

# 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 04 01 2006 through 04 30 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 05 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
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	4

D	D
3	0

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 .....	44851.15									
(c) Total Receipts (from Line 19) .....	9475.55	115439.56								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	54326.70	138613.59								
7. Total Disbursements (from Line 31) .....	-18581.73	65705.16								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	72908.43	72908.43								
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	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	4

D	D
3	0

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	9182.55	110395.56
(i) Itemized (use Schedule A) .....	293.00	5044.00
(ii) Unitemized .....	9475.55	115439.56
(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) .....	9475.55	115439.56
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)) .....	9475.55	115439.56
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	9475.55	115439.56

**DETAILED SUMMARY PAGE**

of Disbursements

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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.....	838.27	1525.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	838.27	1525.16
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	-20000.00	63600.00
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 .....	580.00	580.00
(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)) .....	580.00	580.00
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))..	-18581.73	65705.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	-18581.73	65705.16

**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 .....	9475.55	115439.56
34. Total Contribution Refunds (from Line 28(d)) .....	580.00	580.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8895.55	114859.56
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	838.27	1525.16
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	838.27	1525.16

# 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 / 27
	<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.</b> Gregory Box		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 6
Mailing Address 2200 MasterCard Boulevard		<b>Transaction ID:</b> 9F749411-C1F0-48F0-B Amount of Each Receipt this Period 62.00
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 Technology Account Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 248.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Roy Dunbar		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 6
Mailing Address 2200 MasterCard Boulevard		<b>Transaction ID:</b> 8F1399BA-554F-41F0-B Amount of Each Receipt this Period 416.00
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 SEVP/Global Tech Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1248.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Anna May Feige		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 6
Mailing Address 2000 Purchase Street		<b>Transaction ID:</b> 1227F39F-E9D4-46AD-B Amount of Each Receipt this Period 290.00
City State Zip Code Purchase NY 10577-2509		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer MasterCard	Occupation Global Group Practice Leader	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	768.00
<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 / 27
	<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. Gareth Forsey</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 6
Mailing Address 2000 Purchase Street		<b>Transaction ID: 4C0C0E0E-0BAC-4627-A</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/Cust Business Plan/Analys	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1160.00	

Full Name (Last, First, Middle Initial) <b>B. John Gallagher</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 6
Mailing Address 2000 Purchase Street		<b>Transaction ID: 6863D862-371A-486A-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 MasterCard	Occupation VP/Financial Analysis	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 372.00	

Full Name (Last, First, Middle Initial) <b>C. Noah Hanft</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 6
Mailing Address 2000 Purchase Street		<b>Transaction ID: BF7F7034-9179-4577-A</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 ▼ 416.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	830.00
<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 / 27
	<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> Alan Heuer		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 6
Mailing Address 2000 Purchase Street		<b>Transaction ID:</b> 6AEE7B32-D950-4EEB-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 416.00
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 ▼ 1664.00	

Full Name (Last, First, Middle Initial) <b>B.</b> James Hull		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 6
Mailing Address 2200 MasterCard Boulevard		<b>Transaction ID:</b> 88D64172-2E10-4CF2-A
City O Fallon	State MO	Zip Code 63366-7263
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 124.00
Name of Employer MasterCard	Occupation Group Head, Engineering Srvcs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 496.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Joan Kelly		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 6
Mailing Address 2200 MasterCard Boulevard		<b>Transaction ID:</b> 737517FF-D542-422D-A
City O Fallon	State MO	Zip Code 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/Systems Enhancement Stratg	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1160.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	830.00
<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 / 27
	<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. Linda Locke</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 6	
Mailing Address 2200 MasterCard Boulevard		<b>Transaction ID: 07A2A443-9A97-4B1B-A</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/Public Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 248.00		

Full Name (Last, First, Middle Initial) <b>B. Marianne Mackey</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 6	
Mailing Address 2000 Purchase Street		<b>Transaction ID: 61239843-5CBE-44CE-A</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/Business Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 248.00		

Full Name (Last, First, Middle Initial) <b>C. Michael Manchisi</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 6	
Mailing Address 2200 MasterCard Boulevard		<b>Transaction ID: 7B89DE58-3E37-4977-9</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. C			
Name of Employer MasterCard	Occupation SVP/Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1160.00		

<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 10 / 27
	<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> Ruth Marshall		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 6	
Mailing Address 2000 Purchase Street		<b>Transaction ID:</b> 023C3340-5C4C-4475-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 EVP/North America Region		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Bill Mathis		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 6	
Mailing Address 2000 Purchase Street		<b>Transaction ID:</b> 9019B077-8A16-4F07-8	
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 ▼ 1160.00		

