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FEC  
FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Hanger Orthopedic Group, Inc, PAC

ADDRESS (number and street) Two Bethesda Metro Center, Suite 1200

(Check if address is changed) Bethesda MD 20814

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE 11 08 2006

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT  NEW (N) OR  AMENDED (A)

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

Type or Print Name of Treasurer Hai Tran

Signature of Treasurer *H. Tran* Date 11 08 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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5. TYPE OF COMMITTEE (Check One)

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State  District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

- (e)  This committee is a separate segregated fund.

- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Hanger Orthopedic Group, Inc. \_\_\_\_\_

Mailing Address Two Bethesda Metro Center, Suite 1200 \_\_\_\_\_

Bethesda MD 20814 \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship Connected Organization \_\_\_\_\_

Type of Connected Organization:

- Corporation  Corporation w/o Capital Stock  Labor Organization
- Membership Organization  Trade Association  Cooperative

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Write or Type Committee Name

Hanger Orthopedic Group, Inc. PAC

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Hai Tran

Mailing Address Two Bethesda Metro Center, Suite 1200

Bethesda MD 20814

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 301-986-0701

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Hai Tran

Mailing Address Two Bethesda Metro Center, Suite 1200

Bethesda MD 20814

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 301-986-0701

Full Name of Designated Agent Hai Tran

Mailing Address Two Bethesda Metro Center, Suite 1200

Bethesda MD 20814

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 301-986-0701

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9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Bank of America

Mailing Address

100 S. Charles Street

MD4-325-03-96

Baltimore MD 21201

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission  
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*Jno*  
 PREPARER *11-13-06*  
DATE PREPARED

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