

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
MasterCard International Inc. Employees' PAC

ADDRESS (number and street) 2000 Purchase St.
 Check if different than previously reported. (ACC)
Purchase NY 10577

2. **FEC IDENTIFICATION NUMBER** C00410274
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 07 01 2005 through 12 31 2005

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 Ms. Linda Kirkpatrick

Signature of Treasurer Electronically Filed by Ms. Linda Kirkpatrick Date 02 15 2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
MasterCard International Inc. Employees' PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>5</td></tr></table>	Y	Y	Y	Y	2	0	0	5	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00
Y	Y	Y	Y									
2	0	0	5									
0.00												
0.00												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%;"><tr><td>86149.12</td></tr></table>	86149.12										
86149.12												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%;"><tr><td>56460.02</td></tr></table>	56460.02	<table border="1" style="width: 100%;"><tr><td>150011.36</td></tr></table>	150011.36								
56460.02												
150011.36												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="width: 100%;"><tr><td>142609.14</td></tr></table>	142609.14	<table border="1" style="width: 100%;"><tr><td>150011.36</td></tr></table>	150011.36								
142609.14												
150011.36												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%;"><tr><td>119435.11</td></tr></table>	119435.11	<table border="1" style="width: 100%;"><tr><td>126837.33</td></tr></table>	126837.33								
119435.11												
126837.33												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%;"><tr><td>23174.03</td></tr></table>	23174.03	<table border="1" style="width: 100%;"><tr><td>23174.03</td></tr></table>	23174.03								
23174.03												
23174.03												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00										
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

MasterCard International Inc. Employees' PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

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	52904.02	145433.36
(i) Itemized (use Schedule A)	3556.00	4578.00
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii)	56460.02	150011.36
(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)	56460.02	150011.36
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.)	0.00	0.00
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))	56460.02	150011.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	56460.02	150011.36

DETAILED SUMMARY PAGE

of Disbursements

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.....	661.11	1963.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	661.11	1963.33
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	118774.00	124874.00
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))..	119435.11	126837.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	119435.11	126837.33

DETAILED SUMMARY PAGE
of Disbursements

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)	56460.02	150011.36
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	56460.02	150011.36
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	661.11	1963.33
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	661.11	1963.33

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 81
	<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)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Ravi Aurora		Date of Receipt M M / D D / Y Y Y Y 08 / 16 / 2005	
Mailing Address 2000 Purchase Street		Transaction ID: E9AFO0984903	
City Purchase	State NY	Amount of Each Receipt this Period 250.00	
Zip Code 10577-2509			
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation VP/Business Administration		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Marlene Bartolo		Date of Receipt M M / D D / Y Y Y Y 08 / 29 / 2005	
Mailing Address 2000 Purchase Street		Transaction ID: 0984453	
City Purchase	State NY	Amount of Each Receipt this Period 1500.00	
Zip Code 10577-2509			
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation VP/Counsel Sr		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) C. Stephen Birge		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2005	
Mailing Address 900 North Wilshire Suite 302		Transaction ID: 91D2CFEC-4458-4818-8	
City Troy	State MI	Amount of Each Receipt this Period 124.00	
Zip Code 48084			
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation VP/Debit		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 620.00		

SUBTOTAL of Receipts This Page (optional) ▶	1874.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 81
	<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)
MasterCard International Inc. Employees' PAC

A. Full Name (Last, First, Middle Initial)
Stephen Birge

Mailing Address 900 North Wilshire Suite 302

City State Zip Code
Troy MI 48084

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

Name of Employer MasterCard Occupation VP/Debit

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 620.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 5

Transaction ID: 87368590-0306-4123-9

Amount of Each Receipt this Period
124.00

B. Full Name (Last, First, Middle Initial)
Stephen Birge

Mailing Address 900 North Wilshire Suite 302

City State Zip Code
Troy MI 48084

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

Name of Employer MasterCard Occupation VP/Debit

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 620.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 5

Transaction ID: 02184A13-E136-4D20-A

Amount of Each Receipt this Period
124.00

C. Full Name (Last, First, Middle Initial)
Stephen Birge

Mailing Address 900 North Wilshire Suite 302

City State Zip Code
Troy MI 48084

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

Name of Employer MasterCard Occupation VP/Debit

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 620.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 5

Transaction ID: 641601D8-2420-4759-A

Amount of Each Receipt this Period
124.00

SUBTOTAL of Receipts This Page (optional)	372.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Gregory Box		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2005	
Mailing Address 2200 MasterCard Boulevard		Transaction ID: 421B619E-B908-46CE-8	
City O Fallon	State MO	Zip Code 63366-7263	Amount of Each Receipt this Period 62.00
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation VP Technology Account Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 434.00		

Full Name (Last, First, Middle Initial) B. Gregory Box		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2005	
Mailing Address 2200 MasterCard Boulevard		Transaction ID: 4BD8403C-1B47-4AAA-9	
City O Fallon	State MO	Zip Code 63366-7263	Amount of Each Receipt this Period 62.00
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation VP Technology Account Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 434.00		

Full Name (Last, First, Middle Initial) C. Gregory Box		Date of Receipt M M / D D / Y Y Y Y 11 / 15 / 2005	
Mailing Address 2200 MasterCard Boulevard		Transaction ID: 8F903F40-D885-4466-A	
City O Fallon	State MO	Zip Code 63366-7263	Amount of Each Receipt this Period 62.00
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation VP Technology Account Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 434.00		

SUBTOTAL of Receipts This Page (optional) ▶	186.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 81
	<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)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Gregory Box		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5	
Mailing Address 2200 MasterCard Boulevard		Transaction ID: 053D3018-60E5-43C8-A	
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 62.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation VP Technology Account Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 434.00		

Full Name (Last, First, Middle Initial) B. Patricia Devereux		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5	
Mailing Address 2000 Purchase Street		Transaction ID: 169FDE97-FF58-4118-B	
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation VP/Business Administration		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Deborah Doyle		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 5	
Mailing Address 2000 Purchase Street		Transaction ID: 99888-90353029966355	
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation SVP/Franchise Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	362.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 81
	<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)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Gareth Forsey		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2005
Mailing Address 2000 Purchase Street		Transaction ID: 14861098-78FF-43CF-A Amount of Each Receipt this Period 290.00
City Purchase State NY Zip Code 10577-2509		
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard Occupation SVP/Cust Business Plan/Analys	Aggregate Year-to-Date ▼ 1160.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Gareth Forsey		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2005
Mailing Address 2000 Purchase Street		Transaction ID: A3390504-0CC2-43E7-8 Amount of Each Receipt this Period 290.00
City Purchase State NY Zip Code 10577-2509		
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard Occupation SVP/Cust Business Plan/Analys	Aggregate Year-to-Date ▼ 1160.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Gareth Forsey		Date of Receipt M M / D D / Y Y Y Y 11 / 15 / 2005
Mailing Address 2000 Purchase Street		Transaction ID: 38A35726-421C-4E60-9 Amount of Each Receipt this Period 290.00
City Purchase State NY Zip Code 10577-2509		
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard Occupation SVP/Cust Business Plan/Analys	Aggregate Year-to-Date ▼ 1160.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	870.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 81
	<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)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Gareth Forsey		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5	
Mailing Address 2000 Purchase Street		Transaction ID: 239CEBC5-949B-4AB5-9	
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 290.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation SVP/Cust Business Plan/Analys		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1160.00		

Full Name (Last, First, Middle Initial) B. Mary Griffin		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 5	
Mailing Address 2000 Purchase Street		Transaction ID: 2WH4UY266758	
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation VP/Accounting		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Alan Heuer		Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 5	
Mailing Address 2000 Purchase Street		Transaction ID: 12A8750B-2B62-44D3-B	
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 416.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation Chief Operating Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3328.00		

SUBTOTAL of Receipts This Page (optional) ▶	956.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 81
	<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)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Alan Heuer		Date of Receipt M M / D D / Y Y Y Y Y 08 / 15 / 2005
Mailing Address 2000 Purchase Street		Transaction ID: 73BAFF4B-4F37-4C70-9
City Purchase	State NY	Zip Code 10577-2509
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 416.00
Name of Employer MasterCard	Occupation Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3328.00	

Full Name (Last, First, Middle Initial) B. Alan Heuer		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2005
Mailing Address 2000 Purchase Street		Transaction ID: 247B1B28-E014-496A-B
City Purchase	State NY	Zip Code 10577-2509
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 416.00
Name of Employer MasterCard	Occupation Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3328.00	

Full Name (Last, First, Middle Initial) C. Alan Heuer		Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2005
Mailing Address 2000 Purchase Street		Transaction ID: 67B6F10C-40EB-4DD2-8
City Purchase	State NY	Zip Code 10577-2509
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 416.00
Name of Employer MasterCard	Occupation Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3328.00	

SUBTOTAL of Receipts This Page (optional)	▶	1248.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 81
	<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)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Alan Heuer		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address 2000 Purchase Street		Transaction ID: 81F6DBD9-3CFF-414C-A
City Purchase	State NY	
Zip Code 10577-2509		Amount of Each Receipt this Period 416.00
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3328.00	

Full Name (Last, First, Middle Initial) B. Alan Heuer		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 5
Mailing Address 2000 Purchase Street		Transaction ID: A5A807DD-5D84-43C0-9
City Purchase	State NY	
Zip Code 10577-2509		Amount of Each Receipt this Period 416.00
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3328.00	