Full Name (Last, First, Middle Initial) <b>C.</b> John McAndrew		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 6	
Mailing Address 2000 Purchase Street		<b>Transaction ID:</b> 2DD33B50-9AD4-469A-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 VP/Tax		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 994.00		

<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 11 / 27
	<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 0 4 / 1 5 / 2 0 0 6	
Mailing Address 2000 Purchase Street		<b>Transaction ID:</b> 30F858A1-21D2-454A-A	
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 ▼ 1166.68		

Full Name (Last, First, Middle Initial) <b>B.</b> John Meister		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 6	
Mailing Address 2200 MasterCard Boulevard		<b>Transaction ID:</b> 2683FFC4-AB14-4855-8	
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 ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Shawn Miles		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 6	
Mailing Address 2000 Purchase Street		<b>Transaction ID:</b> 82FC03B0-9021-47AB-B	
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 ▼ 400.00		

<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 12 / 27
	<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. Sandy Morris</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6	
Mailing Address 2055 Sugarloaf Circle		<b>Transaction ID: CF062AB2-7F4C-4387-8</b>	
City State Zip Code Duluth GA 30097	Amount of Each Receipt this Period 414.00		
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 ▼ 952.00		

Full Name (Last, First, Middle Initial) <b>B. Timothy Murphy</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6	
Mailing Address 2000 Purchase Street		<b>Transaction ID: C0181E6B-7283-4DED-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 MasterCard	Occupation Associate General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1160.00		

Full Name (Last, First, Middle Initial) <b>C. Patrick O'Sullivan</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6	
Mailing Address 2000 Purchase Street		<b>Transaction ID: 6DC9B182-04D1-431F-A</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 ▼ 496.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	828.00
<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 13 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Joshua Peirez		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 4 / 2 0 0 6
Mailing Address 233 E 70th St Apt 14P		Transaction ID: 17632-33607119321823
City New York	State NY	Zip Code 10021-5228
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 416.88
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 ▼ 1664.88	

Full Name (Last, First, Middle Initial) B. Javier Perez		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6
Mailing Address 801 Brickell Avenue Suite 130		Transaction ID: B97AF7F5-1D56-4778-B
City Miami	State FL	Zip Code 33131-4945
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 290.00
Name of Employer MasterCard	Occupation President LAC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1160.00	

Full Name (Last, First, Middle Initial) C. Sergio Pinon		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6
Mailing Address 801 Brickell Avenue Suite 130		Transaction ID: 40DDA981-1A6D-4E79-B
City Miami	State FL	Zip Code 33131-4945
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 290.00
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 ▼ 580.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	996.88
<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 14 / 27
	<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. Douglas Raymond</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 6	
Mailing Address 16 Gray Squirrel Drive		<b>Transaction ID:</b> 17632-21238344907760	
City State Zip Code New Haven CT 10577-2509	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MasterCard	Occupation SVP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 890.00		

Full Name (Last, First, Middle Initial) <b>B. Douglas Raymond</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 6	
Mailing Address 2000 Purchase Street		<b>Transaction ID:</b> B85819A8-D309-41CB-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		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 890.00		

Full Name (Last, First, Middle Initial) <b>C. Bob Reany</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 6	
Mailing Address 2200 MasterCard Boulevard		<b>Transaction ID:</b> 847D01B6-13FE-40A9-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 VP/Information Tech		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	780.00
<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 15 / 27
	<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> Rob Reeg		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 6
Mailing Address 2200 MasterCard Boulevard		<b>Transaction ID:</b> F438C2D9-C75C-4278-A
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 ▼ 1160.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Larry Resch		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 6
Mailing Address 2200 MasterCard Boulevard		<b>Transaction ID:</b> 53177546-5B26-4182-A
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 ▼ 496.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Joe Rubin		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 6
Mailing Address 1401 Eye Street N.W. Suite 2		<b>Transaction ID:</b> 1EEE1FAE-B802-4E80-9
City State Zip Code Washington DC 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 ▼ 496.00	

<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 16 / 27
	<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)  
Alicio Ruiz

Mailing Address 801 Brickell Avenue Suite 130

City State Zip Code  
Miami FL 33131-4945

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

Name of Employer MasterCard Occupation VP/Security & Risk Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 496.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	6

