

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)
CITY **STATE** **ZIP CODE**

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 01 01 2007 through 06 30 2007

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 07 17 2007

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**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		41566.73
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	41566.73									
(c) Total Receipts (from Line 19)	124576.19	124576.19								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	166142.92	166142.92								
7. Total Disbursements (from Line 31)	92745.14	92745.14								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	73397.78	73397.78								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	116577.36	116577.36
(i) Itemized (use Schedule A)	7998.83	7998.83
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii)	124576.19	124576.19
(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)	124576.19	124576.19
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))	124576.19	124576.19
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	124576.19	124576.19

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

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.....	1334.14	1334.14
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1334.14	1334.14
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	90000.00	90000.00
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	1411.00	1411.00
(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))	1411.00	1411.00
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))..	92745.14	92745.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	92745.14	92745.14

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)	124576.19	124576.19
34. Total Contribution Refunds (from Line 28(d))	1411.00	1411.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	123165.19	123165.19
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1334.14	1334.14
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1334.14	1334.14

**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 / 106
	<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. Gregory Box		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 7	
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070411-42-10-12	
City State Zip Code O Fallon MO 63368-7263	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 ▼ 372.00		

Full Name (Last, First, Middle Initial) B. Gregory Box		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7	
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070511-57-14-43	
City State Zip Code O Fallon MO 63368-7263	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 ▼ 372.00		

Full Name (Last, First, Middle Initial) C. Gregory Box		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070613-63-14-43	
City State Zip Code O Fallon MO 63368-7263	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 ▼ 372.00		

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 7 / 106
	<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. Lisa Bradley		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 7
Mailing Address 2000 Purchase Street		Transaction ID: 0369331
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 Occupation MasterCard Business Leader, 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. John Brady		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7
Mailing Address 2000 Purchase Street		Transaction ID: BOA5AN529213
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 750.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation MasterCard VP/Operational Performance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Andrew Cheskis		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7
Mailing Address 2000 Purchase Street		Transaction ID: 85e0389e3df00c555d6
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 3500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation MasterCard Int., Inc. SVP/General Auditor		
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) ▶	4500.00
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 / 106
	<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. Heidi Davidson		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 2000 Purchase Street		Transaction ID: 20070313-42-11-13	
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 350.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation VP/Director State Govt Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00		

Full Name (Last, First, Middle Initial) B. Heidi Davidson		Date of Receipt M M / D D / Y Y Y Y 04 / 15 / 2007	
Mailing Address 2000 Purchase Street		Transaction ID: 20070411-41-10-12	
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 350.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation VP/Director State Govt Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00		

Full Name (Last, First, Middle Initial) C. Heidi Davidson		Date of Receipt M M / D D / Y Y Y Y 05 / 15 / 2007	
Mailing Address 2000 Purchase Street		Transaction ID: 20070511-56-14-43	
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 350.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation VP/Director State Govt Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00		

SUBTOTAL of Receipts This Page (optional) ▶	1050.00
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 / 106
	<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. Heidi Davidson		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 2000 Purchase Street		Transaction ID: 20070613-62-14-43	
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 350.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation VP/Director State Govt Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00		

Full Name (Last, First, Middle Initial) B. Patricia Devereux		Date of Receipt M M / D D / Y Y Y Y 05 / 15 / 2007	
Mailing Address 2000 Purchase Street		Transaction ID: 20070511-4-14-43	
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 ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Patricia Devereux		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 2000 Purchase Street		Transaction ID: 20070613-4-14-43	
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 ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	450.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 106
	<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. Colm Dobbyn		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7	
Mailing Address 2000 Purchase Street		Transaction ID: 20070216-2-9-20	
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation SVP/Asst. General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) B. Colm Dobbyn		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7	
Mailing Address 2000 Purchase Street		Transaction ID: 20070313-2-11-13	
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation SVP/Asst. General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) C. Colm Dobbyn		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 7	
Mailing Address 2000 Purchase Street		Transaction ID: 20070411-2-10-12	
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation SVP/Asst. General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

SUBTOTAL of Receipts This Page (optional) ▶	375.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 106
	<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. Colm Dobbyn		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7	
Mailing Address 2000 Purchase Street		Transaction ID: 20070511-5-14-43	
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation SVP/Asst. General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) B. Colm Dobbyn		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address 2000 Purchase Street		Transaction ID: 20070613-5-14-43	
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation SVP/Asst. General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) C. Hortense Dunbar		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 7	
Mailing Address 2200 Mastercard Blvd		Transaction ID: 7ZOL5B254264	
City State Zip Code O Fallon MO 63368-7263	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) ▶	5250.00
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 / 106
	<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. Roy Dunbar		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 7
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070111-5-11-17
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 416.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation SEVP/Global Tech Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

Full Name (Last, First, Middle Initial) B. Roy Dunbar		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070216-5-9-20
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 416.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation SEVP/Global Tech Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

Full Name (Last, First, Middle Initial) C. Roy Dunbar		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070313-5-11-13
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 416.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation SEVP/Global Tech Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

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 / 106
	<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) Roy Dunbar		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 7
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070411-5-10-12
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 416.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation SEVP/Global Tech Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

B. Full Name (Last, First, Middle Initial) Roy Dunbar		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070511-8-14-43
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 416.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation SEVP/Global Tech Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

C. Full Name (Last, First, Middle Initial) Roy Dunbar		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070613-8-14-43
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 416.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation SEVP/Global Tech Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2496.00	

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:	PAGE 14 / 106						
	(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. Edward Ebel		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7	
Mailing Address 2220 West Broad Street		Transaction ID: FPUFT0455224	
City State Zip Code Richmond VA 23220-2008	Amount of Each Receipt this Period 200.00		
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 ▼ 200.00		

Full Name (Last, First, Middle Initial) B. Michael Ellison		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7	
Mailing Address 2000 Purchase Street		Transaction ID: 20070511-51-14-43	
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/Financial Analysis		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

Full Name (Last, First, Middle Initial) C. Michael Ellison		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address 2000 Purchase Street		Transaction ID: 20070613-55-14-43	
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 125.00		
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 ▼ 375.00		

SUBTOTAL of Receipts This Page (optional) ▶	375.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 106
	<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. Anna May Feige		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 5 / 2 0 0 7
Mailing Address 2000 Purchase Street		Transaction ID: 20070111-6-11-17
City Purchase	State NY	Amount of Each Receipt this Period 290.00
Zip Code 10577-2509	FEC ID number of contributing federal political committee. C	
Name of Employer MasterCard	Occupation Global Group Practice Leader	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1740.00	

Full Name (Last, First, Middle Initial) B. Anna May Feige		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address 2000 Purchase Street		Transaction ID: 20070216-6-9-20
City Purchase	State NY	Amount of Each Receipt this Period 290.00
Zip Code 10577-2509	FEC ID number of contributing federal political committee. C	
Name of Employer MasterCard	Occupation Global Group Practice Leader	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1740.00	

Full Name (Last, First, Middle Initial) C. Anna May Feige		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 2000 Purchase Street		Transaction ID: 20070313-6-11-13
City Purchase	State NY	Amount of Each Receipt this Period 290.00
Zip Code 10577-2509	FEC ID number of contributing federal political committee. C	
Name of Employer MasterCard	Occupation Global Group Practice Leader	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1740.00	

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 16 / 106
	<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. Anna May Feige		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 7
Mailing Address 2000 Purchase Street		Transaction ID: 20070411-6-10-12
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 Global Group Practice Leader	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1740.00	

Full Name (Last, First, Middle Initial) B. Anna May Feige		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 2000 Purchase Street		Transaction ID: 20070511-9-14-43
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 Global Group Practice Leader	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1740.00	

Full Name (Last, First, Middle Initial) C. Anna May Feige		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 2000 Purchase Street		Transaction ID: 20070613-9-14-43
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 Global Group Practice Leader	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1740.00	

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 17 / 106
	<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. Lawrence Flanagan		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 2000 Purchase Street		Transaction ID: 20070511-10-14-43
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 Marking Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 832.00	

Full Name (Last, First, Middle Initial) B. Lawrence Flanagan		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 2000 Purchase Street		Transaction ID: 20070613-11-14-43
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 Marking Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 832.00	

Full Name (Last, First, Middle Initial) C. Stephanie Flanagan		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 0 / 2 0 0 7
Mailing Address 2000 Purchase St		Transaction ID: 7ZOL5B291856
City Purchase	State NY	Zip Code 10577-2405
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
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)	▶	5832.00
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 18 / 106
	<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) Gary Flood		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 0 7	
Mailing Address 2000 Purchase Street		Transaction ID: 51b0caa68c8ff93c976	
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C		Federal PAC	
Name of Employer Occupation MasterCard EVP/Customer Group	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) Josephine Flood		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 0 7	
Mailing Address 20 Greene Ct		Transaction ID: dc30b45215849118f1c	
City State Zip Code Hauppauge NY 11788-4362	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C		Federal PAC	
Name of Employer Occupation Homemaker	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) Tucker Foote		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 0 7	
Mailing Address 1401 Eye Street Northwest Suite 2		Transaction ID: 70004-77683657407761	
City State Zip Code Washington DC 20005-2225	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation MasterCard Business Leader, Public Policy	Aggregate Year-to-Date ▼ 750.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	10125.00
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 19 / 106
	<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. Tucker Foote		Date of Receipt MM / DD / YYYY 03 / 18 / 2007
Mailing Address 1401 Eye Street Northwest Suite 2		Transaction ID: 19422-48519533872604
City Washington State DC Zip Code 20005-2225	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 125.00
Name of Employer MasterCard Occupation Business Leader, Public Policy	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00