Full Name (Last, First, Middle Initial) C. James Hull		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 5 / 2 0 0 5
Mailing Address 2200 MasterCard Boulevard		Transaction ID: 18B07582-B913-4FE7-A
City O Fallon	State MO	
Zip Code 63366-7263		Amount of Each Receipt this Period 124.00
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation Group Head, Engineering Svcs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 620.00	

SUBTOTAL of Receipts This Page (optional)	▶	956.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 81
	<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)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. James Hull		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 5	
Mailing Address 2200 MasterCard Boulevard		Transaction ID: 5C6AFB73-4154-4266-B	
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 124.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation Group Head, Engineering Svcs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 620.00		

Full Name (Last, First, Middle Initial) B. James Hull		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5	
Mailing Address 2200 MasterCard Boulevard		Transaction ID: D91ED65F-0EE8-492B-8	
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 124.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation Group Head, Engineering Svcs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 620.00		

Full Name (Last, First, Middle Initial) C. James Hull		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5	
Mailing Address 2200 MasterCard Boulevard		Transaction ID: 8C96336F-8BA1-405A-9	
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 124.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation Group Head, Engineering Svcs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 620.00		

SUBTOTAL of Receipts This Page (optional)	372.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 81
	<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)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Kim Hundley		Date of Receipt M M / D D / Y Y Y Y 08 / 29 / 2005
Mailing Address 2200 MasterCard Boulevard		Transaction ID: 0713747
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation VP/Information Tech	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) B. Joan Kelly		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2005
Mailing Address 2200 MasterCard Boulevard		Transaction ID: 261B317F-C09A-4C5B-8
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 290.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation SVP/Systems Enhancement Stratg	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2030.00	

Full Name (Last, First, Middle Initial) C. Joan Kelly		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2005
Mailing Address 2200 MasterCard Boulevard		Transaction ID: 1A119ABE-0234-48E4-A
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 290.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation SVP/Systems Enhancement Stratg	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2030.00	

SUBTOTAL of Receipts This Page (optional) ▶	2080.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 81
	<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)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Joan Kelly		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2005	
Mailing Address 2200 MasterCard Boulevard		Transaction ID: 3CC1F311-6A78-47C4-8	
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 290.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard Occupation SVP/Systems Enhancement Stratg	Aggregate Year-to-Date ▼ 2030.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Joan Kelly		Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2005	
Mailing Address 2200 MasterCard Boulevard		Transaction ID: FCB0EB34-C4E9-44BA-8	
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 290.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard Occupation SVP/Systems Enhancement Stratg	Aggregate Year-to-Date ▼ 2030.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Joan Kelly		Date of Receipt M M / D D / Y Y Y Y Y 11 / 15 / 2005	
Mailing Address 2200 MasterCard Boulevard		Transaction ID: 10BDAC3C-1721-49AB-9	
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 290.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard Occupation SVP/Systems Enhancement Stratg	Aggregate Year-to-Date ▼ 2030.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	870.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 81
	<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)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Joan Kelly		Date of Receipt MM / DD / YYYY 12 / 15 / 2005
Mailing Address 2200 MasterCard Boulevard		Transaction ID: 13BB14DD-7D63-4C85-A
City O Fallon	State MO	
Zip Code 63366-7263		Amount of Each Receipt this Period 290.00
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation SVP/Systems Enhancement Stratg	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2030.00	

Full Name (Last, First, Middle Initial) B. John Levitsky		Date of Receipt MM / DD / YYYY 12 / 06 / 2005
Mailing Address 2000 Purchase Street		Transaction ID: 48YCL4178754
City Purchase	State NY	
Zip Code 10577-2509		Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation VP/New Markets & Investments	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Linda Locke		Date of Receipt MM / DD / YYYY 09 / 15 / 2005
Mailing Address 2200 MasterCard Boulevard		Transaction ID: 7A88CD2B-F8B4-4638-A
City O Fallon	State MO	
Zip Code 63366-7263		Amount of Each Receipt this Period 62.00
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation VP/Public Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 434.00	

SUBTOTAL of Receipts This Page (optional)	▶	652.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 81
	(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)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Linda Locke		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 5
Mailing Address 2200 MasterCard Boulevard		Transaction ID: FE40BE51-D55B-48B4-8
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 62.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 62.00
Name of Employer MasterCard	Occupation VP/Public Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 434.00	

Full Name (Last, First, Middle Initial) B. Linda Locke		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address 2200 MasterCard Boulevard		Transaction ID: 9F230055-89D6-47D1-9
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 62.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 62.00
Name of Employer MasterCard	Occupation VP/Public Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 434.00	

Full Name (Last, First, Middle Initial) C. Linda Locke		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5
Mailing Address 2200 MasterCard Boulevard		Transaction ID: 87AB3520-47DE-41DF-9
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 62.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 62.00
Name of Employer MasterCard	Occupation VP/Public Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 434.00	

SUBTOTAL of Receipts This Page (optional) ▶	186.00
TOTAL This Period (last page this line number only) ▶	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 81
	<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)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Michael Manchisi		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2005
Mailing Address 2200 MasterCard Boulevard		Transaction ID: 5AA63653-B8EF-4A4B-8
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 290.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation SVP/Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1450.00	

Full Name (Last, First, Middle Initial) B. Michael Manchisi		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2005
Mailing Address 2200 MasterCard Boulevard		Transaction ID: 8C414675-22CA-4470-A
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 290.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation SVP/Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1450.00	

Full Name (Last, First, Middle Initial) C. Michael Manchisi		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2005
Mailing Address 2200 MasterCard Boulevard		Transaction ID: 212CADCD-A7D1-4987-9
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 290.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation SVP/Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1450.00	

SUBTOTAL of Receipts This Page (optional) ▶	870.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 81
	<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)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Michael Manchisi		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 5	
Mailing Address 2200 MasterCard Boulevard		Transaction ID: C0BA0E0B-07B3-47BA-A	
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 290.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation SVP/Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1450.00		

Full Name (Last, First, Middle Initial) B. Michael Manchisi		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 5	
Mailing Address 2200 MasterCard Boulevard		Transaction ID: 4300E907-D963-4D37-8	
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 290.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation SVP/Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1450.00		

Full Name (Last, First, Middle Initial) C. Bill Mathis		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 5 / 2 0 0 5	
Mailing Address 2000 Purchase Street		Transaction ID: 667D926F-02C1-4FFF-A	
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 290.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation SVP/Account Leader		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3480.00		

SUBTOTAL of Receipts This Page (optional) ▶	870.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 81
	(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)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Bill Mathis		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2005	
Mailing Address 2000 Purchase Street		Transaction ID: 6EC6F880-0B73-49EB-9	
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 290.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation SVP/Account Leader		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3480.00		

Full Name (Last, First, Middle Initial) B. Bill Mathis		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2005	
Mailing Address 2000 Purchase Street		Transaction ID: 7B74AA57-9EB2-4165-8	
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 290.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation SVP/Account Leader		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3480.00		

Full Name (Last, First, Middle Initial) C. Bill Mathis		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2005	
Mailing Address 2000 Purchase Street		Transaction ID: 80B967A8-D5CB-47DD-A	
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 290.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation SVP/Account Leader		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3480.00		

SUBTOTAL of Receipts This Page (optional) ▶	870.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 / 81
	(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)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Bill Mathis		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address 2000 Purchase Street		Transaction ID: 88AACB90-A79A-4DE5-A Amount of Each Receipt this Period 290.00
City State Zip Code Purchase NY 10577-2509	FEC ID number of contributing federal political committee. C	
Name of Employer MasterCard	Occupation SVP/Account Leader	Amount of Each Receipt this Period 290.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3480.00	

Full Name (Last, First, Middle Initial) B. Bill Mathis		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5
Mailing Address 2000 Purchase Street		Transaction ID: 976C1299-5F25-42FD-8 Amount of Each Receipt this Period 290.00
City State Zip Code Purchase NY 10577-2509	FEC ID number of contributing federal political committee. C	
Name of Employer MasterCard	Occupation SVP/Account Leader	Amount of Each Receipt this Period 290.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3480.00	

Full Name (Last, First, Middle Initial) C. John McAndrew		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5
Mailing Address 2000 Purchase Street		Transaction ID: D7457402-76DF-400E-9 Amount of Each Receipt this Period 124.00
City State Zip Code Purchase NY 10577-2509	FEC ID number of contributing federal political committee. C	
Name of Employer MasterCard	Occupation VP/Tax	Amount of Each Receipt this Period 124.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 248.00	

SUBTOTAL of Receipts This Page (optional) ▶	704.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 81
	<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)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Chris McWilton		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2005	
Mailing Address 2000 Purchase Street		Transaction ID: C3ED914A-B9A1-4FE9-A	
City Purchase	State NY	Amount of Each Receipt this Period 291.67	
Zip Code 10577-2509			
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation Chief Financial Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2333.36		

Full Name (Last, First, Middle Initial) B. Chris McWilton		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2005	
Mailing Address 2000 Purchase Street		Transaction ID: 46B533D1-C2D4-48D9-A	
City Purchase	State NY	Amount of Each Receipt this Period 291.67	
Zip Code 10577-2509			
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation Chief Financial Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2333.36		

