



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**MasterCard International Inc. Employees' PAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="80181.78"/>	<input type="text" value="80181.78"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="122297.69"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="28752.66"/>	<input type="text" value="70946.32"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="151050.35"/>	<input type="text" value="151128.10"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="49584.17"/>	<input type="text" value="49661.92"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="101466.18"/>	<input type="text" value="101466.18"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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:  /  /  To:  /  /

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		
(i) Itemized (use Schedule A).....	26148.66	58691.32
(ii) Unitemized .....	2604.00	12255.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	28752.66	70946.32
(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) .....	28752.66	70946.32
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 Transfers (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))..... ▶	28752.66	70946.32
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	28752.66	70946.32

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 .....	584.17	661.92
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	584.17	661.92
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	49000.00	49000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	49584.17	49661.92
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	49584.17	49661.92

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	28752.66	70946.32
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	28752.66	70946.32
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	584.17	661.92
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	584.17	661.92

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

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

FOR LINE NUMBER: PAGE 6 OF 33  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)  
**A. Marie Aloisi**

Mailing Address 100 Manhattanville Rd

City State Zip Code  
 Purchase NY 10577-2134

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

Name of Employer Occupation  
 MasterCard Account Manager, Senior

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2015  
**Transaction ID : CAD42C95-BB08-447F-**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**B. Sheryl Andrasko**

Mailing Address 2200 Mastercard Blvd

City State Zip Code  
 O Fallon MO 63368-7263

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

Name of Employer Occupation  
 MasterCard VP/Information Tech

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2015  
**Transaction ID : 20150311-14-11-7**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**C. Ajay Banga**

Mailing Address 2000 Purchase St

City State Zip Code  
 Purchase NY 10577-2405

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

Name of Employer Occupation  
 MasterCard President and Chief Operating Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2015  
**Transaction ID : C046FB166F7732B85CC**

Amount of Each Receipt this Period  
 5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5600.00

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

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

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

FOR LINE NUMBER: PAGE 7 OF 33  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**MasterCard International Inc. Employees' PAC**

Full Name (Last, First, Middle Initial)  
**A. Tim Berger**

Mailing Address 2000 Purchase St

City Purchase State NY Zip Code 10577-2405

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

Name of Employer MasterCard Occupation Group Executive, Tax

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 15 / 2015**

**Transaction ID : 20150311-35-11-7**

Amount of Each Receipt this Period  
**300.00**

Full Name (Last, First, Middle Initial)  
**B. Vijay Bhuvanagiri**

Mailing Address 2200 Mastercard Blvd

City O Fallon State MO Zip Code 63368-7263

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

Name of Employer MasterCard Occupation SBL Enterprise Architecture

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 15 / 2015**

**Transaction ID : 20150311-4-11-7**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 200 Bellevue Pkwy Ste 500

City Wilmington State DE Zip Code 19809-3741

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

Name of Employer MasterCard Occupation General Manager, Chase

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 15 / 2015**

**Transaction ID : 20150311-34-11-7**

Amount of Each Receipt this Period  
**150.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **550.00**

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

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

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

FOR LINE NUMBER: PAGE 8 OF 33  
(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**

Full Name (Last, First, Middle Initial)  
**A. Jim Carrington**

Mailing Address 2000 Purchase St

City Purchase State NY Zip Code 10577-2405

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

Name of Employer MasterCard Occupation Global Product Group Executive, Global

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **675.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 15 / 2015**

**Transaction ID : 20150311-7-11-7**

Amount of Each Receipt this Period  
**225.00**

Full Name (Last, First, Middle Initial)  
**B. Kevin Carroll**

Mailing Address 2000 Purchase St

City Purchase State NY Zip Code 10577-2405

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

Name of Employer MasterCard Occupation VP/Product Management

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 15 / 2015**

**Transaction ID : 20150311-78-11-7**

Amount of Each Receipt this Period  
**150.00**

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

Mailing Address 100 Manhattanville Rd

City Purchase State NY Zip Code 10577-2134

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

Name of Employer MasterCard Occupation Business Leader, Product Management

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 15 / 2015**

**Transaction ID : 20150311-36-11-7**

Amount of Each Receipt this Period  
**75.00**

**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) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 33
<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. Colm Dobbyn**  
Full Name (Last, First, Middle Initial)

Mailing Address 2000 Purchase St

City Purchase State NY Zip Code 10577-2405

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

Name of Employer MasterCard Occupation SVP/Asst. General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 15 / 2015**

