

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

MasterCard International Inc. Employees' PAC

ADDRESS (number and street)

1401 I Street, NW

Ste. 1030

Check if different  
than previously  
reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00410274

3. IS THIS  
REPORTNEW  
(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  
Year-End 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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Tiwari, Sohil, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Tiwari, Sohil, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

MasterCard International Inc. Employees' PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 01 / 01 / 2019 To: M M / D D / Y Y Y Y Y Y 01 / 31 / 2019

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> 2019		141830.29
(b) Cash on Hand at Beginning of Reporting Period.....	141830.29	
(c) Total Receipts (from Line 19) .....	13961.49	13961.49
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	155791.78	155791.78
7. Total Disbursements (from Line 31).....	5387.50	5387.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	150404.28	150404.28
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

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

MasterCard International Inc. Employees' PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	9

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5631.99	5631.99
(ii) Unitemized .....	8329.50	8329.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	13961.49	13961.49
(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) .....	13961.49	13961.49
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	13961.49	13961.49
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	13961.49	13961.49

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	387.50	387.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	387.50	387.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	5000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5387.50	5387.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5387.50	5387.50

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	13961.49	13961.49
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	13961.49	13961.49
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	387.50	387.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	387.50	387.50

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 14

<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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Berger, Tim, , ,**

Mailing Address 2000 Purchase St

City  
PurchaseState  
NYZip Code  
10577-2405FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MasterCardOccupation (for Individual)  
Group Executive, Tax

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	15	/	2019

**Transaction ID : 2019020711575-78**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Chastain, Cindy, , ,**Mailing Address 640 W 237th St  
16ACity  
BronxState  
NYZip Code  
10463-1440FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MasterCardOccupation (for Individual)  
Group Head, User Experience & Design

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	10	/	2019

**Transaction ID : 4E90A606F93025001B5D**

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Finkelstein, Stuart, , ,**

Mailing Address 2000 Purchase St

City  
PurchaseState  
NYZip Code  
10577-2405FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MasterCardOccupation (for Individual)  
Sr Bus Leader, Compensation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	15	/	2019

**Transaction ID : 2019020711575-102**

Amount of Each Receipt this Period

225.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

750.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Foote, Tucker, , ,**

Mailing Address 1420 Paloma Way NW

City  
WashingtonState  
DCZip Code  
20009-2326FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

MasterCard

Occupation (for Individual)

Business Leader, Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	22	/	2019

**Transaction ID : 439BAD1952D29711AB41**

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Guerin, Cheryl, , ,**

Mailing Address 100 Manhattanville Rd

City  
PurchaseState  
NYZip Code  
10577-2134FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

MasterCard

Occupation (for Individual)

VP/Promotions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	15	/	2019

**Transaction ID : 2019020711575-88**

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Haymond, Sherri, , ,**

Mailing Address 100 Manhattanville Rd

City  
PurchaseState  
NYZip Code  
10577-2134FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

MasterCard

Occupation (for Individual)

Business Leader, Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	15	/	2019

**Transaction ID : 2019020711575-153**

Amount of Each Receipt this Period

225.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

675.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 14  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jankowski, Benjamin, , ,**

Mailing Address 2000 Purchase St

City  
PurchaseState  
NYZip Code  
10577-2405FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MasterCardOccupation (for Individual)  
Group Head, Global Media

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.33

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	15	/	2019

**Transaction ID : 2019020711575-95**

Amount of Each Receipt this Period

208.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kearns, Gary, , ,**

Mailing Address 100 Manhattanville Rd

City  
PurchaseState  
NYZip Code  
10577-2134FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MasterCardOccupation (for Individual)  
Group Executive, Information Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2019

**Transaction ID : 2019020715295-4**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kirkpatrick, Linda, , ,**

Mailing Address 100 Manhattanville Rd

City  
PurchaseState  
NYZip Code  
10577-2134FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MasterCardOccupation (for Individual)  
VP, Investor Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

416.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	15	/	2019

**Transaction ID : 2019020711575-20**

Amount of Each Receipt this Period

416.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

924.33

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



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

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

FOR LINE NUMBER: PAGE 9 OF 14  
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kwapiszeski, Mark, , ,**

Mailing Address 14 Regency Cir

City  
Lake St Louis

State  
MO

Zip Code  
63367-1361

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

MasterCard

Occupation (for Individual)

Senior Consultant, Data Engineering

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY  
01 / 07 / 2019

**Transaction ID : 4C78ABB4717146110184**

Amount of Each Receipt this Period

350.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lepore, John, , ,**

Mailing Address 108 E 81st St  
Apt 2A

City  
New York

State  
NY

Zip Code  
10028-1448

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

MasterCard

Occupation (for Individual)