Full Name (Last, First, Middle Initial) C. Chris McWilton		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2005	
Mailing Address 2000 Purchase Street		Transaction ID: EE758735-9ECC-4892-A	
City Purchase	State NY	Amount of Each Receipt this Period 291.67	
Zip Code 10577-2509			
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation Chief Financial Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2333.36		

SUBTOTAL of Receipts This Page (optional) ▶	875.01
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 / 81						
	(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

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NAME OF COMMITTEE (In Full)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Chris McWilton		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 5	
Mailing Address 2000 Purchase Street		Transaction ID: 5D26C98C-1A1A-4E7E-8	
City Purchase	State NY	Zip Code 10577-2509	Amount of Each Receipt this Period 291.67
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation Chief Financial Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2333.36		

Full Name (Last, First, Middle Initial) B. Chris McWilton		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 5	
Mailing Address 2000 Purchase Street		Transaction ID: 01426582-88BA-49CE-A	
City Purchase	State NY	Zip Code 10577-2509	Amount of Each Receipt this Period 291.67
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation Chief Financial Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2333.36		

Full Name (Last, First, Middle Initial) C. Chris McWilton		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 5	
Mailing Address 2000 Purchase Street		Transaction ID: 7AA735E0-21D5-427C-B	
City Purchase	State NY	Zip Code 10577-2509	Amount of Each Receipt this Period 291.67
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation Chief Financial Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2333.36		

SUBTOTAL of Receipts This Page (optional) ▶	875.01
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 81
	<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)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. John Meister		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 5
Mailing Address 2200 MasterCard Boulevard		Transaction ID: F29E588D-2DB9-46DA-9
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation VP/Systems Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. John Meister		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address 2200 MasterCard Boulevard		Transaction ID: 3102EF66-8339-43F8-A
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation VP/Systems Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. John Meister		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5
Mailing Address 2200 MasterCard Boulevard		Transaction ID: ADF3B538-EF6B-43AA-A
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation VP/Systems Development	
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) ▶	300.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 81
	<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)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Shawn Miles		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2005
Mailing Address 2000 Purchase Street		Transaction ID: 3778A9C6-2725-404A-9
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation VP/Counsel Sr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) B. Shawn Miles		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2005
Mailing Address 2000 Purchase Street		Transaction ID: 94EF28E7-884A-449E-B
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation VP/Counsel Sr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) C. Shawn Miles		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2005
Mailing Address 2000 Purchase Street		Transaction ID: 3612EB17-3E39-4288-8
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation VP/Counsel Sr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 81						
	(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

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NAME OF COMMITTEE (In Full)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Shawn Miles		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 5
Mailing Address 2000 Purchase Street		Transaction ID: FAB7C3F1-0192-4D1C-8 Amount of Each Receipt this Period 100.00
City State Zip Code Purchase NY 10577-2509	FEC ID number of contributing federal political committee. C	
Name of Employer MasterCard	Occupation VP/Counsel Sr	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) B. Shawn Miles		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address 2000 Purchase Street		Transaction ID: 6350EA11-D25E-4709-8 Amount of Each Receipt this Period 100.00
City State Zip Code Purchase NY 10577-2509	FEC ID number of contributing federal political committee. C	
Name of Employer MasterCard	Occupation VP/Counsel Sr	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) C. Shawn Miles		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5
Mailing Address 2000 Purchase Street		Transaction ID: E06967A9-8E60-4629-B Amount of Each Receipt this Period 100.00
City State Zip Code Purchase NY 10577-2509	FEC ID number of contributing federal political committee. C	
Name of Employer MasterCard	Occupation VP/Counsel Sr	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 81
	<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)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Sandy Morris		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2005
Mailing Address 5605 Glenridge Drive Suite 10		Transaction ID: C405E894-98CC-4481-A
City State Zip Code Atlanta GA 30342	Amount of Each Receipt this Period 290.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation SVP/Member Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1450.00	

Full Name (Last, First, Middle Initial) B. Sandy Morris		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2005
Mailing Address 5605 Glenridge Drive Suite 10		Transaction ID: 3A5E7D4E-64D6-4F6F-9
City State Zip Code Atlanta GA 30342	Amount of Each Receipt this Period 290.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation SVP/Member Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1450.00	

Full Name (Last, First, Middle Initial) C. Sandy Morris		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2005
Mailing Address 2055 Sugarloaf Circle		Transaction ID: 1A741B46-96CC-4FFB-8
City State Zip Code Duluth GA 30097	Amount of Each Receipt this Period 290.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation SVP/Member Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1450.00	

SUBTOTAL of Receipts This Page (optional) ▶	870.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 81
	<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)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Sandy Morris		Date of Receipt MM / DD / YYYY 11 / 15 / 2005
Mailing Address 2055 Sugarloaf Circle		Transaction ID: 36ED8186-9937-4702-B
City Duluth	State GA	
Zip Code 30097		Amount of Each Receipt this Period 290.00
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation SVP/Member Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1450.00	

Full Name (Last, First, Middle Initial) B. Sandy Morris		Date of Receipt MM / DD / YYYY 12 / 15 / 2005
Mailing Address 2055 Sugarloaf Circle		Transaction ID: 6A326F53-20E1-44BD-9
City Duluth	State GA	
Zip Code 30097		Amount of Each Receipt this Period 290.00
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation SVP/Member Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1450.00	

Full Name (Last, First, Middle Initial) C. Carl Munson		Date of Receipt MM / DD / YYYY 08 / 24 / 2005
Mailing Address 2000 Purchase Street		Transaction ID: 25169-06010073423385
City Purchase	State NY	
Zip Code 10577-2509		Amount of Each Receipt this Period 3500.00
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation SVP/Associate General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3500.00	

SUBTOTAL of Receipts This Page (optional)	▶	4080.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 81
	<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)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Timothy Murphy		Date of Receipt M M / D D / Y Y Y Y Y 08 / 15 / 2005
Mailing Address 2000 Purchase Street		Transaction ID: FE39587D-6100-42C0-9
City Purchase	State NY	Zip Code 10577-2509
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 290.00
Name of Employer MasterCard	Occupation Associate General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1450.00	

Full Name (Last, First, Middle Initial) B. Timothy Murphy		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2005
Mailing Address 2000 Purchase Street		Transaction ID: 025E112B-7DEE-47AB-A
City Purchase	State NY	Zip Code 10577-2509
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 290.00
Name of Employer MasterCard	Occupation Associate General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1450.00	

Full Name (Last, First, Middle Initial) C. Timothy Murphy		Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2005
Mailing Address 2000 Purchase Street		Transaction ID: 1D8E9F5F-A0C8-4DF2-A
City Purchase	State NY	Zip Code 10577-2509
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 290.00
Name of Employer MasterCard	Occupation Associate General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1450.00	

SUBTOTAL of Receipts This Page (optional)	▶	870.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 81
	<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)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Timothy Murphy		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address 2000 Purchase Street		Transaction ID: 5A63077C-D91D-4FFB-8
City Purchase	State NY	Zip Code 10577-2509
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 290.00
Name of Employer MasterCard	Occupation Associate General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1450.00	

Full Name (Last, First, Middle Initial) B. Timothy Murphy		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 5
Mailing Address 2000 Purchase Street		Transaction ID: 1E92A008-B939-40E5-9
City Purchase	State NY	Zip Code 10577-2509
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 290.00
Name of Employer MasterCard	Occupation Associate General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1450.00	

Full Name (Last, First, Middle Initial) C. Patrick O'Sullivan		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 5
Mailing Address 2000 Purchase Street		Transaction ID: 3BEACF7C-1407-473F-A
City Purchase	State NY	Zip Code 10577-2509
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 124.00
Name of Employer MasterCard	Occupation VP/Financial Analysis	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 496.00	

SUBTOTAL of Receipts This Page (optional)	▶	704.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 81
	<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)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Patrick O'Sullivan		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 5	
Mailing Address 2000 Purchase Street		Transaction ID: 0F3EF601-41B7-4C87-8	
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 124.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation VP/Financial Analysis		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 496.00		

Full Name (Last, First, Middle Initial) B. Patrick O'Sullivan		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 5	
Mailing Address 2000 Purchase Street		Transaction ID: 9E190E1A-8A12-4A7F-9	
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 124.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation VP/Financial Analysis		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 496.00		

Full Name (Last, First, Middle Initial) C. Javier Perez		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 5 / 2 0 0 5	
Mailing Address 801 Brickell Avenue Suite 130		Transaction ID: E5949C6B-67B5-4EFC-9	
City State Zip Code Miami FL 33131-4945	Amount of Each Receipt this Period 290.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation President LAC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2320.00		

SUBTOTAL of Receipts This Page (optional) ▶	538.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 81
	<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)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Javier Perez		Date of Receipt M M / D D / Y Y Y Y Y 08 / 15 / 2005
Mailing Address 801 Brickell Avenue Suite 130		Transaction ID: A37DAB4B-D02D-4233-9
City State Zip Code Miami FL 33131-4945	Amount of Each Receipt this Period 290.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation President LAC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2320.00	

Full Name (Last, First, Middle Initial) B. Javier Perez		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2005
Mailing Address 801 Brickell Avenue Suite 130		Transaction ID: F29B875D-8A61-49BA-A
City State Zip Code Miami FL 33131-4945	Amount of Each Receipt this Period 290.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation President LAC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2320.00	

Full Name (Last, First, Middle Initial) C. Javier Perez		Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2005
Mailing Address 801 Brickell Avenue Suite 130		Transaction ID: A238B8DE-5262-4BE6-8
City State Zip Code Miami FL 33131-4945	Amount of Each Receipt this Period 290.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation President LAC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2320.00	

