

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

MasterCard International Inc. Employees' PAC

ADDRESS (number and street)

2000 Purchase St.

(Check if address is changed)

Purchase

NY

10577

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

03 / 15 / 2006

3. FEC IDENTIFICATION NUMBER

C C00410274

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 Linda Kirkpatrick

Signature of Treasurer

Electronically Filed by Linda Kirkpatrick

Date

03 / 15 / 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

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

MasterCard International Inc.

Mailing Address **2000 Purchase St.**

Purchase **NY** **10577** - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship **Connected**

Type of Connected Organization:

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

Write or Type Committee Name

MasterCard International Inc. Employees' 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 Linda Kirkpatrick

Mailing Address 2000 Purchase St.
MS 2C202
Purchase NY 10577 - -

Title or Position ▼ Custodian of Records CITY ▲ Purchase STATE ▲ NY ZIP CODE ▲ 10577

Telephone number 914 - 249 - 1804

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 Linda Kirkpatrick

Mailing Address 2000 Purchase St.
MS 2C202
Purchase NY 10577 - -

Title or Position ▼ PAC Treasurer CITY ▲ Purchase STATE ▲ NY ZIP CODE ▲ 10577

Telephone number 914 - 429 - 1804

Full Name of Designated Agent Joseph Rubin

Mailing Address 1401 Eye St., NW, #240
Washington DC 20005 - -

Title or Position ▼ Assistant Treasurer CITY ▲ Washington STATE ▲ DC ZIP CODE ▲ 20005

Telephone number 202 - 414 - 8002

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.

PNC Bank (formerly Riggs)

Mailing Address

411 King St.

Alexandria

VA

22314 -

CITY ▲

STATE ▲

ZIP CODE ▲