Full Name (Last, First, Middle Initial) B. Tucker Foote		Date of Receipt MM / DD / YYYY 04 / 18 / 2007
Mailing Address 1401 Eye Street Northwest Suite 2		Transaction ID: 0d3bd33f3c28a99881b
City Washington State DC Zip Code 20005-2225	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 125.00
Name of Employer MasterCard Occupation Business Leader, Public Policy	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00

Full Name (Last, First, Middle Initial) C. Tucker Foote		Date of Receipt MM / DD / YYYY 05 / 18 / 2007
Mailing Address 1401 Eye Street Northwest Suite 2		Transaction ID: d262eef5131f1781418
City Washington State DC Zip Code 20005-2225	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 125.00
Name of Employer MasterCard Occupation Business Leader, Public Policy	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00

SUBTOTAL of Receipts This Page (optional)	375.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 106
	<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. Tucker Foote		Date of Receipt
Mailing Address 1401 Eye Street Northwest Suite 2		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City State Zip Code Washington DC 20005-2225		<input type="text"/> 06 / <input type="text"/> 18 / <input type="text"/> 2007
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Transaction ID: cd2448c29467a61ebca
Name of Employer Occupation MasterCard Business Leader, Public Policy		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 125.00
Aggregate Year-to-Date ▼ <input type="text"/> 750.00		

Full Name (Last, First, Middle Initial) B. Gareth Forsey		Date of Receipt
Mailing Address 2000 Purchase Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City State Zip Code Purchase NY 10577-2509		<input type="text"/> 01 / <input type="text"/> 15 / <input type="text"/> 2007
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Transaction ID: 20070111-37-11-17
Name of Employer Occupation MasterCard SVP/Cust Business Plan/Analys		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 290.00
Aggregate Year-to-Date ▼ <input type="text"/> 1740.00		

Full Name (Last, First, Middle Initial) C. Gareth Forsey		Date of Receipt
Mailing Address 2000 Purchase Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City State Zip Code Purchase NY 10577-2509		<input type="text"/> 02 / <input type="text"/> 15 / <input type="text"/> 2007
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Transaction ID: 20070216-37-9-20
Name of Employer Occupation MasterCard SVP/Cust Business Plan/Analys		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 290.00
Aggregate Year-to-Date ▼ <input type="text"/> 1740.00		

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 705.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 21 / 106
	<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. Gareth Forsey		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 2000 Purchase Street		Transaction ID: 20070313-37-11-13
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 ▼ 1740.00	

Full Name (Last, First, Middle Initial) B. Gareth Forsey		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 7
Mailing Address 2000 Purchase Street		Transaction ID: 20070411-36-10-12
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 ▼ 1740.00	

Full Name (Last, First, Middle Initial) C. Gareth Forsey		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 2000 Purchase Street		Transaction ID: 20070511-50-14-43
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 ▼ 1740.00	

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 / 106						
	(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. Gareth Forsey		Date of Receipt M M / D D / Y Y Y Y Y 06 / 15 / 2007	
Mailing Address 2000 Purchase Street		Transaction ID: 20070613-54-14-43	
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 ▼ 1740.00		

Full Name (Last, First, Middle Initial) B. John Gallagher		Date of Receipt M M / D D / Y Y Y Y Y 02 / 15 / 2007	
Mailing Address 2000 Purchase Street		Transaction ID: 20070216-7-9-20	
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 ▼ 744.00		

Full Name (Last, First, Middle Initial) C. John Gallagher		Date of Receipt M M / D D / Y Y Y Y Y 03 / 15 / 2007	
Mailing Address 2000 Purchase Street		Transaction ID: 20070313-7-11-13	
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 ▼ 744.00		

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 23 / 106
	<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. John Gallagher		Date of Receipt M M / D D / Y Y Y Y 04 / 15 / 2007	
Mailing Address 2000 Purchase Street		Transaction ID: 20070411-7-10-12	
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 ▼ 744.00		

Full Name (Last, First, Middle Initial) B. John Gallagher		Date of Receipt M M / D D / Y Y Y Y 05 / 15 / 2007	
Mailing Address 2000 Purchase Street		Transaction ID: 20070511-11-14-43	
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 ▼ 744.00		

Full Name (Last, First, Middle Initial) C. John Gallagher		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 2000 Purchase Street		Transaction ID: 20070613-12-14-43	
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 ▼ 744.00		

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 24 / 106
	<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. Barbara Gasper		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7	
Mailing Address 2000 Purchase Street		Transaction ID: f4b3f5fc68412de2a39	
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation Group Executive, Investor Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Mary Griffin		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 7	
Mailing Address 2000 Purchase St		Transaction ID: 72b1d02b860fc77fee6	
City State Zip Code Purchase NY 10577-2405	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. Dora Hanft		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 7	
Mailing Address 670 W End Ave		Transaction ID: 6E2WDT280778	
City State Zip Code New York NY 10025-7313	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) ▶	6250.00
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 25 / 106
	(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. Noah Hanft		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 7	
Mailing Address 2000 Purchase Street		Transaction ID: 20070111-42-11-17	
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 General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2272.70		

Full Name (Last, First, Middle Initial) B. Noah Hanft		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 7	
Mailing Address 670 W End Ave		Transaction ID: 78804-24222964048385	
City State Zip Code New York NY 10025-7313	Amount of Each Receipt this Period 454.54		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2272.70		

Full Name (Last, First, Middle Initial) C. Noah Hanft		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7	
Mailing Address 2000 Purchase Street		Transaction ID: 70004-81193178892136	
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 454.54		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2272.70		

SUBTOTAL of Receipts This Page (optional) ▶	1325.08
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 / 106
	<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. Noah Hanft		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 7	
Mailing Address 2000 Purchase Street		Transaction ID: d1b517443a00b506369	
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 454.54		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2272.70		

Full Name (Last, First, Middle Initial) B. Noah Hanft		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address 2000 Purchase Street		Transaction ID: 7c1f381c47b658e14ec	
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 454.54		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2272.70		

Full Name (Last, First, Middle Initial) C. Noah Hanft		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 7	
Mailing Address 2000 Purchase Street		Transaction ID: 5134140e67bac13321d	
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 454.54		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2272.70		

SUBTOTAL of Receipts This Page (optional) ▶	1363.62
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 27 / 106
	<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 0 1 / 1 5 / 2 0 0 7
Mailing Address 2000 Purchase Street		Transaction ID: 20070111-8-11-17
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 ▼ 2496.00	

Full Name (Last, First, Middle Initial) B. Alan Heuer		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address 2000 Purchase Street		Transaction ID: 20070216-8-9-20
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 ▼ 2496.00	

Full Name (Last, First, Middle Initial) C. Alan Heuer		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 2000 Purchase Street		Transaction ID: 20070313-8-11-13
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 ▼ 2496.00	

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 28 / 106
	<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 0 4 / 1 5 / 2 0 0 7
Mailing Address 2000 Purchase Street		Transaction ID: 20070411-8-10-12
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 ▼ 2496.00	

Full Name (Last, First, Middle Initial) B. Alan Heuer		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 2000 Purchase Street		Transaction ID: 20070511-14-14-43
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 ▼ 2496.00	

Full Name (Last, First, Middle Initial) C. Alan Heuer		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 2000 Purchase Street		Transaction ID: 20070613-15-14-43
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 ▼ 2496.00	

SUBTOTAL of Receipts This Page (optional) ▶	1248.00
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 29 / 106
	<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. Robert Hoffman		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 5 / 2 0 0 7	
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070511-15-14-43	
City State Zip Code O Fallon MO 63368-7263	Amount of Each Receipt this Period 42.00		
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 ▼ 252.00		

Full Name (Last, First, Middle Initial) B. Robert Hoffman		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070613-16-14-43	
City State Zip Code O Fallon MO 63368-7263	Amount of Each Receipt this Period 42.00		
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 ▼ 252.00		

Full Name (Last, First, Middle Initial) C. Carl Horton		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 9 / 2 0 0 7	
Mailing Address 100 Manhattanville Road		Transaction ID: 4GBKCH271138	
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 Business Leader, Acceptance		
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) ▶	334.00
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 / 106
	<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. Carl Horton		Date of Receipt M M / D D / Y Y Y Y 04 / 15 / 2007	
Mailing Address 100 Manhattanville Road		Transaction ID: 20070411-46-10-12	
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation Business Leader, Acceptance		
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. Carl Horton		Date of Receipt M M / D D / Y Y Y Y 05 / 15 / 2007	
Mailing Address 100 Manhattanville Road		Transaction ID: 20070511-61-14-43	
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation Business Leader, Acceptance		
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. James Hull		Date of Receipt M M / D D / Y Y Y Y 02 / 15 / 2007	
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070216-41-9-20	
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 ▼ 744.00		

SUBTOTAL of Receipts This Page (optional) ▶	174.00
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 / 106
	<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. James Hull		Date of Receipt MM / DD / YYYY 03 / 15 / 2007
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070313-41-11-13
City O Fallon	State MO	
Zip Code 63368-7263		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 ▼ 744.00	

Full Name (Last, First, Middle Initial) B. James Hull		Date of Receipt MM / DD / YYYY 04 / 15 / 2007
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070411-40-10-12
City O Fallon	State MO	
Zip Code 63368-7263		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 ▼ 744.00	

Full Name (Last, First, Middle Initial) C. James Hull		Date of Receipt MM / DD / YYYY 05 / 15 / 2007
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070511-55-14-43
City O Fallon	State MO	
Zip Code 63368-7263		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 ▼ 744.00	

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 32 / 106
	<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 MM / DD / YYYY 06 / 15 / 2007
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070613-61-14-43
City O Fallon	State MO	Zip Code 63368-7263
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 124.00
Name of Employer MasterCard	Occupation Group Head, Engineering Srvcs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 744.00	