SUBTOTAL of Receipts This Page (optional) ▶	870.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 81
	<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)
MasterCard International Inc. Employees' PAC

A. Full Name (Last, First, Middle Initial)
Javier Perez

Mailing Address 801 Brickell Avenue Suite 130

City State Zip Code
Miami FL 33131-4945

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

Name of Employer MasterCard Occupation President LAC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2320.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 5

Transaction ID: 506D5464-2415-4A72-8

Amount of Each Receipt this Period
290.00

B. Full Name (Last, First, Middle Initial)
Javier Perez

Mailing Address 801 Brickell Avenue Suite 130

City State Zip Code
Miami FL 33131-4945

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

Name of Employer MasterCard Occupation President LAC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2320.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 5

Transaction ID: 6FE ECB6F-6DF1-48B5-A

Amount of Each Receipt this Period
290.00

C. Full Name (Last, First, Middle Initial)
Paul Petta

Mailing Address 2000 Purchase Street

City State Zip Code
Purchase NY 10577-2509

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

Name of Employer MasterCard Occupation VP/Counsel Sr

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 2 8 / 2 0 0 5

Transaction ID: C4HPUW186702

Amount of Each Receipt this Period
750.00

SUBTOTAL of Receipts This Page (optional)	▶	1330.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 81
	<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)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Douglas Raymond		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2005
Mailing Address 2000 Purchase Street		Transaction ID: ED7978A1-CE7E-45FC-9
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 290.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation SVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1160.00	

Full Name (Last, First, Middle Initial) B. Douglas Raymond		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2005
Mailing Address 2000 Purchase Street		Transaction ID: 07D63808-8999-42C3-B
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 290.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation SVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1160.00	

Full Name (Last, First, Middle Initial) C. Douglas Raymond		Date of Receipt M M / D D / Y Y Y Y 11 / 15 / 2005
Mailing Address 2000 Purchase Street		Transaction ID: CD207200-09D0-4E34-8
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 290.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation SVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1160.00	

SUBTOTAL of Receipts This Page (optional) ▶	870.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 / 81						
	(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

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)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Douglas Raymond		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5	
Mailing Address 2000 Purchase Street		Transaction ID: F32212D9-B7B7-4F0D-9	
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 290.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation SVP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1160.00		

Full Name (Last, First, Middle Initial) B. Rob Reeg		Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 5	
Mailing Address 2200 MasterCard Boulevard		Transaction ID: 4D867522-204E-4FC0-B	
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 290.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation SVP/Systems Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2030.00		

Full Name (Last, First, Middle Initial) C. Rob Reeg		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 5	
Mailing Address 2200 MasterCard Boulevard		Transaction ID: DEBA3523-4DBE-4990-B	
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 290.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation SVP/Systems Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2030.00		

SUBTOTAL of Receipts This Page (optional) ▶	870.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 / 81
	(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)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Rob Reeg		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2005	
Mailing Address 2200 MasterCard Boulevard		Transaction ID: 2967A7FD-B6C6-4EAF-B	
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 290.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation SVP/Systems Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2030.00		

Full Name (Last, First, Middle Initial) B. Rob Reeg		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2005	
Mailing Address 2200 MasterCard Boulevard		Transaction ID: BB6F64F5-90FF-4841-9	
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 290.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation SVP/Systems Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2030.00		

Full Name (Last, First, Middle Initial) C. Rob Reeg		Date of Receipt M M / D D / Y Y Y Y 11 / 15 / 2005	
Mailing Address 2200 MasterCard Boulevard		Transaction ID: B48E2BFD-0061-42FA-A	
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 290.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation SVP/Systems Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2030.00		

SUBTOTAL of Receipts This Page (optional) ▶	870.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 81
	<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)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Rob Reeg		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5	
Mailing Address 2200 MasterCard Boulevard		Transaction ID: BDE4F252-26C6-4CA6-A	
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 290.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation SVP/Systems Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2030.00		

Full Name (Last, First, Middle Initial) B. Larry Resch		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 5	
Mailing Address 2200 MasterCard Boulevard		Transaction ID: 78DD6E63-1709-4E0A-A	
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 124.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation VP/Processing Svcs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 620.00		

Full Name (Last, First, Middle Initial) C. Larry Resch		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 5	
Mailing Address 2200 MasterCard Boulevard		Transaction ID: 154F8190-9D45-4610-A	
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 124.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation VP/Processing Svcs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 620.00		

SUBTOTAL of Receipts This Page (optional) ▶	538.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 81
	<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)
MasterCard International Inc. Employees' PAC

A. Full Name (Last, First, Middle Initial)
Larry Resch

Mailing Address 2200 MasterCard Boulevard

City State Zip Code
O Fallon MO 63366-7263

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

Name of Employer MasterCard Occupation VP/Processing Svcs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 620.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 5

Transaction ID: D9F32A88-5D6B-40FE-9

Amount of Each Receipt this Period
124.00

B. Full Name (Last, First, Middle Initial)
Larry Resch

Mailing Address 2200 MasterCard Boulevard

City State Zip Code
O Fallon MO 63366-7263

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

Name of Employer MasterCard Occupation VP/Processing Svcs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 620.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 5

Transaction ID: 7F85467E-EE07-4BC3-8

Amount of Each Receipt this Period
124.00

C. Full Name (Last, First, Middle Initial)
Vicki Roberts

Mailing Address 5605 Glenridge Drive Suite 10

City State Zip Code
Atlanta GA 30342

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

Name of Employer MasterCard Occupation VP/Member Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 620.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 5

Transaction ID: C525FD87-9CE8-457D-9

Amount of Each Receipt this Period
124.00

SUBTOTAL of Receipts This Page (optional)	372.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 81
	<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)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Vicki Roberts		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 5
Mailing Address 2055 Sugarloaf Circle		Transaction ID: E9F5B618-CAF5-414D-B Amount of Each Receipt this Period 124.00
City State Zip Code Duluth GA 30097		
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation VP/Member Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 620.00	

Full Name (Last, First, Middle Initial) B. Vicki Roberts		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address 2055 Sugarloaf Circle		Transaction ID: 5AF14FDF-C3BA-4663-B Amount of Each Receipt this Period 124.00
City State Zip Code Duluth GA 30097		
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation VP/Member Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 620.00	

Full Name (Last, First, Middle Initial) C. Vicki Roberts		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5
Mailing Address 2055 Sugarloaf Circle		Transaction ID: 25B57373-73F6-47F1-B Amount of Each Receipt this Period 124.00
City State Zip Code Duluth GA 30097		
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation VP/Member Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 620.00	

SUBTOTAL of Receipts This Page (optional) ▶	372.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 41 / 81						
	(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

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NAME OF COMMITTEE (In Full)
MasterCard International Inc. Employees' PAC

A. Full Name (Last, First, Middle Initial)
Bart Rubin

Mailing Address 19 Knutsen Dr

City State Zip Code
West Orange NJ 07052-2165

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

Name of Employer MasterCard Occupation VP/Counsel Sr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	9	/	2	0	0	5

Transaction ID: 0531237

Amount of Each Receipt this Period
750.00

B. Full Name (Last, First, Middle Initial)
Joe Rubin

Mailing Address 1401 Eye Street N.W. Suite 2

City State Zip Code
Washington DC 20005-2225

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

Name of Employer MasterCard Occupation VP/Public Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
992.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	0	5

Transaction ID: 8EB54315-7A6B-484C-8

Amount of Each Receipt this Period
124.00

C. Full Name (Last, First, Middle Initial)
Joe Rubin

Mailing Address 1401 Eye Street N.W. Suite 2

City State Zip Code
Washington DC 20005-2225

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

Name of Employer MasterCard Occupation VP/Public Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
992.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	5	/	2	0	0	5

Transaction ID: A9432A90-A5E0-4C8A-A

Amount of Each Receipt this Period
124.00

SUBTOTAL of Receipts This Page (optional)	▶	998.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 81
	<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)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Joe Rubin		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2005
Mailing Address 1401 Eye Street N.W. Suite 2		Transaction ID: 9D671442-66E6-4153-9
City State Zip Code Washington DC 20005-2225	Amount of Each Receipt this Period 124.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation VP/Public Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 992.00	

Full Name (Last, First, Middle Initial) B. Joe Rubin		Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2005
Mailing Address 1401 Eye Street N.W. Suite 2		Transaction ID: A6988E79-6173-46F8-A
City State Zip Code Washington DC 20005-2225	Amount of Each Receipt this Period 124.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation VP/Public Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 992.00	

Full Name (Last, First, Middle Initial) C. Joe Rubin		Date of Receipt M M / D D / Y Y Y Y Y 11 / 15 / 2005
Mailing Address 1401 Eye Street N.W. Suite 2		Transaction ID: A45C7D3B-073F-4CDE-9
City State Zip Code Washington DC 20005-2225	Amount of Each Receipt this Period 124.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation VP/Public Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 992.00	

SUBTOTAL of Receipts This Page (optional) ▶	372.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 81
	<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)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Joe Rubin		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5
Mailing Address 1401 Eye Street N.W. Suite 2		Transaction ID: 3F58F16C-0DF8-4716-9
City State Zip Code Washington DC 20005-2225	Amount of Each Receipt this Period 124.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation VP/Public Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 992.00	

