

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 11 23 2010 through 12 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 01 06 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
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

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	127228.48									
(c) Total Receipts (from Line 19)	7582.52	64946.16								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	134811.00	141843.17								
7. Total Disbursements (from Line 31)	0.00	7032.17								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	134811.00	134811.00								
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
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

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)	5425.00	31435.00
(ii) Unitemized	2146.00	33449.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	7571.00	64884.00
(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)	7571.00	64884.00
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.)	11.52	62.16
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))	7582.52	64946.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7582.52	64946.16

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.....	0.00	32.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	32.17
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	6000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	1000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	0.00	7032.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	7032.17

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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	7571.00	64884.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7571.00	64884.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	32.17
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	32.17

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 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	

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) Ruthie Ann Boan	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 605 West 11th Street	Transaction ID: PR1481041524577
	City State Zip Code Sulphur OK 73086-5409	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Semi-Monthly)
	Name of Employer: Hanger Orthopedic Group, Inc. Occupation: Area Administrative Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 230.00	

B.	Full Name (Last, First, Middle Initial) Robert L Borengasser	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 381 W. Larona Lane	Transaction ID: PR1481041624577
	City State Zip Code Tempe AZ 85284	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$5.00 Semi-Monthly)
	Name of Employer: Hanger Orthopedic Group, Inc. Occupation: 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	

C.	Full Name (Last, First, Middle Initial) Frank Bostock	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 2 W Kaler Drive	Transaction ID: PR1481041724577
	City State Zip Code Phoenix AZ 85021-7237	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Semi-Monthly)
	Name of Employer: Hanger Orthopedic Group, Inc. Occupation: Market Leader Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 1200.00	

SUBTOTAL of Receipts This Page (optional)	195.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 31
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
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 Practice Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 12 / 31 / 2010

Transaction ID: PR1481042024577

Amount of Each Receipt this Period 60.00

P/R Deduction (\$20.00 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 ▼ 960.00

Date of Receipt 12 / 31 / 2010

Transaction ID: PR1481042124577

Amount of Each Receipt this Period 120.00

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

C.

Full Name (Last, First, Middle Initial)
Kenneth E Cerimele

Mailing Address 1070 Fox Den Tr.

City Canfield State OH Zip Code 44406

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 ▼ 240.00

Date of Receipt 12 / 31 / 2010

Transaction ID: PR1481042224577

Amount of Each Receipt this Period 30.00

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

SUBTOTAL of Receipts This Page (optional) ▶ 210.00

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

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

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

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

A.	Full Name (Last, First, Middle Initial) Mark A Conry	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 35 Linden Avenue Apt 504	Transaction ID: PR1481042324577
	City Long Beach State CA Zip Code 90802-5061	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Semi-Monthly)
	Name of Employer Hanger Orthopedic Group, Inc. Occupation Market Leader Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00	

B.	Full Name (Last, First, Middle Initial) Eric W Craig	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 6240 Beacon Station Dr.	Transaction ID: PR1481042424577
	City Cumming State GA Zip Code 30041	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Semi-Monthly)
	Name of Employer Hanger Orthopedic Group, Inc. Occupation Vice President, Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

C.	Full Name (Last, First, Middle Initial) Bradford C. Deudne	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 75 A Lake Road Box 350	Transaction ID: PR1481042724577
	City Congers State NY Zip Code 10920	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Semi-Monthly)
	Name of Employer Hanger Orthopedic Group, Inc. Occupation Market Leader Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00	

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: PAGE 9 / 31

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
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
Practitioner - CO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1481042824577

Amount of Each Receipt this Period
150.00

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

B.

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 ▼
1200.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1481043124577

Amount of Each Receipt this Period
150.00

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

C.

Full Name (Last, First, Middle Initial)
Michael R George

Mailing Address 28 San Tomas

City State Zip Code
Rancho Santa Marga CA 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 ▼
1200.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1481043524577

Amount of Each Receipt this Period
150.00

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

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: PAGE 10 / 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Alistair Q Gibson

Mailing Address 1928 Lake Roberts Landing Drive

City State Zip Code
Winter garden FL 34787

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

Name of Employer
Hanger Orthopedic Group, Inc.