**Transaction ID : 20150311-54-11-7**

Amount of Each Receipt this Period  
**125.00**

**B. Michael Ellison**  
Full Name (Last, First, Middle Initial)

Mailing Address 2000 Purchase St

City Purchase State NY Zip Code 10577-2405

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

Name of Employer MasterCard Occupation VP/Financial Analysis

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 15 / 2015**

**Transaction ID : 20150311-69-11-7**

Amount of Each Receipt this Period  
**100.00**

**C. Marianne Fogarty**  
Full Name (Last, First, Middle Initial)

Mailing Address 2000 Purchase St

City Purchase State NY Zip Code 10577-2405

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

Name of Employer MasterCard Occupation Business Leader, Audit

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 15 / 2015**

**Transaction ID : 20150311-25-11-7**

Amount of Each Receipt this Period  
**100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>325.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 33
	<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. Tucker Foote**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2020 12th St NW  
Apt 704  
City Washington State DC Zip Code 20009-7591  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MasterCard Occupation Business Leader, Public Policy  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
03 / 05 / 2015  
**Transaction ID : 4CE497D8669A0B7734C5**  
Amount of Each Receipt this Period  
170.00

**B. Tom Gannon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1401 I St NW  
Ste 2  
City Washington State DC Zip Code 20005-2225  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MasterCard Occupation Business Leader, Public Policy  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
03 / 15 / 2015  
**Transaction ID : 20150311-96-11-7**  
Amount of Each Receipt this Period  
140.00

**C. Ron Garrow**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2000 Purchase St  
City Purchase State NY Zip Code 10577-2405  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MasterCard Occupation Group Head, Talent Acquisition, Manage  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
03 / 15 / 2015  
**Transaction ID : 20150311-12-11-7**  
Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 510.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 12 OF 33  
(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**

Full Name (Last, First, Middle Initial)  
**A. Mary Griffin**

Mailing Address 2200 Mastercard Blvd

City State Zip Code  
 O Fallon MO 63368-7263

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

Name of Employer Occupation  
 MasterCard VP/Accounting

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 03 / 10 / 2015  
**Transaction ID : 1C515D4D-8FC0-4999-**

Amount of Each Receipt this Period  
 1500.00

Full Name (Last, First, Middle Initial)  
**B. Roger Griffith**

Mailing Address 2000 Purchase St

City State Zip Code  
 Purchase NY 10577-2405

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

Name of Employer Occupation  
 MasterCard VP/Settlement

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 03 / 15 / 2015  
**Transaction ID : 20150311-60-11-7**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**c. Sherri Haymond**

Mailing Address 2000 Purchase St

City State Zip Code  
 Purchase NY 10577-2405

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

Name of Employer Occupation  
 MasterCard Business Leader, Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 03 / 15 / 2015  
**Transaction ID : 20150311-39-11-7**

Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1700.00

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

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

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

FOR LINE NUMBER: PAGE 13 OF 33  
(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**

Full Name (Last, First, Middle Initial)  
**A. Greg Howes**

Mailing Address Remote

City Raleigh State NC Zip Code 27640-0001

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

Name of Employer MasterCard Occupation Global Solutions Leader

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 15 / 2015**

**Transaction ID : 20150311-58-11-7**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**B. Benjamin Jankowski**

Mailing Address 2000 Purchase St

City Purchase State NY Zip Code 10577-2405

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

Name of Employer MasterCard Occupation Group Head, Global Media

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.33**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 15 / 2015**

**Transaction ID : 20150311-40-11-7**

Amount of Each Receipt this Period  
**208.33**

Full Name (Last, First, Middle Initial)  
**C. Gary Kearns**

Mailing Address 100 Manhattanville Rd

City Purchase State NY Zip Code 10577-2134

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

Name of Employer MasterCard Occupation Group Executive, Information Services

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 15 / 2015**

**Transaction ID : 20150311-97-11-7**

Amount of Each Receipt this Period  
**300.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **608.33**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 33
	<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. Joan Kelly**  
Full Name (Last, First, Middle Initial)

Mailing Address 2200 Mastercard Blvd

City O Fallon State MO Zip Code 63368-7263

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

Name of Employer MasterCard Occupation SVP/Systems Enhancement Stratg

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **870.00**

Date of Receipt  
03 / 15 / 2015  
**Transaction ID : 20150311-61-11-7**

Amount of Each Receipt this Period  
**290.00**

**B. Beth Kitchener**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 Manhattanville Rd

City Purchase State NY Zip Code 10577-2134

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

Name of Employer MasterCard Occupation Bus Leader, Public Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
03 / 15 / 2015  
**Transaction ID : 20150311-2-11-7**

