



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Hanger Orthopedic Group Inc. PAC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		33744.07
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	36054.10									
(c) Total Receipts (from Line 19) .....	6115.85	27684.55								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	42169.95	61428.62								
7. Total Disbursements (from Line 31) .....	5900.00	25158.67								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	36269.95	36269.95								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Hanger Orthopedic Group Inc. PAC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	3600.00	17224.00
(i) Itemized (use Schedule A) .....	2450.00	10117.00
(ii) Unitemized .....	6050.00	27341.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	6050.00	27341.00
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.) .....	65.85	343.55
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)) .....	6115.85	27684.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	6115.85	27684.55

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	258.67
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	258.67
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	3000.00	19000.00
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.....	2900.00	5900.00
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))..	5900.00	25158.67
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5900.00	25158.67

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	6050.00	27341.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6050.00	27341.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	258.67
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	258.67

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 21	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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) Vanguard Group		Date of Receipt
Mailing Address 455 Devon Park Drive		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
City	State	Zip Code
Wayne	PA	19087-1815
FEC ID number of contributing federal political committee.		Transaction ID: 15483902
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="65.85"/>
Name of Employer	Occupation	Bank Interest
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="343.55"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="65.85"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="65.85"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert L Borengasser		Date of Receipt
	Mailing Address 381 W. Larona Lane		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	Tempe	AZ	85284
	FEC ID number of contributing federal political committee.		<b>C</b> <input type="text"/>
Name of Employer Hanger Orthopedic Group, Inc.		Occupation Director, Operations	Transaction ID: PR1481041620546
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 420.00	
		Amount of Each Receipt this Period <input type="text"/> 40.00	
		P/R Deduction (\$20.00 Bi-Weekly)	

<b>B.</b>	Full Name (Last, First, Middle Initial) Frank Bostock		Date of Receipt
	Mailing Address 2 W Kaler Drive		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	Phoenix	AZ	85021-7237
	FEC ID number of contributing federal political committee.		<b>C</b> <input type="text"/>
Name of Employer Hanger Orthopedic Group, Inc.		Occupation Market Leader	Transaction ID: PR1481041720546
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 450.00	
		Amount of Each Receipt this Period <input type="text"/> 100.00	
		P/R Deduction (\$50.00 Bi-Weekly)	

<b>C.</b>	Full Name (Last, First, Middle Initial) Kevin M Carroll		Date of Receipt
	Mailing Address P.O. Box 1013		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	Windermere	FL	34786
	FEC ID number of contributing federal political committee.		<b>C</b> <input type="text"/>
Name of Employer Hanger Orthopedic Group, Inc.		Occupation Vice President, Lower Extremity Prostheses	Transaction ID: PR1481042120546
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 360.00	
		Amount of Each Receipt this Period <input type="text"/> 80.00	
		P/R Deduction (\$40.00 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 220.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 21
	<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)  
Mark A Conry

Mailing Address 35 Linden Avenue, Apt 504

City Long Beach State CA Zip Code 90802-5061

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  /  /

**Transaction ID:** PR1481042320546

Amount of Each Receipt this Period 100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Bradford C Deudne

Mailing Address 33 Meriwether Trail

City Congers State NY Zip Code 10920-1538

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  /  /

**Transaction ID:** PR1481042720546

Amount of Each Receipt this Period 100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Frank Erdeljac

Mailing Address 137 Martin Road

City Pittsburgh State PA Zip Code 15237-3726

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  /  /

**Transaction ID:** PR1481042820546

Amount of Each Receipt this Period 100.00

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

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

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Wallis Farraday	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 4997 Keeneland Cr	<b>Transaction ID:</b> PR1481043120546
	City Orlando State FL Zip Code 32819-3142	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Market Leader	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael R George	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 28 San Tomas	<b>Transaction ID:</b> PR1481043520546
	City Rancho Santa Marga State CA Zip Code 92688	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Vice President, Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Myron P Griffin	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 5452 Cactus Hill	<b>Transaction ID:</b> PR1481044120546
	City El Paso State TX Zip Code 79912-6307	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Practice Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 10 / 21  
(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 ▼ 270.00

Date of Receipt  /  /

**Transaction ID:** PR1481044420546

Amount of Each Receipt this Period 60.00

P/R Deduction (\$30.00 Bi-Weekly)

