

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 05 01 2006 through 05 31 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 06 13 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	5

D	D
3	1

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 .....	72908.43									
(c) Total Receipts (from Line 19) .....	14631.55	130071.11								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	87539.98	153245.14								
7. Total Disbursements (from Line 31) .....	20619.36	86324.52								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	66920.62	66920.62								
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
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	5

D	D
3	1

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	14428.55	124824.11
(i) Itemized (use Schedule A) .....	203.00	5247.00
(ii) Unitemized .....	14631.55	130071.11
(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) .....	14631.55	130071.11
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)) .....	14631.55	130071.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	14631.55	130071.11

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	163.36	1688.52
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	163.36	1688.52
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20000.00	83600.00
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 .....	456.00	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)) .....	456.00	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))..	20619.36	86324.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	20619.36	86324.52

**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) .....	14631.55	130071.11
34. Total Contribution Refunds (from Line 28(d)) .....	456.00	1036.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14175.55	129035.11
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	163.36	1688.52
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	163.36	1688.52

# 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 / 25
	<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 0 5 / 1 5 / 2 0 0 6	
Mailing Address 2200 MasterCard Boulevard		<b>Transaction ID:</b> 518E784C-9BEF-4EE5-9	
City O Fallon	State MO	Zip Code 63366-7263	Amount of Each Receipt this Period 62.00
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 310.00		

Full Name (Last, First, Middle Initial) <b>B. Patricia Devereux</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6	
Mailing Address 2000 Purchase Street		<b>Transaction ID:</b> FA2A4858-4CC8-4400-8	
City Purchase	State NY	Zip Code 10577-2509	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/Business Administration		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Roy Dunbar</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6	
Mailing Address 2200 MasterCard Boulevard		<b>Transaction ID:</b> 7E1B0664-D0FE-4D11-8	
City O Fallon	State MO	Zip Code 63366-7263	Amount of Each Receipt this Period 416.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MasterCard	Occupation SEVP/Global Tech Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1664.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	528.00
<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 / 25
	<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> Michael Ellison		Date of Receipt MM / DD / YYYY 05 / 15 / 2006
Mailing Address 2000 Purchase Street		<b>Transaction ID:</b> 03AC6DA3-9AAC-4EB9-9
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 50.00
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 ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Anna May Feige		Date of Receipt MM / DD / YYYY 05 / 15 / 2006
Mailing Address 2000 Purchase Street		<b>Transaction ID:</b> D61AB83C-B66B-4B0B-B
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 ▼ 870.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Gareth Forsey		Date of Receipt MM / DD / YYYY 05 / 15 / 2006
Mailing Address 2000 Purchase Street		<b>Transaction ID:</b> 7A0DDCEC-60B1-4115-B
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 ▼ 1450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	630.00
<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 8 / 25
	<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> John Gallagher		Date of Receipt M M / D D / Y Y Y Y 05 / 15 / 2006
Mailing Address 2000 Purchase Street		<b>Transaction ID:</b> 74E6798E-AA2F-41E3-9
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 124.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard Occupation VP/Financial Analysis		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 496.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Noah Hanft		Date of Receipt M M / D D / Y Y Y Y 05 / 15 / 2006
Mailing Address 2000 Purchase Street		<b>Transaction ID:</b> CF436A20-08F9-4737-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. C		
Name of Employer MasterCard Occupation General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 832.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Alan Heuer		Date of Receipt M M / D D / Y Y Y Y 05 / 15 / 2006
Mailing Address 2000 Purchase Street		<b>Transaction ID:</b> 8203E824-DF9C-4886-8
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 416.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MasterCard Occupation Chief Operating Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2080.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	956.00
<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 / 25
	<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> Jean Heuer		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 6	
Mailing Address 375 Middlesex Rd		Transaction ID: CMD917522623	
City Darien	State CT	Zip Code 06820-2518	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation Spouse		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> James Hull		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6	
Mailing Address 2200 MasterCard Boulevard		Transaction ID: 5B1D8458-61E7-4622-A	
City O Fallon	State MO	Zip Code 63366-7263	Amount of Each Receipt this Period 124.00
FEC ID number of contributing federal political committee. <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 ▼ 620.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Kim Hundley		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 6	
Mailing Address 2200 Mastercard Blvd		Transaction ID: 84924-41877382993698	
City O Fallon	State MO	Zip Code 63368-7263	Amount of Each Receipt this Period 1000.00
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 ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	6124.00
<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 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> Joan Kelly		Date of Receipt MM / DD / YYYY 05 / 15 / 2006
Mailing Address 2200 MasterCard Boulevard		<b>Transaction ID:</b> 4071C71E-CCC0-4795-8
City O Fallon	State MO	
Zip Code 63366-7263		Amount of Each Receipt this Period 290.00
FEC ID number of contributing federal political committee. <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 ▼ 1450.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Linda Locke		Date of Receipt MM / DD / YYYY 05 / 15 / 2006
Mailing Address 2200 MasterCard Boulevard		<b>Transaction ID:</b> 078259BA-3205-4243-B
City O Fallon	State MO	
Zip Code 63366-7263		Amount of Each Receipt this Period 62.00
FEC ID number of contributing federal political committee. <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 ▼ 310.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Marianne Mackey		Date of Receipt MM / DD / YYYY 05 / 15 / 2006
Mailing Address 2000 Purchase Street		<b>Transaction ID:</b> 7809A9B2-CA6E-4D74-8
City Purchase	State NY	
Zip Code 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/Business Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 372.00	

