

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines MasterCard International Inc. Employees' PAC

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

2. FEC IDENTIFICATION NUMBER C00410274 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special. Election on 11 07 2006 in the State of. (d) 30-Day Post-Election Report for the: General, Runoff, Special. Election on in the State of

5. Covering Period 10 01 2006 through 10 18 2006

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 10 19 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		23174.03
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	24498.18									
(c) Total Receipts (from Line 19) .....	7083.55	168934.86								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	31581.73	192108.89								
7. Total Disbursements (from Line 31) .....	48.19	160575.35								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	31533.54	31533.54								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

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	6928.55	162798.86
(i) Itemized (use Schedule A) .....	155.00	6136.00
(ii) Unitemized .....	7083.55	168934.86
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	7083.55	168934.86
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)) .....	7083.55	168934.86
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	7083.55	168934.86

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A</b> Total This Period	<b>COLUMN B</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.....	48.19	1939.35
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	48.19	1939.35
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	157600.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	1036.00
(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	1036.00
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))..	48.19	160575.35
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	48.19	160575.35

**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) .....	7083.55	168934.86
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1036.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7083.55	167898.86
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	48.19	1939.35
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	48.19	1939.35

**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 / 20
	<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) <b>A. Gregory Box</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Mailing Address 2200 Mastercard Boulevard		<b>Transaction ID:</b> 6609BD35-396B-41D9-B
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 62.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation VP Technology Account Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 620.00	

Full Name (Last, First, Middle Initial) <b>B. Patricia Devereux</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Mailing Address 2000 Purchase Street		<b>Transaction ID:</b> 3BBE763A-44E4-44B6-B
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard	Occupation VP/Business Administration	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Nadia Dombrowski</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Mailing Address 2000 Purchase Street		<b>Transaction ID:</b> B5D3C706-64EE-4A73-9
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 30.00	
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 ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	142.00
<b>TOTAL</b> 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 / 20
	<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)  
Roy Dunbar

Mailing Address 2200 Mastercard Boulevard

City State Zip Code  
O Fallon MO 63366-7263

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

Name of Employer Occupation  
MasterCard SEVP/Global Tech Operations

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3744.00

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

**Transaction ID:** A27A8977-FAA5-486C-8

Amount of Each Receipt this Period  
416.00

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

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 Occupation  
MasterCard VP/Consumer & Public Affairs

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 260.00

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

**Transaction ID:** 5E2E71F2-D706-4E50-A

Amount of Each Receipt this Period  
26.00

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

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 Occupation  
MasterCard VP/Financial Analysis

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

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

**Transaction ID:** 11762CD0-61CB-44A0-8

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>492.00</b>
<b>TOTAL</b> 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 / 20
	<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.</b> Anna May Feige		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Mailing Address 2000 Purchase Street		<b>Transaction ID:</b> E32FC421-8E5D-440E-A
City Purchase	State NY	
Zip Code 10577-2509	FEC ID number of contributing federal political committee. <b>C</b>	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 ▼ 2320.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Gareth Forsey		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Mailing Address 2000 Purchase Street		<b>Transaction ID:</b> 371BB2BC-3E54-46E8-A
City Purchase	State NY	
Zip Code 10577-2509	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 290.00
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 ▼ 2900.00	

Full Name (Last, First, Middle Initial) <b>C.</b> John Gallagher		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Mailing Address 2000 Purchase Street		<b>Transaction ID:</b> 48FC863D-A56E-4A2D-9
City Purchase	State NY	
Zip Code 10577-2509	FEC ID number of contributing federal political committee. <b>C</b>	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 ▼ 1116.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	704.00
<b>TOTAL</b> 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 / 20
	<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) <b>A.</b> Noah Hanft		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 6	
Mailing Address 2000 Purchase Street		<b>Transaction ID:</b> B1A36960-4880-4659-B	
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 416.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 2912.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Alan Heuer		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 6	
Mailing Address 2000 Purchase Street		<b>Transaction ID:</b> F7C6019A-2D82-4D6E-A	
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 416.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 4160.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Robert Hoffman		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 6	
Mailing Address 2200 Mastercard Boulevard		<b>Transaction ID:</b> DB9409F2-C862-4169-9	
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 42.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 336.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	874.00
<b>TOTAL</b> 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 / 20
	<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.</b> James Hull		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Mailing Address 2200 Mastercard Boulevard		<b>Transaction ID:</b> 688E1CBA-1705-4A1B-B
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 124.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 1240.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Joan Kelly		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Mailing Address 2200 Mastercard Boulevard		<b>Transaction ID:</b> EB5C9840-73A6-48B2-9
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 290.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 2900.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Linda Locke		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Mailing Address 2200 Mastercard Boulevard		<b>Transaction ID:</b> 274DBA9D-4DFE-43F7-9
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 62.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 620.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	476.00
<b>TOTAL</b> 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 11 / 20
	(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) <b>A.</b> Michael Manchisi		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Mailing Address 2200 Mastercard Boulevard		<b>Transaction ID:</b> D3BA3F6B-7063-4106-8
City State Zip Code O Fallon MO 63366-7263	FEC ID number of contributing federal political committee. <b>C</b>	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 ▼ 2900.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Bill Mathis		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Mailing Address 2000 Purchase Street		<b>Transaction ID:</b> 2157884F-89A0-491E-8
City State Zip Code Purchase NY 10577-2509	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 290.00
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 ▼ 2900.00	