Full Name (Last, First, Middle Initial) B. Alicia Ruiz		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 5
Mailing Address 801 Brickell Avenue Suite 130		Transaction ID: 7B1BA356-4C68-4770-9
City State Zip Code Miami FL 33131-4945	Amount of Each Receipt this Period 124.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation VP/Security & Risk Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 496.00	

Full Name (Last, First, Middle Initial) C. Alicia Ruiz		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address 801 Brickell Avenue Suite 130		Transaction ID: 20CDD9B0-375F-4338-9
City State Zip Code Miami FL 33131-4945	Amount of Each Receipt this Period 124.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation VP/Security & Risk Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 496.00	

SUBTOTAL of Receipts This Page (optional) ▶	372.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 81
	<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)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Alicia Ruiz		Date of Receipt MM / DD / YYYY 12 / 15 / 2005
Mailing Address 801 Brickell Avenue Suite 130		Transaction ID: B95AB923-8478-44DA-A
City Miami	State Zip Code FL 33131-4945	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 124.00
Name of Employer MasterCard	Occupation VP/Security & Risk Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 496.00	

Full Name (Last, First, Middle Initial) B. John Scariot		Date of Receipt MM / DD / YYYY 09 / 15 / 2005
Mailing Address 2200 MasterCard Boulevard		Transaction ID: 0C0C8D8E-1F07-4100-9
City O Fallon	State Zip Code MO 63366-7263	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 124.00
Name of Employer MasterCard	Occupation VP/Financial Analysis	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 620.00	

Full Name (Last, First, Middle Initial) C. John Scariot		Date of Receipt MM / DD / YYYY 10 / 15 / 2005
Mailing Address 2200 MasterCard Boulevard		Transaction ID: 1A3710B1-6C71-4358-8
City O Fallon	State Zip Code MO 63366-7263	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 124.00
Name of Employer MasterCard	Occupation VP/Financial Analysis	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 620.00	

SUBTOTAL of Receipts This Page (optional)	▶	372.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 81
	<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)
MasterCard International Inc. Employees' PAC

A. Full Name (Last, First, Middle Initial)
John Scariot

Mailing Address 2200 MasterCard Boulevard

City State Zip Code
O Fallon MO 63366-7263

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

Name of Employer MasterCard Occupation VP/Financial Analysis

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 620.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2005

Transaction ID: 685976C0-2B4F-4334-A

Amount of Each Receipt this Period
124.00

B. Full Name (Last, First, Middle Initial)
John Scariot

Mailing Address 2200 MasterCard Boulevard

City State Zip Code
O Fallon MO 63366-7263

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

Name of Employer MasterCard Occupation VP/Financial Analysis

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 620.00

Date of Receipt
MM / DD / YYYY
12 / 15 / 2005

Transaction ID: D56FD2F5-E222-4003-9

Amount of Each Receipt this Period
124.00

C. Full Name (Last, First, Middle Initial)
Edgar Smart

Mailing Address 2200 MasterCard Boulevard

City State Zip Code
O Fallon MO 63366-7263

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

Name of Employer MasterCard Occupation VP/Systems Support

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 620.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2005

Transaction ID: A042C118-1BF5-46E7-A

Amount of Each Receipt this Period
124.00

SUBTOTAL of Receipts This Page (optional)	372.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 81
	<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)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Edgar Smart		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 5	
Mailing Address 2200 MasterCard Boulevard		Transaction ID: DF9F461E-91BB-4845-B	
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 124.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation VP/Systems Support		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 620.00		

Full Name (Last, First, Middle Initial) B. Edgar Smart		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 5	
Mailing Address 2200 MasterCard Boulevard		Transaction ID: F003EFEB-0D7D-489E-A	
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 124.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation VP/Systems Support		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 620.00		

Full Name (Last, First, Middle Initial) C. Edgar Smart		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 5	
Mailing Address 2200 MasterCard Boulevard		Transaction ID: 05492937-D31A-4BEE-A	
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 124.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation VP/Systems Support		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 620.00		

SUBTOTAL of Receipts This Page (optional) ▶	372.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 81
	<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)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Carey Smith		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 5	
Mailing Address 2000 Purchase Street		Transaction ID: DD1FED60-5170-4176-B	
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 124.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation VP/Risk Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 496.00		

Full Name (Last, First, Middle Initial) B. Carey Smith		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5	
Mailing Address 2000 Purchase Street		Transaction ID: B465E7D2-A27E-4127-A	
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 124.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation VP/Risk Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 496.00		

Full Name (Last, First, Middle Initial) C. Carey Smith		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5	
Mailing Address 2000 Purchase Street		Transaction ID: 1C5D6F17-08F9-48F9-A	
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 124.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation VP/Risk Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 496.00		

SUBTOTAL of Receipts This Page (optional) ▶	372.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 81
	<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)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Ron Steinbruegge		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2005	
Mailing Address 2200 MasterCard Boulevard		Transaction ID: 6CBDADC0-8F22-4F00-8	
City O Fallon	State MO	Zip Code 63366-7263	Amount of Each Receipt this Period 124.00
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation VP/Network Communic		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 868.00		

Full Name (Last, First, Middle Initial) B. Ron Steinbruegge		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2005	
Mailing Address 2200 MasterCard Boulevard		Transaction ID: 1BDC53FE-8D2A-49C8-9	
City O Fallon	State MO	Zip Code 63366-7263	Amount of Each Receipt this Period 124.00
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation VP/Network Communic		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 868.00		

Full Name (Last, First, Middle Initial) C. Ron Steinbruegge		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2005	
Mailing Address 2200 MasterCard Boulevard		Transaction ID: 741E8233-BDD0-4E5B-B	
City O Fallon	State MO	Zip Code 63366-7263	Amount of Each Receipt this Period 124.00
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation VP/Network Communic		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 868.00		

SUBTOTAL of Receipts This Page (optional)	372.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 81
	<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)
MasterCard International Inc. Employees' PAC

A. Full Name (Last, First, Middle Initial)
Ron Steinbruegge

Mailing Address 2200 MasterCard Boulevard

City State Zip Code
O Fallon MO 63366-7263

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

Name of Employer MasterCard Occupation VP/Network Communic

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 868.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 5

Transaction ID: 2218014F-912C-42AA-9

Amount of Each Receipt this Period
124.00

B. Full Name (Last, First, Middle Initial)
Ron Steinbruegge

Mailing Address 2200 MasterCard Boulevard

City State Zip Code
O Fallon MO 63366-7263

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

Name of Employer MasterCard Occupation VP/Network Communic

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 868.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 5

Transaction ID: 635C555E-0DC9-403F-A

Amount of Each Receipt this Period
124.00

C. Full Name (Last, First, Middle Initial)
Ron Steinbruegge

Mailing Address 2200 MasterCard Boulevard

City State Zip Code
O Fallon MO 63366-7263

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

Name of Employer MasterCard Occupation VP/Network Communic

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 868.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 5

Transaction ID: 0A0DD519-56A2-45B4-9

Amount of Each Receipt this Period
124.00

SUBTOTAL of Receipts This Page (optional)	372.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 50 / 81						
	(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

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NAME OF COMMITTEE (In Full)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Cathleen Stock		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 5	
Mailing Address 47 Briar Woods Trl		Transaction ID: 12134-69378298521042	
City Stamford	State CT	Amount of Each Receipt this Period 2500.00	
Zip Code 06903-1733		Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00	
Name of Employer Occupation Spouse		Amount of Each Receipt this Period 2500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Keith Stock		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 5	
Mailing Address 47 Briar Woods Trail		Transaction ID: 12134-43507021665573	
City Stamford	State CT	Amount of Each Receipt this Period 2500.00	
Zip Code 06903		Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00	
Name of Employer Occupation EVP/Advisors		Amount of Each Receipt this Period 2500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Joseph Swezey		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5	
Mailing Address 2000 Purchase Street		Transaction ID: CA9E37EC-ED24-4441-A	
City Purchase	State NY	Amount of Each Receipt this Period 124.00	
Zip Code 10577-2509		Amount of Each Receipt this Period 124.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 124.00	
Name of Employer Occupation VP/Financial Analysis		Amount of Each Receipt this Period 124.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 248.00	

SUBTOTAL of Receipts This Page (optional) ▶	5124.00
TOTAL This Period (last page this line number only) ▶	5124.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 81
	<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)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Donna Terman		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5	
Mailing Address 2000 Purchase Street		Transaction ID: 8F029490-F314-48E1-9	
City State Zip Code Purchase NY 10577-2509		Amount of Each Receipt this Period 62.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MasterCard VP/Bus Resources-Communication			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 310.00	

Full Name (Last, First, Middle Initial) B. Donna Terman		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5	
Mailing Address 2000 Purchase Street		Transaction ID: 69D69A13-E600-4A9C-A	
City State Zip Code Purchase NY 10577-2509		Amount of Each Receipt this Period 62.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MasterCard VP/Bus Resources-Communication			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 310.00	

Full Name (Last, First, Middle Initial) C. Nicola Thom		Date of Receipt M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 0 5	
Mailing Address 82 Liberty St		Transaction ID: 44MOWY328103	
City State Zip Code Wilton CT 06897-3201		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Spouse			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional) ▶	5124.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 81
	<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)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Joy Thoma		Date of Receipt M M / D D / Y Y Y Y 07 / 03 / 2005
Mailing Address 2000 Purchase Street		Transaction ID: 05446-50684756040573
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation SVP/Customer Group	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00	

