

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 10910 Domain Drive Suite 300
 Check if different than previously reported. (ACC)
Austin TX 78758

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (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 06 01 2011 through 06 30 2011

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 Russell Allen

Signature of Treasurer Electronically Filed by Russell Allen Date 07 20 2011

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	6

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		134811.00
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	161822.08									
(c) Total Receipts (from Line 19)	5763.64	33446.69								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	167585.72	168257.69								
7. Total Disbursements (from Line 31)	0.00	671.97								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	167585.72	167585.72								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Hanger Orthopedic Group Inc. PAC

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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)	2925.00	10045.00
(ii) Unitemized	2661.00	23186.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	5586.00	33231.00
(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	33231.00
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)	171.97	171.97
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	5.67	43.72
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))	5763.64	33446.69
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	5763.64	33446.69

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	171.97
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	171.97
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	500.00
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))..	0.00	671.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	671.97

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	33231.00
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	33231.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	171.97
37. Offsets to Operating Expenditures (from Line 15, page 3)	171.97	171.97
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-171.97	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 18
(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 ▼ 600.00

Date of Receipt 06 / 30 / 2011

Transaction ID: PR1481041725217

Amount of Each Receipt this Period 100.00

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

B. Full Name (Last, First, Middle Initial)
Eric Burns

Mailing Address 2925 E Racquet Court

City Tucson State AZ Zip Code 85716-1096

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 06 / 30 / 2011

Transaction ID: PR1481042025217

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 Semi-Monthly)

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 VP, Lower Extremity Prosthetic

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 30 / 2011

Transaction ID: PR1481042125217

Amount of Each Receipt this Period 80.00

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

SUBTOTAL of Receipts This Page (optional) 220.00

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 / 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) Mark A Conry</p> <p>Mailing Address 35 Linden Avenue Apt 504</p> <p>City State Zip Code Long Beach CA 90802-5061</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Hanger Orthopedic Group, Inc.</p> <p>Occupation Market Leader</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt 06 / 30 / 2011</p> <p>Transaction ID: PR1481042325217</p> <p>Amount of Each Receipt this Period 50.00</p> <p>P/R Deduction (\$25.00 Semi-Monthly)</p>
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<p>B. Full Name (Last, First, Middle Initial) Bradford C. Deudne</p> <p>Mailing Address 75 A Lake Road Box 350</p> <p>City State Zip Code Congers NY 10920</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Hanger Orthopedic Group, Inc.</p> <p>Occupation Market Leader</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 600.00</p>	<p>Date of Receipt 06 / 30 / 2011</p> <p>Transaction ID: PR1481042725217</p> <p>Amount of Each Receipt this Period 100.00</p> <p>P/R Deduction (\$50.00 Semi-Monthly)</p>
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<p>C. Full Name (Last, First, Middle Initial) Frank Erdeljac</p> <p>Mailing Address 137 Martin Road</p> <p>City State Zip Code Pittsburgh PA 15237-3726</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Hanger Orthopedic Group, Inc.</p> <p>Occupation Practitioner - CO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 600.00</p>	<p>Date of Receipt 06 / 30 / 2011</p> <p>Transaction ID: PR1481042825217</p> <p>Amount of Each Receipt this Period 100.00</p> <p>P/R Deduction (\$50.00 Semi-Monthly)</p>
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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 8 / 18
	(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

A.	Full Name (Last, First, Middle Initial) Wallis Farraday		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 4525 South Atlantic Avenue #1303		Transaction ID: PR1481043125217
	City Ponce Inlet	State FL	Zip Code 32127
	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 ▼ 600.00		

B.	Full Name (Last, First, Middle Initial) Michael R George		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 28 San Tomas		Transaction ID: PR1481043525217
	City Rancho Santa Marga	State CA	Zip Code 92688
	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 Vice President, Operations	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 ▼ 600.00		

C.	Full Name (Last, First, Middle Initial) Myron P Griffin		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 212 Dream Spirit Drive		Transaction ID: PR1481044125217
	City Santa Teresa	State NM	Zip Code 88003
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer Hanger Orthopedic Group, Inc.	Occupation Practitioner-CPO	P/R Deduction (\$25.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

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 9 / 18
(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)
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 06 / 30 / 2011

Transaction ID: PR1481044425217

Amount of Each Receipt this Period 60.00

P/R Deduction (\$30.00 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 ▼ 480.00

Date of Receipt 06 / 30 / 2011

Transaction ID: PR1481045025217

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 ▼ 600.00

Date of Receipt 06 / 30 / 2011

Transaction ID: PR1481045125217

Amount of Each Receipt this Period 100.00

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

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: PAGE 10 / 18
(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)
Dennis J Huysman

Mailing Address 3 Pickwick Lane

City State Zip Code
Old Saybrook CT 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
MM / DD / YYYY
06 / 30 / 2011

Transaction ID: PR1481045325217

Amount of Each Receipt this Period
100.00

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

B.