Amount of Each Receipt this Period  
**100.00**

**C. Mark Kwapiszeski**  
Full Name (Last, First, Middle Initial)

Mailing Address 5555 Winghaven Blvd

City O Fallon State MO Zip Code 63368-3625

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

Name of Employer MasterCard Occupation Senior Consultant, Data Engineering

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2200.00**

Date of Receipt  
03 / 11 / 2015  
**Transaction ID : 075E0BBF-02CA-407F-**

Amount of Each Receipt this Period  
**2200.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>2590.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 15 OF 33  
(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**

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

Mailing Address 100 Manhattanville Rd

City State Zip Code  
Purchase NY 10577-2134

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

Name of Employer Occupation  
MasterCard VP/New Markets & Investments

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
03 / 06 / 2015  
**Transaction ID : A8A440FA-96F8-410F-**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Dana Lorberg**

Mailing Address 2200 Mastercard Blvd

City State Zip Code  
O Fallon MO 63368-7263

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

Name of Employer Occupation  
MasterCard SVP/Global Operations Strategy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
03 / 15 / 2015  
**Transaction ID : 20150311-28-11-7**

Amount of Each Receipt this Period  
150.00

Full Name (Last, First, Middle Initial)  
**C. Raja Madabhushi**

Mailing Address 2000 Purchase St

City State Zip Code  
Purchase NY 10577-2405

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

Name of Employer Occupation  
MasterCard Chief Marketing Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
03 / 15 / 2015  
**Transaction ID : 20150311-87-11-7**

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 950.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 33
	<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. Tara Maguire**  
Full Name (Last, First, Middle Initial)

Mailing Address 2000 Purchase St

City Purchase State NY Zip Code 10577-2405

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

Name of Employer MasterCard Occupation VP/Assistant Controller

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 15 / 2015**

**Transaction ID : 20150311-100-11-7**

Amount of Each Receipt this Period  
**300.00**

**B. Michael Manchisi**  
Full Name (Last, First, Middle Initial)

Mailing Address 5555 Winghaven Blvd

City O Fallon State MO Zip Code 63368-3625

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

Name of Employer MasterCard Occupation SVP/Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1248.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 15 / 2015**

**Transaction ID : 20150311-46-11-7**

Amount of Each Receipt this Period  
**416.00**

**C. Michael McEnaney**  
Full Name (Last, First, Middle Initial)

Mailing Address 2000 Purchase St

City Purchase State NY Zip Code 10577-2405

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

Name of Employer MasterCard Occupation Deputy General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **999.99**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 15 / 2015**

**Transaction ID : 20150311-67-11-7**

Amount of Each Receipt this Period  
**333.33**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1049.33</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 OF 33
	(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"/> 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) <b>A. Chris McWilton</b>			Date of Receipt
Mailing Address 2000 Purchase St			<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 20150311-79-11-7</b>
Purchase	NY	10577-2405	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="416.00"/>
Name of Employer	Occupation		
MasterCard	Chief Financial Officer		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1248.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Shawn Miles</b>			Date of Receipt
Mailing Address 2000 Purchase St			<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 20150311-27-11-7</b>
Purchase	NY	10577-2405	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="100.00"/>
Name of Employer	Occupation		
MasterCard	VP/Counsel Sr		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Timothy Murphy</b>			Date of Receipt
Mailing Address 2000 Purchase St			<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 20150311-80-11-7</b>
Purchase	NY	10577-2405	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="416.00"/>
Name of Employer	Occupation		
MasterCard	Associate General Counsel		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1248.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="932.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 33
	<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. Ruby Naskiewicz**  
Full Name (Last, First, Middle Initial)

Mailing Address 239 Brookside Ave

City State Zip Code  
Ridgewood NJ 07450-4630

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

Name of Employer Occupation  
MasterCard Business Leader, Tax

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 16 / 2015  
**Transaction ID : 44369A5FBF8F54706C6A**

Amount of Each Receipt this Period  
100.00

**B. Nancy O'Malley**  
Full Name (Last, First, Middle Initial)

Mailing Address 2000 Purchase St

City State Zip Code  
Purchase NY 10577-2405

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

Name of Employer Occupation  
MasterCard Chf Pymt Sys Integrity Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 15 / 2015  
**Transaction ID : 20150311-1-11-7**