Full Name (Last, First, Middle Initial) B. Joy Thoma		Date of Receipt M M / D D / Y Y Y Y 08 / 03 / 2005
Mailing Address 2000 Purchase Street		Transaction ID: 05446-12067812681198
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation SVP/Customer Group	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00	

Full Name (Last, First, Middle Initial) C. Joy Thoma		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2005
Mailing Address 2000 Purchase Street		Transaction ID: 05446-04952639341354
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation SVP/Customer Group	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00	

SUBTOTAL of Receipts This Page (optional) ▶	900.00
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 81
	<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)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Joy Thoma		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 5
Mailing Address 2000 Purchase Street		Transaction ID: 05446-13320559263229
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard Occupation SVP/Customer Group		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00	

Full Name (Last, First, Middle Initial) B. Joy Thoma		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 5
Mailing Address 2000 Purchase Street		Transaction ID: 05446-88697451353074
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard Occupation SVP/Customer Group		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00	

Full Name (Last, First, Middle Initial) C. Joy Thoma		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 5
Mailing Address 2000 Purchase Street		Transaction ID: 05446-31109255552292
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard Occupation SVP/Customer Group		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00	

SUBTOTAL of Receipts This Page (optional) ▶	900.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 81
	<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)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Robert Trende		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 5
Mailing Address 2200 MasterCard Boulevard		Transaction ID: 479902F4-592F-42E6-9
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation VP/Systems Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Robert Trende		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address 2200 MasterCard Boulevard		Transaction ID: F04EED6C-4B4B-447A-B
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation VP/Systems Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Robert Trende		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5
Mailing Address 2200 MasterCard Boulevard		Transaction ID: DC04E0DD-53B5-47E1-9
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation VP/Systems Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 81
	<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)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Mary Trier		Date of Receipt M M / D D / Y Y Y Y 07 / 07 / 2005
Mailing Address 10255 West Higgins Road Suite		Transaction ID: 05446-48287600278854
City State Zip Code Rosemont IL 60018-5606	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation VP/Member Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Lillian Tropea		Date of Receipt M M / D D / Y Y Y Y 12 / 15 / 2005
Mailing Address 2000 Purchase Street		Transaction ID: FA36285E-3A0C-41ED-8
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 124.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation VP/Accounting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 248.00	

Full Name (Last, First, Middle Initial) C. Frank Tufano		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2005
Mailing Address 2000 Purchase Street		Transaction ID: 83AFC87D-EDE4-4CCA-B
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 290.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation Group Head Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2030.00	

SUBTOTAL of Receipts This Page (optional) ▶	664.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 81
	<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)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Frank Tufano		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2005
Mailing Address 2000 Purchase Street		Transaction ID: 6767AAE6-B025-4D92-B Amount of Each Receipt this Period 290.00
City State Zip Code Purchase NY 10577-2509		
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation Group Head Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2030.00	

Full Name (Last, First, Middle Initial) B. Frank Tufano		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2005
Mailing Address 2000 Purchase Street		Transaction ID: 0657CA07-106A-439D-9 Amount of Each Receipt this Period 290.00
City State Zip Code Purchase NY 10577-2509		
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation Group Head Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2030.00	

Full Name (Last, First, Middle Initial) C. Frank Tufano		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2005
Mailing Address 2000 Purchase Street		Transaction ID: DB3DF95B-7086-46F6-9 Amount of Each Receipt this Period 290.00
City State Zip Code Purchase NY 10577-2509		
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation Group Head Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2030.00	

SUBTOTAL of Receipts This Page (optional) ▶	870.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 81
	<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)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Frank Tufano		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address 2000 Purchase Street		Transaction ID: 4071390D-086B-4C70-8 Amount of Each Receipt this Period 290.00
City Purchase State NY Zip Code 10577-2509		
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation Group Head Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2030.00	

Full Name (Last, First, Middle Initial) B. Frank Tufano		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5
Mailing Address 2000 Purchase Street		Transaction ID: 7E453A78-6EA0-4273-A Amount of Each Receipt this Period 290.00
City Purchase State NY Zip Code 10577-2509		
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation Group Head Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2030.00	

Full Name (Last, First, Middle Initial) C. Jim Whalen		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 5
Mailing Address 16861 Eagle Bluff Ct		Transaction ID: E99UHX534134 Amount of Each Receipt this Period 3500.00
City Chesterfield State MO Zip Code 63005		
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation SVP/Business Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3500.00	

SUBTOTAL of Receipts This Page (optional) ▶	4080.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 81
	<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)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Mimi Wood		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2005	
Mailing Address 2000 Purchase Street		Transaction ID: 9E021E74-B156-4514-B	
City Purchase	State NY	Zip Code 10577-2509	Amount of Each Receipt this Period 124.00
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation VP/Human Resources		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 620.00		

Full Name (Last, First, Middle Initial) B. Mimi Wood		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2005	
Mailing Address 2000 Purchase Street		Transaction ID: A023A878-0512-4443-9	
City Purchase	State NY	Zip Code 10577-2509	Amount of Each Receipt this Period 124.00
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation VP/Human Resources		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 620.00		

Full Name (Last, First, Middle Initial) C. Mimi Wood		Date of Receipt M M / D D / Y Y Y Y 11 / 15 / 2005	
Mailing Address 2000 Purchase Street		Transaction ID: D1D7619F-2A79-44AD-9	
City Purchase	State NY	Zip Code 10577-2509	Amount of Each Receipt this Period 124.00
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation VP/Human Resources		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 620.00		

SUBTOTAL of Receipts This Page (optional)	372.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 81
	<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)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Mimi Wood		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5	
Mailing Address 2000 Purchase Street		Transaction ID: CDBC325C-BE86-4020-8	
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 124.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation VP/Human Resources		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 620.00		

Full Name (Last, First, Middle Initial) B. Kent Young		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 5	
Mailing Address 2200 MasterCard Boulevard		Transaction ID: ED644542-18AA-4C30-9	
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 130.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation VP/Business Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

Full Name (Last, First, Middle Initial) C. Kent Young		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 5	
Mailing Address 2200 MasterCard Boulevard		Transaction ID: FAA49AFF-549B-4336-8	
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 130.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation VP/Business Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

SUBTOTAL of Receipts This Page (optional) ▶	384.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 / 81
	(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)
MasterCard International Inc. Employees' PAC

A. Full Name (Last, First, Middle Initial)
Kent Young

Mailing Address 2200 MasterCard Boulevard

City State Zip Code
O Fallon MO 63366-7263

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

Name of Employer MasterCard Occupation VP/Business Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
11 / 15 / 2005

Transaction ID: 521E17E1-36C6-40E7-8

Amount of Each Receipt this Period
130.00

B. Full Name (Last, First, Middle Initial)
Kent Young

Mailing Address 2200 MasterCard Boulevard

City State Zip Code
O Fallon MO 63366-7263

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

Name of Employer MasterCard Occupation VP/Business Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
12 / 15 / 2005

Transaction ID: D614A23E-5066-4ADC-9

Amount of Each Receipt this Period
130.00

SUBTOTAL of Receipts This Page (optional)	▶	260.00
TOTAL This Period (last page this line number only)	▶	52904.02

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 61 / 81

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Riggs Bank		Transaction ID: 36268-45527285337448 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 5
Mailing Address 411 King St.		Amount of Each Disbursement this Period 214.19
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Credit Card Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
Full Name (Last, First, Middle Initial) B. Riggs Bank		Transaction ID: 05446-19047182798385 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 5
Mailing Address 411 King St.		Amount of Each Disbursement this Period 143.52
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Credit Card Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
Full Name (Last, First, Middle Initial) C. Riggs Bank		Transaction ID: 05446-86033266782761 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 5
Mailing Address 411 King St.		Amount of Each Disbursement this Period 258.23
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Credit Card Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	615.94
TOTAL This Period (last page this line number only) ▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 62 / 81

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Riggs Bank		Transaction ID: 05446-23171633481979 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 5
Mailing Address 411 King St.		Amount of Each Disbursement this Period 7.99
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Credit Card Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Riggs Bank		Transaction ID: 05446-60409182310104 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 5
Mailing Address 411 King St.		Amount of Each Disbursement this Period 14.06
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Credit Card Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Riggs Bank		Transaction ID: 05446-27663820981979 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 5
Mailing Address 411 King St.		Amount of Each Disbursement this Period 7.99
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Credit Card Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ► **30.04**

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 63 / 81

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Riggs Bank		Transaction ID: 05446-37434023618698 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 5
Mailing Address 411 King St.		Amount of Each Disbursement this Period 15.13
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Credit Card Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. George Foote		Transaction ID: V14734-4471399188041 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 5
Mailing Address 1401 Eye Street NW Suite 210		Amount of Each Disbursement this Period 983.67
City Washington State DC Zip Code 20005	Purpose of Disbursement Reimbur. in-kind contrib. - Meeks Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

[MEMO ITEM]
In-Kind

SUBTOTAL of Disbursements This Page (optional) ► 15.13

TOTAL This Period (last page this line number only) ► 661.11

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Bachus for Congress Committee		Transaction ID: 23495-0605890154838 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 5
Mailing Address PO Box 59444		Amount of Each Disbursement this Period 1000.00
City Birmingham State AL Zip Code 35259		
Purpose of Disbursement 2006 Primary Candidate Name Spencer Bachus Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AL District: 06		
Category/Type		