Full Name (Last, First, Middle Initial) B. Joan Kelly		Date of Receipt MM / DD / YYYY 01 / 15 / 2007
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070111-10-11-17
City O Fallon	State MO	Zip Code 63366-7263
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 290.00
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 ▼ 1740.00	

Full Name (Last, First, Middle Initial) C. Joan Kelly		Date of Receipt MM / DD / YYYY 02 / 15 / 2007
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070216-10-9-20
City O Fallon	State MO	Zip Code 63366-7263
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 290.00
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 ▼ 1740.00	

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 33 / 106
	<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 M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070313-10-11-13
City State Zip Code O Fallon MO 63368-7263	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 ▼ 1740.00	

Full Name (Last, First, Middle Initial) B. Joan Kelly		Date of Receipt M M / D D / Y Y Y Y 04 / 15 / 2007
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070411-10-10-12
City State Zip Code O Fallon MO 63368-7263	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 ▼ 1740.00	

Full Name (Last, First, Middle Initial) C. Joan Kelly		Date of Receipt M M / D D / Y Y Y Y 05 / 15 / 2007
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070511-17-14-43
City State Zip Code O Fallon MO 63368-7263	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 ▼ 1740.00	

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 / 106
	<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. Joan Kelly		Date of Receipt MM / DD / YYYY 06 / 15 / 2007
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070613-18-14-43
City O Fallon	State MO	Zip Code 63368-7263
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 290.00
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 ▼ 1740.00	

Full Name (Last, First, Middle Initial) B. Linda Kirkpatrick		Date of Receipt MM / DD / YYYY 04 / 23 / 2007
Mailing Address 2000 Purchase Street		Transaction ID: d0ccfe25e2fc9583ddd
City Purchase	State NY	Zip Code 10577-2509
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer MasterCard	Occupation VP, Investor Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Claire Le Gal		Date of Receipt MM / DD / YYYY 05 / 15 / 2007
Mailing Address 2000 Purchase Street		Transaction ID: 20070511-19-14-43
City Purchase	State NY	Zip Code 10577-2509
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer MasterCard	Occupation Business Leader, Fraud Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	1340.00
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 35 / 106

(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

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

A. Full Name (Last, First, Middle Initial)
Claire Le Gal

Mailing Address 2000 Purchase Street

City Purchase State NY Zip Code 10577-2509

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

Name of Employer MasterCard Occupation Business Leader, Fraud Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 7

Transaction ID: 20070613-20-14-43

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Pamela Leach

Mailing Address 2200 Mastercard Boulevard

City O Fallon State MO Zip Code 63368-7263

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

Name of Employer MasterCard Occupation SVP/Member Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 7

Transaction ID: 20070613-21-14-43

Amount of Each Receipt this Period
145.00

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

Mailing Address 2200 Mastercard Boulevard

City O Fallon State MO Zip Code 63368-7263

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

Name of Employer MasterCard Occupation VP/Public Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 372.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 7

Transaction ID: 20070411-29-10-12

Amount of Each Receipt this Period
62.00

SUBTOTAL of Receipts This Page (optional) ► **257.00**

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 36 / 106
	<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

A. Full Name (Last, First, Middle Initial) Linda Locke Mailing Address 2200 Mastercard Boulevard City O Fallon State MO Zip Code 63368-7263 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7 Transaction ID: 20070511-41-14-43 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 ▼ 372.00	

B. Full Name (Last, First, Middle Initial) Linda Locke Mailing Address 2000 Purchase Street City Purchase State NY Zip Code 10577-2509 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7 Transaction ID: 20070613-45-14-43 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 ▼ 372.00	

C. Full Name (Last, First, Middle Initial) Michael Manchisi Mailing Address 2200 Mastercard Boulevard City O Fallon State MO Zip Code 63366-7263 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 7 Transaction ID: 20070111-13-11-17 Amount of Each Receipt this Period 290.00
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 ▼ 1740.00	

SUBTOTAL of Receipts This Page (optional)	414.00
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 / 106						
	(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. Michael Manchisi		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 5 / 2 0 0 7	
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070216-13-9-20	
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 ▼ 1740.00		

Full Name (Last, First, Middle Initial) B. Michael Manchisi		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 5 / 2 0 0 7	
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070313-13-11-13	
City State Zip Code O Fallon MO 63368-7263	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 ▼ 1740.00		

Full Name (Last, First, Middle Initial) C. Michael Manchisi		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 7	
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070411-13-10-12	
City State Zip Code O Fallon MO 63368-7263	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 ▼ 1740.00		

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 / 106
	<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 0 5 / 1 5 / 2 0 0 7	
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070511-23-14-43	
City State Zip Code O Fallon MO 63368-7263	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 ▼ 1740.00		

Full Name (Last, First, Middle Initial) B. Michael Manchisi		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070613-24-14-43	
City State Zip Code O Fallon MO 63368-7263	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 ▼ 1740.00		

Full Name (Last, First, Middle Initial) C. Bill Mathis		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 7	
Mailing Address 2000 Purchase Street		Transaction ID: 20070111-47-11-17	
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 ▼ 1740.00		

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 39 / 106
	<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 0 2 / 1 5 / 2 0 0 7	
Mailing Address 2000 Purchase Street		Transaction ID: 20070216-47-9-20	
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 ▼ 1740.00		

Full Name (Last, First, Middle Initial) B. Bill Mathis		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7	
Mailing Address 100 Manhattanville Road		Transaction ID: 20070313-48-11-13	
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 ▼ 1740.00		

Full Name (Last, First, Middle Initial) C. Bill Mathis		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 7	
Mailing Address 100 Manhattanville Road		Transaction ID: 20070411-47-10-12	
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 ▼ 1740.00		

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 40 / 106
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Bill Mathis

Mailing Address 100 Manhattanville Road

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1740.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 7

Transaction ID: 20070511-63-14-43

Amount of Each Receipt this Period
290.00

B. Full Name (Last, First, Middle Initial)
Bill Mathis

Mailing Address 100 Manhattanville Road

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1740.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 7

Transaction ID: 20070613-69-14-43

Amount of Each Receipt this Period
290.00

C. Full Name (Last, First, Middle Initial)
John McAndrew

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/Tax

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1740.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 7

Transaction ID: 20070111-15-11-17

Amount of Each Receipt this Period
290.00

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 41 / 106
	<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. John McAndrew		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address 2000 Purchase Street		Transaction ID: 20070216-15-9-20
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 VP/Tax		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1740.00	

Full Name (Last, First, Middle Initial) B. John McAndrew		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 2000 Purchase Street		Transaction ID: 20070313-15-11-13
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 VP/Tax		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1740.00	

Full Name (Last, First, Middle Initial) C. John McAndrew		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 7
Mailing Address 2000 Purchase Street		Transaction ID: 20070411-15-10-12
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 VP/Tax		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1740.00	

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 42 / 106
	<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 McAndrew

Mailing Address 2000 Purchase Street

City Purchase State NY Zip Code 10577-2509

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

Name of Employer MasterCard Occupation VP/Tax

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1740.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 1 5 / 2 0 0 7

Transaction ID: 20070511-25-14-43

Amount of Each Receipt this Period
 290.00

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

Mailing Address 2000 Purchase Street

City Purchase State NY Zip Code 10577-2509

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

Name of Employer MasterCard Occupation VP/Tax

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1740.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 1 5 / 2 0 0 7

Transaction ID: 20070613-27-14-43

Amount of Each Receipt this Period
 290.00

C. Full Name (Last, First, Middle Initial)
Ed McCraw

Mailing Address 2000 Purchase Street

City Purchase State NY Zip Code 10577-2509

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

Name of Employer MasterCard Occupation Senior Business Leader, Corporate Comm

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 1 5 / 2 0 0 7

Transaction ID: 20070613-48-14-43

Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional)	▶	705.00
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 / 106
	<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 Y 0 1 / 1 5 / 2 0 0 7	
Mailing Address 2000 Purchase Street		Transaction ID: 20070111-32-11-17	
City State Zip Code Purchase NY 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 ▼ 1750.02		

Full Name (Last, First, Middle Initial) B. Chris McWilton		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 5 / 2 0 0 7	
Mailing Address 2000 Purchase Street		Transaction ID: 20070216-32-9-20	
City State Zip Code Purchase NY 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 ▼ 1750.02		

Full Name (Last, First, Middle Initial) C. Chris McWilton		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 5 / 2 0 0 7	
Mailing Address 2000 Purchase Street		Transaction ID: 20070313-32-11-13	
City State Zip Code Purchase NY 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 ▼ 1750.02		

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 44 / 106
	<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. Chris McWilton		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 7
Mailing Address 2000 Purchase Street		Transaction ID: 20070411-31-10-12
City State Zip Code Purchase NY 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 ▼ 1750.02	

Full Name (Last, First, Middle Initial) B. Chris McWilton		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 2000 Purchase Street		Transaction ID: 20070511-45-14-43
City State Zip Code Purchase NY 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 ▼ 1750.02	

Full Name (Last, First, Middle Initial) C. Chris McWilton		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 2000 Purchase Street		Transaction ID: 20070613-49-14-43
City State Zip Code Purchase NY 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 ▼ 1750.02	

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 45 / 106
	<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

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

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

Mailing Address 2200 Mastercard Boulevard

City State Zip Code
O Fallon MO 63368-7263

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

Name of Employer MasterCard Occupation VP/Systems Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2007

Transaction ID: 20070313-33-11-13

Amount of Each Receipt this Period
100.00

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

Mailing Address 2200 Mastercard Boulevard

City State Zip Code
O Fallon MO 63368-7263

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

Name of Employer MasterCard Occupation VP/Systems Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2007

