

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
Vertex Pharmaceuticals Incorporated Political Action Committee

ADDRESS (number and street) 1050 K Street, NW
Suite 1125
Washington DC 20001
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00468660 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 Year-End 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 (12S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 02 / 01 / 2024 through 02 / 29 / 2024

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 Ventimiglia, Samantha, , ,

Signature of Treasurer *Ventimiglia, Samantha, , ,* Date 03 / 13 / 2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Vertex Pharmaceuticals Incorporated Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2024"/>	<input type="text" value="178155.90"/>	<input type="text" value="178155.90"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="195435.04"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="14899.14"/>	<input type="text" value="32178.28"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="210334.18"/>	<input type="text" value="210334.18"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="210334.18"/>	<input type="text" value="210334.18"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Vertex Pharmaceuticals Incorporated Political Action Committee

Report Covering the Period: From: / / To: / /

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		
(i) Itemized (use Schedule A).....	9355.96	18316.44
(ii) Unitemized	5543.18	13861.84
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	14899.14	32178.28
(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)	14899.14	32178.28
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 Transfers (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)).....▶	14899.14	32178.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	14899.14	32178.28

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	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 Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated 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)) ..	0.00	0.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	0.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

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)	14899.14	32178.28
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14899.14	32178.28
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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 6 OF 19
<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	

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)
Vertex Pharmaceuticals Incorporated Political Action Committee

A. Altshuler, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210-1862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive VP, Global Research and Ch
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 768.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 09 / 2024
Transaction ID : 202402139458-36
 Amount of Each Receipt this Period
 192.00
 Memo Item

B. Altshuler, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210-1862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive VP, Global Research and Ch
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 768.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 23 / 2024
Transaction ID : 2024022310457-89
 Amount of Each Receipt this Period
 192.00
 Memo Item

C. Arbuckle, Stuart, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210-1862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Vice President and Chief Ope
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 768.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 09 / 2024
Transaction ID : 202402139458-91
 Amount of Each Receipt this Period
 192.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	576.00
TOTAL This Period (last page this line number only).....	

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 7 OF 19
<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)
Vertex Pharmaceuticals Incorporated Political Action Committee

A. Arbuckle, Stuart, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210-1862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Vice President and Chief Op
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 768.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2024
Transaction ID : 2024022310457-71
 Amount of Each Receipt this Period
 192.00
 Memo Item

B. Barry, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210-1862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Vice President, Compliance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 09 / 2024
Transaction ID : 202402139458-63
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Barry, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210-1862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Vice President, Compliance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2024
Transaction ID : 2024022310457-41
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	392.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 8 OF 19
(check only one)	
<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)
Vertex Pharmaceuticals Incorporated Political Action Committee

A. Biller, Jonathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210-1862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Vice President and Chief Leg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 09 / 2024
Transaction ID : 202402139458-33
 Amount of Each Receipt this Period
 192.30
 Memo Item

B. Biller, Jonathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210-1862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Vice President and Chief Leg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2024
Transaction ID : 2024022310457-75
 Amount of Each Receipt this Period
 192.30
 Memo Item

C. Devlin, Nina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210-1862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Vice President and Chief Comm
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2024
Transaction ID : 2024022310457-32
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	394.60
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 9 OF 19
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Vertex Pharmaceuticals Incorporated Political Action Committee

A. Devlin, Nina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210-1862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Vice President and Chief Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 02 / 23 / 2024
Transaction ID : 2024022310457-33
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Fiedler, Krista, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210-1862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Vice President, Tax
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 09 / 2024
Transaction ID : 202402139458-3
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Fiedler, Krista, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210-1862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Vice President, Tax
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 23 / 2024
Transaction ID : 2024022310457-79
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 10 OF 19
(check only one)	
<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)
Vertex Pharmaceuticals Incorporated Political Action Committee

A. Harrington, Jenna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210-1862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Vice President, Commercial
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 09 / 2024
Transaction ID : 202402139458-38
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Harrington, Jenna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210-1862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Vice President, Commercial
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 09 / 2024
Transaction ID : 202402139458-39
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Harrington, Jenna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210-1862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Vice President, Commercial
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2024
Transaction ID : 2024022310457-82
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 110.00
TOTAL This Period (last page this line number only)..... ▶

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 11 OF 19
<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)
Vertex Pharmaceuticals Incorporated Political Action Committee

A. Harrington, Jenna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210-1862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Vice President, Commercial
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00

Date of Receipt **02 / 23 / 2024**
Transaction ID : 2024022310457-83
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Kewalramani, Reshma, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210-1862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 768.00

Date of Receipt **02 / 09 / 2024**
Transaction ID : 202402139458-53
 Amount of Each Receipt this Period 192.00
 Memo Item

C. Kewalramani, Reshma, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210-1862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) President and Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 768.00

Date of Receipt **02 / 23 / 2024**
Transaction ID : 2024022310457-27
 Amount of Each Receipt this Period 192.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	434.00
TOTAL This Period (last page this line number only).....	

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 12 OF 19
<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)
Vertex Pharmaceuticals Incorporated Political Action Committee

A. Leiden, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210-1862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Chairman
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **02 / 21 / 2024**
Transaction ID : EA12DE0F959A4410BC4A
 Amount of Each Receipt this Period 5000.00
 Memo Item

B. Lorio, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210-1862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director, Commercial Training
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00

Date of Receipt **02 / 23 / 2024**
Transaction ID : 2024022310457-25
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Lorio, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210-1862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Director, Commercial Training
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00

Date of Receipt **02 / 23 / 2024**
Transaction ID : 2024022310457-26
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5060.00
TOTAL This Period (last page this line number only).....	