**Transaction ID:** CF8E0005-3E62-45A2-9

Amount of Each Receipt this Period  
124.00

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

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/Financial Analysis

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 496.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	6

**Transaction ID:** 4BB1A81E-F28B-4238-8

Amount of Each Receipt this Period  
124.00

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

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/Systems Support

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 496.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	6

**Transaction ID:** 89530472-2DD6-4420-9

Amount of Each Receipt this Period  
124.00

<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 / 27
	<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> Carey Smith		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6	
Mailing Address 2000 Purchase Street		<b>Transaction ID:</b> 8BC3C898-EF05-4A49-8	
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/Risk Management		
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> Ron Steinbruegge		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6	
Mailing Address 2200 MasterCard Boulevard		<b>Transaction ID:</b> B6FA8F08-AFAC-4B9A-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 ▼ 496.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Joseph Swezey		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6	
Mailing Address 2000 Purchase Street		<b>Transaction ID:</b> 522A3A88-3689-48B7-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 ▼ 496.00		

<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 / 27
	<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> Donna Terman		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 6
Mailing Address 2000 Purchase Street		<b>Transaction ID:</b> 3E3D505A-D938-4A9F-8
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 ▼ 248.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Joy Thoma		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 6
Mailing Address 2000 Purchase Street		<b>Transaction ID:</b> 17632-22828310728073
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 ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Lillian Tropea		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 6
Mailing Address 2000 Purchase Street		<b>Transaction ID:</b> F82E0445-308E-43EF-B
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/Accounting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 496.00	

<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 / 27
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Frank Tufano		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6	
Mailing Address 2000 Purchase Street		<b>Transaction ID:</b> BB3C40EA-A8E9-49D6-9	
City Purchase	State NY	Zip Code 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 ▼ 1160.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Mimi Wood		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6	
Mailing Address 2000 Purchase Street		<b>Transaction ID:</b> F2EE29EA-B1C5-481E-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/Human Resources		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 496.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Kent Young		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6	
Mailing Address 2200 MasterCard Boulevard		<b>Transaction ID:</b> C038D6A1-7880-4040-8	
City O Fallon	State MO	Zip Code 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 ▼ 520.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	544.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	9182.55

**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 20 / 27

<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: 29201-42463320493698</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6	
Mailing Address 411 King St.		Amount of Each Disbursement this Period 838.27	
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Credit Card Fee Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		Category/ Type 001	

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

838.27

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

838.27

# 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. All America Pac</b>		<b>Transaction ID:</b> 08835-5312616229057 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6
Mailing Address 607 14th Street Northwest Suite 800		Amount of Each Disbursement this Period -3500.00
City Washington State DC Zip Code 20005		
Purpose of Disbursement Voided Contribution 3/26/06		011 Category/ Type
Candidate Name		
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:		

Full Name (Last, First, Middle Initial) <b>B. All America Pac</b>		<b>Transaction ID:</b> 08835-1035272479057 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 607 14th Street Northwest Suite 800		Amount of Each Disbursement this Period 3500.00
City Washington State DC Zip Code 20005		
Purpose of Disbursement 2006 Contribution		011 Category/ Type
Candidate Name		
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:		

Full Name (Last, First, Middle Initial) <b>C. Blue Dog Political Action Committee</b>		<b>Transaction ID:</b> 11528-14245241880417 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address 6849 Old Dominion Drive Suite 222		Amount of Each Disbursement this Period -5000.00
City McLean State VA Zip Code 22101		
Purpose of Disbursement Voided Contribution 3/2/06		011 Category/ Type
Candidate Name		
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) ..... ▶	-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 22 / 27