Transaction ID: 20070411-32-10-12

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
John Meister

Mailing Address 2200 Mastercard Boulevard

City State Zip Code
O Fallon MO 63368-7263

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

Name of Employer MasterCard Occupation VP/Systems Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2007

Transaction ID: 20070511-46-14-43

Amount of Each Receipt this Period
100.00

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 46 / 106
	<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 Y 06 / 15 / 2007	
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070613-50-14-43	
City State Zip Code O Fallon MO 63368-7263	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 ▼ 600.00		

Full Name (Last, First, Middle Initial) B. Christa Michl		Date of Receipt M M / D D / Y Y Y Y Y 03 / 23 / 2007	
Mailing Address 121 Liverside Road		Transaction ID: 83AN30926085	
City State Zip Code Greenwich CT 06831	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		

Full Name (Last, First, Middle Initial) C. Michael Michl		Date of Receipt M M / D D / Y Y Y Y Y 03 / 23 / 2007	
Mailing Address 2000 Purchase Street		Transaction ID: 83AN3C256363	
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation EVP/Central Resources		
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) ▶	10100.00
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 / 106
	<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 03 / 15 / 2007	
Mailing Address 2000 Purchase Street		Transaction ID: 20070313-27-11-13	
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 ▼ 600.00		

Full Name (Last, First, Middle Initial) B. Shawn Miles		Date of Receipt M M / D D / Y Y Y Y 04 / 15 / 2007	
Mailing Address 2000 Purchase Street		Transaction ID: 20070411-26-10-12	
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 ▼ 600.00		

Full Name (Last, First, Middle Initial) C. Shawn Miles		Date of Receipt M M / D D / Y Y Y Y 05 / 15 / 2007	
Mailing Address 2000 Purchase Street		Transaction ID: 20070511-38-14-43	
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 ▼ 600.00		

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 48 / 106
	<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. Shawn Miles		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 2000 Purchase Street		Transaction ID: 20070613-42-14-43	
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 ▼ 600.00		

Full Name (Last, First, Middle Initial) B. Melody Miller		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 100 Manhattanville Rd		Transaction ID: bf7a5dab63b849a51ce	
City State Zip Code Purchase NY 10577-2134	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation Group Head, Business Delivery		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) C. Sandy Morris		Date of Receipt M M / D D / Y Y Y Y 02 / 15 / 2007	
Mailing Address 2055 Sugarloaf Circle		Transaction ID: 20070216-16-9-20	
City State Zip Code Duluth GA 30097	Amount of Each Receipt this Period 124.00		
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 ▼ 744.00		

SUBTOTAL of Receipts This Page (optional) ▶	2224.00
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 49 / 106
	(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. Sandy Morris		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 2055 Sugarloaf Circle		Transaction ID: 20070313-16-11-13
City State Zip Code Duluth GA 30097	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 MasterCard	Occupation SVP/Member Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 744.00	

Full Name (Last, First, Middle Initial) B. Sandy Morris		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 7
Mailing Address 2055 Sugarloaf Circle		Transaction ID: 20070411-16-10-12
City State Zip Code Duluth GA 30097	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 MasterCard	Occupation SVP/Member Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 744.00	

Full Name (Last, First, Middle Initial) C. Sandy Morris		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 2055 Sugarloaf Circle		Transaction ID: 20070511-26-14-43
City State Zip Code Duluth GA 30097	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 MasterCard	Occupation SVP/Member Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 744.00	

SUBTOTAL of Receipts This Page (optional) ▶	372.00
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 50 / 106
	<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 MM / DD / YYYY 06 / 15 / 2007
Mailing Address 2055 Sugarloaf Circle		Transaction ID: 20070613-28-14-43
City Duluth	State GA	Zip Code 30097
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 124.00
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 ▼ 744.00	

Full Name (Last, First, Middle Initial) B. Wendy Murdock		Date of Receipt MM / DD / YYYY 01 / 30 / 2007
Mailing Address 2000 Purchase Street		Transaction ID: 1PJ8IP463621
City Purchase	State NY	Zip Code 10577-2509
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer MasterCard	Occupation Global Head of Product	
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. Timothy Murphy		Date of Receipt MM / DD / YYYY 01 / 15 / 2007
Mailing Address 2000 Purchase Street		Transaction ID: 20070111-17-11-17
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 ▼ 1740.00	

SUBTOTAL of Receipts This Page (optional)	▶	5414.00
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 51 / 106
	<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 MM / DD / YYYY 02 / 15 / 2007
Mailing Address 2000 Purchase Street		Transaction ID: 20070216-17-9-20
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 ▼ 1740.00	

Full Name (Last, First, Middle Initial) B. Timothy Murphy		Date of Receipt MM / DD / YYYY 03 / 15 / 2007
Mailing Address 2000 Purchase Street		Transaction ID: 20070313-17-11-13
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 ▼ 1740.00	

Full Name (Last, First, Middle Initial) C. Timothy Murphy		Date of Receipt MM / DD / YYYY 04 / 15 / 2007
Mailing Address 2000 Purchase Street		Transaction ID: 20070411-17-10-12
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 ▼ 1740.00	

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 52 / 106
	(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

A. Full Name (Last, First, Middle Initial)
Timothy Murphy

Mailing Address 2000 Purchase Street

City Purchase State NY Zip Code 10577-2509

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

Name of Employer MasterCard Occupation Associate General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1740.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 1 5 / 2 0 0 7

Transaction ID: 20070511-27-14-43

Amount of Each Receipt this Period
290.00

B. Full Name (Last, First, Middle Initial)
Timothy Murphy

Mailing Address 2000 Purchase Street

City Purchase State NY Zip Code 10577-2509

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

Name of Employer MasterCard Occupation Associate General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1740.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 7

Transaction ID: 20070613-29-14-43

Amount of Each Receipt this Period
290.00

C. Full Name (Last, First, Middle Initial)
John Murrin

Mailing Address 447 W 21st St

City New York State NY Zip Code 10011-2943

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

Name of Employer Spouse Occupation Spouse

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 7

Transaction ID: 1PJ8IP946279

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	▶	5580.00
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 / 106
	<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. Kenneth Najour		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007
Mailing Address 801 Brickell Avenue Suite 130		Transaction ID: 20070613-46-14-43
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 SVP/Senior Financial Officer	
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) B. Heather Nolan		Date of Receipt M M / D D / Y Y Y Y 05 / 15 / 2007
Mailing Address 2000 Purchase Street		Transaction ID: 20070511-28-14-43
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 Business Leader, Franchise Management	
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. Heather Nolan		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007
Mailing Address 2000 Purchase Street		Transaction ID: 20070613-30-14-43
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 Business Leader, Franchise Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	224.00
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 / 106
	<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. Patrick O'Sullivan		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address 2000 Purchase Street		Transaction ID: 20070216-44-9-20
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 ▼ 744.00	

Full Name (Last, First, Middle Initial) B. Patrick O'Sullivan		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 2000 Purchase Street		Transaction ID: 20070313-45-11-13
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 ▼ 744.00	

Full Name (Last, First, Middle Initial) C. Patrick O'Sullivan		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 7
Mailing Address 2000 Purchase Street		Transaction ID: 20070411-44-10-12
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 ▼ 744.00	

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 55 / 106
	<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. Patrick O'Sullivan		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 2000 Purchase Street		Transaction ID: 20070511-59-14-43
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 ▼ 744.00	

Full Name (Last, First, Middle Initial) B. Patrick O'Sullivan		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 2000 Purchase Street		Transaction ID: 20070613-66-14-43
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 ▼ 744.00	

Full Name (Last, First, Middle Initial) C. Joshua Peirez		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7
Mailing Address 233 E 70th St Apt 14P		Transaction ID: 23585-43091982603073
City State Zip Code New York NY 10021-5228	Amount of Each Receipt this Period 416.88	
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 ▼ 1250.64	

SUBTOTAL of Receipts This Page (optional) ▶	664.88
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 56 / 106
	(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. Joshua Peirez		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 7
Mailing Address 233 E 70th St Apt 14P		Transaction ID: 36949-75228518247605
City State Zip Code New York NY 10021-5228	Amount of Each Receipt this Period 416.88	
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 ▼ 1250.64	

Full Name (Last, First, Middle Initial) B. Joshua Peirez		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 7
Mailing Address 2000 Purchase Street		Transaction ID: 70004-44248598814011
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 416.88	
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 ▼ 1250.64	

Full Name (Last, First, Middle Initial) C. Mike Pillatsch		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 7
Mailing Address 8755 West Higgins Road		Transaction ID: FOTBTB253141
City State Zip Code Chicago IL 60631	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation VP/NA Business Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00	

SUBTOTAL of Receipts This Page (optional) ▶	983.76
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 57 / 106						
	(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. Douglas Raymond		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7	
Mailing Address 2000 Purchase Street		Transaction ID: 70004-27408999204635	
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 200.00		
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 ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Douglas Raymond		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7	
Mailing Address 2000 Purchase Street		Transaction ID: 5adbbf403e1692cdade	
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 200.00		
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 ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Douglas Raymond		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 7	
Mailing Address 2000 Purchase Street		Transaction ID: 8c3182982124df2cf68	
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 200.00		
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 ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	600.00
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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	PAGE 58 / 106
	(check only one)	
	<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 05 / 29 / 2007	
Mailing Address 2000 Purchase Street		Transaction ID: a6071619f2a7e21efef	
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 200.00		
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 ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Bob Reany		Date of Receipt M M / D D / Y Y Y Y 02 / 15 / 2007	
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070216-28-9-20	
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 110.00		
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 ▼ 660.00		

Full Name (Last, First, Middle Initial) C. Bob Reany		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070313-28-11-13	
City State Zip Code O Fallon MO 63368-7263	Amount of Each Receipt this Period 110.00		
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 ▼ 660.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 106
	<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