Amount of Each Receipt this Period  
150.00

**C. Larry Patterson**  
Full Name (Last, First, Middle Initial)

Mailing Address Remote

City State Zip Code  
Remote WI 53708

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

Name of Employer Occupation  
MasterCard Account Leader - 501152

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 15 / 2015  
**Transaction ID : 20150311-3-11-7**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 350.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 33
	<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) <b>A. Steve Potter</b>		Date of Receipt MM / DD / YYYY 03 / 15 / 2015 <b>Transaction ID : 20150311-85-11-7</b>
Mailing Address 9830 Colonnade Blvd Ste 170		Amount of Each Receipt this Period 100.00
City San Antonio	State TX Zip Code 78230-2297	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 300.00
Name of Employer MasterCard	Occupation Account Leader	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mike Prusaczyk</b>		Date of Receipt MM / DD / YYYY 03 / 15 / 2015 <b>Transaction ID : 20150311-62-11-7</b>
Mailing Address 2200 Mastercard Blvd		Amount of Each Receipt this Period 150.00
City O Fallon	State MO Zip Code 63368-7263	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 350.00
Name of Employer MasterCard	Occupation Senior Business Leader, Software Engin	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Sarah Quinlan</b>		Date of Receipt MM / DD / YYYY 03 / 26 / 2015 <b>Transaction ID : 448EAF077654615830F8</b>
Mailing Address 69 Riverdale Ave Unit 404		Amount of Each Receipt this Period 225.00
City Greenwich	State CT Zip Code 06831-5056	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 450.00
Name of Employer MasterCard	Occupation Grp Hd Info Svcs Insights Vert	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	475.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 33
<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. Rob Reeg**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2200 Mastercard Blvd  
City O Fallon State MO Zip Code 63368-7263  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MasterCard Occupation SVP/Systems Development  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1248.00**

Date of Receipt **03 / 15 / 2015**  
**Transaction ID : 20150311-17-11-7**  
Amount of Each Receipt this Period **416.00**

**B. Mike Rethorn**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2200 Mastercard Blvd  
City O Fallon State MO Zip Code 63368-7263  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MasterCard Occupation VP/Information Tech  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **600.00**

Date of Receipt **03 / 15 / 2015**  
**Transaction ID : 20150311-56-11-7**  
Amount of Each Receipt this Period **150.00**

**C. Joe Schuler**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2200 Mastercard Blvd  
City O Fallon State MO Zip Code 63368-7263  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MasterCard Occupation Leader, Systems Programming  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **255.00**

Date of Receipt **03 / 15 / 2015**  
**Transaction ID : 20150311-45-11-7**  
Amount of Each Receipt this Period **85.00**

**SUBTOTAL** of Receipts This Page (optional)..... **651.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 33
	<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) <b>A. Eileen Simon</b>			Date of Receipt MM / DD / YYYY 03 / 15 / 2015 <b>Transaction ID : 20150311-91-11-7</b>
Mailing Address 2000 Purchase St			Amount of Each Receipt this Period 100.00
City Purchase	State NY	Zip Code 10577-2405	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 300.00
Name of Employer MasterCard		Occupation Associate General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Jack Sinnott</b>			Date of Receipt MM / DD / YYYY 03 / 15 / 2015 <b>Transaction ID : 20150311-10-11-7</b>
Mailing Address 801 Brickell Ave Ste 1200			Amount of Each Receipt this Period 90.00
City Miami	State FL	Zip Code 33131-2951	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 270.00
Name of Employer MasterCard		Occupation Bus Leader, Sec & Risk Svcs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Joseph Swezey</b>			Date of Receipt MM / DD / YYYY 03 / 15 / 2015 <b>Transaction ID : 20150311-16-11-7</b>
Mailing Address 2000 Purchase St			Amount of Each Receipt this Period 124.00
City Purchase	State NY	Zip Code 10577-2405	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 372.00
Name of Employer MasterCard		Occupation VP/Financial Analysis	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	314.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 33
	<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) <b>A. Donna Terman</b>			Date of Receipt
Mailing Address 2000 Purchase St			<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 20150311-29-11-7</b>
Purchase	NY	10577-2405	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="150.00"/>
Name of Employer	Occupation		
MasterCard	VP/Bus Resources-Communication		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="450.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Stephen Treacy</b>			Date of Receipt
Mailing Address 2000 Purchase St			<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 20150311-20-11-7</b>
Purchase	NY	10577-2405	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="100.00"/>
Name of Employer	Occupation		
MasterCard	Business Leader, Fraud Reporting and A		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Frank Tufano</b>			Date of Receipt
Mailing Address 2000 Purchase St			<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 20150311-22-11-7</b>
Purchase	NY	10577-2405	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="290.00"/>
Name of Employer	Occupation		
MasterCard	Group Head Finance		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="870.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="540.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 33
	<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"/>	<input type="checkbox"/> 17