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 13 OF 19
<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Vertex Pharmaceuticals Incorporated Political Action Committee

A. Lough, Jean, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1050 K St NW
 Ste 1125
 City Washington State DC Zip Code 20001-4954
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Assistant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 09 / 2024
Transaction ID : 202402139458-98
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Lough, Jean, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1050 K St NW
 Ste 1125
 City Washington State DC Zip Code 20001-4954
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Assistant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 09 / 2024
Transaction ID : 202402139458-99
 Amount of Each Receipt this Period
 30.00
 Memo Item

C. Lough, Jean, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1050 K St NW
 Ste 1125
 City Washington State DC Zip Code 20001-4954
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Assistant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2024
Transaction ID : 2024022310457-108
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	130.00
TOTAL This Period (last page this line number only).....	

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 14 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Vertex Pharmaceuticals Incorporated Political Action Committee

A. Lough, Jean, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1050 K St NW
Ste 1125

City Washington State DC Zip Code 20001-4954

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Assistant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2024
Transaction ID : 2024022310457-109

Amount of Each Receipt this Period
 30.00

Memo Item

B. Machado, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02210-1862

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) State Government Affairs Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2024
Transaction ID : 2024022310457-37

Amount of Each Receipt this Period
 50.00

Memo Item

C. Machado, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

City Boston State MA Zip Code 02210-1862

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) State Government Affairs Manager

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2024
Transaction ID : 2024022310457-38

Amount of Each Receipt this Period
 30.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	110.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 15 OF 19
(check only one)	
<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)
Vertex Pharmaceuticals Incorporated Political Action Committee

A. Meltzer, Noel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210-1862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Medical Science Liaison
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2024
Transaction ID : 2024022310457-115
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Meltzer, Noel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210-1862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Medical Science Liaison
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2024
Transaction ID : 2024022310457-116
 Amount of Each Receipt this Period 35.00
 Memo Item

C. Mendelsohn, Erin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1050 K St NW Ste 1125
 City Washington State DC Zip Code 20001-4954
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Federal Government Affairs Senior Dire
 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
 02 / 23 / 2024
Transaction ID : 2024022310457-103
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	165.00
TOTAL This Period (last page this line number only).....	

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 16 OF 19
	<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
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NAME OF COMMITTEE (In Full)
Vertex Pharmaceuticals Incorporated Political Action Committee

A. Olson, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210-1862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Vice President, State Govt Affairs & P
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 768.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 09 / 2024
Transaction ID : 202402139458-29
 Amount of Each Receipt this Period
 192.00
 Memo Item

B. Olson, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210-1862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Vice President, State Govt Affairs & P
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 768.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2024
Transaction ID : 2024022310457-92
 Amount of Each Receipt this Period
 192.00
 Memo Item

C. Parta, Abigail, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210-1862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Director, State Government A
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 768.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 09 / 2024
Transaction ID : 202402139458-4
 Amount of Each Receipt this Period
 192.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	576.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 17 OF 19
(check only one)	
<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)
Vertex Pharmaceuticals Incorporated Political Action Committee

A. Parta, Abigail, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210-1862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Director, State Government A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 768.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2024
Transaction ID : 2024022310457-54
 Amount of Each Receipt this Period
 192.00
 Memo Item

B. Schumaker, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1050 K St NW Ste 1125
 City Washington State DC Zip Code 20001-4954
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Director, Federal Governmer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 464.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 09 / 2024
Transaction ID : 202402139458-102
 Amount of Each Receipt this Period
 116.18
 Memo Item

C. Schumaker, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1050 K St NW Ste 1125
 City Washington State DC Zip Code 20001-4954
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive Director, Federal Government
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 464.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2024
Transaction ID : 2024022310457-98
 Amount of Each Receipt this Period
 116.18
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	424.36
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 OF 19
(check only one)

<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Vertex Pharmaceuticals Incorporated Political Action Committee

A. Smith, Arthur, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

City Boston	State MA	Zip Code 02210-1862
----------------	-------------	------------------------

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Vice President, Patient Services
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2024

Transaction ID : 202402139458-84

Amount of Each Receipt this Period
100.00

Memo Item

B. Smith, Arthur, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 Northern Ave

City Boston	State MA	Zip Code 02210-1862
----------------	-------------	------------------------

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Vice President, Patient Services
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2024

Transaction ID : 2024022310457-63

Amount of Each Receipt this Period
100.00

Memo Item

C. Ventimiglia, Samantha, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1050 K St NW
Ste 1125

City Washington	State DC	Zip Code 20001-4954
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated	Occupation (for Individual) Senior Vice President, U.S. Public Aff
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
768.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2024

Transaction ID : 202402139458-111

Amount of Each Receipt this Period
192.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	392.00
TOTAL This Period (last page this line number only).....	

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 19
<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)
Vertex Pharmaceuticals Incorporated Political Action Committee

A. Ventimiglia, Samantha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1050 K St NW Ste 1125
 City Washington State DC Zip Code 20001-4954
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Senior Vice President, U.S. Public Aff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 768.00

Date of Receipt 02 / 23 / 2024
Transaction ID : 2024022310457-105
 Amount of Each Receipt this Period 192.00
 Memo Item

B. Wagner, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210-1862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive VP, Chief Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 09 / 2024
Transaction ID : 202402139458-47
 Amount of Each Receipt this Period 75.00
 Memo Item

C. Wagner, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Northern Ave
 City Boston State MA Zip Code 02210-1862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vertex Pharmaceuticals Incorporated Occupation (for Individual) Executive VP, Chief Financial Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 23 / 2024
Transaction ID : 2024022310457-31
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	342.00
TOTAL This Period (last page this line number only).....	9355.96