Occupation
Area Practice Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt

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

Transaction ID: PR1481043624577

Amount of Each Receipt this Period 30.00

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

B. Full Name (Last, First, Middle Initial)
Glen E Goranson

Mailing Address 885 Post Road

City State Zip Code
Brookfield WI 53005

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

Name of Employer
Hanger Orthopedic Group, Inc.

Occupation
Practice Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt

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

Transaction ID: PR1481043924577

Amount of Each Receipt this Period 30.00

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

C. Full Name (Last, First, Middle Initial)
Myron P Griffin

Mailing Address 212 Dream Spirit Drive

City State Zip Code
Santa Teresa NM 88003

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

Name of Employer
Hanger Orthopedic Group, Inc.

Occupation
Practitioner-CPO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt

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

Transaction ID: PR1481044124577

Amount of Each Receipt this Period 75.00

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

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

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

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

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

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

A. Full Name (Last, First, Middle Initial)
Kyle C Hammersmith

Mailing Address 314 Silent Spring Dr.

City Cedar Park State TX Zip Code 78613

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

Name of Employer Hanger Orthopedic Group, Inc. Occupation Manager, Applications Dev.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 12 / 31 / 2010

Transaction ID: PR1481044324577

Amount of Each Receipt this Period 30.00

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

B. Full Name (Last, First, Middle Initial)
Rebecca Jo Hast

Mailing Address 17344 Lafayette Drive

City Olney State MD Zip Code 20832

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

Name of Employer Hanger Orthopedic Group, Inc. Occupation President, Linkia

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt 12 / 31 / 2010

Transaction ID: PR1481044424577

Amount of Each Receipt this Period 90.00

P/R Deduction (\$30.00 Semi-Monthly)

C. Full Name (Last, First, Middle Initial)
Geoffrey S Hemmen

Mailing Address 1505 Chatham Ct.

City St. Augustine State FL Zip Code 32092

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 12 / 31 / 2010

Transaction ID: PR1481044824577

Amount of Each Receipt this Period 30.00

P/R Deduction (\$10.00 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 12 / 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) John S Hildebrand	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 5622 Billy Casper Dr	Transaction ID: PR1481045024577
	City Billings State MT Zip Code 59106-1027	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Semi-Monthly)
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Associate Market Leader	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	

B.	Full Name (Last, First, Middle Initial) William Hineman	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 3121 Morgan Circle	Transaction ID: PR1481045124577
	City Bismarck State ND Zip Code 58503-0102	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Semi-Monthly)
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Market Leader	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

C.	Full Name (Last, First, Middle Initial) Dennis J Huysman	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 3 Pickwick Lane	Transaction ID: PR1481045324577
	City Old Saybrook State CT Zip Code 06475-1020	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Semi-Monthly)
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Market Leader	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional)	420.00
TOTAL This Period (last page this line number only)	

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

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

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

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

A.	Full Name (Last, First, Middle Initial) Michael A Jenks		Date of Receipt
	Mailing Address 18315 Marbor Light Blvd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 3 1 / 2 0 1 0
	City	State	Zip Code
	Cornelius	NC	28031
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1481045524577
Name of Employer Hanger Orthopedic Group, Inc.		Occupation Area Practice Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 480.00	<input type="text"/> 60.00
			P/R Deduction (\$20.00 Semi-Monthly)

B.	Full Name (Last, First, Middle Initial) Lars V Jensen		Date of Receipt
	Mailing Address 701 Hawthorn Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 3 1 / 2 0 1 0
	City	State	Zip Code
	San Ramon	CA	94583-5641
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1481045624577
Name of Employer Hanger Orthopedic Group, Inc.		Occupation Market Leader	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	<input type="text"/> 45.00
			P/R Deduction (\$15.00 Semi-Monthly)

C.	Full Name (Last, First, Middle Initial) Charles E Jordan		Date of Receipt
	Mailing Address 207 Vixen View		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 3 1 / 2 0 1 0
	City	State	Zip Code
	Phoenixville	PA	19460-2115
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1481045924577
Name of Employer Hanger Orthopedic Group, Inc.		Occupation Director of Operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	<input type="text"/> 75.00
			P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 180.00
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: PAGE 14 / 31
(check only one)

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

A.