Full Name (Last, First, Middle Initial)
Michael A Jenks

Mailing Address 18315 Marbor Light Blvd

City State Zip Code
Cornelius NC 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
MM / DD / YYYY
06 / 30 / 2011

Transaction ID: PR1481045525217

Amount of Each Receipt this Period
40.00

P/R Deduction (\$20.00 Semi-Monthly)

C.

Full Name (Last, First, Middle Initial)
Charles E Jordan

Mailing Address 207 Vixen View

City State Zip Code
Phoenixville PA 19460-2115

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

Name of Employer
Hanger Orthopedic Group, Inc.

Occupation
Director of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2011

Transaction ID: PR1481045925217

Amount of Each Receipt this Period
50.00

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

SUBTOTAL of Receipts This Page (optional) ► **190.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 18
	<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) Thomas F Kirk	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 2616 Lighthouse Bend Drive	Transaction ID: PR1481046225217
	City State Zip Code Ponte Vedra Beach FL 32082	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Semi-Monthly)
Name of Employer Hanger Orthopedic Group, Inc.	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

B.	Full Name (Last, First, Middle Initial) Kent D Lane	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 103 Segwun Drive	Transaction ID: PR1481046925217
	City State Zip Code Lexington SC 29072	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 ▼ 600.00	

C.	Full Name (Last, First, Middle Initial) Terry D Loveless	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 8432 Link Hills Loop	Transaction ID: PR1481047025217
	City State Zip Code Gainesville VA 20155	Amount of Each Receipt this Period 55.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$5.00 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 ▼ 555.00	

SUBTOTAL of Receipts This Page (optional)	255.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Jeffery S Lutz	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 100 Shannon Road	Transaction ID: PR1481047225217
	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 ▼ 780.00	

B.	Full Name (Last, First, Middle Initial) Jeffrey L Martin	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 8009 Lake Mountain Lane	Transaction ID: PR1481047325217
	City State Zip Code Austin TX 78641	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Semi-Monthly)
	Name of Employer: Hanger Orthopedic Group, Inc. Occupation: Director, Mergers & Acquisition 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) Stacy McFarland	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 116 19th Avenue North # 203	Transaction ID: PR1481047525217
	City State Zip Code Jacksonville Beach FL 32250	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Semi-Monthly)
	Name of Employer: Hanger Orthopedic Group, Inc. Occupation: Business Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	▶	220.00
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 / 18
	<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) George E McHenry		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 801 West Fifth Street Unit 2106		Transaction ID: PR1481047725217
	City Austin	State TX	Zip Code 78703
	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 Executive Vice President & CFO	P/R Deduction (\$50.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

B.	Full Name (Last, First, Middle Initial) Hugh J Panton		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 17 Island Road		Transaction ID: PR1481048825217
	City Sewalls Point	State FL	Zip Code 34996
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer Hanger Orthopedic Group, Inc.	Occupation Associate Market Leader	P/R Deduction (\$25.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

C.	Full Name (Last, First, Middle Initial) Michael L Schlesinger		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 8055 Majors Mill Drive		Transaction ID: PR1481050525217
	City Cumming	State GA	Zip Code 30041
	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 VP, Corp Business Development	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 ▼ 600.00		

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 14 / 18
	<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	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 10020 Gramercy	Transaction ID: PR1481050625217
	City State Zip Code Oklahoma City OK 73139-5416	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 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) <input type="checkbox"/> Aggregate Year-to-Date: 300.00	

B.	Full Name (Last, First, Middle Initial) Robert T Simms	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 159 Ash St	Transaction ID: PR1481050725217
	City State Zip Code Lake Zurich IL 60047-1309	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Semi-Monthly)
	Name of Employer: Hanger Orthopedic Group, Inc. Occupation: Director, Materials Management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 600.00	

C.	Full Name (Last, First, Middle Initial) Richmond L Taylor	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 23848 Skyline Dr.	Transaction ID: PR1481051425217
	City State Zip Code Mission Viejo CA 92692-1875	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: President, HPO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 600.00	