<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: (check only one)	PAGE 11 / 25
	<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> Michael Manchisi		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6	
Mailing Address 2200 MasterCard Boulevard		<b>Transaction ID:</b> 363B945B-2B00-42BB-8	
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 290.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MasterCard	Occupation SVP/Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1450.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Ruth Marshall		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6	
Mailing Address 2000 Purchase Street		<b>Transaction ID:</b> B8DDC231-60E9-4B48-9	
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 290.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MasterCard	Occupation EVP/North America Region		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 870.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Bill Mathis		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6	
Mailing Address 2000 Purchase Street		<b>Transaction ID:</b> 57B2AFFC-E06D-4876-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 SVP/Account Leader		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1450.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	870.00
<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 12 / 25
	<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> John McAndrew		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6	
Mailing Address 2000 Purchase Street		<b>Transaction ID:</b> 0B276C02-9D28-4A15-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 VP/Tax		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1284.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Chris McWilton		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6	
Mailing Address 2000 Purchase Street		<b>Transaction ID:</b> 229CF6AF-B251-4ABD-B	
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 291.67		
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 ▼ 1458.35		

Full Name (Last, First, Middle Initial) <b>C.</b> John Meister		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6	
Mailing Address 2200 MasterCard Boulevard		<b>Transaction ID:</b> 8EE978A8-C8B7-462E-8	
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <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		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	681.67
<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 / 25
	<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. Shawn Miles</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6	
Mailing Address 2000 Purchase Street		<b>Transaction ID:</b> 7C57568D-0D12-4D3F-A	
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 100.00		
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 ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Sandy Morris</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6	
Mailing Address 2055 Sugarloaf Circle		<b>Transaction ID:</b> 076E042C-7818-4639-9	
City State Zip Code Duluth GA 30097	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/Member Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 786.00		

Full Name (Last, First, Middle Initial) <b>C. Timothy Murphy</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6	
Mailing Address 2000 Purchase Street		<b>Transaction ID:</b> 255574DD-B8F0-47E0-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 Associate General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1450.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	680.00
<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 / 25
	<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> Patrick O'Sullivan		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6
Mailing Address 2000 Purchase Street		<b>Transaction ID:</b> 565F563B-4987-4EE0-9
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 124.00	
FEC ID number of contributing federal political committee. <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 ▼ 620.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Joshua Peirez		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6
Mailing Address 233 E 70th St Apt 14P		<b>Transaction ID:</b> 02379-44874209165573
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 ▼ 2081.76	

Full Name (Last, First, Middle Initial) <b>C.</b> Sergio Pinon		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6
Mailing Address 801 Brickell Avenue Suite 130		<b>Transaction ID:</b> 3FF03057-5390-48F2-B
City State Zip Code Miami FL 33131-4945	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/Security and Risk Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 870.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	830.88
<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 / 25
	<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