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

Mailing Address 2616 Lighthouse Bend Drive

City State Zip Code
Ponte Verda Beach FL 32082

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

Name of Employer
Hanger Orthopedic Group, Inc.

Occupation
President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: PR1481046224577

Amount of Each Receipt this Period
150.00

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

B.

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

Mailing Address 103 Segwun Drive

City State Zip Code
Lexington SC 29072

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

Name of Employer
Hanger Orthopedic Group, Inc.

Occupation
Market Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: PR1481046924577

Amount of Each Receipt this Period
150.00

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

C.

Full Name (Last, First, Middle Initial)
Terry D Loveless

Mailing Address 8432 Link Hills Loop

City State Zip Code
Gainesville VA 20155

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

Name of Employer
Hanger Orthopedic Group, Inc.

Occupation
Market Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: PR1481047024577

Amount of Each Receipt this Period
150.00

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

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

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

A.	Full Name (Last, First, Middle Initial) Jeffery S Lutz	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 100 Shannon Road	Transaction ID: PR1481047224577
	City State Zip Code Lafayette LA 70503	Amount of Each Receipt this Period 195.00
	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 ▼ 1560.00	

B.	Full Name (Last, First, Middle Initial) Jeffrey L Martin	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 8009 Lake Mountain Lane	Transaction ID: PR1481047324577
	City State Zip Code Austin TX 78641	Amount of Each Receipt this Period 25.00
	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 ▼ 550.00	

C.	Full Name (Last, First, Middle Initial) Stacy McFarland	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 116 19th Avenue North # 203	Transaction ID: PR1481047524577
	City State Zip Code Jacksonville Beach FL 32250	Amount of Each Receipt this Period 60.00
	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 ▼ 480.00	

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

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

A. Full Name (Last, First, Middle Initial)
Jeffrey McGinnis

Mailing Address 2081 Hempstead Rd.

City State Zip Code
Rock Hill SC 29732

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 12 / 31 / 2010
Transaction ID: PR1481047624577
Amount of Each Receipt this Period: 30.00
P/R Deduction (\$10.00 Semi-Monthly)

B. Full Name (Last, First, Middle Initial)
George E McHenry

Mailing Address 801 West Fifth Street Unit 2106

City State Zip Code
Austin TX 78703

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

Name of Employer: Hanger Orthopedic Group, Inc. Occupation: Executive Vice President & CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 12 / 31 / 2010
Transaction ID: PR1481047724577
Amount of Each Receipt this Period: 150.00
P/R Deduction (\$50.00 Semi-Monthly)

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

Mailing Address 8 Euclid Avenue

City State Zip Code
Hillsborough NJ 08844

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 12 / 31 / 2010
Transaction ID: PR1481047824577
Amount of Each Receipt this Period: 30.00
P/R Deduction (\$10.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► 210.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 31
(check only one)

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

A.

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

Mailing Address 6851 NW 40th Drive

City Gainesville State FL Zip Code 32653-8339

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2010

Transaction ID: PR1481047924577

Amount of Each Receipt this Period 30.00

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

B.

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

Mailing Address 17 Island Road

City Sewalls Point State FL Zip Code 34996

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 12 / 31 / 2010

Transaction ID: PR1481048824577

Amount of Each Receipt this Period 75.00

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

C.

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

Mailing Address 905 West End Apt # 94

City New York State NY Zip Code 10025-3530

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

Name of Employer Hanger Orthopedic Group, Inc. Occupation Practitioner - CP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2010

Transaction ID: PR1481049724577

Amount of Each Receipt this Period 30.00

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

SUBTOTAL of Receipts This Page (optional) ► 135.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

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

A.

Full Name (Last, First, Middle Initial)
Arthur J Roberts

Mailing Address 1901 Trolley Road

City York State PA Zip Code 17408-1543

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

Name of Employer Hanger Orthopedic Group, Inc. Occupation Practitioner - CO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2010

Transaction ID: PR1481049824577

Amount of Each Receipt this Period 30.00

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

B.

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

Mailing Address 203 Landons Way

City Georgetown State TX Zip Code 78628

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

Name of Employer Hanger Orthopedic Group, Inc. Occupation Director, Manufacturing Oper.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2010

Transaction ID: PR1481050124577

Amount of Each Receipt this Period 30.00

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

C.

