

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

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

FOR LINE NUMBER: PAGE 21 OF 31

(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. Milam, Amy, , ,

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)

Product Leader, Product Account Supp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2019

Transaction ID : 2019041514495-4

Amount of Each Receipt this Period

55.00

☐ Memo Item

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

B. Miles, Shawn, , ,

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)

VP/Counsel Sr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 15 / 2019

Transaction ID : 2019041514495-119

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Morris, Janelle, , ,

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)

Leader, Software Engineering

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 25 / 2019

Transaction ID : 455FA594221594AD9E36

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

255.00

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