**A.** Full Name (Last, First, Middle Initial)  
Bob Reany

Mailing Address 2200 MasterCard Boulevard

City State Zip Code  
O Fallon MO 63366-7263

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

Name of Employer MasterCard Occupation VP/Information Tech

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 580.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2006

**Transaction ID:** D68009FC-5C34-49F2-A

Amount of Each Receipt this Period  
290.00

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

Mailing Address 2200 MasterCard Boulevard

City State Zip Code  
O Fallon MO 63366-7263

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

Name of Employer MasterCard Occupation SVP/Systems Development

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1450.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2006

**Transaction ID:** D5BAE73B-74AD-4AB2-8

Amount of Each Receipt this Period  
290.00

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

Mailing Address 2200 MasterCard Boulevard

City State Zip Code  
O Fallon MO 63366-7263

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

Name of Employer MasterCard Occupation VP/Processing Svcs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 620.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2006

**Transaction ID:** 715574BC-0D8C-448E-9

Amount of Each Receipt this Period  
124.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>704.00</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 16 / 25
	<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. Joe Rubin</b>		Date of Receipt MM / DD / YYYY 05 / 15 / 2006
Mailing Address 1401 Eye Street N.W. Suite 2		<b>Transaction ID:</b> 9557EACB-B55D-4967-B
City Washington	State DC	
Zip Code 20005-2225		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/Public Affairs	
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. Alicia Ruiz</b>		Date of Receipt MM / DD / YYYY 05 / 15 / 2006
Mailing Address 801 Brickell Avenue Suite 130		<b>Transaction ID:</b> ODA39AAE-04F1-44E2-A
City Miami	State FL	
Zip Code 33131-4945		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/Security & Risk 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>C. John Scariot</b>		Date of Receipt MM / DD / YYYY 05 / 15 / 2006
Mailing Address 2200 MasterCard Boulevard		<b>Transaction ID:</b> 99400914-E137-4844-9
City O Fallon	State MO	
Zip Code 63366-7263		Amount of Each Receipt this Period 124.00
FEC ID number of contributing federal political committee. <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 ▼ 620.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>372.00</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 17 / 25
	<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> Edgar Smart		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6
Mailing Address 2200 MasterCard Boulevard		<b>Transaction ID:</b> 817D0A73-5CCA-477A-9
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 124.00	
FEC ID number of contributing federal political committee. <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 ▼ 620.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Carey Smith		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6
Mailing Address 2000 Purchase Street		<b>Transaction ID:</b> 20FCC76E-D00E-4F92-A
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 124.00	
FEC ID number of contributing federal political committee. <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 ▼ 620.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ron Steinbruegge		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6
Mailing Address 2200 MasterCard Boulevard		<b>Transaction ID:</b> FDF72B09-1EC0-4033-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 ▼ 620.00	

<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 18 / 25
	<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> Joseph Swezey		Date of Receipt MM / DD / YYYY 05 / 15 / 2006
Mailing Address 2000 Purchase Street		<b>Transaction ID:</b> 1C03ECBF-0DE6-484E-9
City Purchase	State NY	
Zip Code 10577-2509		Amount of Each Receipt this Period 124.00
FEC ID number of contributing federal political committee. <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 ▼ 620.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Donna Terman		Date of Receipt MM / DD / YYYY 05 / 15 / 2006
Mailing Address 2000 Purchase Street		<b>Transaction ID:</b> 5409F1FF-06AE-4950-A
City Purchase	State NY	
Zip Code 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 ▼ 310.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Joy Thoma		Date of Receipt MM / DD / YYYY 05 / 02 / 2006
Mailing Address 2000 Purchase Street		<b>Transaction ID:</b> 02379-60071963071823
City Purchase	State NY	
Zip Code 10577-2509		Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer MasterCard	Occupation SVP/Customer Group	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	486.00
<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 19 / 25
	<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> Robert Trende		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6
Mailing Address 2200 MasterCard Boulevard		<b>Transaction ID:</b> 6DC6D923-2AAC-4E2F-B
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <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 ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Lillian Tropea		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6
Mailing Address 2000 Purchase Street		<b>Transaction ID:</b> E779AD1A-45F8-49A1-9
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 124.00	
FEC ID number of contributing federal political committee. <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 ▼ 620.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Frank Tufano		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6
Mailing Address 2000 Purchase Street		<b>Transaction ID:</b> 552863A4-3495-4293-A
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 290.00	
FEC ID number of contributing federal political committee. <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 ▼ 1450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	464.00
<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 20 / 25
	(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) <b>A.</b> Mimi Wood		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6	
Mailing Address 2000 Purchase Street		<b>Transaction ID:</b> BCCC0C01-0B85-4751-B	
City State Zip Code Purchase NY 10577-2509	Amount of Each Receipt this Period 124.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation VP/Human Resources		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 620.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Kent Young		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6	
Mailing Address 2200 MasterCard Boulevard		<b>Transaction ID:</b> 3C9EAD6C-D934-45B0-9	
City State Zip Code O Fallon MO 63366-7263	Amount of Each Receipt this Period 130.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MasterCard	Occupation VP/Business Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	254.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	14428.55