A. Full Name (Last, First, Middle Initial) Bob Reany		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 7	
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070411-27-10-12	
City State Zip Code O Fallon MO 63368-7263	Amount of Each Receipt this Period 110.00		
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 ▼ 660.00		

B. Full Name (Last, First, Middle Initial) Bob Reany		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7	
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070511-39-14-43	
City State Zip Code O Fallon MO 63368-7263	Amount of Each Receipt this Period 110.00		
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 ▼ 660.00		

C. Full Name (Last, First, Middle Initial) Bob Reany		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070613-43-14-43	
City State Zip Code O Fallon MO 63368-7263	Amount of Each Receipt this Period 110.00		
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 ▼ 660.00		

SUBTOTAL of Receipts This Page (optional) ▶	330.00
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 60 / 106
	<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. Rob Reeg		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 7	
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070111-29-11-17	
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 ▼ 1740.00		

Full Name (Last, First, Middle Initial) B. Rob Reeg		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7	
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070216-29-9-20	
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 ▼ 1740.00		

Full Name (Last, First, Middle Initial) C. Rob Reeg		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7	
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070313-29-11-13	
City State Zip Code O Fallon MO 63368-7263	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 ▼ 1740.00		

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 61 / 106
	<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 0 4 / 1 5 / 2 0 0 7	
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070411-28-10-12	
City State Zip Code O Fallon MO 63368-7263	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 ▼ 1740.00		

Full Name (Last, First, Middle Initial) B. Rob Reeg		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7	
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070511-40-14-43	
City State Zip Code O Fallon MO 63368-7263	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 ▼ 1740.00		

Full Name (Last, First, Middle Initial) C. Rob Reeg		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070613-44-14-43	
City State Zip Code O Fallon MO 63368-7263	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 ▼ 1740.00		

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 62 / 106
	<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. Larry Resch		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070216-20-9-20
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 ▼ 744.00	

Full Name (Last, First, Middle Initial) B. Larry Resch		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070313-20-11-13
City State Zip Code O Fallon MO 63368-7263	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 ▼ 744.00	

Full Name (Last, First, Middle Initial) C. Larry Resch		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 7
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070411-20-10-12
City State Zip Code O Fallon MO 63368-7263	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 ▼ 744.00	

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 63 / 106
	<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. Larry Resch		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070511-30-14-43
City State Zip Code O Fallon MO 63368-7263	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 ▼ 744.00	

Full Name (Last, First, Middle Initial) B. Larry Resch		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070613-32-14-43
City State Zip Code O Fallon MO 63368-7263	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 ▼ 744.00	

Full Name (Last, First, Middle Initial) C. Kerri Reynolds		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 7
Mailing Address 2000 Purchase Street		Transaction ID: 05ee5095d8732c3902a
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation VP/Staffing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1748.00
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 64 / 106
	<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. Bart Rubin		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007
Mailing Address 2000 Purchase Street		Transaction ID: 20070613-33-14-43
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation MasterCard VP/Counsel Sr		
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. Mario Savvides		Date of Receipt M M / D D / Y Y Y Y 04 / 23 / 2007
Mailing Address 2000 Purchase Street		Transaction ID: db2db754896ea9e4eef
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 Occupation MasterCard VP/Corporate Services		
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. John Scariot		Date of Receipt M M / D D / Y Y Y Y 02 / 15 / 2007
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070216-49-9-20
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 Occupation MasterCard VP/Financial Analysis		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 744.00	

SUBTOTAL of Receipts This Page (optional) ▶	499.00
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 65 / 106
	<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 Scariot		Date of Receipt M M / D D / Y Y Y Y Y 03 / 15 / 2007	
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070313-50-11-13	
City State Zip Code O Fallon MO 63368-7263	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 ▼ 744.00		

Full Name (Last, First, Middle Initial) B. John Scariot		Date of Receipt M M / D D / Y Y Y Y Y 04 / 15 / 2007	
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070411-49-10-12	
City State Zip Code O Fallon MO 63368-7263	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 ▼ 744.00		

Full Name (Last, First, Middle Initial) C. John Scariot		Date of Receipt M M / D D / Y Y Y Y Y 05 / 15 / 2007	
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070511-65-14-43	
City State Zip Code O Fallon MO 63368-7263	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 ▼ 744.00		

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 66 / 106
	<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. John Scariot		Date of Receipt MM / DD / YYYY 06 / 15 / 2007
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070613-71-14-43
City O Fallon	State MO	Zip Code 63368-7263
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 ▼ 744.00	

Full Name (Last, First, Middle Initial) B. Bob Selander		Date of Receipt MM / DD / YYYY 01 / 30 / 2007
Mailing Address 2000 Purchase Street		Transaction ID: 1PJ8IP641193
City Purchase	State NY	Zip Code 10577-2509
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 5000.00
Name of Employer MasterCard	Occupation President & CEO	
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. Nancy Selander		Date of Receipt MM / DD / YYYY 01 / 30 / 2007
Mailing Address 2000 Purchase Street		Transaction ID: 1PJ8IP840150
City Purchase	State NY	Zip Code 10577
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation Spouse of Employee	
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)	▶	10124.00
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 67 / 106
	<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. Scott Silverthorne		Date of Receipt MM / DD / YYYY 02 / 15 / 2007
Mailing Address 1401 Eye Street Northwest Suite 2		Transaction ID: 20070216-43-9-20
City State Zip Code Washington DC 20005-2225	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00
Name of Employer MasterCard	Occupation Senior Business Leader, Global Public	
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. Scott Silverthorne		Date of Receipt MM / DD / YYYY 03 / 15 / 2007
Mailing Address 1401 Eye Street Northwest Suite 2		Transaction ID: 20070313-44-11-13
City State Zip Code Washington DC 20005-2225	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00
Name of Employer MasterCard	Occupation Senior Business Leader, Global Public	
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. Scott Silverthorne		Date of Receipt MM / DD / YYYY 04 / 15 / 2007
Mailing Address 1401 Eye Street Northwest Suite 2		Transaction ID: 20070411-43-10-12
City State Zip Code Washington DC 20005-2225	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00
Name of Employer MasterCard	Occupation Senior Business Leader, Global Public	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

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 68 / 106
	<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. Scott Silverthorne		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 1401 Eye Street Northwest Suite 2		Transaction ID: 20070511-58-14-43
City State Zip Code Washington DC 20005-2225	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00
Name of Employer MasterCard	Occupation Senior Business Leader, Global Public	
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. Scott Silverthorne		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 1401 Eye Street Northwest Suite 2		Transaction ID: 20070613-64-14-43
City State Zip Code Washington DC 20005-2225	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00
Name of Employer MasterCard	Occupation Senior Business Leader, Global Public	
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. Edgar Smart		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070216-34-9-20
City State Zip Code O Fallon 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/Systems Support	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 744.00	

SUBTOTAL of Receipts This Page (optional)	724.00
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 69 / 106
	<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. Edgar Smart		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070313-34-11-13	
City State Zip Code O Fallon MO 63368-7263	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 ▼ 744.00		

Full Name (Last, First, Middle Initial) B. Edgar Smart		Date of Receipt M M / D D / Y Y Y Y 04 / 15 / 2007	
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070411-33-10-12	
City State Zip Code O Fallon MO 63368-7263	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 ▼ 744.00		

Full Name (Last, First, Middle Initial) C. Edgar Smart		Date of Receipt M M / D D / Y Y Y Y 05 / 15 / 2007	
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070511-47-14-43	
City State Zip Code O Fallon MO 63368-7263	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 ▼ 744.00		

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 70 / 106
	<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 06 / 15 / 2007	
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070613-51-14-43	
City State Zip Code O Fallon MO 63368-7263	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 ▼ 744.00		

Full Name (Last, First, Middle Initial) B. Carey Smith		Date of Receipt M M / D D / Y Y Y Y 02 / 15 / 2007	
Mailing Address 2000 Purchase Street		Transaction ID: 20070216-35-9-20	
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 ▼ 744.00		

Full Name (Last, First, Middle Initial) C. Carey Smith		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 2000 Purchase Street		Transaction ID: 20070313-35-11-13	
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 ▼ 744.00		

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 71 / 106
	<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. Carey Smith		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 7
Mailing Address 2000 Purchase Street		Transaction ID: 20070411-34-10-12
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 ▼ 744.00	

Full Name (Last, First, Middle Initial) B. Carey Smith		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 2000 Purchase Street		Transaction ID: 20070511-48-14-43
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 ▼ 744.00	

Full Name (Last, First, Middle Initial) C. Carey Smith		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 2000 Purchase Street		Transaction ID: 20070613-52-14-43
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 ▼ 744.00	

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 72 / 106
	<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 Y 0 2 / 1 5 / 2 0 0 7	
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070216-39-9-20	
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/Network Communic		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 744.00		

Full Name (Last, First, Middle Initial) B. Ron Steinbruegge		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 5 / 2 0 0 7	
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070313-39-11-13	
City State Zip Code O Fallon MO 63368-7263	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 ▼ 744.00		

Full Name (Last, First, Middle Initial) C. Ron Steinbruegge		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 7	
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070411-38-10-12	
City State Zip Code O Fallon MO 63368-7263	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 ▼ 744.00		

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 73 / 106
	<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. Ron Steinbruegge		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070511-53-14-43
City State Zip Code O Fallon MO 63368-7263	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 ▼ 744.00	

Full Name (Last, First, Middle Initial) B. Ron Steinbruegge		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070613-58-14-43
City State Zip Code O Fallon MO 63368-7263	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 ▼ 744.00	