**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 ▼ 450.00

Date of Receipt  /  /

**Transaction ID:** PR1481044520546

Amount of Each Receipt this Period 100.00

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

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

Mailing Address 5622 Billy Casper Drive

City Billings State MT Zip Code 59106-1027

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  /  /

**Transaction ID:** PR1481045020546

Amount of Each Receipt this Period 80.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **240.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) William Hineman	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 3121 Morgan Circle	<b>Transaction ID:</b> PR1481045120546
	City Bismarck State ND Zip Code 58503-0102	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$50.00 Bi-Weekly)
	Name of Employer Hanger Orthopedic Group, Inc. Occupation Associate Market Leader	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 450.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Dennis J Huysman	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 3 Pickwick Lane	<b>Transaction ID:</b> PR1481045320546
	City Old Saybrook State CT Zip Code 06475-1020	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$50.00 Bi-Weekly)
	Name of Employer Hanger Orthopedic Group, Inc. Occupation Market Leader	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 450.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Charles E Jordan	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 207 Vixen View	<b>Transaction ID:</b> PR1481045920546
	City Phoenixville State PA Zip Code 19460-2115	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$25.00 Bi-Weekly)
	Name of Employer Hanger Orthopedic Group, Inc. Occupation Director of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 225.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Thomas F Kirk	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 2616 Lighthouse Bend Drive	<b>Transaction ID:</b> PR1481046220546
	City State Zip Code Ponte Vedra Beach FL 32082	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: Hanger Orthopedic Group, Inc. Occupation: President & Chief Operating Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00	P/R Deduction (\$50.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) Conrad Vincent Kufta	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 2549 Bear Den Road	<b>Transaction ID:</b> PR1481046620546
	City State Zip Code Frederick MD 21701	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: Hanger Orthopedic Group, Inc. Occupation: Director of Clinical Development, Inno Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00	P/R Deduction (\$25.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Kent D Lane	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 178 Hunters Ridge Drive	<b>Transaction ID:</b> PR1481046920546
	City State Zip Code Lexington SC 29072-7681	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: Hanger Orthopedic Group, Inc. Occupation: Market Leader Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00	P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 21  
(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 ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**Transaction ID:** PR1481047020546

Amount of Each Receipt this Period 100.00

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

**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 ▼ 585.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**Transaction ID:** PR1481047220546

Amount of Each Receipt this Period 130.00

P/R Deduction (\$65.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Jeffrey L Martin

Mailing Address 20533 Anndyke Way

City Germantown State MD Zip Code 20874-2825

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

Name of Employer Hanger Orthopedic Group, Inc. Occupation President, Innovative Neurotronics

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**Transaction ID:** PR1481047320546

Amount of Each Receipt this Period 50.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **280.00**

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

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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) George E McHenry	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 25205 Bonny Brook Lane	<b>Transaction ID:</b> PR1481047720546
	City Gaithersburg State MD Zip Code 20882	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$100.00 Bi-Weekly)
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Vice President & Chief Financial Offic	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Thomas A Mesick	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address P.O. Box 370, 21 High Street	<b>Transaction ID:</b> PR1481048020546
	City West Brookfield State MA Zip Code 01585-0370	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$5.00 Bi-W-ekly)
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Practice Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 279.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Marion Leona Mullauer	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 610 Sherwood Road	<b>Transaction ID:</b> PR1481048420546
	City Cockeyesville State MD Zip Code 21030	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Vice President & Chief Information Off	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

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

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

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

FOR LINE NUMBER: PAGE 15 / 21  
(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 State Zip Code  
Gig Harbor WA 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 ▼ 450.00

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

**Transaction ID:** PR1481048720546

Amount of Each Receipt this Period: 100.00

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

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

Mailing Address 17 Island Road

City State Zip Code  
Sewalls Point FL 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 ▼ 450.00

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

**Transaction ID:** PR1481048820546

Amount of Each Receipt this Period: 100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Otis V Petties

Mailing Address 5202 Blackwell Road

City State Zip Code  
Memphis TN 38134-3104

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 Y

**Transaction ID:** PR1481049020546

Amount of Each Receipt this Period: 50.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **250.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 21

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Ambrose R Phillips

Mailing Address 14509 Clover Hill Terrace

City State Zip Code  
Bowie MD 20720

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 225.00

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

Transaction ID: PR1481049120546

Amount of Each Receipt this Period  
50.00

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

**B.**

Full Name (Last, First, Middle Initial)  
John J Rush

Mailing Address 11419 Patriot Lane

City State Zip Code  
Potomac MD 20854

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

Name of Employer Occupation  
Hanger Orthopedic Group, Inc. Chief Medical Officer