Full Name (Last, First, Middle Initial) <b>C.</b> John McAndrew		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Mailing Address 2000 Purchase Street		<b>Transaction ID:</b> 154DBDC7-BACD-46B9-B
City State Zip Code Purchase NY 10577-2509	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 290.00
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 ▼ 2734.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>870.00</b>
<b>TOTAL</b> 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 / 20
	<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) <b>A.</b> Chris McWilton		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Mailing Address 2000 Purchase Street		<b>Transaction ID:</b> DAF0D811-33AE-4B85-A Amount of Each Receipt this Period 291.67
City State Zip Code Purchase NY 10577-2509		
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 2916.70	

Full Name (Last, First, Middle Initial) <b>B.</b> John Meister		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Mailing Address 2200 MasterCard Boulevard		<b>Transaction ID:</b> 1D8F6927-B9F7-4A2D-9 Amount of Each Receipt this Period 100.00
City State Zip Code O Fallon MO 63366-7263		
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Shawn Miles		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Mailing Address 2000 Purchase Street		<b>Transaction ID:</b> FFA16C87-F24D-430D-A Amount of Each Receipt this Period 100.00
City State Zip Code Purchase NY 10577-2509		
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	491.67
<b>TOTAL</b> 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 / 20
	<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) <b>A. Sandy Morris</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6	
Mailing Address 2055 Sugarloaf Circle		<b>Transaction ID: 863279A9-1B93-4153-A</b>	
City State Zip Code Duluth GA 30097		Amount of Each Receipt this Period 124.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MasterCard SVP/Member Relations			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1406.00	

Full Name (Last, First, Middle Initial) <b>B. Timothy Murphy</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6	
Mailing Address 2000 Purchase Street		<b>Transaction ID: 15B6E761-B0AB-4843-B</b>	
City State Zip Code Purchase NY 10577-2509		Amount of Each Receipt this Period 290.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation MasterCard Associate General Counsel			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2900.00	

Full Name (Last, First, Middle Initial) <b>C. Patrick O'Sullivan</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6	
Mailing Address 2000 Purchase Street		<b>Transaction ID: 98130E08-5B15-4122-8</b>	
City State Zip Code Purchase NY 10577-2509		Amount of Each Receipt this Period 124.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 1240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	538.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 20
	<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. Joshua Peirez</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6
Mailing Address 233 E 70th St Apt 14P		<b>Transaction ID: 60898-55047243833542</b>
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. <b>C</b>		
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 ▼ 4166.16	

Full Name (Last, First, Middle Initial) <b>B. Bob Reany</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Mailing Address 2200 Mastercard Boulevard		<b>Transaction ID: 17F4ECF2-AE75-40EE-9</b>
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. <b>C</b>		
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 ▼ 1130.00	

Full Name (Last, First, Middle Initial) <b>C. Rob Reeg</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Mailing Address 2200 Mastercard Boulevard		<b>Transaction ID: 0644F806-DA9C-4968-A</b>
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 290.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 2900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	816.88
<b>TOTAL</b> 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 / 20
	<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.</b> Larry Resch		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Mailing Address 2200 Mastercard Boulevard		<b>Transaction ID:</b> 94992A70-568F-4D73-B
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 124.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 1240.00	