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

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

Mailing Address 2000 Purchase St

City Purchase State NY Zip Code 10577-2405

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

Name of Employer MasterCard Occupation VP/Audit

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2015  
**Transaction ID : 20150311-37-11-7**

Amount of Each Receipt this Period  
 150.00

**B. Jeroen Van Erven**  
Full Name (Last, First, Middle Initial)

Mailing Address 152 Beach Road

City Miami State FL Zip Code 33131-4945

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

Name of Employer MasterCard Occupation VP/Financial Analysis

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : 20150311-103-11-7**

Amount of Each Receipt this Period  
 125.00

**C. Gary Vonderhaar**  
Full Name (Last, First, Middle Initial)

Mailing Address 2200 Mastercard Blvd

City O Fallon State MO Zip Code 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 ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2015  
**Transaction ID : 20150311-92-11-7**

Amount of Each Receipt this Period  
 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 575.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 33
	<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) <b>A. Craig Vosburg</b>			Date of Receipt
Mailing Address 2000 Purchase St			<input type="text" value="03"/> / <input type="text" value="02"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 763D8D93-3D54-47E2-</b>
Purchase	NY	10577-2405	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="3600.00"/>
Name of Employer	Occupation		
MasterCard	Regional Business Leader, Apmea		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="3600.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Denise Walker</b>			Date of Receipt
Mailing Address 2000 Purchase St			<input type="text" value="03"/> / <input type="text" value="02"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 3797AC1F-89C3-47EF-</b>
Purchase	NY	10577-2405	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="2000.00"/>
Name of Employer	Occupation		
MasterCard	Global Practice Leader		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Susan Warner</b>			Date of Receipt
Mailing Address 2000 Purchase St			<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 20150311-95-11-7</b>
Purchase	NY	10577-2405	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="150.00"/>
Name of Employer	Occupation		
MasterCard	Senior Business Leader, WorldWide Comm		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="450.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="5750.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 33
	<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. Timothy Westendorf**  
Full Name (Last, First, Middle Initial)

Mailing Address 2200 Mastercard Blvd

City O Fallon State MO Zip Code 63368-7263

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

Name of Employer MasterCard Occupation VP/Financial Systems

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 15 / 2015**

**Transaction ID : 20150311-53-11-7**

Amount of Each Receipt this Period  
**75.00**

**B. Michael Whalen**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 Manhattanville Rd

City Purchase State NY Zip Code 10577-2134

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

Name of Employer MasterCard Occupation Account Manager, Senior - SIP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 10 / 2015**

**Transaction ID : 4F33D40B6099FAF4820**

Amount of Each Receipt this Period  
**300.00**

**C. Mimi Wood**  
Full Name (Last, First, Middle Initial)

Mailing Address 2000 Purchase St

City Purchase State NY Zip Code 10577-2405

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

Name of Employer MasterCard Occupation VP/Human Resources

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **372.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 15 / 2015**

**Transaction ID : 20150311-41-11-7**

Amount of Each Receipt this Period  
**124.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>499.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 26 OF 33  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

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

Mailing Address 2200 Mastercard Blvd

City O Fallon State MO Zip Code 63368-7263

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

Name of Employer MasterCard Occupation VP/Business Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 15 / 2015**

**Transaction ID : 20150311-52-11-7**

Amount of Each Receipt this Period  
**130.00**

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>130.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>26148.66</b>

**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 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**

Mailing Address 411 King St.

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Bank Service Charge

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2015

Transaction ID : 66D704409324912985B

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

**B. PNC Bank**

Mailing Address 411 King St.

