

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Hanger Orthopedic Group Inc. PAC

ADDRESS (number and street) 2 Bethesda Metro Center Suite 1200
 Check if different than previously reported. (ACC)
Bethesda MD 20814

2. **FEC IDENTIFICATION NUMBER** C00430397
3. IS THIS REPORT **NEW (N)** **OR** **AMENDED (A)**

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 03 01 2010 through 03 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Sam Reimer

Signature of Treasurer Electronically Filed by Sam Reimer Date 04 16 2010

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

Office Use Only							
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Hanger Orthopedic Group Inc. PAC

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		76897.01
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	87282.42									
(c) Total Receipts (from Line 19)	5586.68	16972.09								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	92869.10	93869.10								
7. Total Disbursements (from Line 31)	32.17	1032.17								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	92836.93	92836.93								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
Hanger Orthopedic Group Inc. PAC

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	2340.00	3000.00
(ii) Unitemized	3246.00	13968.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	5586.00	16968.00
(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)	5586.00	16968.00
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.)	0.68	4.09
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))	5586.68	16972.09
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	5586.68	16972.09

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	32.17	32.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	32.17	32.17
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	1000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
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))..	32.17	1032.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32.17	1032.17

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	5586.00	16968.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5586.00	16968.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	32.17	32.17
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	32.17	32.17

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 13
(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)
Frank Bostock

Mailing Address 2 W Kaler Drive

City Phoenix State AZ Zip Code 85021-7237

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 03 / 31 / 2010

Transaction ID: PR1481041723558

Amount of Each Receipt this Period 100.00

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

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 VP, Lower Extremity Prosthetic

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 03 / 31 / 2010

Transaction ID: PR1481042123558

Amount of Each Receipt this Period 80.00

P/R Deduction (\$40.00 Semi-Monthly)

C. Full Name (Last, First, Middle Initial)
Mark A Conry

Mailing Address 35 Linden Avenue Apt 504

City Long Beach State CA Zip Code 90802-5061

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 ▼ 250.00

Date of Receipt 03 / 31 / 2010

Transaction ID: PR1481042323558

Amount of Each Receipt this Period 50.00

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

SUBTOTAL of Receipts This Page (optional) ► 230.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 13
(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)
Bradford C Deudne

Mailing Address 33 Meriwether Trail

City State Zip Code
Congers NY 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 ▼
300.00

Date of Receipt

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

Transaction ID: PR1481042723558

Amount of Each Receipt this Period
100.00

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

B.

Full Name (Last, First, Middle Initial)
Frank Erdeljac

Mailing Address 137 Martin Road

City State Zip Code
Pittsburgh PA 15237-3726

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	3		3	1		2	0	1	0

Transaction ID: PR1481042823558

Amount of Each Receipt this Period
100.00

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

C.

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

Mailing Address 4525 South Atlantic Avenue #1303

City State Zip Code
Ponce Inlet FL 32127

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	3		3	1		2	0	1	0

Transaction ID: PR1481043123558

Amount of Each Receipt this Period
100.00

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

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 8 / 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Michael 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 ▼ 300.00

Date of Receipt 03 / 31 / 2010

Transaction ID: PR1481043523558

Amount of Each Receipt this Period 100.00

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

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

Mailing Address 5622 Billy Casper Dr

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 ▼ 240.00

Date of Receipt 03 / 31 / 2010

Transaction ID: PR1481045023558

Amount of Each Receipt this Period 80.00

P/R Deduction (\$40.00 Semi-Monthly)

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

Mailing Address 3121 Morgan Circle

City Bismarck State ND Zip Code 58503-0102

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 03 / 31 / 2010

Transaction ID: PR1481045123558

Amount of Each Receipt this Period 100.00

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

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 9 / 13
	<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) Dennis J Huysman		Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 3 Pickwick Lane		Transaction ID: PR1481045323558
	City Old Saybrook	State CT	Zip Code 06475-1020
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer Hanger Orthopedic Group, Inc.	Occupation Market Leader	P/R Deduction (\$50.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

B.	Full Name (Last, First, Middle Initial) Thomas F Kirk		Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 2616 Lighthouse Bend Drive		Transaction ID: PR1481046223558
	City Ponte Vedra Beach	State FL	Zip Code 32082
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer Hanger Orthopedic Group, Inc.	Occupation President & CEO	P/R Deduction (\$50.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

C.	Full Name (Last, First, Middle Initial) Kent D Lane		Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 103 Segwun Drive		Transaction ID: PR1481046923558
	City Lexington	State SC	Zip Code 29072
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer Hanger Orthopedic Group, Inc.	Occupation Market Leader	P/R Deduction (\$50.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)	▶	300.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 13
	<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	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 8432 Link Hills Loop	Transaction ID: PR1481047023558
	City State Zip Code Gainesville VA 20155	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Semi-Monthly)
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Market Leader	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Jeffery S Lutz	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 100 Shannon Road	Transaction ID: PR1481047223558
	City State Zip Code Lafayette LA 70503	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$65.00 Semi-Monthly)
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Market Leader	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

C.	Full Name (Last, First, Middle Initial) George E McHenry	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 25205 Bonny Brook Lane	Transaction ID: PR1481047723558
	City State Zip Code Gaithersburg MD 20882	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Semi-Monthly)
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Executive Vice President & CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	330.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 11 / 13
(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 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 ▼
250.00

Date of Receipt

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

Transaction ID: PR1481048823558

Amount of Each Receipt this Period
50.00

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

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

Mailing Address 4819 Quebec Street NW

City State Zip Code
Washington DC 20016-3228

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

Name of Employer
Hanger Orthopedic Group, Inc.

Occupation
Executive Chairman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

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

Transaction ID: PR1481050423558

Amount of Each Receipt this Period
200.00

P/R Deduction (\$100.00 Semi-Monthly)

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

Mailing Address 830 Riverhaven Drive

City State Zip Code
Suwanee GA 30024

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

Name of Employer
Hanger Orthopedic Group, Inc.

Occupation
VP, Mergers & Acquisitions

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

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

Transaction ID: PR1481050523558

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ► **350.00**

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 12 / 13
(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 State Zip Code
Oklahoma City OK 73139-5416

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

Name of Employer
Hanger Orthopedic Group, Inc.

Occupation
Associate Market Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2010

Transaction ID: PR1481050623558

Amount of Each Receipt this Period
50.00

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

B.

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

Mailing Address 159 Ash St

City State Zip Code
Lake Zurich IL 60047-1309

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

Name of Employer
Hanger Orthopedic Group, Inc.

Occupation
Director, Matierals Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2010

Transaction ID: PR1481050723558

Amount of Each Receipt this Period
100.00

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

C.

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 ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2010

Transaction ID: PR1481051423558

Amount of Each Receipt this Period
100.00

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

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

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

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

A.	Full Name (Last, First, Middle Initial) Albert P Teoli	Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2010
	Mailing Address 2460 Bradwardine Court	Transaction ID: PR1481051523558
	City State Zip Code Cumming GA 30041	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Semi-Monthly)
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Associate Market Leader	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Louis Zermeno	Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2010
	Mailing Address 211 Island Falls	Transaction ID: PR1481052323558
	City State Zip Code Sunnyvale TX 75182	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Semi-Monthly)
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Market Leader	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Steve Prock	Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2010
	Mailing Address 1011 Higgins Rd	Transaction ID: PR1504291923558
	City State Zip Code Sherman TX 75092-6519	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Semi-Monthly)
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Area Practice Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	2340.00