<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> 11528-73554629087448 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address PO Box 2000		Amount of Each Disbursement this Period -5000.00
City Abingdon State VA Zip Code 24212	011 Category/ Type	
Purpose of Disbursement Voided Contribution 3/2/06		
Candidate Name Rick Boucher		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 09	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Boucher for Congress Committee</b>		<b>Transaction ID:</b> 11528-64204043149948 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address PO Box 2000		Amount of Each Disbursement this Period -5000.00
City Abingdon State VA Zip Code 24212	011 Category/ Type	
Purpose of Disbursement Voided Contribution 3/2/06		
Candidate Name Rick Boucher		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 09	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. Charles A Gonzalez Congressional Campaign</b>		<b>Transaction ID:</b> 11528-7535821795463 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address PO Box 12612		Amount of Each Disbursement this Period -2500.00
City San Antonio State TX Zip Code 78212	011 Category/ Type	
Purpose of Disbursement Voided Contribution 3/2/06		
Candidate Name Charles Gonzalez		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 20	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	-12500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Committee To Elect Artur Davis To Congress</b>		<b>Transaction ID:</b> 11528-2336847186088 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address Post Office Box 1845		Amount of Each Disbursement this Period -5000.00
City Birmingham State AL Zip Code 35201		
Purpose of Disbursement Voided Contribution 3/2/06 Candidate Name Artur Davis 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: AL District: 07	011 Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Democratic Senatorial Campaign Committee</b>		<b>Transaction ID:</b> 11528-88904970884324 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address 120 Maryland Avenue Northeast		Amount of Each Disbursement this Period -10000.00
City Washington State DC Zip Code 20002		
Purpose of Disbursement Voided Contribution 3/2/06 Candidate Name 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:	011 Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Dutch Ruppertsberger for Congress</b>		<b>Transaction ID:</b> 93988-0308648943901 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address 22 West Padonia Road Suite A307		Amount of Each Disbursement this Period 2500.00
City Timonium State MD Zip Code 21093		
Purpose of Disbursement 2006 Primary Candidate Name C.A. Ruppertsberger 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: MD District: 02	011 Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	-12500.00
<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)

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

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

Full Name (Last, First, Middle Initial) <b>A. Friends for Harry Reid</b>		<b>Transaction ID:</b> 95822-7897912859916 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 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 2010 Primary		
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. Friends of Mike Ferguson</b>		<b>Transaction ID:</b> 08835-5998651385307 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address C/O Ron Gravino PO Box 225		Amount of Each Disbursement this Period 1000.00
City Colonia State NJ Zip Code 07067	011 Category/ Type	
Purpose of Disbursement 2006 General		
Candidate Name Mike Ferguson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 07	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. McHenry for Congress</b>		<b>Transaction ID:</b> 95822-9356653094291 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6
Mailing Address PO Box 1406		Amount of Each Disbursement this Period 2000.00
City Hickory State NC Zip Code 28601	011 Category/ Type	
Purpose of Disbursement 2006 Primary		
Candidate Name Patrick McHenry		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 10	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5500.00
<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)

<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. Meeks for Congress</b>		<b>Transaction ID:</b> 11528-6988183856010 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address 219-10 South Conduit Avenue		Amount of Each Disbursement this Period -5000.00
City Springfield Garden State NY Zip Code 11413	Purpose of Disbursement Voided Contribution 3/2/06 Category/Type 011	
Candidate Name Gregory Meeks	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 06	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Moore for Congress</b>		<b>Transaction ID:</b> 93988-3099481463432 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address PO Box 14631		Amount of Each Disbursement this Period 5000.00
City Shawnee Mission State KS Zip Code 66285	Purpose of Disbursement 2006 Primary Category/Type 011	
Candidate Name Dennis Moore	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Moore for Congress</b>		<b>Transaction ID:</b> 93988-3784906268119 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address PO Box 14631		Amount of Each Disbursement this Period 5000.00
City Shawnee Mission State KS Zip Code 66285	Purpose of Disbursement 2006 General Category/Type 011	
Candidate Name Dennis Moore	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 03	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" 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)

<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. Pryce for Congress</b>		<b>Transaction ID:</b> 95822-1960412859916 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6
Mailing Address 145 East Rich Street		Amount of Each Disbursement this Period 1000.00
City Columbus State OH Zip Code 43215		
Purpose of Disbursement 2006 Primary	011 Category/ Type	
Candidate Name Deborah Pryce		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Rick Renzi for Congress</b>		<b>Transaction ID:</b> 10341-0389673113822 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address PO Box 2383		Amount of Each Disbursement this Period 1000.00
City Prescott State AZ Zip Code 86302		
Purpose of Disbursement 2006 Primary	011 Category/ Type	
Candidate Name Richard Renzi		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Team Sununu</b>		<b>Transaction ID:</b> 11528-43192690610886 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address PO Box 500		Amount of Each Disbursement this Period -2500.00
City Rye State NH Zip Code 03870		
Purpose of Disbursement Voided Contribution 3/23/06	011 Category/ Type	
Candidate Name John Sununu		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	-500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	-20000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

MasterCard International Inc. Employees' PAC

Full Name (Last, First, Middle Initial)

**A.** Douglas Raymond

Mailing Address 16 Gray Squirrel Drive

City State Zip Code  
New Haven CT 10577-2509

Purpose of Disbursement  
Refund of Contribution Received

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 22694-36210268735885

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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