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Merchant Fees

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2015

Transaction ID : EB34AD2DEE2E0B77C17

Amount of Each Disbursement this Period

564.17

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

584.17

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

584.17

**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. AMERIPAC: The Fund for a Greater America**

Mailing Address 700 13th Street, NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2015 Contribution

011

Category/  
Type

Candidate Name

**AMERIPAC: The Fund for a Greater America**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2015

**Transaction ID : C497750D4A4C056899B**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Ann Wagner for Congress**

Mailing Address PO Box 50

City Ballwin State MO Zip Code 63022

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Ann Louise Wagner**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) **Contribution**

State: MO District: 02

Date of Disbursement

MM / DD / YYYY  
03 / 27 / 2015

**Transaction ID : 1C16EB94437D91D8345**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Citizens for Prosperity in America Today PAC**

Mailing Address 228 S Washington St Ste 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2015 Contribution

011

Category/  
Type

Candidate Name

**Citizens for Prosperity in America Today PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 27 / 2015

**Transaction ID : 447522A41CA51D5BEF2**

Amount of Each Disbursement this Period

3000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

9000.00

**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. Crowley for Congress**

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Joseph Crowley**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	1	5

**Transaction ID : 8B62F1C10F611C8E60D**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Democrats Win Seats (DWS PAC)**

Mailing Address PO Box 83142

City Gaithersburg State MD Zip Code 20883

Purpose of Disbursement  
2015 Contribution

011

Category/  
Type

Candidate Name

**Democrats Win Seats (DWS PAC)**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	1	5

**Transaction ID : 876928ADD99896D8E67**

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Financial Services Roundtable PAC**

Mailing Address 600 13th Street, N.W.  
Suite 400

City Washington State DC Zip Code 20005-3005

Purpose of Disbursement  
2015 Contribution

011

Category/  
Type

Candidate Name

**Financial Services Roundtable PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	6		2	0	1	5

**Transaction ID : 7B1CDEC78378817CB91**

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1	2	5	0	0	.	0	0
---	---	---	---	---	---	---	---

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

1	2	5	0	0	.	0	0
---	---	---	---	---	---	---	---

**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 Jason Chaffetz**

Mailing Address 315 Westfield Circle

City Alpine State UT Zip Code 84004

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Jason E. Chaffetz**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: UT District: 03

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 27 / 2015

**Transaction ID : 61601A6665F4BBB536C**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Friends of John Delaney**

Mailing Address PO Box 70835

City Bethesda State MD Zip Code 20813

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**John K. Delaney**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MD District: 06

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 30 / 2015

**Transaction ID : CB2729BCD88DFD4ABFC**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Friends of Sherrod Brown**

Mailing Address PO Box 15293

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2018 Primary

011

Candidate Name

**Sherrod Campbell Brown**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OH District:

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 30 / 2015

**Transaction ID : 22D6B6610A9CC1FAB66**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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. Jobs, Economy and Budget Fund (JEB FUND)**

Mailing Address PO Box 30844

City State Zip Code  
Bethesda MD 20824

Purpose of Disbursement  
2015 Contribution

011

Candidate Name

**Jobs, Economy and Budget Fund (JEB FUND)**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

MM / DD / YYYY  
03 / 27 / 2015

Transaction ID : C16A93C153E1883FE64

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. John Carney for Congress**

Mailing Address PO Box 2162

City State Zip Code  
Wilmington DE 19899

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**John Charles Carney Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: DE District: 01

Date of Disbursement

MM / DD / YYYY  
03 / 27 / 2015

Transaction ID : 7642F43A7D953111348

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Kevin McCarthy for Congress**

Mailing Address PO Box 12667

City State Zip Code  
Bakersfield CA 93389-2667

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Kevin Owen McCarthy**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 23

Date of Disbursement

MM / DD / YYYY  
03 / 27 / 2015

Transaction ID : 871D35CFF1C451ACC34

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

11000.00

**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. New Democrat Coalition PAC**

Mailing Address 700 13th Street, NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2015 Contribution

011

Category/  
Type

Candidate Name

**New Democrat Coalition PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 27 / 2015

**Transaction ID : 340F7914EF1748B3AAD**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Perlmutter for Congress**

Mailing Address 3440 Youngfield Street  
#264

City Wheat Ridge State CO Zip Code 80033

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Edwin George Perlmutter**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) **Contribution**

State: CO District: 07

Date of Disbursement

MM / DD / YYYY  
03 / 27 / 2015

**Transaction ID : DA8D8B6A0304FB2F86F**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Shelby for U S Senate**

Mailing Address Post Office Box 1091

City Tuscaloosa State AL Zip Code 35403

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Richard Craig Shelby**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) **Contribution**

State: AL District:

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2015

**Transaction ID : A2E7FD90DC006762FB7**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

8500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**MasterCard International Inc. Employees' PAC**

Full Name (Last, First, Middle Initial)

**A. Walden for Congress**

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031-0037

Purpose of Disbursement  
2016 Primary

Category/  
Type

Candidate Name

**Gregory Paul Walden**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

/  /

**Transaction ID : ADF181D558F9F13E7AC**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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