

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 OF 57

(check only one)

☒ 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. Simon, Eileen, , ,

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)  
Associate General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 15 / 2019

Transaction ID : 2019121616175-28

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Sinha, Ashish, , ,

Mailing Address 2200 Mastercard Blvd

City  
O FallonState  
MOZip Code  
63368-7263FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MasterCardOccupation (for Individual)  
Group Head, Portfolio Management - M

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 09 / 2019

Transaction ID : 4FC7A42504E8F685FFF7

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Sinnott, Jack, , ,

Mailing Address 801 Brickell Ave

City  
MiamiState  
FLZip Code  
33131-2951FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MasterCardOccupation (for Individual)  
Bus Leader, Sec & Risk Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 15 / 2019

Transaction ID : 2019121616175-155

Amount of Each Receipt this Period

90.00

☐ Memo Item

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

240.00

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