Full Name (Last, First, Middle Initial) <b>B.</b> John Scariot		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Mailing Address 2200 Mastercard Boulevard		<b>Transaction ID:</b> A61CA6A4-0505-44A6-8
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 124.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 1240.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Edgar Smart		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Mailing Address 2200 Mastercard Boulevard		<b>Transaction ID:</b> A4D75AE7-CD47-4539-8
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 124.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 1240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	372.00
<b>TOTAL</b> 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 / 20
	<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) <b>A. Carey Smith</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Mailing Address 2000 Purchase Street		<b>Transaction ID: 5BCF4D43-AD2E-48CF-9</b>
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 124.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 1240.00	

Full Name (Last, First, Middle Initial) <b>B. Ron Steinbruegge</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Mailing Address 2200 Mastercard Boulevard		<b>Transaction ID: 67715F40-209C-4EF1-B</b>
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 124.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 1240.00	

Full Name (Last, First, Middle Initial) <b>C. Joseph Swezey</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 6
Mailing Address 2000 Purchase Street		<b>Transaction ID: BEC0572E-7BAA-4B6A-B</b>
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 124.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 1240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	372.00
<b>TOTAL</b> 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 / 20
	<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) <b>A.</b> Donna Terman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6	
Mailing Address 2000 Purchase Street		<b>Transaction ID:</b> C6C705FC-90ED-4D0C-A	
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 62.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 620.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Robert Trende		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6	
Mailing Address 2200 Mastercard Boulevard		<b>Transaction ID:</b> 7D7E63A0-D32A-4D37-9	
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MasterCard	Occupation VP/Systems Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Lillian Tropea		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6	
Mailing Address 2000 Purchase Street		<b>Transaction ID:</b> 3C153530-03AB-42F3-8	
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 124.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 1240.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	236.00
<b>TOTAL</b> 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 / 20
	<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) <b>A.</b> Frank Tufano		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6	
Mailing Address 2000 Purchase Street		<b>Transaction ID:</b> 832218A9-CEDA-4138-B	
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 290.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 2900.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mimi Wood		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6	
Mailing Address 2000 Purchase Street		<b>Transaction ID:</b> 2BCACD62-6B38-47F9-8	
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 124.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 1240.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Kent Young		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6	
Mailing Address 2200 Mastercard Boulevard		<b>Transaction ID:</b> 3FDC389A-D75C-4C6F-A	
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. <b>C</b>			
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 ▼ 1300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	544.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	6928.55

**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 19 / 20

<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) <b>A. PNC Bank</b>		<b>Transaction ID:</b> 42330-54960268735886 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 6
Mailing Address 411 King St.		Amount of Each Disbursement this Period 30.00
City Alexandria State VA Zip Code 22314	001 Category/ Type	
Purpose of Disbursement Bank Fee		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Full Name (Last, First, Middle Initial) <b>B. PNC Bank</b>		<b>Transaction ID:</b> 42330-38663882017136 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6
Mailing Address 411 King St.		Amount of Each Disbursement this Period 18.19
City Alexandria State VA Zip Code 22314	001 Category/ Type	
Purpose of Disbursement Credit Card Fee		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	

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

48.19

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

48.19

# 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 20 / 20

<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) <b>A. Help Elect America's Team Pac (HEAT PAC)</b>		<b>Transaction ID:</b> 93104-8262140154838
Mailing Address 499 S Capitol St. SW Ste. 412		Date of Disbursement 10 / 12 / 2006
City Washington	State DC	Zip Code 20003
Purpose of Disbursement 2006 Contribution		Amount of Each Disbursement this Period 2000.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		011 Category/ Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Martinez for Senate</b>		<b>Transaction ID:</b> 60981-66762942075730
Mailing Address 610 S Boulevard		Date of Disbursement 10 / 10 / 2006
City Tampa	State FL	Zip Code 33606
Purpose of Disbursement Stop Payment - Orig Contr 10/14/05		Amount of Each Disbursement this Period -1000.00
Candidate Name Mel Martinez		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		011 Category/ Type
Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: FL District:		

Full Name (Last, First, Middle Initial) <b>C. Pryce for Congress</b>		<b>Transaction ID:</b> 60981-76540774106980
Mailing Address 145 East Rich Street		Date of Disbursement 10 / 10 / 2006
City Columbus	State OH	Zip Code 43215
Purpose of Disbursement Stop Payment - Orig Contr 4/21/06		Amount of Each Disbursement this Period -1000.00
Candidate Name Deborah Pryce		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		011 Category/ Type
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: OH District: 15		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	0.00