

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Tara Maguire**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2000 Purchase St  
 City Purchase State NY Zip Code 10577-2405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MasterCard Occupation VP/Assistant Controller  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2015  
**Transaction ID : 20150611-76-10-52**  
 Amount of Each Receipt this Period  
 300.00

**B. Michael Manchisi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5555 Winghaven Blvd  
 City O Fallon State MO Zip Code 63368-3625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MasterCard Occupation SVP/Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2496.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2015  
**Transaction ID : 20150611-28-10-52**  
 Amount of Each Receipt this Period  
 416.00

**C. James Mandella**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2000 Purchase St  
 City Purchase State NY Zip Code 10577-2405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MasterCard Occupation Program Leader, Fraud Prevention Solut  
 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  
 06 / 15 / 2015  
**Transaction ID : 20150611-16-10-52**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	766.00
<b>TOTAL</b> This Period (last page this line number only).....▶	