**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 21 / 25

<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

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. PNC Bank</b>		<b>Transaction ID: 02379-63334292173386</b>																					
Mailing Address 411 King St.		Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>/</td><td>0</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	0	3	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	5	/	0	3	/	2	0	0	6														
City Alexandria	State VA	Zip Code 22314	Amount of Each Disbursement this Period <table border="1"> <tr> <td>163.36</td> </tr> </table>	163.36																			
163.36																							
Purpose of Disbursement Credit Card Fee	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type			001																			
001																							
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>163.36</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>163.36</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)

PAGE 22 / 25

<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. Boucher for Congress Committee</b>		<b>Transaction ID:</b> 60575-3527337908744
Mailing Address PO Box 2000		Date of Disbursement MM / DD / YYYY 05 / 19 / 2006
City Abingdon	State VA	Zip Code 24212
Purpose of Disbursement 2006 Primary	Amount of Each Disbursement this Period 5000.00	
Candidate Name Rick Boucher	Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA	District: 09	

Full Name (Last, First, Middle Initial) <b>B. Boucher for Congress Committee</b>		<b>Transaction ID:</b> 60575-5173303484916
Mailing Address PO Box 2000		Date of Disbursement MM / DD / YYYY 05 / 19 / 2006
City Abingdon	State VA	Zip Code 24212
Purpose of Disbursement 2006 General	Amount of Each Disbursement this Period 5000.00	
Candidate Name Rick Boucher	Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA	District: 09	

Full Name (Last, First, Middle Initial) <b>C. Every Republican Is Crucial (ERICPAC)</b>		<b>Transaction ID:</b> 60575-4323541522026
Mailing Address 25 East Main Street Suite 200		Date of Disbursement MM / DD / YYYY 05 / 19 / 2006
City Richmond	State VA	Zip Code 23219
Purpose of Disbursement 2006 Contribution	Amount of Each Disbursement this Period 2500.00	
Candidate Name	Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 006" <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>12500.00</b>
<b>TOTAL</b> 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) <b>A. Friends for Harry Reid</b>		<b>Transaction ID:</b> 60575-41126650571823 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 6
Mailing Address PO Box 19163		Amount of Each Disbursement this Period -2500.00
City Las Vegas State NV Zip Code 89132	011 Category/ Type	
Purpose of Disbursement Voided Contribution		
Candidate Name Harry Reid		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Nelson for U S Senate</b>		<b>Transaction ID:</b> 67137-1228448748588 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 6
Mailing Address PO Box 8666		Amount of Each Disbursement this Period 2500.00
City Omaha State NE Zip Code 68108	011 Category/ Type	
Purpose of Disbursement 2006 General		
Candidate Name Ben Nelson		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Rely on Your Beliefs Fund</b>		<b>Transaction ID:</b> 00252-5235864520072 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 6
Mailing Address 209 Pennsylvania Avenue Southeast		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20003	011 Category/ Type	
Purpose of Disbursement 2006 Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 006" <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 25

<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. Searchlight Leadership Fund</b>		<b>Transaction ID:</b> 60575-1924859881401 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 6	
Mailing Address 422 C Street Northeast Lower Level Lower Level		Amount of Each Disbursement this Period 2500.00	
City Washington State DC Zip Code 20002	Purpose of Disbursement 2006 Contribution Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 006" <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		Category/ Type 011	

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

2500.00

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

20000.00