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

Mailing Address 830 Riverhaven Drive

City Suwanee State GA Zip Code 30024

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

Name of Employer Hanger Orthopedic Group, Inc. Occupation VP, Mergers & Acquisitions

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2010

Transaction ID: PR1481050524577

Amount of Each Receipt this Period 150.00

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

SUBTOTAL of Receipts This Page (optional) ► 210.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 31
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
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 ▼
700.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1481050624577

Amount of Each Receipt this Period
75.00

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, Materials Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1481050724577

Amount of Each Receipt this Period
150.00

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 ▼
1200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1481051424577

Amount of Each Receipt this Period
150.00

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

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

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

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

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

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

A.	Full Name (Last, First, Middle Initial) Albert P Teoli		Date of Receipt
	Mailing Address 2460 Bradwardine Court		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Cumming	GA	30041
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1481051524577
Name of Employer Hanger Orthopedic Group, Inc.		Occupation Associate Market Leader	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1200.00"/>	<input type="text" value="150.00"/>
			P/R Deduction (\$50.00 Semi-Monthly)

B.	Full Name (Last, First, Middle Initial) Kathleen A Townsend		Date of Receipt
	Mailing Address 829 N Chestnut St		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	La Habra	CA	90631-3008
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1481051724577
Name of Employer Hanger Orthopedic Group, Inc.		Occupation Area Administrative Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	<input type="text" value="30.00"/>
			P/R Deduction (\$10.00 Semi-Monthly)

C.	Full Name (Last, First, Middle Initial) Mark P Voit		Date of Receipt
	Mailing Address 2403 Dorado		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Mission	TX	78573
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1481051824577
Name of Employer Hanger Orthopedic Group, Inc.		Occupation Area Practice Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	<input type="text" value="30.00"/>
			P/R Deduction (\$10.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="210.00"/>
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: PAGE 21 / 31
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
Louis Zermeno

Mailing Address 211 Island Falls

City State Zip Code
Sunnyvale TX 75182

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 ▼
1200.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: PR1481052324577

Amount of Each Receipt this Period
150.00

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

B.

Full Name (Last, First, Middle Initial)
Richard F Hall

Mailing Address 427 Holly Lane

City State Zip Code
Oakdale MN 55128

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 ▼
600.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: PR1481052624577

Amount of Each Receipt this Period
75.00

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

C.

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 ▼
600.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: PR1481053924577

Amount of Each Receipt this Period
75.00

P/R Deduction (\$25.00 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: PAGE 22 / 31
	(check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Kaia Ann Busch	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 19560 44th Ave. N.E.	Transaction ID: PR1481054124577
	City State Zip Code Lake Forest Park WA 98155	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Semi-Monthly)
	Name of Employer Hanger Orthopedic Group, Inc.	
Occupation Market Leader	Aggregate Year-to-Date 240.00	

B.	Full Name (Last, First, Middle Initial) Brandon E Dale	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 3240 E. Stanford Drive	Transaction ID: PR1481054524577
	City State Zip Code Paradise Valley AZ 85253	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Semi-Monthly)
	Name of Employer Hanger Orthopedic Group, Inc.	
Occupation VP & General Manager, CARES	Aggregate Year-to-Date 600.00	

C.	Full Name (Last, First, Middle Initial) Dana S Evans	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 10320 Dominion Court	Transaction ID: PR1481054924577
	City State Zip Code Port Arthur TX 77640	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Semi-Monthly)
	Name of Employer Hanger Orthopedic Group, Inc.	
Occupation Practice Manager	Aggregate Year-to-Date 240.00	

SUBTOTAL of Receipts This Page (optional)	135.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 23 / 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
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 Practitioner - CP
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00
Date of Receipt 12 / 31 / 2010
Transaction ID: PR1481055424577
Amount of Each Receipt this Period 75.00
P/R Deduction (\$25.00 Semi-Monthly)

B. Full Name (Last, First, Middle Initial)
Ralph L Grayson
Mailing Address 4865 Summit Ridge Road
City State Zip Code
Valdosta GA 31602
FEC ID number of contributing federal political committee. **C**
Name of Employer Hanger Orthopedic Group, Inc. Occupation Practice Manager
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00
Date of Receipt 12 / 31 / 2010
Transaction ID: PR1481055524577
Amount of Each Receipt this Period 30.00
P/R Deduction (\$10.00 Semi-Monthly)

