

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

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

FOR LINE NUMBER: PAGE 7 / 7
(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)
HILLENBRAND INC. POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
ADVANCED MEDICAL TECHNOLOGY ASSOCIATION POLITICAL ACTION COMMITTEE

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	2	/	2	0	0	9

Transaction ID: SA16.4170

Mailing Address 701 Pennsylvania Ave. NW
Suite 800

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00340356

Amount of Each Receipt this Period
1000.00

Name of Employer Occupation
refund of 2005 contribution

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

B. Full Name (Last, First, Middle Initial)
ADVANCED MEDICAL TECHNOLOGY ASSOCIATION POLITICAL ACTION COMMITTEE

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	2	/	2	0	0	9

Transaction ID: SA16.4172

Mailing Address 701 Pennsylvania Ave. NW
Suite 800

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00340356

Amount of Each Receipt this Period
2000.00

Name of Employer Occupation
refund of 2006 contribution

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	3000.00