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 15 / 18
	<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) Albert P Teoli		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 2460 Bradwardine Court		Transaction ID: PR1481051525217
	City Cumming	State GA	Zip Code 30041
	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 Associate Market Leader	P/R Deduction (\$50.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

B.	Full Name (Last, First, Middle Initial) Louis Zermeno		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 211 Island Falls		Transaction ID: PR1481052325217
	City Sunnyvale	State TX	Zip Code 75182
	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 ▼ 600.00		

C.	Full Name (Last, First, Middle Initial) Richard F Hall		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 427 Holly Lane		Transaction ID: PR1481052625217
	City Oakdale	State MN	Zip Code 55128
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer Hanger Orthopedic Group, Inc.	Occupation Area Practice Manager	P/R Deduction (\$25.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

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 / 18
(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)
Bret T Bostock

Mailing Address 1018 W. State Ave.

City State Zip Code
Phoenix AZ 85021

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	6	/	3	0	/	2	0	1	1

Transaction ID: PR1481053925217

Amount of Each Receipt this Period
50.00

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

B.

Full Name (Last, First, Middle Initial)
Brandon E Dale

Mailing Address 3240 E. Stanford Drive

City State Zip Code
Paradise Valley AZ 85253

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

Name of Employer
Hanger Orthopedic Group, Inc.

Occupation
VP & General Manager, CARES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	1

Transaction ID: PR1481054525217

Amount of Each Receipt this Period
50.00

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

C.

Full Name (Last, First, Middle Initial)
Edward S Gormanson

Mailing Address 9013 Windwood

City State Zip Code
Wichita KS 67226-1510

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
0	6	/	3	0	/	2	0	1	1

Transaction ID: PR1481055425217

Amount of Each Receipt this Period
50.00

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

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: (check only one)	PAGE 17 / 18
	<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) Delbert Lipe		Date of Receipt
	Mailing Address 26746 Orchid Trail		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Boerne	TX	78006-5547
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Hanger Orthopedic Group, Inc.		Occupation Area Practice Manager	Transaction ID: PR1481057625217
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	Amount of Each Receipt this Period <input type="text" value="50.00"/>
			P/R Deduction (\$25.00 Semi-Monthly)

B.	Full Name (Last, First, Middle Initial) James A McCalmont		Date of Receipt
	Mailing Address 40611 N. Shadow Creek Way		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Anthem	AZ	85086
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Hanger Orthopedic Group, Inc.		Occupation Area Practice Manager	Transaction ID: PR1481057925217
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	Amount of Each Receipt this Period <input type="text" value="50.00"/>
			P/R Deduction (\$25.00 Semi-Monthly)

C.	Full Name (Last, First, Middle Initial) Steve Prock		Date of Receipt
	Mailing Address 1011 Higgins Rd		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Sherman	TX	75092-6519
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Hanger Orthopedic Group, Inc.		Occupation Area Practice Manager	Transaction ID: PR1504291925217
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>	Amount of Each Receipt this Period <input type="text" value="100.00"/>
			P/R Deduction (\$50.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="200.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 18
	<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) Gregory T Cerafice		Date of Receipt
	Mailing Address 762 N W 99th Circle		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Plantation	FL	33324-4947
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Hanger Orthopedic Group, Inc.		Occupation Area Practice Manager	Transaction ID: PR1624554125217
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	
		Amount of Each Receipt this Period <input type="text" value="50.00"/>	
		P/R Deduction (\$25.00 Semi-Monthly)	

B.	Full Name (Last, First, Middle Initial) Thomas Edward Hartman		Date of Receipt
	Mailing Address 321 Calistoga Court		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Austin	TX	78732
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Hanger Orthopedic Group, Inc.		Occupation Vice Pres. & General Counsel	Transaction ID: PR1766440425217
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	
		Amount of Each Receipt this Period <input type="text" value="50.00"/>	
		P/R Deduction (\$25.00 Semi-Monthly)	

C.	Full Name (Last, First, Middle Initial) Thomas Vincent DiBello		Date of Receipt
	Mailing Address 403 Timber Grove Place		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Friendswood	TX	77546
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Hanger Orthopedic Group, Inc.		Occupation Area Practice Manager	Transaction ID: PR1858237225217
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	
		Amount of Each Receipt this Period <input type="text" value="100.00"/>	
		P/R Deduction (\$50.00 Semi-Monthly)	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="200.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="2925.00"/>