

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

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

FOR LINE NUMBER: PAGE 45 OF 92

(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. Kesselring, Teresa, , ,

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)

MasterCard

Occupation (for Individual)

Senior Vice President, Service Deliver

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2019

Transaction ID : 2019091212535-278

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Kesselring, Teresa, , ,

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)

MasterCard

Occupation (for Individual)

Senior Vice President, Service Deliver

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2019

Transaction ID : 2019091212535-94

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Khanna, Joe, , ,

Mailing Address 2000 Purchase St

City
PurchaseState
NYZip Code
10577-2405FEC 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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2019

Transaction ID : 2019091212535-274

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

300.00

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