Full Name (Last, First, Middle Initial) B. Back America's Conservatives PAC (BAC PAC)		Transaction ID: 45735-9004480242729 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address 1251 Dartmouth Court		Amount of Each Disbursement this Period 1000.00
City Alexandria State VA Zip Code 22314		
Purpose of Disbursement 2005 Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		
Category/Type		

Full Name (Last, First, Middle Initial) C. Back America's Conservatives PAC (BAC PAC)		Transaction ID: 13264-5946313738822 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5
Mailing Address 1251 Dartmouth Court		Amount of Each Disbursement this Period 4000.00
City Alexandria State VA Zip Code 22314		
Purpose of Disbursement 2005 Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		
Category/Type		

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 65 / 81

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Barrett for Congress		Transaction ID: 90012-9774438738823 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5
Mailing Address PO Box 869		Amount of Each Disbursement this Period 2000.00
City Westminster State SC Zip Code 29693	Category/ Type	
Purpose of Disbursement 2006 Primary		
Candidate Name James Barrett		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Bluegrass Committee		Transaction ID: 88907-5080072283744 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 5
Mailing Address 400 North Capitol Street Northwest #585		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20001	Category/ Type	
Purpose of Disbursement 2005 Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Carper for Senate		Transaction ID: 45887-0706903338432 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address 19 East Commons Blvd. Second Floor		Amount of Each Disbursement this Period 5000.00
City New Castle State DE Zip Code 19720	Category/ Type	
Purpose of Disbursement 2006 Primary		
Candidate Name Tom Carper		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	12000.00
TOTAL This Period (last page this line number only) ▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 66 / 81

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Carper for Senate		Transaction ID: 45887-5301629900932 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address 19 East Commons Blvd. Second Floor		Amount of Each Disbursement this Period 5000.00
City New Castle State DE Zip Code 19720	Category/ Type	
Purpose of Disbursement 2006 General		
Candidate Name Tom Carper		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Castle Campaign Fund		Transaction ID: 47338-0326806902885 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 5
Mailing Address P.O Box 133		Amount of Each Disbursement this Period 1000.00
City Wilmington State DE Zip Code 19899	Category/ Type	
Purpose of Disbursement 2006 Primary		
Candidate Name Michael Castle		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Crowley for Congress		Transaction ID: 28665-2173578143119 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address 84-56 Grand Avenue		Amount of Each Disbursement this Period 1000.00
City Elmhurst State NY Zip Code 11373	Category/ Type	
Purpose of Disbursement 2006 Primary		
Candidate Name Joseph Crowley		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Crowley for Congress		Transaction ID: 13264-1607324481010 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5
Mailing Address 84-56 Grand Avenue		Amount of Each Disbursement this Period 1000.00
City Elmhurst State NY Zip Code 11373	Category/ Type	
Purpose of Disbursement 2006 Primary		
Candidate Name Joseph Crowley		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Daniel Webster PAC		Transaction ID: 45735-0714837908744 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address PO Box 519		Amount of Each Disbursement this Period 1000.00
City Rye State NH Zip Code 03870	Category/ Type	
Purpose of Disbursement 2005 Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. David Scott for Congress		Transaction ID: 02602-8891412615776 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 162 Hurt Street Northeast		Amount of Each Disbursement this Period 1000.00
City Atlanta State GA Zip Code 30307	Category/ Type	
Purpose of Disbursement 2006 Primary		
Candidate Name David Scott		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 68 / 81

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Defend America PAC		Transaction ID: 88664-3330194354057 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 5
Mailing Address PO Box 2626		Amount of Each Disbursement this Period 5000.00
City Tuscaloosa State AL Zip Code 35403		
Purpose of Disbursement 2005 Contribution		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Evan Bayh Committee		Transaction ID: 01827-2626611590385 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 5
Mailing Address 850 Fort Wayne Avenue		Amount of Each Disbursement this Period 1000.00
City Indianapolis State IN Zip Code 46204		
Purpose of Disbursement 2010 Primary		Category/ Type
Candidate Name Evan Bayh		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IN District:		

Full Name (Last, First, Middle Initial) C. Evan Bayh Committee		Transaction ID: 23495-1068536639213 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 5
Mailing Address 850 Fort Wayne Avenue		Amount of Each Disbursement this Period 2500.00
City Indianapolis State IN Zip Code 46204		
Purpose of Disbursement 2010 Primary		Category/ Type
Candidate Name Evan Bayh		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IN District:		

SUBTOTAL of Disbursements This Page (optional) ▶	8500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 69 / 81

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Friends of Dick Lugar Inc		Transaction ID: 95208-4458734393119 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 5
Mailing Address 47 S Meridian Street Suite 200		Amount of Each Disbursement this Period 1000.00
City Indianapolis State IN Zip Code 46204	Category/ Type	
Purpose of Disbursement 2006 Primary		
Candidate Name Richard Lugar		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IN District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Friends of Ginny Brown-Waite		Transaction ID: 23495-1223108172416 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 5
Mailing Address 704 Ponce De Leon Boulevard		Amount of Each Disbursement this Period 5000.00
City Brooksville State FL Zip Code 34601	Category/ Type	
Purpose of Disbursement 2006 Primary		
Candidate Name Virginia Brown-Waite		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 05	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Friends of Jeb Hensarling		Transaction ID: 01804-7177240252494 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 5
Mailing Address PO Box 820504		Amount of Each Disbursement this Period 2500.00
City Dallas State TX Zip Code 75382	Category/ Type	
Purpose of Disbursement 2006 Primary		
Candidate Name Thomas Hensarling		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 05	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	8500.00
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Friends of Roy Blunt		Transaction ID: 01827-6300012469291 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 5
Mailing Address PO Box 50100		Amount of Each Disbursement this Period 2000.00
City Springfield State MO Zip Code 65805	Category/ Type	
Purpose of Disbursement 2006 Primary		
Candidate Name Roy Blunt		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 07	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Gary Miller for Congress		Transaction ID: 45735-3786432147026 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address 721 S Brea Canyon Road Suite 7		Amount of Each Disbursement this Period 1000.00
City Diamond Bar State CA Zip Code 91789	Category/ Type	
Purpose of Disbursement 2006 Primary		
Candidate Name Gary Miller		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 42	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Growth and Prosperity Political Action Committee		Transaction ID: 13264-0288202166557 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5
Mailing Address 2610 Ridge Road Drive Suite 300		Amount of Each Disbursement this Period 5000.00
City Alexandria State VA Zip Code 22302	Category/ Type	
Purpose of Disbursement 2005 Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	8000.00
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Jim Gerlach for Congress Committee		Transaction ID: 01804-1744806170463 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 5
Mailing Address PO Box 87		Amount of Each Disbursement this Period 1000.00
City Uwchland State PA Zip Code 19480	Category/ Type	
Purpose of Disbursement 2006 Primary		
Candidate Name James Gerlach		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Leadership Pac 2006		Transaction ID: 05701-4414789080619 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 5
Mailing Address 675 North Washington Street Suite 410		Amount of Each Disbursement this Period 1000.00
City Alexandria State VA Zip Code 22314	Category/ Type	
Purpose of Disbursement 2005 Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Leadership Pac 2006		Transaction ID: 11159-2467462420463 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 675 North Washington Street Suite 410		Amount of Each Disbursement this Period 4000.00
City Alexandria State VA Zip Code 22314	Category/ Type	
Purpose of Disbursement 2005 Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MasterCard International Inc. Employees' PAC

A. Lucas for Congress Full Name (Last, First, Middle Initial) Lucas for Congress Mailing Address Post Office Box 1726 City Oklahoma City State OK Zip Code 73101 Purpose of Disbursement 2006 Primary Candidate Name Frank Lucas Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 03 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 45735-6696740984916 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 5 Amount of Each Disbursement this Period 1000.00 Category/Type
B. Martinez for Senate Full Name (Last, First, Middle Initial) Martinez for Senate Mailing Address 610 S Boulevard City Tampa State FL Zip Code 33606 Purpose of Disbursement 2010 Primary Candidate Name Mel Martinez Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 45003-5675775408744 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 5 Amount of Each Disbursement this Period 1000.00 Category/Type
C. McHenry for Congress Full Name (Last, First, Middle Initial) McHenry for Congress Mailing Address PO Box 1406 City Hickory State NC Zip Code 28601 Purpose of Disbursement 2006 Primary Candidate Name Patrick McHenry Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 10 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 95208-2438470721244 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 5 Amount of Each Disbursement this Period 1000.00 Category/Type

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. McHenry for Congress		Transaction ID: 01827-4006616473197 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 5
Mailing Address PO Box 1406		Amount of Each Disbursement this Period 1000.00
City Hickory State NC Zip Code 28601	Purpose of Disbursement 2006 Primary Candidate Name Patrick McHenry Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 10		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. McHenry for Congress		Transaction ID: 45735-4920160174369 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address PO Box 1406		Amount of Each Disbursement this Period 1000.00
City Hickory State NC Zip Code 28601	Purpose of Disbursement 2006 Primary Candidate Name Patrick McHenry Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 10		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Meeks for Congress		Transaction ID: 45735-0206262469291 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address 219-10 South Conduit Avenue		Amount of Each Disbursement this Period 1000.00
City Springfield Garden State NY Zip Code 11413	Purpose of Disbursement 2006 Primary Candidate Name Gregory Meeks Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 06		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 74 / 81