General Counsel, Policy and Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY  
01 / 05 / 2019

**Transaction ID : 4B27B92339FCC8A5C893**

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lepore, John, , ,**

Mailing Address 108 E 81st St  
Apt 2A

City  
New York

State  
NY

Zip Code  
10028-1448

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

MasterCard

Occupation (for Individual)

General Counsel, Policy and Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY  
01 / 18 / 2019

**Transaction ID : 49B0948D2B4681610302**

Amount of Each Receipt this Period

225.00

☐ Memo Item

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

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

800.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 14

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**MasterCard International Inc. Employees' PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lorberg, Dana, , ,**

Mailing Address 2200 Mastercard Blvd

City  
O Fallon

State  
MO

Zip Code  
63368-7263

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

MasterCard

Occupation (for Individual)

SVP/Global Operations Strategy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
01 / 15 / 2019

**Transaction ID : 2019020711575-40**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Madabhushi, Raja, , ,**

Mailing Address 2000 Purchase St

City  
Purchase

State  
NY

Zip Code  
10577-2405

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

MasterCard

Occupation (for Individual)

Chief Marketing Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
01 / 15 / 2019

**Transaction ID : 2019020711575-92**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Maguire, Tara, , ,**

Mailing Address 100 Manhattanville Rd

City  
Purchase

State  
NY

Zip Code  
10577-2134

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

MasterCard

Occupation (for Individual)

VP/Assistant Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
01 / 15 / 2019

**Transaction ID : 2019020711575-12**

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

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

900.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 14

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**MasterCard International Inc. Employees' PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Martin, Kimberly, , ,**

Mailing Address 2200 Mastercard Blvd

City  
O Fallon

State  
MO

Zip Code  
63368-7263

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MasterCard

Occupation (for Individual)  
VP/Systems Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

01 / 15 / 2019

**Transaction ID : 2019020711575-15**

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Murphy, Timothy, , ,**

Mailing Address 2000 Purchase St

City  
Purchase

State  
NY

Zip Code  
10577-2405

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MasterCard

Occupation (for Individual)  
Associate General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.00

Date of Receipt

01 / 15 / 2019

**Transaction ID : 2019020711575-75**

Amount of Each Receipt this Period

416.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Swain, Brian, , ,**

Mailing Address 3481 Alta St

City  
Yorktown Heights

State  
NY

Zip Code  
10598-1001

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MasterCard

Occupation (for Individual)  
VP/Financial Analysis

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

01 / 14 / 2019

**Transaction ID : 4A48917EAC00F75FA88D**

Amount of Each Receipt this Period

225.00

☐ Memo Item

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

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

866.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 14

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**MasterCard International Inc. Employees' PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Vonderhaar, Gary, , ,**

Mailing Address 5555 Winghaven Blvd

City  
O Fallon

State  
MO

Zip Code  
63368-3625

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MasterCard

Occupation (for Individual)  
VP/Systems Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.66

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 15 / 2019

**Transaction ID : 2019020711575-82**

Amount of Each Receipt this Period

416.66

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Westendorf, Timothy, , ,**

Mailing Address 2200 Mastercard Blvd

City  
O Fallon

State  
MO

Zip Code  
63368-7263

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MasterCard

Occupation (for Individual)  
VP/Financial Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 15 / 2019

**Transaction ID : 2019020711575-119**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

716.66

5631.99

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 14

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

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NAME OF COMMITTEE (In Full)

**MasterCard International Inc. Employees' PAC**

Full Name (Last, First, Middle Initial)

**A. PNC Bank**

Mailing Address 411 King St.

City  
AlexandriaState  
VAZip Code  
22314Purpose of Disbursement  
Service Charge Fee

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	2			2	0	1	9		

FEC Identification Number

C

Transaction ID : 7659EBCAF6

Amount of Each Disbursement this Period

12.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Bank**

Mailing Address 411 King St.

City  
AlexandriaState  
VAZip Code  
22314Purpose of Disbursement  
Merchant Fees

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	2			2	0	1	9		

FEC Identification Number

C

Transaction ID : F664AC4C9B

Amount of Each Disbursement this Period

375.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

387.50

387.50

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 14

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

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NAME OF COMMITTEE (In Full)

**MasterCard International Inc. Employees' PAC**

Full Name (Last, First, Middle Initial)

**A. Hawaii PAC**

Mailing Address 918 Pennsylvania Ave SE

City  
WashingtonState  
DCZip Code  
20003Purpose of Disbursement  
2019 Contribution

011

Category/  
Type

Candidate Name

**Hawaii PAC**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2019

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	2			2	0	1	9		

FEC Identification Number

C C00567693

**Transaction ID : A260650B7D!**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5000.00

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

5000.00