C. Full Name (Last, First, Middle Initial)
Terry L Hubner
Mailing Address 20 Carney Drive
City State Zip Code
Millwood WV 25262
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 12 / 31 / 2010
Transaction ID: PR1481056224577
Amount of Each Receipt this Period 30.00
P/R Deduction (\$10.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► 135.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Delbert Lipe	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 26746 Orchid Trail	Transaction ID: PR1481057624577
	City Boerne State TX Zip Code 78006-5547	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Semi-Monthly)
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Area Practice Manager	
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) James A McCalmont	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 40802 N River Bend RD	Transaction ID: PR1481057924577
	City Anthem State AZ Zip Code 85086	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Semi-Monthly)
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Practice Manager	
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) Mark R Muller	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 1233 S. Sweetwater Ave	Transaction ID: PR1481058524577
	City Pueblo West State CO Zip Code 81007	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Semi-Monthly)
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Practice 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)	180.00
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 25 / 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) James Spielmann	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 3200 Island Club North #17	Transaction ID: PR1481059924577
	City State Zip Code Racine WI 53405	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Semi-Monthly)
	Name of Employer: Hanger Orthopedic Group, Inc. Occupation: Area Practice Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 240.00	

B.	Full Name (Last, First, Middle Initial) Craig V Watson	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 500 N. Berkeley Way	Transaction ID: PR1481060724577
	City State Zip Code Medford OR 97504	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Semi-Monthly)
	Name of Employer: Hanger Orthopedic Group, Inc. Occupation: Practice Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 240.00	

C.	Full Name (Last, First, Middle Initial) Robert J McKenzie	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 7246 Jonathan Ave S	Transaction ID: PR1492907624577
	City State Zip Code Cottage Grove MN 55016-3657	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Semi-Monthly)
	Name of Employer: Hanger Orthopedic Group, Inc. Occupation: Practice Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 240.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 31 (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 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

<p>A. Full Name (Last, First, Middle Initial) Donald W. Meng</p> <p>Mailing Address 1016 S. Steen Court</p> <p>City State Zip Code Spokane Valley WA 99037</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Hanger Orthopedic Group, Inc.</p> <p>Occupation Wash-Area Practice Manager</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 240.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table> </p> <p>Transaction ID: PR1492907724577</p> <p>Amount of Each Receipt this Period 30.00</p> <p>P/R Deduction (\$10.00 Semi-Monthly)</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	1		2	0	1	0												

<p>B. Full Name (Last, First, Middle Initial) Joseph R Garcia</p> <p>Mailing Address 5240 Huntington Reserve Drive</p> <p>City State Zip Code Parma OH 44134-6171</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Hanger Orthopedic Group, Inc.</p> <p>Occupation Practitioner-CPO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 240.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table> </p> <p>Transaction ID: PR1494434224577</p> <p>Amount of Each Receipt this Period 30.00</p> <p>P/R Deduction (\$10.00 Semi-Monthly)</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	1		2	0	1	0												

<p>C. Full Name (Last, First, Middle Initial) Jeffrey L Murray</p> <p>Mailing Address 201 Pond Meadow Road</p> <p>City State Zip Code Killingworth CT 06419-1122</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Hanger Orthopedic Group, Inc.</p> <p>Occupation Practice Manager</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 240.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table> </p> <p>Transaction ID: PR1494435224577</p> <p>Amount of Each Receipt this Period 30.00</p> <p>P/R Deduction (\$10.00 Semi-Monthly)</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	1		2	0	1	0												

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

**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 27 / 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Micah J Saterfield	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 14507 Wildflower Loop	Transaction ID: PR1494435724577
	City State Zip Code Fort Smith AR 72916	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Semi-Monthly)
	Name of Employer: Hanger Orthopedic Group, Inc. Occupation: Area Practice Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 240.00	

B.	Full Name (Last, First, Middle Initial) Harvey Sosnoff	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 65 River Street	Transaction ID: PR1494435824577
	City State Zip Code Holden MA 01520-2301	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Semi-Monthly)
	Name of Employer: Hanger Orthopedic Group, Inc. Occupation: Practice Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 240.00	

C.	Full Name (Last, First, Middle Initial) James R Wilkinson	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 2840 Locksley Court	Transaction ID: PR1494436124577
	City State Zip Code Tucker GA 30084	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Semi-Monthly)
	Name of Employer: Hanger Orthopedic Group, Inc. Occupation: Practice Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 240.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 31
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Barry Campbell

Mailing Address 601 E 69th St

City State Zip Code
Kansas City MO 64131-1329

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

Name of Employer
Hanger Orthopedic Group, Inc.