Full Name (Last, First, Middle Initial) C. Cathleen Stock		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 7
Mailing Address 47 Briar Woods Trl		Transaction ID: 87379-43580263853073
City State Zip Code Stamford CT 06903-1733	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	Federal PAC

SUBTOTAL of Receipts This Page (optional) ▶	2748.00
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 74 / 106
	<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. Keith Stock		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 7
Mailing Address 3 Manhattanville Road		Transaction ID: 87379-23304384946823
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C	Federal PAC	
Name of Employer Occupation MasterCard EVP/Advisors	Aggregate Year-to-Date ▼ 2500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Joseph Swezey		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address 2000 Purchase Street		Transaction ID: 20070216-31-9-20
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 Occupation MasterCard VP/Financial Analysis	Aggregate Year-to-Date ▼ 744.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Joseph Swezey		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 2000 Purchase Street		Transaction ID: 20070313-31-11-13
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 Occupation MasterCard VP/Financial Analysis	Aggregate Year-to-Date ▼ 744.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	2748.00
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 75 / 106
	<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. Joseph Swezey		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 7
Mailing Address 2000 Purchase Street		Transaction ID: 20070411-30-10-12
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 ▼ 744.00	

Full Name (Last, First, Middle Initial) B. Joseph Swezey		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 2000 Purchase Street		Transaction ID: 20070511-43-14-43
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 ▼ 744.00	

Full Name (Last, First, Middle Initial) C. Joseph Swezey		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 2000 Purchase Street		Transaction ID: 20070613-47-14-43
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 ▼ 744.00	

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 76 / 106
	<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 Y 0 4 / 1 5 / 2 0 0 7
Mailing Address 2000 Purchase Street		Transaction ID: 20070411-21-10-12
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 MasterCard Occupation VP/Bus Resources-Communication		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 372.00	

Full Name (Last, First, Middle Initial) B. Donna Terman		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 2000 Purchase Street		Transaction ID: 20070511-32-14-43
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 MasterCard Occupation VP/Bus Resources-Communication		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 372.00	

Full Name (Last, First, Middle Initial) C. Donna Terman		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 2000 Purchase Street		Transaction ID: 20070613-35-14-43
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 MasterCard Occupation VP/Bus Resources-Communication		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 372.00	

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 77 / 106
	<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 0 5 / 1 5 / 2 0 0 7	
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070511-34-14-43	
City State Zip Code O Fallon MO 63368-7263	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 ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Robert Trende		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070613-37-14-43	
City State Zip Code O Fallon MO 63368-7263	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 ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Lillian Tropea		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7	
Mailing Address 2000 Purchase Street		Transaction ID: 20070216-24-9-20	
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		

SUBTOTAL of Receipts This Page (optional) ▶	224.00
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 78 / 106
	<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. Lillian Tropea		Date of Receipt M M / D D / Y Y Y Y Y 03 / 15 / 2007	
Mailing Address 2000 Purchase Street		Transaction ID: 20070313-24-11-13	
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/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) B. Nikki Tsairis		Date of Receipt M M / D D / Y Y Y Y Y 04 / 23 / 2007	
Mailing Address 3 Manhattanville Road		Transaction ID: c4b78bf24a5cc006b6b	
City Purchase	State NY	Zip Code 10577-2509	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation Global Group Practice Leader		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) C. Frank Tufano		Date of Receipt M M / D D / Y Y Y Y Y 01 / 15 / 2007	
Mailing Address 2000 Purchase Street		Transaction ID: 20070111-40-11-17	
City Purchase	State NY	Zip Code 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 ▼ 1740.00		

SUBTOTAL of Receipts This Page (optional) ▶	2914.00
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 79 / 106
	<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 0 2 / 1 5 / 2 0 0 7
Mailing Address 2000 Purchase Street		Transaction ID: 20070216-40-9-20
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 ▼ 1740.00	

Full Name (Last, First, Middle Initial) B. Frank Tufano		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 2000 Purchase Street		Transaction ID: 20070313-40-11-13
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 ▼ 1740.00	

Full Name (Last, First, Middle Initial) C. Frank Tufano		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 7
Mailing Address 2000 Purchase Street		Transaction ID: 20070411-39-10-12
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 ▼ 1740.00	

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 80 / 106
	<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 0 5 / 1 5 / 2 0 0 7	
Mailing Address 2000 Purchase Street		Transaction ID: 20070511-54-14-43	
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 ▼ 1740.00		

Full Name (Last, First, Middle Initial) B. Frank Tufano		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address 2000 Purchase Street		Transaction ID: 20070613-59-14-43	
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 ▼ 1740.00		

Full Name (Last, First, Middle Initial) C. Mimi Wood		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7	
Mailing Address 2000 Purchase Street		Transaction ID: 20070216-25-9-20	
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 ▼ 744.00		

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:	PAGE 81 / 106
	(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. Mimi Wood		Date of Receipt M M / D D / Y Y Y Y Y 03 / 15 / 2007	
Mailing Address 2000 Purchase Street		Transaction ID: 20070313-25-11-13	
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 ▼ 744.00		

Full Name (Last, First, Middle Initial) B. Mimi Wood		Date of Receipt M M / D D / Y Y Y Y Y 04 / 15 / 2007	
Mailing Address 2000 Purchase Street		Transaction ID: 20070411-24-10-12	
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 ▼ 744.00		

Full Name (Last, First, Middle Initial) C. Mimi Wood		Date of Receipt M M / D D / Y Y Y Y Y 05 / 15 / 2007	
Mailing Address 2000 Purchase Street		Transaction ID: 20070511-35-14-43	
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 ▼ 744.00		

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 82 / 106
	<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 06 / 15 / 2007
Mailing Address 2000 Purchase Street		Transaction ID: 20070613-39-14-43
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 ▼ 744.00	

Full Name (Last, First, Middle Initial) B. Kent Young		Date of Receipt M M / D D / Y Y Y Y 02 / 15 / 2007
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070216-26-9-20
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 ▼ 780.00	

Full Name (Last, First, Middle Initial) C. Kent Young		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070313-26-11-13
City State Zip Code O Fallon MO 63368-7263	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 ▼ 780.00	

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: (check only one)	PAGE 83 / 106
	<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. Kent Young		Date of Receipt M M / D D / Y Y Y Y 04 / 15 / 2007	
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070411-25-10-12	
City State Zip Code O Fallon MO 63368-7263	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 ▼ 780.00		

Full Name (Last, First, Middle Initial) B. Kent Young		Date of Receipt M M / D D / Y Y Y Y 05 / 15 / 2007	
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070511-37-14-43	
City State Zip Code O Fallon MO 63368-7263	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 ▼ 780.00		

Full Name (Last, First, Middle Initial) C. Kent Young		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007	
Mailing Address 2200 Mastercard Boulevard		Transaction ID: 20070613-41-14-43	
City State Zip Code O Fallon MO 63368-7263	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 ▼ 780.00		

SUBTOTAL of Receipts This Page (optional) ▶	390.00
TOTAL This Period (last page this line number only) ▶	116577.36

**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)

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<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. PNC Bank		Transaction ID: 36949-21845644712448
Mailing Address 411 King St.		Date of Disbursement MM / DD / YYYY 02 / 05 / 2007
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Credit Card Fee	Amount of Each Disbursement this Period 473.85	
Candidate Name	001 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:		

Full Name (Last, First, Middle Initial) B. PNC Bank		Transaction ID: 70046-30759829282760
Mailing Address 411 King St.		Date of Disbursement MM / DD / YYYY 03 / 05 / 2007
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Credit Card Fee	Amount of Each Disbursement this Period 131.98	
Candidate Name	001 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:		

Full Name (Last, First, Middle Initial) C. PNC Bank		Transaction ID: 74676-67206972837448
Mailing Address 411 King St.		Date of Disbursement MM / DD / YYYY 04 / 02 / 2007
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Bank Fee	Amount of Each Disbursement this Period 30.00	
Candidate Name	001 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) ▶

635.83

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 85 / 106

<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. PNC Bank		Transaction ID: 74676-01197451353073
Mailing Address 411 King St.		Date of Disbursement MM / DD / YYYY 04 / 03 / 2007
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Credit Card Fee	Amount of Each Disbursement this Period 266.70	
Candidate Name	001 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:		

Full Name (Last, First, Middle Initial) B. PNC Bank		Transaction ID: 57788-23914736509323
Mailing Address 411 King St.		Date of Disbursement MM / DD / YYYY 05 / 03 / 2007
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Credit Card Fee	Amount of Each Disbursement this Period 260.24	
Candidate Name	001 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:		

Full Name (Last, First, Middle Initial) C. PNC Bank		Transaction ID: 62640-62191408872604
Mailing Address 411 King St.		Date of Disbursement MM / DD / YYYY 06 / 05 / 2007
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Credit Card Fee	Amount of Each Disbursement this Period 43.51	
Candidate Name	001 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) ►

570.45

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

1206.28

**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. American Success Political Action Committee		Transaction ID: 62707-2927362322807
Mailing Address 1155 21st Street Northwest Suite 300		Date of Disbursement MM / DD / YYYY 06 / 29 / 2007
City Washington	State DC	Amount of Each Disbursement this Period 1000.00
Zip Code 20036		
Purpose of Disbursement 2007 Contribution	Candidate Name	011 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	State: District:	
2007 Contribution		

Full Name (Last, First, Middle Initial) B. Ameripac: the Fund for a Greater America		Transaction ID: 62707-7038995623588
Mailing Address 499 S. Capitol St. SW #414		Date of Disbursement MM / DD / YYYY 06 / 29 / 2007
City Washington	State DC	Amount of Each Disbursement this Period 2500.00
Zip Code 20003		
Purpose of Disbursement 2007 Contribution	Candidate Name	011 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	State: District:	
2007 Contribution		

