: 71113.E12 Date of Disbursement																				
Mailing Address 4100 Walter Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	4		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	4		2	0	0	7												
City Nottingham State MD Zip Code 21236-	Amount of Each Disbursement this Period																				
Purpose of Disbursement NON-FEDERAL CONTRIBUTION	<table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	250.00																			
250.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Friends of Martin OMalley	Transaction ID: 71113.E15 Date of Disbursement																				
Mailing Address 2400 Boston Street, Suite 203	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	7		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	7		2	0	0	7												
City Baltimore State MD Zip Code 21224-	Amount of Each Disbursement this Period																				
Purpose of Disbursement NON-FEDERAL CONTRIBUTION	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial) Friends of Rob Garagiola	Transaction ID: 71113.E17 Date of Disbursement
Mailing Address P.O. Box 442	<div> <div>^M1</div> <div>^M0</div> <div>/</div> <div>^D2</div> <div>^D0</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y0</div> <div>^Y7</div> </div>
City State Zip Code Germantown MD 20875-	Amount of Each Disbursement this Period
Purpose of Disbursement NON-FEDERAL CONTRIBUTION Candidate Name	<div>500.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Friends of Roger Manno	Transaction ID: 71113.E13 Date of Disbursement
Mailing Address 2138 Merrifields Drive	<div> <div>^M1</div> <div>^M0</div> <div>/</div> <div>^D2</div> <div>^D4</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y0</div> <div>^Y7</div> </div>
City State Zip Code Silver Spring MD 20906-	Amount of Each Disbursement this Period
Purpose of Disbursement NON-FEDERAL CONTRIBUTION Candidate Name	<div>250.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Iowans For Van Fossen	Transaction ID: 71128.E22 Date of Disbursement
Mailing Address 2802 Middle Road	<div> <div>^M1</div> <div>^M1</div> <div>/</div> <div>^D2</div> <div>^D6</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y0</div> <div>^Y7</div> </div>
City State Zip Code Davenport IA 52803-	Amount of Each Disbursement this Period
Purpose of Disbursement NON-FEDERAL CONTRIBUTION Candidate Name	<div>500.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<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)

Jacoby For House

Mailing Address 2308 Northridge Drive

City State Zip Code
Coralville IA 52241-

Purpose of Disbursement
NON-FEDERAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 71128.E30

Date of Disbursement

12 / 03 / 2007

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Kressig For Iowa House District 19

Mailing Address 3523 Veralta Dr

City State Zip Code
Cedar Falls IA 50613-

Purpose of Disbursement
NON-FEDERAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 71128.E32

Date of Disbursement

12 / 03 / 2007

Amount of Each Disbursement this Period

750.00

C.

Full Name (Last, First, Middle Initial)

Mike Fasano Campaign

Mailing Address P.O. Box 2055

City State Zip Code
New Port Richey FL 34656-

Purpose of Disbursement
NON-FEDERAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 71113.E7

Date of Disbursement

09 / 17 / 2007

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 235 / 237

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial) Murphy For State Representative	Transaction ID: 71128.E27 Date of Disbursement
Mailing Address 155 North Grandview Ave.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 3 / 2 0 0 7</div> </div>
City State Zip Code Dubuque IA 52001- Purpose of Disbursement NON-FEDERAL CONTRIBUTION Candidate Name	Amount of Each Disbursement this Period <div>1000.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) Peterson For State Representative	Transaction ID: 71128.E31 Date of Disbursement
Mailing Address 4300 Beaver Hills Dr	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 3 / 2 0 0 7</div> </div>
City State Zip Code Des Moines IA 50310- Purpose of Disbursement NON-FEDERAL CONTRIBUTION Candidate Name	Amount of Each Disbursement this Period <div>500.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>
C. Full Name (Last, First, Middle Initial) Rants For State House	Transaction ID: 71128.E21 Date of Disbursement
Mailing Address 2740 South Glass St	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 2 7 / 2 0 0 7</div> </div>
City State Zip Code Sioux City IA 51106- Purpose of Disbursement NON-FEDERAL CONTRIBUTION Candidate Name	Amount of Each Disbursement this Period <div>750.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>

SUBTOTAL of Disbursements This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 236 / 237

<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)

Rielly For Senate

Mailing Address 113 North Market St

City
Oskaloosa

State
IA

Zip Code
52577-

Purpose of Disbursement
NON-FEDERAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 71128.E25

Date of Disbursement

11 / 26 / 2007

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Supporters of Rich For Senate

Mailing Address 1264 Northridge Road

City
Story City

State
IA

Zip Code
50248-

Purpose of Disbursement
NON-FEDERAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 71128.E20

Date of Disbursement

11 / 27 / 2007

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Supporters of Thomas Mac Middleton

Mailing Address P.O. Box 2502

City
La Plata

State
MD

Zip Code
20646-

Purpose of Disbursement
NON-FEDERAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 71113.E9

Date of Disbursement

09 / 08 / 2007

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 237 / 237

<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)

Ward For Senate

Mailing Address 1545 Glen Oaks Dr

City State Zip Code
West Des Moines IA 50266-

Purpose of Disbursement
NON-FEDERAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 71128.E26

Date of Disbursement

12 / 03 / 2007

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Warnstadt For Senate Committee

Mailing Address 3301 Chambers Street

City State Zip Code
Sioux City IA 51104-

Purpose of Disbursement
NON-FEDERAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 71128.E34

Date of Disbursement

12 / 03 / 2007

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Wise Voters

Mailing Address 503 Grand Ave

City State Zip Code
Keokuk IA 52632-

Purpose of Disbursement
NON-FEDERAL CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 71128.E28

Date of Disbursement

12 / 03 / 2007

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

14411.00