Occupation
Practice Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: PR1496022324577

Amount of Each Receipt this Period
30.00

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

B.

Full Name (Last, First, Middle Initial)
Pamela M Gibson

Mailing Address 4731 Lunsford Hollow Lane

City State Zip Code
Friendswood TX 77546

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

Name of Employer
Hanger Orthopedic Group, Inc.

Occupation
Practice Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: PR1504291424577

Amount of Each Receipt this Period
30.00

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

C.

Full Name (Last, First, Middle Initial)
Steve Prock

Mailing Address 1011 Higgins Rd

City State Zip Code
Sherman TX 75092-6519

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 ▼
1200.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: PR1504291924577

Amount of Each Receipt this Period
150.00

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

SUBTOTAL of Receipts This Page (optional) ► **210.00**

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

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

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

FOR LINE NUMBER: PAGE 29 / 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Anthony Borrás

Mailing Address 2118 Imperial Circle

City State Zip Code
Naples FL 34110

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: 12 / 31 / 2010
Transaction ID: PR1624553824577
 Amount of Each Receipt this Period: 30.00
 P/R Deduction (\$10.00 Semi-Monthly)

B. Full Name (Last, First, Middle Initial)
Gregory T Cerafice

Mailing Address 762 N W 99th Circle

City State Zip Code
Plantation FL 33324-4947

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 ▼ 600.00

Date of Receipt: 12 / 31 / 2010
Transaction ID: PR1624554124577
 Amount of Each Receipt this Period: 75.00
 P/R Deduction (\$25.00 Semi-Monthly)

C. Full Name (Last, First, Middle Initial)
Linda Fowler

Mailing Address 9036 Dansforeshire Way

City State Zip Code
Wake Forest NC 27587

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 12 / 31 / 2010
Transaction ID: PR1624554624577
 Amount of Each Receipt this Period: 30.00
 P/R Deduction (\$10.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► 135.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 31
(check only one)

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

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

A.

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

Mailing Address 104 Greenfield Drive

City State Zip Code
Carenco LA 70520-5927

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

Name of Employer
Hanger Orthopedic Group, Inc.

Occupation
Area Administrative Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1624554724577

Amount of Each Receipt this Period
30.00

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

B.

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

Mailing Address 148 Moultrie Crossing Lane

City State Zip Code
St Augustine FL 32086

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

Name of Employer
Hanger Orthopedic Group, Inc.

Occupation
Account Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1624556424577

Amount of Each Receipt this Period
30.00

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

C.

Full Name (Last, First, Middle Initial)
Susan I Van Norman

Mailing Address 25 Connelly Ct

City State Zip Code
Rising Sun MD 21911-1044

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

Name of Employer
Hanger Orthopedic Group, Inc.

Occupation
Director, Admin Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: PR1624556824577

Amount of Each Receipt this Period
30.00

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

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

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

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

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

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

A.

Full Name (Last, First, Middle Initial) Francis A Hammer		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
Mailing Address 12436 Fort West		Transaction ID: PR1624557124577
City Knoxville	State TN	Zip Code 37922-1342
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Practice Manager	P/R Deduction (\$10.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

B.

Full Name (Last, First, Middle Initial) Thomas Edward Hartman		Date of Receipt MM / DD / YYYY 12 / 31 / 2010
Mailing Address 321 Calistoga Court		Transaction ID: PR1766440424577
City Austin	State TX	Zip Code 78732
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Hanger Orthopedic Group, Inc.	Occupation Vice Pres. & General Counsel	P/R Deduction (\$25.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	105.00
TOTAL This Period (last page this line number only)	5425.00