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 900.00

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

Transaction ID: PR1481050320546

Amount of Each Receipt this Period  
200.00

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

**C.**

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

Mailing Address 4819 Quebec Street NW

City State Zip Code  
Washington DC 20016-3228

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

Name of Employer Occupation  
Hanger Orthopedic Group, Inc. Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 900.00

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

Transaction ID: PR1481050420546

Amount of Each Receipt this Period  
200.00

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

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

450.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael L Schlesinger	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 830 Riverhaven Drive	<b>Transaction ID:</b> PR1481050520546
	City State Zip Code Suwanee GA 30024	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Vice President, Mergers & Acquisitions	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Kirby G Shelton	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 10020 Gramercy	<b>Transaction ID:</b> PR1481050620546
	City State Zip Code Oklahoma City OK 73139-5416	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Associate Market Leader	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Robert T Simms	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 159 Ash St	<b>Transaction ID:</b> PR1481050720546
	City State Zip Code Lake Zurich IL 60047-1309	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Director, Inventory Control	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 21  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
John Spaeth

Mailing Address 18325 Rathbun Hills Road

City State Zip Code  
Wildwood MO 63069

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

Name of Employer  
Hanger Orthopedic Group, Inc.

Occupation  
Market Leader

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

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

**Transaction ID:** PR1481051020546

Amount of Each Receipt this Period  
100.00

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

**B.**

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

Mailing Address 23848 Skyline Dr.

City State Zip Code  
Mission Viejo CA 92692-1875

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

Name of Employer  
Hanger Orthopedic Group, Inc.

Occupation  
President, HPO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

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

**Transaction ID:** PR1481051420546

Amount of Each Receipt this Period  
100.00

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

**C.**

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

Mailing Address 7610 St. Marlo Country Club Pk

City State Zip Code  
Duluth GA 30097-1620

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

Name of Employer  
Hanger Orthopedic Group, Inc.

Occupation  
Associate Market Leader

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

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

**Transaction ID:** PR1481051520546

Amount of Each Receipt this Period  
100.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **300.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 21
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Brian A Wheeler		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 8 Hawk Road		<b>Transaction ID:</b> PR1481051920546
	City Lawrenceville	State NJ	Zip Code 08648
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
	Name of Employer Hanger Orthopedic Group, Inc.	Occupation Vice President, Human Resources	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Louis Zermeno		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 2108 Pecan Creek Drive		<b>Transaction ID:</b> PR1481052320546
	City Mesquite	State TX	Zip Code 75181
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
	Name of Employer Hanger Orthopedic Group, Inc.	Occupation Market Leader	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Richard F Hall		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 250 Oak Knoll Drive		<b>Transaction ID:</b> PR1481052620546
	City Marine On St. Croi	State MN	Zip Code 55047
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
	Name of Employer Hanger Orthopedic Group, Inc.	Occupation Practice Manager	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>3600.00</b>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 21

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

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

A.	Full Name (Last, First, Middle Initial) Price For Congress	Transaction ID: 15341489 Date of Disbursement
	Mailing Address P.O. Box 425	<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City Roswell State GA Zip Code 30077	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Rep. Thomas Price, M.D.	Contribution
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		<input type="text" value="011"/> Category/ Type

B.	Full Name (Last, First, Middle Initial) Greg Davis For Congress	Transaction ID: 15476823 Date of Disbursement
	Mailing Address 5779 Getwell Rd Bldg D1	<input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2008"/>
	City Southaven State MS Zip Code 38672	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2000.00"/>
	Candidate Name Mr. Charles Davis	Contribution
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 01	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General2008	
		<input type="text" value="011"/> Category/ Type

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

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 21 / 21

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Gina Loudon for Senate <hr/> Mailing Address 1734 Clarkson Road Suite 215 <hr/> City Chesterfield State MO Zip Code 63017 <hr/> Purpose of Disbursement Gina Loudon, STATE SENATE MO Candidate Name Gina Loudon <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 MO Primary Elec	Transaction ID: 15341490 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 8
	Amount of Each Disbursement this Period 400.00 <hr/> Gina Loudon, STATE SENATE MO
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Patterson Park <hr/> Mailing Address 27 South Patterson Park Avenue <hr/> City Balitmore State MD Zip Code 21231 <hr/> Purpose of Disbursement Charitable Donation Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 15477208 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00 <hr/> Charitable Donation

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

2900.00

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

2900.00