Full Name (Last, First, Middle Initial) C. Baker for Congress Committee		Transaction ID: 34570-2880212664604
Mailing Address Post Office Box 1694		Date of Disbursement MM / DD / YYYY 05 / 31 / 2007
City Baton Rouge	State LA	Amount of Each Disbursement this Period 1000.00
Zip Code 70821		
Purpose of Disbursement 2008 Primary	Candidate Name Richard Baker	011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: LA District: 06	
2008 Contribution		

SUBTOTAL of Disbursements This Page (optional)	4500.00
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. Barrett for Congress		Transaction ID: 69879-0200006365776 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address PO Box 869		Amount of Each Disbursement this Period 1000.00
City Westminster State SC Zip Code 29693	011 Category/ Type	
Purpose of Disbursement 2008 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Carper for Senate		Transaction ID: 60111-6139490008354 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 7
Mailing Address 19 East Commons Blvd. Second Floor		Amount of Each Disbursement this Period 2500.00
City New Castle State DE Zip Code 19720	011 Category/ Type	
Purpose of Disbursement 2012 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: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Carper for Senate		Transaction ID: 69879-38647097349167 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 19 East Commons Blvd. Second Floor		Amount of Each Disbursement this Period -2500.00
City New Castle State DE Zip Code 19720	011 Category/ Type	
Purpose of Disbursement Voided Contribution 2/22/2007		
Candidate Name Tom Carper		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1000.00
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)

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<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. Full Name (Last, First, Middle Initial) Chris Dodd for President Inc</p> <p>Mailing Address PO Box 270701</p> <p>City West Hartford State CT Zip Code 06127</p> <p>Purpose of Disbursement 2008 Primary</p> <p>Candidate Name Christopher Dodd</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: US District: 00</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 17678-4050866961479</p> <p>Date of Disbursement 03 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Citizens for Gillmor</p> <p>Mailing Address PO Box 150</p> <p>City Old Fort State OH Zip Code 44861</p> <p>Purpose of Disbursement 2008 Primary</p> <p>Candidate Name Paul Gillmor</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 05</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 03111-9918329119682</p> <p>Date of Disbursement 05 / 07 / 2007</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Collins for Senator</p> <p>Mailing Address PO Box 1096</p> <p>City Bangor State ME Zip Code 04402</p> <p>Purpose of Disbursement 2008 Primary</p> <p>Candidate Name Susan Collins</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 69879-5187341570854</p> <p>Date of Disbursement 03 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>

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)

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<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. Collins for Senator		Transaction ID: 69879-5133630633354 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address PO Box 1096		Amount of Each Disbursement this Period 5000.00
City Bangor State ME Zip Code 04402	011 Category/ Type	
Purpose of Disbursement 2008 General		
Candidate Name Susan Collins		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Committee To Elect Chris Murphy		Transaction ID: 27975-3242151141166 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 7
Mailing Address PO Box 127		Amount of Each Disbursement this Period 1000.00
City Cheshire State CT Zip Code 06410	011 Category/ Type	
Purpose of Disbursement 2008 Primary		
Candidate Name Christopher Murphy		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Committee To Re-Elect Nydia M. Velazquez To Congress		Transaction ID: 69879-8675042986869 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 315 Inspiration Lane		Amount of Each Disbursement this Period 1000.00
City Gaithersburg State MD Zip Code 20878	011 Category/ Type	
Purpose of Disbursement 2008 Primary		
Candidate Name Nydia Velazquez		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 12	Disbursement For: 2008 <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)

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<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: 66812-8329736590385 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address 84-56 Grand Avenue		Amount of Each Disbursement this Period 1000.00
City Elmhurst State NY Zip Code 11373	011 Category/ Type	
Purpose of Disbursement 2008 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. First State Pac		Transaction ID: 69879-4697381854057 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address PO Box 3006		Amount of Each Disbursement this Period 2500.00
City Wilmington State DE Zip Code 19804	011 Category/ Type	
Purpose of Disbursement 2007 Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2007 Contribution	

Full Name (Last, First, Middle Initial) C. Friends of Dennis Cardoza		Transaction ID: 69879-7937280535698 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address PO Box 2749		Amount of Each Disbursement this Period 1000.00
City Merced State CA Zip Code 95340	011 Category/ Type	
Purpose of Disbursement 2008 Primary		
Candidate Name Dennis Cardoza		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 18	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
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. Friends of Ginny Brown-Waite		Transaction ID: 34541-0776330828666 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address PO Box 865		Amount of Each Disbursement this Period 1000.00
City Brooksville State FL Zip Code 34605	011 Category/ Type	
Purpose of Disbursement 2008 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Friends of Jeb Hensarling		Transaction ID: 17678-6097986102104 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address PO Box 820504		Amount of Each Disbursement this Period 5000.00
City Dallas State TX Zip Code 75382	011 Category/ Type	
Purpose of Disbursement 2008 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Friends of Jim Clyburn		Transaction ID: 34570-1758996844291 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address PO Box 12567		Amount of Each Disbursement this Period 1000.00
City Columbia State SC Zip Code 29211	011 Category/ Type	
Purpose of Disbursement 2008 Primary		
Candidate Name James Clyburn		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06	Disbursement For: 2008 <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. Friends of Jim Clyburn		Transaction ID: 27975-6249353289604 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 7
Mailing Address PO Box 12567		Amount of Each Disbursement this Period 1000.00
City Columbia State SC Zip Code 29211	Purpose of Disbursement 2008 Primary Candidate Name James Clyburn Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: SC District: 06	
Category/Type 011		
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Friends of Jim Clyburn		Transaction ID: 62707-33642214536667 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address PO Box 12567		Amount of Each Disbursement this Period -1000.00
City Columbia State SC Zip Code 29211	Purpose of Disbursement 5/31/07 Check Lost - Voided Candidate Name James Clyburn Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: SC District: 06	
Category/Type 011		
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Friends of Jim Marshall		Transaction ID: 27975-7092859148979 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 7
Mailing Address 586 Orange Street		Amount of Each Disbursement this Period 1000.00
City Macon State GA Zip Code 31201	Purpose of Disbursement 2008 Primary Candidate Name James Marshall Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 08	
Category/Type 011		
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	1000.00
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

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(check only one)

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<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 Joe Lieberman		Transaction ID: 17678-1976282000541 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address PO Box 231294 State House Square		Amount of Each Disbursement this Period 1000.00
City State House Square State CT Zip Code 06123		
Purpose of Disbursement 2012 Primary	011 Category/ Type	
Candidate Name Joseph Lieberman		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Grassley Committee Inc		Transaction ID: 69879-6790429949760 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address PO Box 1000		Amount of Each Disbursement this Period 1000.00
City Des Moines State IA Zip Code 50304		
Purpose of Disbursement 2010 Primary	011 Category/ Type	
Candidate Name Charles Grassley		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:	Disbursement For: 2010 <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: 60111-3549463152885 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 7
Mailing Address 1200 Trinity Drive Suite 300		Amount of Each Disbursement this Period 5000.00
City Alexandria State VA Zip Code 22314		
Purpose of Disbursement 2007 Contribution	011 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2007 Contribution	

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)
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<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. House Conservatives Fund		Transaction ID: 69879-9466363787651 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address PO Box 2752		Amount of Each Disbursement this Period 1500.00
City Washington State DC Zip Code 20013	Purpose of Disbursement 2007 Contribution Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2007 Contribution	

Full Name (Last, First, Middle Initial) B. Hoyer for Congress		Transaction ID: 34541-3826104998588 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 7905 Malcolm Road Suite 102		Amount of Each Disbursement this Period 2500.00
City Clinton State MD Zip Code 20735	Purpose of Disbursement 2008 Primary Candidate Name Steny Hoyer Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Hoyer for Congress		Transaction ID: 62707-15156191587448 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 7905 Malcolm Road Suite 102		Amount of Each Disbursement this Period -2500.00
City Clinton State MD Zip Code 20735	Purpose of Disbursement 5/31/07 Check Lost - Voided Candidate Name Steny Hoyer Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
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

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(check only one)

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<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 Jordan for Congress		Transaction ID: 34570-7926446795463 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 1709 State Route 560 South		Amount of Each Disbursement this Period 1000.00
City Urbana State OH Zip Code 43078	011 Category/ Type	
Purpose of Disbursement 2008 Primary		
Candidate Name James Jordan		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 04	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Kendrick Meek Campaign for Congress		Transaction ID: 04824-8922235369682 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address 111 Northwest 183rd Street Suite 325		Amount of Each Disbursement this Period 2000.00
City Miami State FL Zip Code 33169	011 Category/ Type	
Purpose of Disbursement 2008 General		
Candidate Name Kendrick Meek		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 17	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Kendrick Meek Campaign for Congress		Transaction ID: 04824-3131830096244 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address 111 Northwest 183rd Street Suite 325		Amount of Each Disbursement this Period 3000.00
City Miami State FL Zip Code 33169	011 Category/ Type	
Purpose of Disbursement 2008 Primary		
Candidate Name Kendrick Meek		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 17	Disbursement For: 2008 <input checked="" 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**