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Meeks for Congress		Transaction ID: 11159-6047479510307 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 219-10 South Conduit Avenue		Amount of Each Disbursement this Period 1516.33
City Springfield Garden State NY Zip Code 11413	Category/ Type	
Purpose of Disbursement 2006 Primary		
Candidate Name Gregory Meeks		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 06	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Meeks for Congress		Transaction ID: 43763-27299135923385 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 5
Mailing Address 219-10 South Conduit Avenue		Amount of Each Disbursement this Period -1000.00
City Springfield Garden State NY Zip Code 11413	Category/ Type	
Purpose of Disbursement Check Never Cashed		
Candidate Name Gregory Meeks		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 06	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. National Republican Congressional Committee		Transaction ID: 64657-9998742938041 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 5
Mailing Address 320 First Street		Amount of Each Disbursement this Period 15000.00
City Washington State DC Zip Code 20003	Category/ Type	
Purpose of Disbursement 2005 Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	15516.33
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 75 / 81

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MasterCard International Inc. Employees' PAC

<p>A. Nelson for U S Senate</p> <p>Full Name (Last, First, Middle Initial) Nelson for U S Senate</p> <p>Mailing Address PO Box 8666</p> <p>City Omaha State NE Zip Code 68108</p> <p>Purpose of Disbursement 2006 Primary</p> <p>Candidate Name Ben Nelson</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District:</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 23495-6946985125541</p> <p>Date of Disbursement 10 / 19 / 2005</p> <p>Amount of Each Disbursement this Period 2450.00</p>
<p>B. Nelson for U S Senate</p> <p>Full Name (Last, First, Middle Initial) Nelson for U S Senate</p> <p>Mailing Address PO Box 8666</p> <p>City Omaha State NE Zip Code 68108</p> <p>Purpose of Disbursement 2006 General</p> <p>Candidate Name Ben Nelson</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District:</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 13264-6495935320854</p> <p>Date of Disbursement 12 / 20 / 2005</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Price for Congress</p> <p>Full Name (Last, First, Middle Initial) Price for Congress</p> <p>Mailing Address PO Box 425</p> <p>City Roswell State GA Zip Code 30077</p> <p>Purpose of Disbursement 2006 Primary</p> <p>Candidate Name Thomas Price</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 88664-6230279803276</p> <p>Date of Disbursement 10 / 26 / 2005</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5950.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

PAGE 76 / 81

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Pryce for Congress		Transaction ID: 01827-3954126238822 Date of Disbursement MM / DD / YYYY 09 / 28 / 2005
Mailing Address 145 East Rich Street		Amount of Each Disbursement this Period 1000.00
City Columbus State OH Zip Code 43215	Category/ Type	
Purpose of Disbursement 2006 Primary		
Candidate Name Deborah Pryce		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Rely on Your Beliefs Fund		Transaction ID: 45003-5264245867729 Date of Disbursement MM / DD / YYYY 10 / 14 / 2005
Mailing Address 209 Pennsylvania Avenue Southeast		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20003	Category/ Type	
Purpose of Disbursement 2005 Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Rick Renzi for Congress		Transaction ID: 01804-9463312029838 Date of Disbursement MM / DD / YYYY 09 / 28 / 2005
Mailing Address PO Box 2383		Amount of Each Disbursement this Period 1000.00
City Prescott State AZ Zip Code 86302	Category/ Type	
Purpose of Disbursement 2006 Primary		
Candidate Name Richard Renzi		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 77 / 81

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MasterCard International Inc. Employees' PAC

A. Rick Renzi for Congress Full Name (Last, First, Middle Initial) Rick Renzi for Congress Mailing Address PO Box 2383 City Prescott State AZ Zip Code 86302 Purpose of Disbursement 2006 Primary Candidate Name Richard Renzi Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 01827-9537317156791 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 5 Amount of Each Disbursement this Period 1000.00
B. Rick Renzi for Congress Full Name (Last, First, Middle Initial) Rick Renzi for Congress Mailing Address PO Box 2383 City Prescott State AZ Zip Code 86302 Purpose of Disbursement 2006 Primary Candidate Name Richard Renzi Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 45735-0031244158744 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 5 Amount of Each Disbursement this Period 1000.00
C. Rogers for Congress Full Name (Last, First, Middle Initial) Rogers for Congress Mailing Address Post Office Box 581 City Brighton State MI Zip Code 48116 Purpose of Disbursement 2006 Primary Candidate Name Mike Rogers Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 90012-1270410418510 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5 Amount of Each Disbursement this Period 5000.00

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 78 / 81

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Rogers for Congress		Transaction ID: 58792-9693719744682 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 6 / 2 0 0 5
Mailing Address Post Office Box 581		Amount of Each Disbursement this Period 324.00
City Brighton State MI Zip Code 48116	In-Kind	
Purpose of Disbursement In-Kind - Tickets to Alamo Bowl		
Candidate Name Mike Rogers		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Ruth's Chris Steakhouse		Transaction ID: V14734-3241845965385 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 5
Mailing Address 724 9th Street, NW		Amount of Each Disbursement this Period 983.67
City Washington State DC Zip Code 20001-4505	In-Kind	
Purpose of Disbursement In-Kind for Fund-raising Dinner		
Candidate Name Gregory Meeks		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 06	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Scott Garrett for Congress		Transaction ID: 01827-7690851092338 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 5
Mailing Address PO Box 905		Amount of Each Disbursement this Period 1000.00
City Newton State NJ Zip Code 07860	In-Kind	
Purpose of Disbursement 2006 Primary		
Candidate Name E. Garrett		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 05	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2307.67
TOTAL This Period (last page this line number only) ▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Stephanie Tubbs Jones for Us Congress		Transaction ID: 45735-5198938250541 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address 3729 Silsby Road		Amount of Each Disbursement this Period 1000.00
City University Heights State OH Zip Code 44118	Category/ Type	
Purpose of Disbursement 2006 Primary		
Candidate Name Stephanie Jones		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 11	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Steve Chabot for Congress		Transaction ID: 64657-5841791033744 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 5
Mailing Address 3014 Harrison Avenue		Amount of Each Disbursement this Period 1000.00
City Cincinnati State OH Zip Code 45211	Category/ Type	
Purpose of Disbursement 2006 Primary		
Candidate Name Steve Chabot		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Talent for Senate Committee		Transaction ID: 23495-1387445330619 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 5
Mailing Address 147 N Meramec Suite 100		Amount of Each Disbursement this Period 2000.00
City St. Louis State MO Zip Code 63105	Category/ Type	
Purpose of Disbursement 2006 Primary		
Candidate Name James Talent		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 80 / 81

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial)		Transaction ID: 88664-0774347186088																					
A. Together for Our Majority Political Action Committee (T-OMPAC)		Date of Disbursement																					
Mailing Address PO Box 16488		<table border="1"> <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>0</td><td>/</td><td>2</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	6	/	2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	2	6	/	2	0	0	5														
City	State	Zip Code	Amount of Each Disbursement this Period																				
Arlington	VA	22215																					
Purpose of Disbursement 2005 Contribution		Category/ Type	2500.00																				
Candidate Name																							
Office Sought:	Disbursement For:																						
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																						
<input type="checkbox"/> President																							
State:	District:																						

Full Name (Last, First, Middle Initial)		Transaction ID: 90012-9878808856010																					
B. Together for Our Majority Political Action Committee (T-OMPAC)		Date of Disbursement																					
Mailing Address PO Box 16488		<table border="1"> <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>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	1	5	/	2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	2	/	1	5	/	2	0	0	5														
City	State	Zip Code	Amount of Each Disbursement this Period																				
Arlington	VA	22215																					
Purpose of Disbursement 2005 Contribution		Category/ Type	2500.00																				
Candidate Name																							
Office Sought:	Disbursement For:																						
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																						
<input type="checkbox"/> President																							
State:	District:																						

Full Name (Last, First, Middle Initial)		Transaction ID: 01827-6237298846244																					
C. Tom Feeny for Congress		Date of Disbursement																					
Mailing Address 1420 Alafaya Trail #103		<table border="1"> <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>0</td><td>9</td><td>/</td><td>2</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	2	8	/	2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	9	/	2	8	/	2	0	0	5														
City	State	Zip Code	Amount of Each Disbursement this Period																				
Oviedo	FL	32765																					
Purpose of Disbursement 2006 Primary		Category/ Type	1000.00																				
Candidate Name Tom Feeny																							
Office Sought:	Disbursement For:																						
<input checked="" type="checkbox"/> House	2006 <input type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																						
<input type="checkbox"/> President																							
State: FL	District: 24																						

SUBTOTAL of Disbursements This Page (optional)	▶	6000.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial) A. Tom Feeney for Congress		Transaction ID: 23495-5512462854385
Mailing Address 1420 Alafaya Trail #103		Date of Disbursement 10 / 19 / 2005
City Oviedo	State FL	Zip Code 32765
Purpose of Disbursement 2006 Primary	Amount of Each Disbursement this Period 4000.00	
Candidate Name Tom Feeney	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL	District: 24	

Full Name (Last, First, Middle Initial) B. Unite Our States		Transaction ID: 47338-5588189959526
Mailing Address 513 Capitol Court NE Suite 100		Date of Disbursement 11 / 02 / 2005
City Washington	State DC	Zip Code 20002
Purpose of Disbursement 2005 Contribution	Amount of Each Disbursement this Period 2000.00	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional) ►

6000.00

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

118774.00