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(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. Lautenberg for Senate		Transaction ID: 66812-7165643572807 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7	
Mailing Address Riverfront Plaza Station PO Box 200596		Amount of Each Disbursement this Period 1000.00	
City Newark State NJ Zip Code 07102	Purpose of Disbursement 2008 Primary Candidate Name Frank Lautenberg Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District:		
Category/Type 011			
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Mark Pryor for Us Senate		Transaction ID: 69879-7548791766166 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7	
Mailing Address PO Box 2720		Amount of Each Disbursement this Period 1500.00	
City Little Rock State AR Zip Code 72203	Purpose of Disbursement 2008 Primary Candidate Name Mark Pryor Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AR District:		
Category/Type 011			
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Mary Bono Committee		Transaction ID: 69879-7555200457573 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7	
Mailing Address PO Box 3370		Amount of Each Disbursement this Period 1000.00	
City Palm Springs State CA Zip Code 92263	Purpose of Disbursement 2008 Primary Candidate Name Mary Bono Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 45		
Category/Type 011			
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
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. Matheson for Congress		Transaction ID: 04824-8228418231010 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address PO Box 521048 Suite A		Amount of Each Disbursement this Period 5000.00
City Salt Lake City State UT Zip Code 84152	011 Category/ Type	
Purpose of Disbursement 2008 Primary		
Candidate Name Jim Matheson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. McConnell Senate Committee '08		Transaction ID: 04824-0767633318901 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address PO Box 1496		Amount of Each Disbursement this Period 3500.00
City Louisville State KY Zip Code 40201	011 Category/ Type	
Purpose of Disbursement 2008 Primary		
Candidate Name Mitch McConnell		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. McHenry for Congress		Transaction ID: 03111-1493951678276 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 7
Mailing Address PO Box 1406		Amount of Each Disbursement this Period 1000.00
City Hickory State NC Zip Code 28603	011 Category/ Type	
Purpose of Disbursement 2008 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	9500.00
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)

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<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: 04824-1049463152885 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address 153-01 Jamaica Avenue Suite 535 219-10 South Conduit Avenue		Amount of Each Disbursement this Period 1000.00
City Jamaica State NY Zip Code 11432	Purpose of Disbursement 2008 Primary Candidate Name Gregory Meeks Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 06		
Disbursement For: 2008 <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: 66812-6506769061088 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address 153-01 Jamaica Avenue Suite 535 219-10 South Conduit Avenue		Amount of Each Disbursement this Period 2000.00
City Jamaica State NY Zip Code 11432	Purpose of Disbursement 2008 Primary Candidate Name Gregory Meeks Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 06		
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Melissa Bean for Congress		Transaction ID: 66812-6900445818901 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address Post Office Box 3068		Amount of Each Disbursement this Period 5000.00
City Barrington State IL Zip Code 60010	Purpose of Disbursement 2008 Primary Candidate Name Melissa Bean Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08		
Disbursement For: 2008 <input checked="" 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) ▶	(Empty box)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<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. More Conservatives Pac		Transaction ID: 60111-7384607195854
Mailing Address 675 N Washington Street Suite 410		Date of Disbursement MM / DD / YYYY 02 / 22 / 2007
City Alexandria	State VA	Amount of Each Disbursement this Period 1000.00
Zip Code 22314		
Purpose of Disbursement 2007 Contribution		011 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	2007 Contribution	

Full Name (Last, First, Middle Initial) B. Paul Hodes for Congress		Transaction ID: 27975-7025720477104
Mailing Address 26 South Main Street, #253		Date of Disbursement MM / DD / YYYY 06 / 25 / 2007
City Concord	State NH	Amount of Each Disbursement this Period 1000.00
Zip Code 03301		
Purpose of Disbursement 2008 Primary		011 Category/ Type
Candidate Name Paul Hodes		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NH	District: 02	

Full Name (Last, First, Middle Initial) C. People for Enterprise Trade and Economic Growth		Transaction ID: 27975-2290765643119
Mailing Address 7804 Evening Lane		Date of Disbursement MM / DD / YYYY 06 / 25 / 2007
City Alexandria	State VA	Amount of Each Disbursement this Period 2500.00
Zip Code 22306		
Purpose of Disbursement 2007 Contribution		011 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	2007 Contribution	

SUBTOTAL of Disbursements This Page (optional)	4500.00
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)

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<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. Prairie Leadership Committee		Transaction ID: 04888-52727907896042 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address 420 C Street Northeast		Amount of Each Disbursement this Period -5000.00
City Washington State DC Zip Code 20002	011 Category/ Type	
Purpose of Disbursement 9/25/06 Check Lost - Stop Payment 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) B. Pryce for Congress		Transaction ID: 04824-4158136248588 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address 211 South 5th Street		Amount of Each Disbursement this Period 1000.00
City Columbus State OH Zip Code 43215	011 Category/ Type	
Purpose of Disbursement 2008 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Reed Committee		Transaction ID: 34570-6288415789604 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address PO Box 8628		Amount of Each Disbursement this Period 2500.00
City Cranston State RI Zip Code 02920	011 Category/ Type	
Purpose of Disbursement 2008 Primary Candidate Name Jack Reed		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	-1500.00
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)

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<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. Reed Committee		Transaction ID: 62707-66563051939011 Date of Disbursement 06 / 29 / 2007
Mailing Address PO Box 8628		Amount of Each Disbursement this Period -2500.00
City Cranston State RI Zip Code 02920	011 Category/ Type	
Purpose of Disbursement 5/31/07 Check Lost - Voided		
Candidate Name Jack Reed		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Reed Committee		Transaction ID: 62707-1921808123588 Date of Disbursement 06 / 29 / 2007
Mailing Address PO Box 8628		Amount of Each Disbursement this Period 2500.00
City Cranston State RI Zip Code 02920	011 Category/ Type	
Purpose of Disbursement 2008 Primary		
Candidate Name Jack Reed		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Rely on Your Beliefs Fund		Transaction ID: 69879-1882745623588 Date of Disbursement 03 / 15 / 2007
Mailing Address 209 Pennsylvania Avenue Southeast		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20003	011 Category/ Type	
Purpose of Disbursement 2007 Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2007 Contribution	

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	2500.00

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)

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<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. Roskam for Congress Committee		Transaction ID: 66812-7424127459526 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address PO Box 713		Amount of Each Disbursement this Period 1000.00
City Wheaton State IL Zip Code 60187	011 Category/ Type	
Purpose of Disbursement 2008 Primary		
Candidate Name Peter Roskam		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Stephen F. Lynch for Congress Committee		Transaction ID: 03111-8082239031791 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 7
Mailing Address 105 Farragut Road		Amount of Each Disbursement this Period 1000.00
City South Boston State MA Zip Code 02127	011 Category/ Type	
Purpose of Disbursement 2008 Primary		
Candidate Name Stephen Lynch		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 09	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Team Sununu		Transaction ID: 03111-1625177264213 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 7
Mailing Address PO Box 500		Amount of Each Disbursement this Period 2500.00
City Rye State NH Zip Code 03870	011 Category/ Type	
Purpose of Disbursement 2008 Primary		
Candidate Name John Sununu		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
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)

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<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. Full Name (Last, First, Middle Initial) Tim Johnson for South Dakota Inc</p> <p>Mailing Address PO Box 1859</p> <p>City Sioux Falls State SD Zip Code 57101</p> <p>Purpose of Disbursement 2008 Primary</p> <p>Candidate Name Tim Johnson</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 27975-5269739031791</p> <p>Date of Disbursement 06 / 25 / 2007</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Tim Mahoney for Florida</p> <p>Mailing Address 4114 Northlake Boulevard Suite 300</p> <p>City Palm Beach Gardens State FL Zip Code 33410</p> <p>Purpose of Disbursement 2008 Primary</p> <p>Candidate Name Timothy Mahoney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 27975-2115442156791</p> <p>Date of Disbursement 06 / 25 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Tom Davis for Congress</p> <p>Mailing Address 6429 Downing Court</p> <p>City Annandale State VA Zip Code 22003</p> <p>Purpose of Disbursement 2008 Primary</p> <p>Candidate Name Thomas Davis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 69879-7215387225151</p> <p>Date of Disbursement 03 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ►

5500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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<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: 031111-8466150164604 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 7	
Mailing Address 1420 Alafaya Trail #103		Amount of Each Disbursement this Period 2000.00	
City Oviedo State FL Zip Code 32765	Purpose of Disbursement 2008 Primary Candidate Name Tom Feeney Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

90000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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(check only one)

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<input 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 checked="" 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. Edward Ebel		Transaction ID: 45306-43781679868698 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 16325 Hampton Glen Ln		Amount of Each Disbursement this Period 200.00
City Chesterfield State VA Zip Code 23832-2008	Purpose of Disbursement Refund of Contribution Received Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Amount of Each Disbursement this Period 416.00
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Full Name (Last, First, Middle Initial) B. Noah Hanft		Transaction ID: 35867-24932497739792 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 7
Mailing Address 2000 Purchase Street		Amount of Each Disbursement this Period 25.00
City Purchase State NY Zip Code 10577-2509	Purpose of Disbursement Refund of Contribution Received Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Amount of Each Disbursement this Period 641.00
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Full Name (Last, First, Middle Initial) C. Carl Horton		Transaction ID: 45306-88917177915574 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 100 Manhattanville Road		Amount of Each Disbursement this Period 25.00
City Purchase State NY Zip Code 10577-2509	Purpose of Disbursement Refund of Contribution Received Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Amount of Each Disbursement this Period 641.00
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶

641.00

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

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<input 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 checked="" 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. Full Name (Last, First, Middle Initial) Mike Pillatsch		Transaction ID: 57678-58858889341354 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 7	
Mailing Address 8755 W Higgins Rd		Amount of Each Disbursement this Period 150.00	
City Chicago State IL Zip Code 60631-2708	Purpose of Disbursement Refund of Contribution Received Candidate Name	010 Category/ Type	
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) ▼		
B. Full Name (Last, First, Middle Initial) Lillian Tropea		Transaction ID: 00626-01552981138229 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7	
Mailing Address 2000 Purchase Street		Amount of Each Disbursement this Period 620.00	
City Purchase State NY Zip Code 10577-2509	Purpose of Disbursement Refund of Contribution Received Candidate Name	010 Category/ Type	
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) ►

770.00

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

1411.00